

2015 NSDUH, Supporting Statement
Attachment B – Questionnaire Field Test (QFT)
Final Report

NATIONAL SURVEY ON DRUG USE AND HEALTH: 2012 QUESTIONNAIRE FIELD TEST FINAL REPORT

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
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Table of Contents

Chapter	Page
List of Tables	ix
List of Exhibits.....	xxix
1. Background and Goals.....	1
2. Study Design, Field Preparations, and Data Collection Procedures.....	5
2.1 Overview of the Study Design, Field Preparations, and Data Collection.....	5
2.2 Study Design.....	5
2.2.1 Target Population.....	5
2.2.2 Selection of State Sampling Regions and Segments.....	5
2.2.3 Selection of Dwelling Units.....	7
2.2.4 Age Group Allocations	8
2.2.5 Selection of Persons.....	8
2.3 Field Preparations	9
2.3.1 Preparing Field Equipment	9
2.3.2 Staffing.....	12
2.3.3 Training Procedures	13
2.4 Data Collection Procedures.....	15
2.4.1 Questionnaire and Protocol Changes for the 2012 QFT.....	15
2.4.2 Contacting Dwelling Units	19
2.4.3 Dwelling Unit Screening.....	20
2.4.4 Interview Administration	21
2.4.5 Controlled Access Procedures	22
2.4.6 Refusal Conversion Procedures	23
2.4.7 Data Collection Management and Quality Control	23
2.4.8 Problems Encountered	25
3. Processing and Analysis of the 2012 Questionnaire Field Test Data and 2011 and 2012 Comparison Data	29
3.1 Overview of Data Processing and Analysis Approach.....	29
3.2 Defining Usable Cases.....	29
3.2.1 Overview of Defining Usable Cases.....	29
3.2.2 Usable Case Definitions.....	29
3.3 Editing and Coding Procedures	30
3.3.1 Overview of Editing and Coding Procedures	30
3.3.2 Coding of "OTHER, Specify" Data	31
3.3.3 General Editing Principles	31
3.3.4 Special Editing Situations.....	33
3.4 Imputation Procedures	41
3.4.1 Overview of Imputation Procedures	41
3.4.2 Imputation Methodology	42
3.5 Weighting Procedures.....	45
3.5.1 Overview of Weighting Procedures.....	45
3.5.2 Weighting Procedures.....	46

Table of Contents (continued)

Chapter	Page
3.5.3	Distribution of QFT Analysis Weights52
3.5.4	Creation of Variance Estimation Strata and Replicates52
3.6	Data File Preparation53
3.6.1	QFT Data File53
3.6.2	2011 Comparison Data File53
3.6.3	2012 Comparison Data File54
3.7	Data Analysis Issues54
3.7.1	Primary Analytic Goals.....54
3.7.2	Comparison with Current NSDUH Data55
3.7.3	Comparisons with Other Survey Data56
4.	Data Collection Outcomes and Data Quality Assessment.....59
4.1	Overview of Data Collection and Data Quality Outcomes.....59
4.2	Unit Response Rates59
4.2.1	Screening Response Rates (SRRs) and Number of Visits for Completed and Noncompleted Screenings59
4.2.2	Interview Response Rates (IRRs) and Number of Visits for Completed and Noncompleted Screenings61
4.3	Imputation Rates for Common 2011 Comparison Data, 2012 Quarters 3 and 4 Comparison Data, and QFT Variables65
4.4	Missing Data Rates for New or Revised QFT Items and Comparisons of Missing Data Rates for Moved QFT Items with 2011 and 2012 Quarters 3 and 4 Comparison Data.....71
4.4.1	Missing Data Rates for New, Revised, or Moved Items in the QFT Questionnaire71
4.4.2	Missing Data Rates for Items Moved in the QFT Questionnaire for the QFT Data, 2011 Comparison Data, and 2012 Quarters 3 and 4 Comparison Data71
4.5	Interview Timing Results.....84
4.5.1	Central Tendency Statistics for Overall and Module Timing Results for the 2011 and 2012 Quarters 3 and 4 Comparison Data and the 2012 QFT Data.....84
4.5.2	Selected Detailed Interview Timing Data for the 2012 Questionnaire Field Test and the 2011 and 2012 Quarter 3 and 4 Comparison Data125
4.5.3	Timing Data for High and Low Reports of Numbers of Prescription Drugs Used or Misused in the Past Year in the QFT Sample.....149
4.6	Other Data Quality Indicators.....168
4.6.1	Overview of Other Data Quality Indicators.....168
4.6.2	Triggering of Inconsistency Flags in Core Drug Use Data.....169
4.6.3	Responding to Lead Questions for "OTHER, Specify" Data170

Table of Contents (continued)

Chapter	Page
4.6.4	Triggering of Hard Errors Involving Ages at First Prescription Drug Misuse.....172
4.6.5	Triggering of Specific Consistency Checks in the Prescription Drug Modules173
4.6.6	Patterned Responses in the Core Drug Questions for the Comparison Data174
4.6.7	Patterned Responses in the Drug Use Questions for the QFT Data174
4.6.8	Issues to Consider for the Dress Rehearsal.....178
5.	Assessments of the Redesigned Protocol.....181
5.1	Overview of QFT Protocol Assessment181
5.2	Summary of Results from Field Observations of QFT Field Interviewers.....181
5.3	QFT Field Interviewer Debriefing Results185
5.4	QFT Equipment Surveys.....198
5.4.1	Purpose and Development of the Equipment Surveys.....198
5.4.2	Procedures for Conducting the Equipment Surveys198
5.4.3	Summary and Discussion of Results from the Equipment Surveys199
5.4.4	FI Comments on the Tablet, Screening Program, and Tablet Accessories201
5.4.5	FI Feedback on the QFT Handbook.....203
5.5	Focus Groups with QFT Field Interviewers203
5.5.1	Purpose of the Focus Groups203
5.5.2	Sites and Participants204
5.5.3	Focus Group Protocol and Procedures.....204
5.5.4	Focus Group Results by Topic.....205
6.	QFT Estimates Compared with NSDUH Estimates: Substance Use Items Other than Methamphetamine and Prescription Drugs.....211
6.1	Overview of QFT Estimates Compared with NSDUH Estimates for Substance Use Items Other than Methamphetamine and Prescription Drugs.....211
6.2	Marijuana, Cocaine, and Heroin211
6.3	Hallucinogens and Inhalants212
6.3.1	Hallucinogens212
6.3.2	Inhalants215
6.4	Illicit Drug Summary Measures.....217
6.4.1	Any Illicit Drug.....219
6.4.2	Illicit Drugs Other than Marijuana.....219
6.5	Tobacco.....221
6.5.1	Cigarettes222
6.5.2	Smokeless Tobacco.....222
6.6	Alcohol.....224
6.6.1	Any Alcohol Use.....224

Table of Contents (continued)

Chapter	Page
6.6.2 Past Month Binge Alcohol Use.....	225
7. QFT Estimates Compared with Current NSDUH Estimates: Methamphetamine and Prescription Drug Items	227
7.1 Overview of QFT Estimates Compared with NSDUH Estimates for Methamphetamine and Prescription Drug Items	227
7.2 Estimates for Methamphetamine Items	228
7.3 Estimates for Prescription Drug Items.....	229
7.3.1 Any Prescription Psychotherapeutic Drug.....	230
7.3.2 Pain Relievers	231
7.3.3 Tranquilizers	232
7.3.4 Sedatives	232
7.3.5 Stimulants	233
7.4 Effects of Methamphetamine and Prescription Drugs on Illicit Drug Use Estimates.....	236
7.5 Methamphetamine, Prescription Drug, and Illicit Drug Estimation Issues to Consider for the 2013 Dress Rehearsal and 2015 Redesign.....	237
7.5.1 Methamphetamine.....	237
7.5.2 Prescription Drugs	239
7.5.3 Illicit Drugs.....	240
8. QFT Estimates Compared with NSDUH Estimates: Noncore Items.....	241
8.1 Overview of QFT Estimates Compared with NSDUH Estimates for Noncore Items.....	241
8.2 Estimates for Substance Dependence and Abuse	241
8.3 Estimates for Needle Use Items.....	245
8.4 Comparisons of Medical Marijuana Reports by State in Reference to Current State Laws.....	247
8.5 Estimates for Noncore Demographic and Household Items.....	248
8.6 Estimates for Selected Items Potentially Subject to Context Effects Due to Questionnaire Redesign	250
8.7 Estimates for New, Revised, and Moved Items in the QFT Instrument.....	252
8.8 Comparison of the Distribution of Relationships for Proxy Respondents and Estimates for Selected Items Based on Proxy Report Status	254
9. Selected QFT Estimates Compared with Other Survey Estimates	257
9.1 Overview of Selected QFT Estimates Compared with Other Survey Data	257
9.2 Estimates for Prescription Drug Misuse	257
9.2.1 NAMCS and NHAMCS	258
9.2.2 Prescription Drug Use and Misuse in the QFT and Prescription Drug Mentions in NAMCS and NHAMCS	259
9.2.3 Monitoring the Future.....	271
9.2.4 Prescription Drug Misuse in the QFT and Monitoring the Future.....	272
9.3 Estimates for Selected Health and Demographic Items.....	274

Table of Contents (continued)

Chapter	Page
9.4	Estimates for Additional Demographic and Household Items277
9.4.1	Received Income and Participation in Government Assistance Programs278
9.4.2	Health Insurance Coverage279
9.4.3	Family Income280
9.4.4	Employment Status and Unemployment Rates.....281
9.4.5	Education282
10.	Summary and Implications285
10.1	Data Collection Outcomes and Data Quality Assessment.....285
10.2	Assessments of the Redesigned Protocol.....287
10.3	QFT Estimates Compared with NSDUH Estimates: Substance Use Items Other than Methamphetamine and Prescription Drugs.....289
10.4	QFT Estimates Compared with NSDUH Estimates: Methamphetamine and Prescription Drug Items290
10.5	QFT Estimates Compared with NSDUH Estimates: Noncore Items.....291
10.5.1	Substance Dependence and Abuse.....291
10.5.2	Needle Use292
10.5.3	Medical Marijuana292
10.5.4	Demographic and Household Items.....293
10.5.5	Selected Items Potentially Subject to Context Effects.....293
10.6	Selected QFT Estimates Compared with Other Survey Estimates294
10.7	Summary of QFT Questionnaire Items Identified as Needing Reexamination in the DR Analysis.....296
References299

List of Appendices

Appendices	Page
A	Redesigned NSDUH Questionnaire and Redesigned Contact Materials for the 2015 Partial Redesign A-1
B	Questionnaire Field Test Screening and Interview Response Rates, by Sample Release and Age Group and for Each State B-1
C	Missing Data Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Instrument C-1
D	QFT Field Observation Materials – Screening Checklist, QFT Field Observation Interview Checklist, and Field Observer Reference Sheet D-1
E	QFT Field Interviewer Debriefing Questions E-1
F	Complete Results from the QFT New Equipment User Satisfaction Survey F-1
G	Moderator's Guide for QFT Focus Groups with Field Interviewers G-1
H	Selected Notes on Analysis Variables for the QFT H-1
I	Detailed Tables for Core Substance Use Items Other than Methamphetamine and Prescription Drugs in the 2011 and 2012 Comparison Data and the QFT I-1
J	Detailed Tables for Methamphetamine and Prescription Drug Items in the 2011 and 2012 Comparison Data and the QFT J-1
K	Detailed Tables for Noncore Estimates in the 2011 and 2012 Comparison Data and the QFT K-1
L	Detailed Tables for Prescription Drug Use and Misuse in the 2012 Questionnaire Field Test and Data from Sources Other than NSDUH L-1
M	Estimates for New Items in the 2012 Questionnaire Field Test That Were Included in the 2013 NSDUH Main Study Questionnaire M-1
N	Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data N-1
O	Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older O-1
P	Proxy Reports from the QFT and the Comparison Samples P-1
Q	Protocol Changes Considered for the Dress Rehearsal and Whether the Changes Will Be Implemented for the Dress Rehearsal Q-1
R	2012 Questionnaire Field Test—Investigation of Data Quality Issues for Items Moved from CAPI to ACASI R-1

List of Tables

Table	Page
2.1	Number of 2012 Questionnaire Field Test State Sampling Regions and Sample Sizes, by State6
2.2	Summary of the 2012 Questionnaire Field Test Sample Results8
2.3	Tenure Distribution of 2012 Quarters 3 to 4 Main Study Field Interviewers Compared with 2012 Questionnaire Field Test Field Interviewers13
2.4	Questionnaire Field Test Field Interviewer Training Program.....14
2.5	Questionnaire Field Test Items with Programming Logic Errors.....26
3.1	Imputed Variables43
3.2	Weight Distribution of QFT Analysis Weights52
3.3	Data Files Created for the 2012 Questionnaire Field Test Analyses54
4.1	Screenings, Interviews, and Response Rates for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test.....60
4.2	Number of Visits Made for Completed Screenings for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test.....62
4.3	Number of Visits Made for Noncompleted Screenings for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test.....62
4.4	Interview Response Rates, by Age, for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)63
4.5	Number of Visits Made for Completed Interviews for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test.....64
4.6	Number of Visits Made for Noncompleted Interviews for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test.....64
4.7a	Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Substance Use Variables.....66
4.7b	Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Selected Demographic and Socioeconomic Variables.....67
4.7c	Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Health Insurance Variables.....68
4.7d	Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Income Variables69
4.8	Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data.....74

List of Tables (continued)

Table	Page
4.9a Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 or Older)	87
4.9b Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 to 17).....	90
4.9c Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 18 to 25).....	93
4.9d Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 26 to 49).....	96
4.9e Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 50 to 64).....	99
4.9f Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 65+)	102
4.9g Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 or Older)	107
4.9h Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 to 17)	110
4.9i Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 18 to 25)	113
4.9j Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 26 to 49)	116
4.9k Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 50 to 64)	119
4.9l Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 65+)	122

List of Tables (continued)

Table	Page
4.10a Unweighted Overall Interview Timing Data for the Questionnaire Field Test Protocol in Minutes, in Total and by Age Groups: All QFT Respondents.....	127
4.10b Unweighted Overall Interview Timing Data for the 2011 Comparison Protocol in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents	128
4.10c Unweighted Overall Interview Timing Data for the 2012 Comparison Protocol in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents	129
4.10d Unweighted Overall Interview Timing Data for the QFT Tobacco Module in Minutes, in Total and by Age Groups: All QFT Respondents Answering LEADCIG.....	130
4.10e Unweighted Overall Interview Timing Data for the 2011 Tobacco Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents Answering LEADCIG	131
4.10f Unweighted Overall Interview Timing Data for the 2012 Tobacco Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents	132
4.10g Unweighted Overall Interview Timing Data for the QFT Pain Relievers Screener in Minutes, in Total and by Age Groups: All Respondents.....	133
4.10h Unweighted Overall Interview Timing Data for the QFT Tranquilizer Screener in Minutes, in Total and by Age Groups: All Respondents	134
4.10i Unweighted Overall Interview Timing Data for the QFT Stimulant Screener in Minutes, in Total and by Age Groups: All Respondents	135
4.10j Unweighted Overall Interview Timing Data for the QFT Sedative Screener in Minutes, in Total and by Age Groups: All Respondents	136
4.10k Unweighted Overall Interview Timing Data for the Pain Reliever Module in Minutes, in Total and by Age Groups: All QFT Respondents	137
4.10l Unweighted Overall Interview Timing Data for the Pain Reliever Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents	138
4.10m Unweighted Overall Interview Timing Data for the Pain Reliever Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents	139
4.10n Unweighted Overall Interview Timing Data for the Tranquilizer Module in Minutes, in Total and by Age Groups: All QFT Respondents	140
4.10o Unweighted Overall Interview Timing Data for the Tranquilizer Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents	141
4.10p Unweighted Overall Interview Timing Data for the Tranquilizer Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents	142

List of Tables (continued)

Table	Page
4.10q Unweighted Overall Interview Timing Data for the Stimulants Module in Minutes, in Total and by Age Groups: All QFT Respondents	143
4.10r Unweighted Overall Interview Timing Data for the Stimulants Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents	144
4.10s Unweighted Overall Interview Timing Data for the Stimulants Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents	145
4.10t Unweighted Overall Interview Timing Data for the Sedatives Module in Minutes, in Total and by Age Groups: All QFT Respondents.....	146
4.10u Unweighted Overall Interview Timing Data for the Sedatives Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents.....	147
4.10v Unweighted Overall Interview Timing Data for the Sedatives Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents.....	148
4.11a Overall Interview Timing Data for the QFT Pain Relievers Screener in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Used in the Past Year	153
4.11b Overall Interview Timing Data for the QFT Pain Relievers Screener in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Used in the Past Year	154
4.11c Overall Interview Timing Data for the QFT Pain Relievers Screener and Main Module in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Misused in the Past Year	155
4.11d Overall Interview Timing Data for the QFT Pain Relievers Screener and Main Module in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Misused in the Past Year.....	156
4.11e Overall Interview Timing Data for All QFT Prescription Drug Screeners in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Used in the Past Year.....	157
4.11f Overall Interview Timing Data for All QFT Prescription Drug Screeners in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Used in the Past Year	158
4.11g Overall Interview Timing Data for All QFT Prescription Drug Screeners and Main Modules in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Misused in the Past Year	159
4.11h Overall Interview Timing Data for All QFT Prescription Drug Screeners and Main Modules in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Misused in the Past Year	160

List of Tables (continued)

Table	Page
4.11i Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Used in the Past Year	161
4.11j Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Used in the Past Year.....	162
4.11k Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Misused in the Past Year	163
4.11l Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Misused in the Past Year	164
4.11m Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Used in the Past Year.....	165
4.11n Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Used in the Past Year	166
4.11o Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Misused in the Past Year	167
4.11p Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Misused in the Past Year.....	168
5.1 Screening Errors Specific to the Questionnaire Field Test.....	182
5.2 Interview Errors Specific to the Questionnaire Field Test.....	182
5.3 Screening Respondent Recall of Lead Letter, by Screening Respondent Age	186
5.4 Screening Respondent Recall of Lead Letter, by Dwelling Unit Interview Status	186
5.5 Recall of Lead Letter among Screening Respondents Aged 18 to 25, by Dwelling Unit Interview Status	187
5.6 Recall of Lead Letter among Screening Respondents Aged 26 to 49, by Dwelling Unit Interview Status	187
5.7 Recall of Lead Letter among Screening Respondents Aged 50 to 64, by Dwelling Unit Interview Status	187

List of Tables (continued)

Table	Page
5.8 Recall of Lead Letter among Screening Respondents Aged 65 or Older, by Dwelling Unit Interview Status	188
5.9 Interview Status, by Recall of Lead Letter and Screening Respondent Age	188
5.10 Screening Respondent Comments on Lead Letter, by Screening Respondent Age	189
5.11 Screening Respondent Comments on Lead Letter, by Dwelling Unit Interview Status.....	189
5.12 Timing of Providing Q&A Brochure.....	190
5.13 Comments on Q&A Brochure	190
5.14 Comments on Q&A Brochure, by Timing of Providing Brochure.....	190
5.15 Respondent Comments on the Interview Being Too Long.....	190
5.16 Respondent Comments on the Interview Being Too Long, by Interview Respondent Age.....	191
5.17 Respondent Comments on the Interview Being Too Long, by Interview Respondent Education	191
5.18 Classification of Open-Ended Comments on Prescription Drug Questions	191
5.19 Interview Respondent Questions or Comments on Prescription Drug Questions	192
5.20 Interview Respondent Questions or Comments on Prescription Drug Questions, by Interview Respondent Age.....	192
5.21 Interview Respondent Questions or Comments on Prescription Drug Questions, by Interview Respondent Education	192
5.22 Any Interview Respondent Questions or Comments on On-Screen Calendars.....	193
5.23 Any Interview Respondent Questions or Comments on On-Screen Calendars, by Interview Respondent Age.....	193
5.24 Any Interview Respondent Questions or Comments on On-Screen Calendars, by Interview Respondent Education	193
5.25 Types of Interview Respondent Questions or Comments on On-Screen Calendars	193
5.26 Interview Respondent Troubles with Other Questions.....	194
5.27 Proxy Used for Income and Health Insurance Questions	194
5.28 Proxy Used for Income and Health Insurance Questions, by Interview Respondent Age.....	194
5.29 Interview Respondent Concerns about Revealing Answers to Proxy Respondent.....	195
5.30 Interview Respondent Questions or Comments about Proxy Interview.....	195

List of Tables (continued)

Table	Page
5.31 Problems with Proxy on ACASI Tutorial.....	195
5.32 Types of Problems with Proxy on ACASI Tutorial.....	195
5.33 Problems with Proxy Use of ACASI to Answer Income and Health Insurance Questions.....	195
5.34 Types of Problems with Proxy Use of ACASI to Answer Income and Health Insurance Questions.....	196
5.35 Interviews Conducted at Respondent's Home for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT).....	196
5.36 Interview Location Not at Respondent's Home for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT).....	196
5.37 Field Interviewer (FI) Evaluation of Interview Privacy in Respondent's Home for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT).....	197
5.38 Field Interviewer (FI) Reports of Others Present during Interview for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT).....	197
5.39 Field Interviewer Opinions on Use of the Tablet before Questionnaire Field Test (QFT) Data Collection and after QFT Data Collection.....	200
5.40 Field Interviewer (FI) Expectations on Referencing the Questionnaire Field Test (QFT) Handbook before QFT Data Collection and FI Need to Reference the QFT Handbook after QFT Data Collection.....	200
5.41 Sites and Number of Participants for QFT Focus Groups.....	204
5.42 QFT FIs' "Wish List" for Modifications to Tablet Functions.....	207
6.1 Substances Included in Definitions of Illicit Drugs and Illicit Drugs Other than Marijuana.....	218
8.1 Current State of Residence without a Medical Marijuana Law in Effect and Current or Former Bordering States with Medical Marijuana Laws in Effect for Eight QFT Respondents Reporting Medical Use of Marijuana.....	247
9.1 Comparison of Summary Data for Pain Relievers from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey.....	266
9.2 Comparison of Summary Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey.....	267

List of Tables (continued)

Table	Page
9.3	Comparison of Summary Data for Stimulants from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey269
10.1	Questionnaire Items Identified from the QFT Analysis as Needing Reexamination in the DR Analysis.....297
B-1	2012 Questionnaire Field Test Weighted Screening and Interview Response Rates, by Sample Release and Age Group.....B-1
B-2	2012 Questionnaire Field Test Unweighted Screening and Interview Response Rates, by Sample Release and Age Group.....B-2
B-3	2012 Questionnaire Field Test Weighted Screening and Interview Response Rates, by State.....B-3
B-4	2012 Questionnaire Field Test Unweighted Screening and Interview Response Rates, by State.....B-4
C-1	Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or OlderC-1
I-1	Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-1
I-2	Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test..... I-2
I-3	Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test..... I-3
I-4	Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-4
I-5	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test..... I-5

List of Tables (continued)

Table	Page
I-6	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-6
I-7	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-7
I-8	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-8
I-9	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-9
I-10	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-10
I-11	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-11
I-12	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-12
I-13	Specific Hallucinogen Use in Lifetime, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-13
I-14	Specific Inhalant Use in Lifetime, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-14
I-15	Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-15

List of Tables (continued)

Table	Page
I-16	Binge Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-16
I-17	Lifetime Use of Felt-Tip Pens, Computer Cleaners, or Other Inhalants, by Age Group and Past Year Use of Inhalants according to Types of Inhalants Used in Lifetime among Persons Aged 12 or Older: Percentages, 2012 Questionnaire Field Test I-17
I-18	Use of Hallucinogens in Lifetime among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-18
I-19	Use of Hallucinogens in the Past Year among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-19
I-20	Use of Hallucinogens in the Past Month among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test I-20
J-1	Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test J-1
J-2	Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test J-2
J-3	Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test J-3
J-4	Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test J-4
J-5	Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test J-5

List of Tables (continued)

Table	Page
J-6 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-6
J-7 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-7
J-8 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-8
J-9 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-9
J-10 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-10
J-11 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-11
J-12 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-12
J-13 Misuse of Stimulants in Lifetime among Persons Aged 12 or Older with or without Noncore Adderall [®] Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-13
J-14 Misuse of Stimulants in the Past Year among Persons Aged 12 or Older with or without Noncore Adderall [®] Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-14

List of Tables (continued)

Table	Page	
J-15	Misuse of Stimulants in the Past Month among Persons Aged 12 or Older with or without Noncore Adderall [®] Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-15
J-16	Misuse of Sedatives in Lifetime among Persons Aged 12 or Older with or without Noncore Ambien [®] Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-16
J-17	Misuse of Sedatives in the Past Year among Persons Aged 12 or Older with or without Noncore Ambien [®] Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-17
J-18	Misuse of Sedatives in the Past Month among Persons Aged 12 or Older with or without Noncore Ambien [®] Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	J-18
K-1	Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-1
K-2	Substance Dependence or Abuse in the Past Year among Persons Aged 12 to 17, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-2
K-3	Substance Dependence or Abuse in the Past Year among Persons Aged 18 to 25, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-3
K-4	Substance Dependence or Abuse in the Past Year among Persons Aged 26 or Older, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-4
K-5	Substance Use with a Needle in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-5
K-6	Demographic, Socioeconomic, and Household Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-6

List of Tables (continued)

Table	Page
K-7 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test	K-7
K-8 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test	K-8
K-9 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test	K-9
K-10 Demographic and Geographic Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-10
K-11 Geographic Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test	K-11
K-12 Demographic and Geographic Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-12
K-13 Demographic and Geographic Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-13
K-14 Perceived Great Risk of Harm Associated with Substance Use among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test	K-14
K-15 Number of Years Since Last Use for Selected Substances among Lifetime Users Aged 12 to 49: Averages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test	K-15
K-16 Received Substance Use Treatment in Lifetime and Past Year and Types of Past Year Substance Use Treatment among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-16
K-17 Adult Mental Health Treatment in the Past Year and Type of Facility Where Received Treatment among Persons Aged 18 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test	K-17

List of Tables (continued)

Table	Page
K-18 Youth Mental Health Treatment in the Past Year and Number of Nights Received Treatment among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-18
K-19 Selected Mental Health Measures among Persons Aged 18 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-19
K-20 Adolescent Depression Characteristics among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-20
K-21 Arrested and Booked in Lifetime and Past Year for Breaking the Law among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	K-21
L-1 Comparison of Data for Pain Relievers from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey	L-1
L-2 Comparison of Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey	L-4
L-3 Comparison of Data for Stimulants from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey	L-7
L-4 NSDUH Questionnaire Field Test and Monitoring the Future Comparisons for Past Year Misuse among Adolescents	L-9
L-5 NSDUH Questionnaire Field Test and Monitoring the Future Comparisons for Past Year Misuse among Young Adults Aged 19 to 24	L-10
L-6 Selected Characteristics among Persons Aged 12 or Older: Percentages and Standard Errors, 2012 Questionnaire Field Test and 2011 National Health Interview Survey.....	L-11
L-7 2011 NHIS and 2009-2010 NHANES Height Statistics among Persons Aged 16 or Older for Comparison with the 2012 Questionnaire Field Test	L-13
L-8 2011 NHIS and 2009-2010 NHANES Weight Statistics among Persons Aged 16 or Older for Comparison with the 2012 Questionnaire Field Test	L-14
L-9 Received Income and Program Participation among Persons Aged 12 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys	L-15

List of Tables (continued)

Table	Page
L-10	Received Income and Program Participation among Persons Aged 12 to 17: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys L-16
L-11	Received Income and Program Participation among Persons Aged 18 to 25: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys L-17
L-12	Received Income and Program Participation among Persons Aged 26 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys L-18
L-13	Health Insurance Coverage among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data L-19
L-14	Health Insurance Coverage among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data L-20
L-15	Health Insurance Coverage among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data L-21
L-16	Health Insurance Coverage among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data L-22
L-17	Income among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS L-23
L-18	Income among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS L-24
L-19	Income among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS Data..... L-25
L-20	Income among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and NHIS Data..... L-26
L-21	Levels of Current Employment among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data L-27

List of Tables (continued)

Table	Page
L-22	Levels of Current Employment among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data L-28
L-23	Levels of Current Employment among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data L-29
L-24	Unemployment Rates among Persons Aged 18 or Older, by Age Group: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data L-30
L-25	Levels of Education among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS L-31
L-26	Levels of Education among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS L-32
L-27	Levels of Education among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS L-33
M-1	Estimates and Standard Errors for New Items in the 2012 Questionnaire Field Test That Were Included in the 2013 NSDUH Main Study Questionnaire among Persons Aged 12 or Older M-1
N-1	Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data N-1
O-1	Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older O-1
P-1	Distribution of Respondent Relationship with Proxy among Persons Aged 12 or Older Who Obtained a Proxy, by Age Group: Percentages, and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test P-1
P-2	Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test P-2
P-3	Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test P-4

List of Tables (continued)

Table	Page
P-4 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	P-6
R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed	R-4
R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample.....	R-11
R-3 Item Missingness Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample	R-23
R-4 Distribution of "Don't Know" and "Refused" Item Response Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for These Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample	R-29
R-5 Received Income and Program Participation among Persons Aged 12 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys	R-40
R-6 Received Income and Program Participation among Persons Aged 12 to 17: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys	R-41
R-7 Received Income and Program Participation among Persons Aged 18 to 25: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys	R-42
R-8 Received Income and Program Participation among Persons Aged 26 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys	R-43
R-9 Health Insurance Coverage among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data	R-44
R-10 Health Insurance Coverage among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data	R-45
R-11 Health Insurance Coverage among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data	R-46

List of Tables (continued)

Table	Page
R-12 Health Insurance Coverage among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data	R-47
R-13 Income among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS	R-48
R-14 Income among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS	R-49
R-15 Income among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS Data.....	R-50
R-16 Income among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and NHIS Data.....	R-51
R-17 Levels of Current Employment among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data.....	R-52
R-18 Levels of Current Employment among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data	R-53
R-19 Levels of Current Employment among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data.....	R-54
R-20 Unemployment Rates among Persons Aged 18 or Older, by Age Group: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data.....	R-55
R-21 Levels of Education among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS	R-56
R-22 Levels of Education among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS	R-57
R-23 Levels of Education among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS	R-58

List of Tables (continued)

Table		Page
R-24	Distribution of Respondent Relationship with Proxy among Persons Aged 12 or Older Who Obtained a Proxy, by Age Group: Percentages, and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test	R-63
R-25	Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	R-64
R-26	Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	R-66
R-27	Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test.....	R-68

List of Exhibits

Exhibit	Page
2.1 Questionnaire Field Test Field Interviewer Training Agenda	16
3.1 Collapsing Imputation Classes: Race.....	44
3.2 Collapsing Imputation Classes: Race and Gender	45
5.1 Field Interviewer (FI) Experience with Touch Screen Devices before Questionnaire Field Test (QFT) Training.....	201

1. Background and Goals

This report describes the data collection and analytic methods and results of the 2012 Questionnaire Field Test (QFT) for the National Survey on Drug Use and Health (NSDUH), including comparisons of selected QFT estimates with current and comparable NSDUH data and other data sources. Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH is a national survey of the U.S. civilian, noninstitutionalized population aged 12 or older. The annual conduct of NSDUH is paramount in meeting a critical objective of SAMHSA's mission to maintain current data on the prevalence of substance use in the United States.

In order to continue producing data that accurately reflect current conditions, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must update NSDUH periodically to reflect changing substance use and mental health issues. CBHSQ is planning to implement changes related to a partial NSDUH redesign. These changes include use of a new sample design in 2014 and a limited update to the interview questionnaire in 2015. The new sample design will allow for continued national, State, and substate-level estimation comparable with estimation from previous surveys. The sample design's improved efficiency will result in significant cost savings. The primary change to the questionnaire is an updated set of prescription drug modules, which will include current prescription drugs and incorporate a new questionnaire structure. Other planned changes to the questionnaire include a revised health module that contains new questions about drug and alcohol screening by primary care physicians. These changes will seek to achieve three main goals: (1) to revise the questionnaire to address changing policy and research data needs, (2) to modify the survey methodology to improve the quality of estimates and the efficiency of data collection and processing, and (3) to maintain trends in core substance use estimates¹ across survey years. The 2012 QFT is meant to test the revisions to the questionnaire and protocols.

The NSDUH questionnaire used in the 2012 QFT was revised to improve some of the questions that cause known or suspected problems with data from the current questionnaire. New content that addresses current data needs has also been added. Revisions designed to reduce errors associated with usability problems in the design and layout of the computer-assisted interviewing (CAI) instrument have been added. These changes include revising the prescription drug modules, the front-end demographics, the binge drinking definition for women, the special drugs module, and the back-end demographics section, as well as including a new methamphetamine module. In addition, materials that describe the survey to respondents have been revised. These materials include the NSDUH lead letter that is mailed to respondents prior to their being contacted by an interviewer and the "question & answer" (Q&A) brochure that interviewers provide to respondents. **Section 2.4.1** provides a complete and detailed list of the questionnaire and protocol changes that were implemented for the 2012 QFT. In addition, **Appendix A** shows the changes to the NSDUH questionnaire modules in interview sequence and provides copies of the redesigned lead letter and Q&A brochure that were used in the 2012 QFT and are planned for main study implementation in the 2015 survey year.

¹ Drugs defined as core substance use items in NSDUH include tobacco, alcohol, marijuana, cocaine, crack cocaine, heroin, hallucinogens, inhalants, pain relievers, tranquilizers, stimulants, and sedatives.

To inform the questionnaire and protocol for the 2012 QFT, pretesting activities were conducted. Revised questions were tested with 80 respondents across two phases of cognitive interviewing. The cognitive interviews tested updated modules for pain relievers, tranquilizers, stimulants, and sedatives. Questions about drugs that are newly available on the market were added, and questions about drugs that are no longer commercially available were deleted. A new definition of misuse of prescription drugs and respondent understanding of a number of new questions and modules were also tested. In addition, focus groups were conducted in five metropolitan areas in the United States to obtain feedback from diverse members of the target population on alternative versions of the NSDUH lead letter and Q&A brochure, including 12 focus groups in English and 5 in Spanish (Currivan et al., 2009).

The primary goal of the field test is to measure the total effect on NSDUH estimates from *all* changes to the protocol planned for the 2015 redesign, using multiple indicators. The field test provides data to attempt to address the following research questions to the extent that sample sizes allow:

1. To what extent do the planned changes in the protocol influence data quality as measured by unit nonresponse, item nonresponse, imputation rates, and other indicators of data quality?
2. To what extent does the redesigned protocol influence the overall timing of the full interview, the section timing for revised modules, and the screener timing, including the new field observation questions?
3. What measurable implications, if any, for the general feasibility of the redesigned protocol were obtained from field observations, field interviewer (FI) debriefing items, equipment surveys, or focus groups with QFT interviewers?
 - 3a. What feedback from FIs or respondents is received on the redesigned prescription drug questions on issues such as the ability to understand the questions, repetitiveness of questions, and ease of interpreting the electronic drug images?
 - 3b. What FI or proxy respondent feedback is received on the new audio computer-assisted self-interviewing (ACASI) tutorial for proxy respondents?
 - 3c. What FI and/or respondent feedback is received on any other new aspects of the redesigned protocol elsewhere in the interview?
4. To what extent are the planned changes in the protocol associated with any increases or decreases in the reporting of core substance use, methamphetamine, prescription drugs, or noncore items?²
 - 4a. To what extent are the planned changes in the protocol associated with any differences in the reporting of core substance use across important demographic subgroups, especially age groups?

² The core consists of initial demographic items (which are interviewer-administered) and self-administered questions pertaining to the use of tobacco, alcohol, marijuana, cocaine, crack cocaine, heroin, hallucinogens, inhalants, pain relievers, tranquilizers, stimulants, and sedatives. Noncore items in the NSDUH questionnaire include substance dependence or abuse, injection drug use, and various demographic and household items.

- 4b. To what extent do the planned changes to the prescription drug questions appear to affect the reporting of the misuse of prescription drugs?
- 4c. To what extent do the planned changes in the protocol appear to be associated with any differences in reporting for noncore survey items?

This report provides information on how the 2012 QFT was conducted and the results of this field test. **Chapter 2** describes the study design, field preparations, and data collection procedures. **Chapter 3** describes procedures for defining usable cases, editing, imputation, weighting, data file preparation, and data analysis issues for the 2012 QFT data and the two NSDUH datasets that were used to compare with the QFT data. This chapter also discusses key analytic issues, especially comparisons of the 2012 QFT data with the 2012 quarters 3 and 4 NSDUH main study data and the 2011 NSDUH main study data. **Chapter 4** details the data collection outcomes, including screenings and interviews completed, screening and interview response rates, overall interview timing, selected section timings, imputation rates, item missingness rates, and other data quality indicators. **Chapter 5** describes data collected from QFT interviewers through multiple methods—including field observations of interviewers, field debriefing questions completed by interviewers, two equipment surveys, and three focus groups—to address the general performance of the redesigned protocol. **Chapter 6** presents comparisons of the 2012 QFT core substance use estimates, excluding methamphetamine and prescription drug items, with 2011 NSDUH and 2012 quarters 3 and 4 NSDUH main study estimates. **Chapter 7** presents comparisons of QFT estimates for methamphetamine and prescription drugs with 2011 NSDUH and 2012 quarters 3 and 4 NSDUH main study estimates. **Chapter 8** examines QFT estimates for selected noncore items compared with 2011 NSDUH and 2012 quarters 3 and 4 NSDUH main study estimates for these items. **Chapter 9** compares selected QFT estimates with relevant data from other sources, including the National Ambulatory Medical Care Survey (NAMCS), National Hospital Ambulatory Medical Care Survey (NHAMCS), Monitoring the Future (MTF), and the National Health Interview Survey (NHIS). Finally, **Chapter 10** summarizes the key findings in the report and presents the implications of these findings for the partially redesigned NSDUH protocol.

2. Study Design, Field Preparations, and Data Collection Procedures

2.1 Overview of the Study Design, Field Preparations, and Data Collection

This chapter provides details of the design and implementation of the 2012 Questionnaire Field Test (QFT). *Section 2.2* describes the study design, including the sample design and selection procedures. *Section 2.3* addresses preparations made for data collection, including preparing the field equipment, selecting the field interviewers (FIs), and training the FIs and field supervisors (FSs). *Section 2.4* describes all of the data collection procedures followed in implementing the 2012 QFT.

2.2 Study Design

This section describes the target population represented by the QFT, procedures for selecting sampling regions and segments, selection of dwelling units, allocation of respondents across age groups, and selection of persons to be respondents for the interviews.

2.2.1 Target Population

Similar to the main study of the National Survey on Drug Use and Health (NSDUH), the respondent universe for the QFT was the civilian, noninstitutionalized population aged 12 or older. In order to control costs, persons residing in Alaska and Hawaii, as well as persons who were not able to complete the interview in English, were excluded from the QFT. Therefore, the sample is representative of members of the noninstitutionalized population aged 12 or older in the contiguous United States who are able to complete the interview in English.

2.2.2 Selection of State Sampling Regions and Segments

NSDUH is designed to yield 67,500 interviews from 7,200 segments each calendar year (Morton, Martin, Shook-Sa, Chromy, & Hirsch, 2012). Thus, an estimated 213 segments were needed to yield approximately 2,000 completed interviews. To make this sample representative of the target population, a probability proportional to size (PPS) sample of 213 (of 876) State sampling (SS) regions was selected. This design maximized the efficiency (i.e., increased the precision) of the QFT estimates by reducing variation in the weights. In addition, this design had the benefit of placing the sample in heavily populated areas where a sufficient mix of FIs with various experience levels would be expected to meet staffing goals. As shown in *Table 2.1*, a large portion of the sample was selected from the eight largest States (i.e., California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas).

Within each selected SS region, a sample of dwelling units was drawn from the segment that was retired from use in quarter 1 of the 2012 NSDUH. If an insufficient number of dwelling units remained in a segment, or if significant access problems were expected in a segment, the segment was replaced with the quarter 4 2011 retired segment in the same SS region. A total of 6 segments were replaced because they had fewer than 10 dwelling units remaining, and a total of 7 segments were replaced due to anticipated access problems in the segments.

Table 2.1 Number of 2012 Questionnaire Field Test State Sampling Regions and Sample Sizes, by State

State	Population Rank (12 or Older)	Current Design	NSDUH SS Regions	Number of QFT SS Regions/ Segments (PPS)	2012 QFT Respondents
CA	1	3,600	48	23	170
TX	2	3,600	48	14	146
NY	3	3,600	48	11	105
FL	4	3,600	48	18	169
IL	5	3,600	48	10	72
PA	6	3,600	48	10	121
OH	7	3,600	48	7	103
MI	8	3,600	48	9	86
GA	9	900	12	6	60
NC	10	900	12	5	50
NJ	11	900	12	6	52
VA	12	900	12	6	83
MA	13	900	12	4	33
WA	14	900	12	5	46
IN	15	900	12	6	63
AZ	16	900	12	4	14
TN	17	900	12	4	51
MO	18	900	12	2	16
WI	19	900	12	4	38
MD	20	900	12	3	32
MN	21	900	12	4	36
CO	22	900	12	6	33
AL	23	900	12	4	45
SC	24	900	12	3	31
KY	25	900	12	3	28
LA	26	900	12	5	66
OR	27	900	12	1	8
OK	28	900	12	5	40
CT	29	900	12	5	41
IA	30	900	12	0	0
MS	31	900	12	0	0
AR	32	900	12	0	0
KS	33	900	12	2	19
NV	34	900	12	2	33
UT	35	900	12	6	63
NM	36	900	12	1	4

(continued)

Table 2.1 Number of 2012 Questionnaire Field Test State Sampling Regions and Sample Sizes, by State (continued)

State	Population Rank (12 or Older)	Current Design	NSDUH SS Regions	Number of QFT SS Regions/ Segments (PPS)	2012 QFT Respondents
WV	37	900	12	2	23
NE	38	900	12	3	25
ID	39	900	12	0	0
ME	40	900	12	2	12
NH	41	900	12	1	11
HI	42	900	12	0	0
RI	43	900	12	0	0
MT	44	900	12	1	16
DE	45	900	12	0	0
SD	46	900	12	0	0
AK	47	900	12	0	0
VT	48	900	12	0	0
ND	49	900	12	0	0
DC	50	900	12	0	0
WY	51	900	12	0	0
	Total	67,500	900	213	2,044

PPS = probability proportional to size; QFT = Questionnaire Field Test; SS = State sampling.

2.2.3 Selection of Dwelling Units

Dwelling units that were not selected for the 2011 and 2012 main studies were eligible for selection in the QFT. A sufficient number of dwelling units was drawn to account for the lower sample yield resulting from conducting interviews in English only. The starting sample size and the sample allocation across the segments were determined based on anticipated eligibility, nonresponse, and the person-level sample selection procedures. Similar to the main study, a small reserve sample (20 percent) of dwelling units from each segment was selected, and the total sample was partitioned into four probability subsamples within each segment: 105 percent and three 5 percent partitions, for a total of 120 percent. Although the majority of the sample (105/120) was released at the beginning of the QFT data collection period, having the additional sample partitions allowed for greater flexibility in controlling the sample size and provided the ability to ensure that data collection goals were attained within the field period. Two additional 5 percent partitions were released in all but six States³ after 4 weeks of data collection.

A total of 5,358 dwelling units were sampled and yielded 2,044 completed interviews as shown in **Table 2.2**. The half-open interval procedure for missed dwelling units was implemented during the QFT, but it is not scheduled to be implemented in the 2014 or 2015 NSDUHs.

³ Additional sample was not released in the following States: Connecticut, New Mexico, Oregon, South Carolina, Virginia, and Utah.

Table 2.2 Summary of the 2012 Questionnaire Field Test Sample Results

Statistic	Total	Rate
State Sampling (SS) Regions	213	N/A
Segments	213	N/A
Selected Dwelling Units	5,358	N/A
Eligible Dwelling Units	4,623	0.86
Completed Screening Interviews	3,837	0.83
Selected Persons	2,823	
Eligible Persons ¹	2,760	0.98
Completed Interviews	2,044	0.74

N/A = not applicable.

¹ These are selected persons who were eligible for the QFT (excluding final language barriers).

2.2.4 Age Group Allocations

The respondent sample was allocated to the three major age groups in the following proportions: 25 percent aged 12 to 17, 25 percent aged 18 to 25, and 50 percent aged 26 or older. Within the 26 or older age group, 15 percent of the sample was allocated to persons aged 26 to 34, 20 percent of the sample was allocated to persons aged 35 to 49, and 15 percent was allocated to persons aged 50 or older. This sample allocation matched the planned allocation for the 2015 NSDUH partial redesign. One implication of the respondent sample allocation by age groups is a potential impact on QFT response rates. Retaining more of the 26 or older adults identified in households to complete interviews had a negative effect on unweighted interview response rates. As shown in **Table 4.4** in **Chapter 4**, both the weighted and unweighted response rates for persons younger than 26 were higher than the response rates for persons aged 26 or older. The unweighted interview response rate for the QFT sample was 72.41 percent compared with 76.52 percent for the 2011 main study comparison sample and 79.31 percent for the 2012 quarters 3 and 4 main study comparison sample (see **Table 4.4** in **Chapter 4**). Weighted interview response rates are not affected by the change in age allocation. Although a smaller proportion of 12 to 17 year olds were selected, this age group continued to drive the number of dwelling units needed (i.e., relative to the total population in this age group, the age group continued to be sampled at the highest rate). Thus, fewer dwelling units were needed to yield the desired sample than would be needed under the current sample design.

2.2.5 Selection of Persons

After dwelling units were selected within each QFT segment, an FI visited each selected dwelling unit to obtain a roster of all persons residing in the dwelling unit. This roster information was used to select 0, 1, or 2 persons for the survey. Sampling rates were preset by segment and age group. Roster information was entered directly into the electronic screening program, which automatically implemented this stage of selection based on the segment and age group sampling parameters. As indicated in **Table 2.2**, 2,823 people were selected from within 3,837 screened and eligible dwelling units, which yielded 2,044 completed interviews.

2.3 Field Preparations

The primary QFT field preparation activities are presented in this section, including programming tablets, laptops, and field support systems for data collection; selecting FIs to conduct the data collection; and developing and implementing the FI training program, materials, and procedures.

2.3.1 Preparing Field Equipment

As part of a larger effort to evaluate data collection equipment options to be deployed for the 2015 NSDUH survey year and beyond, the Substance Abuse and Mental Health Services Administration (SAMHSA) and RTI International⁴ adopted a phased equipment evaluation process beginning in the fall of 2011. This process will conclude with final selection of data collection hardware in 2014. The first and second evaluation phases of this process were conducted in late 2011 and early 2012. These phases focused on determining whether to pursue a "one-device" approach in which a single convertible laptop would be used to conduct both screening and interviews or a "two-device" approach in which a small tablet computer would be used for screenings and a conventional laptop for interviews. Results from those evaluations revealed that NSDUH FIs strongly preferred a "two-device" approach. As a result, SAMHSA and RTI determined that further evaluation phases would focus on tablets running Google's Android operating system (OS) for screening and laptops running Microsoft's Windows OS for interviewing. Although NSDUH's technical team initially investigated the possibility of using Apple devices running iOS, they were ruled out in the early phase because of software development challenges and higher hardware costs.

Another outcome of the first two evaluation phases was that NSDUH FIs strongly preferred the Samsung Galaxy Tab 7.0", the smallest and lightest of all devices assessed, as a potential device to be used for household screenings. For this reason, SAMHSA decided that the third evaluation phase would consist of field testing the Samsung Galaxy Tab 7.0" as part of the 2012 QFT. All QFT FIs used the tablet for screening QFT cases and completed two equipment surveys to provide structured feedback about their experiences. (See *Section 5.4* in *Chapter 5* for results of the equipment surveys.) Additional feedback about the tablet was gathered during three FI focus group sessions held at the end of QFT data collection. (See *Section 5.5* in *Chapter 5* for results of the focus groups.) Because the existing NSDUH screening software is implemented on the Windows Mobile platform, a substantial development effort was required to create not only a new screening program that could run on the Android OS, but also new transmission software that would enable transmission of data from the tablet and the laptop.

New interview hardware was not field tested during the QFT, partly because it was desirable to use the same equipment to enable comparisons of the redesigned QFT questionnaire to the current NSDUH questionnaire and to minimize the risk of software bugs that might compromise the ability to make these comparisons. Although new laptops were not used, all QFT FIs received from the existing fleet a second laptop that was configured with the new QFT questionnaire and transmission program.

⁴ RTI International is a trade name of Research Triangle Institute.

Substantial modifications were needed for a variety of supporting systems central to the supervision and monitoring of NSDUH data collection. These systems include the Web-based case management system (CMS) that enables supervisors to assign, transfer, and monitor cases; the reporting systems used for tracking FI performance and costs; and the verification systems used for data quality. Development work for these supporting systems proceeded in parallel with work on the screening and interview software for the 2012 QFT.

2.3.1.1 Programming Tablets for Screenings

The current NSDUH screening software is a .NET compact framework program that runs on Microsoft's Windows Mobile OS. This software steps FIs through a sequence of rostering and demographic screening questions. The software also performs randomized selections of potential respondents, based on age, as dictated by an embedded statistical sampling algorithm. Because the tablet selected for the QFT uses the Android OS, a new Java-based screening program had to be developed. The software development team chose to develop this as a native Android "app," using freely available and open source development tools. The primary development goal was to replicate the functionality and user interface of the iPAQ program as much as possible in order to take advantage of FIs' existing knowledge of the program and minimize the need for extensive training. As a result, the starting point for development was the iPAQ screening software and the QFT screening specifications. In addition to the standard screening questions and functionality, these specifications included the addition of a series of interview debriefing questions (previously embedded at the end of the computer-assisted interviewing [CAI] questionnaire) that would be displayed once the FI entered the final "interview completed" code. Two features in the iPAQ screening program—the integrated calendar and the call distribution—were not implemented in the QFT screening program because of time constraints in the QFT development schedule. These two features will be developed for the 2013 Dress Rehearsal (DR) version of the screening program. Finally, new transmission software was developed to enable a connection between the tablet and laptop and the transmission of screening data back to RTI.

The screening software was built following RTI's standard Software Development Life Cycle (SDLC). Internal unit testing proceeded in parallel with software development and was performed by the involved programmers, with external testing provided by unassociated members of the programming staff and also the second tier of support from the NSDUH Help team. Test results were communicated among the team using email and other direct communication. When the iterative process of development, change, and internal testing had sufficiently proven the prototype, the new screening software was passed to RTI's iTeam for internal acceptance testing. Iteration again was allowed to occur as needed. Again, email was the primary tool used to communicate and track progress during this phase. Once RTI's iTeam accepted the screening software, the software was sent to SAMHSA for acceptance testing. Once the SAMHSA team confirmed their acceptance test via email, RTI proceeded to integrate the new screening software into the master configuration for the QFT.

2.3.1.2 Programming Laptops for Interviews

The current NSDUH CAI questionnaire is developed in Blaise, an industry standard survey programming software, and deployed on Gateway laptops running the Windows XP OS. As mentioned above, the SAMHSA and RTI teams decided to use existing laptops from the

current fleet of equipment for the QFT interviews. For this reason, no changes were needed in the software to accommodate a new OS, and the starting point for development was the existing CAI instrument. However, substantial changes to the CAI questionnaire were made for the QFT, requiring an extensive programming effort. A complete list of changes to the CAI questionnaire is provided in *Section 2.4.1*. A summary of the major changes includes the following:

- addition of new questions and rewording of existing questions or changes to response categories,
- significant reordering of questions in various modules,
- transitioning interviewer-administered questions into the self-interview portion of the questionnaire,
- addition of pop-up question help with accompanying audio, and
- addition of an electronic calendar and electronic pill images.

As with the screening program, the software was built following the standard SDLC. Internal unit testing proceeded in parallel with software development and was performed by the involved programmers, with external testing provided by unassociated members of the programming staff and with the second tier of support from the NSDUH Help team. Test results were communicated among the team using email and other direct communication. When the iterative process of development, change, and internal testing had sufficiently proven the prototype, the new CAI software was passed to the RTI iTeam for internal acceptance testing. Because of the magnitude of changes in the questionnaire, an additional set of staff was recruited to test changes in the questionnaire across two phases of additional testing. Email was the primary tool used to communicate and track progress during this phase. Once RTI's iTeam accepted the CAI software, the software was sent to SAMHSA for acceptance testing. Once the SAMHSA team confirmed their acceptance via email, RTI integrated the new interview software into the master laptop configuration for the QFT. After this integration occurred, a final round of integration testing was performed by the programming team.

2.3.1.3 Programming Field Support Systems

QFT data were collected from a national sample of households across the continental United States from September 1, 2012, through November 3, 2012, concurrent with the 2012 quarters 3 and 4 of the main study. Therefore, data had to be collected, processed, and managed separately from the 2012 quarters 3 and 4 main study data. This effort required numerous modifications to existing support systems primarily used by RTI and NSDUH FSs. New pages were added to the Web-based CMS to allow FSs to assign, transfer, and monitor QFT cases separately from the main study. The NSDUH reporting system was changed to include a new set of production, expense, and data quality reports for the QFT. Modifications to NSDUH databases and data processing systems were required to accommodate CAI questionnaire changes that involved a multitude of new Blaise variables and to ensure that data transmitted to and from the field were appropriately identified and stored separately from main study data. Finally, a number of changes were needed in the verification system, including development of a separate computer-assisted telephone interviewing (CATI) questionnaire for telephone verifiers and new functionality on the data quality intranet to support monitoring and tracking of verification data.

RTI employed the same iterative process of development and testing used for the screening and interview software to change these systems. However, because these are internal systems used primarily by RTI and FSs and exist largely for the automation and streamlining of internal project operations, testing of functionality was primarily the responsibility of the programming team. New functionality was developed and implemented on a development site, pointed at back-end development databases. Testing was completed by members of the programming team, with the second tier of support from the NSDUH Help team and in some cases members of NSDUH's operations and data quality teams. Upon completion of testing, these systems were released to the production environment, and the Web programming team continued to monitor and support their operation.

2.3.2 Staffing

The field management team and structure for the QFT were identical to those used for the main study. All of the FIs selected for the QFT also worked on the 2012 quarters 3 and 4 main study data collection, which overlapped with the QFT field period. FIs were chosen for the QFT data collection based on several factors. Initial consideration of FIs was determined by proximity to QFT segments. Field managers analyzed the QFT sample distribution to determine which FIs would be strategic choices for consideration. Location, however, was not the only determining factor.

Length of service on NSDUH was also an important selection criterion for QFT FIs. The goal for the QFT interviewing team was to have a mix of veteran and newer FIs working on the QFT data collection effort that was similar to the distribution for FIs working in quarters 3 and 4 of the main study. FIs who had attended the January 2012 new-to-project (NTP) training session or who had attended an earlier NTP session were eligible for selection for the QFT data collection. Tenure information was gathered for the proposed cohort of QFT FIs, and the distribution of their length of service was similar to the main study, with slightly more experienced FIs working on the QFT. **Table 2.3** shows the distribution of 2012 QFT FIs by tenure level compared with the 2012 quarters 3 and 4 main study FIs collecting data at the same time.

Proximity to sample segments and experience level were balanced with each FI's previous data quality and cost efficiency results, availability, and dependability to take on the additional QFT work from September 1 through November 30, 2012. A group of alternates was also recruited as replacements in case there was any attrition among the initially selected group of FIs. In total, 159 FIs successfully completed the QFT FI training and were prepared to conduct QFT data collection (see **Section 2.3.3**).

Table 2.3 Tenure Distribution of 2012 Quarters 3 to 4 Main Study Field Interviewers Compared with 2012 Questionnaire Field Test Field Interviewers

Number of Quarters Worked on NSDUH Since 2005	2012 Quarters 3 and 4 NSDUH Field Interviewers		2012 Questionnaire Field Test Field Interviewers	
	Count	Percent	Count	Percent
0 - 4	216	27.5	13	8.2
5 - 8	107	13.6	26	16.4
9 - 12	54	6.9	19	11.9
13 - 16	53	6.7	9	5.7
17 - 20	55	7.0	14	8.8
21 - 24	36	4.6	8	5.0
25 - 28	44	5.6	12	7.5
≥ 29	221	28.1	58	36.5
Total	786	100.0	159	100.0

2.3.3 Training Procedures

2.3.3.1 Training Materials

Using a master list of needed supplies, all training materials were prepared and ordered (if necessary) in preparation for QFT training activities. A detailed, near-verbatim training guide was prepared for each member of the training team. Along with the training guide, numerous printed materials were also developed:

- QFT FI handbook that contained protocols and procedures for conducting work on the QFT;
- training workbook that contained necessary exercises, screening and interviewing mock scripts, and additional instructions;
- quality control forms specifically for the various training cases;
- interview incentive receipts for use during the practice interviews;
- showcard booklets for training and use during subsequent fieldwork;
- supplies to be used during the course of training, including the lead letter, study description, and question & answer (Q&A) brochure;
- administrative forms providing site-specific details for proper travel reimbursement; and
- evaluation forms used by trainers when observing FIs in class.

Additionally, PowerPoint slides were developed to accompany the various training guide sections, providing illustrations of the item under discussion or summarizing the main points conveyed in the guide.

As part of the QFT training plan, the electronic multimedia, interactive training application, referred to as iLearning (which stands for independent learning), was used. Using

iLearning allowed FIs to complete a QFT iLearning course at their own pace and review portions of the course again as needed. The QFT iLearning course consisted of visual slides with text and graphics, an audio component providing important information and instructions, a training video, interactive practice exercises, and an assessment portion to ensure the FI's comprehension of the QFT material presented. Upon completion of the course and transmission to RTI, the course assessment results were posted to the CMS for field management staff review. The QFT iLearning course was completed by all FIs selected for the QFT and prior to attendance at an in-person QFT FI training session. All 163 QFT FIs scheduled to attend the in-person QFT FI training sessions successfully completed and passed the QFT iLearning course. (See **Section 2.3.3.3** for more details on the number of FIs who actually completed the QFT FI training sessions.)

2.3.3.2 Train-the-Trainers Session

To prepare trainers and instruct all project management staff—including FSs, regional supervisors (RSs), and regional directors (RDs), as well as other NSDUH team members—in the procedures for the QFT, a Train-the-Trainers (TTT) session was held in Raleigh, North Carolina, on August 8 and 9, 2012. A 1-day management meeting was held the day prior to the TTT session on August 7, 2012, to bring all staff together for discussions on key field management topics.

The TTT session was led by members of the instrumentation team who reviewed all portions of the QFT training guide and materials and the logistics for the QFT and instruction on the equipment being used. Following the review of the QFT FI training, each RD led a special QFT management session for his or her RSs and FSs to provide instructions and answer questions related to managing the QFT fieldwork.

2.3.3.3 Field Interviewer Training Sessions

Training sessions for QFT FIs were held in two locations—Cincinnati, Ohio, and Baltimore, Maryland—with each site hosting two separate training sessions. Session A was held on August 25 and 26, 2012. Session B took place on August 28 and 29, 2012. Of the 163 QFT FIs scheduled to attend the in-person QFT FI training, three FIs were unable to attend the training and participate in the QFT prior to conducting the sessions. Of the 160 QFT FIs who attended the QFT FI training sessions, 159 FIs successfully completed the training. One FI demonstrated significant performance issues during the QFT training session and, therefore, did not successfully complete the training. This FI was excused from the QFT data collection, and the cases originally assigned to this FI were reassigned to another FI. **Table 2.4** summarizes the results of the QFT FI training sessions.

Table 2.4 Questionnaire Field Test Field Interviewer Training Program

QFT FI Training Session	Cincinnati, Ohio, FIs Trained	Baltimore, Maryland, FIs Trained	Total
Session A (August 25 and 26, 2012)	51	36	87
Session B (August 28 and 29, 2012)	48	24	72
Total QFT FIs Completing Training	99	60	159

The QFT FI training program included an initial self-study component (completed at home prior to training) in which FIs read the QFT FI handbook and completed the QFT iLearning course. During the 2-day in-person classroom training, FIs had hands-on practice with the QFT equipment, programs, and QFT-specific procedures. The 2-day QFT FI training agenda is provided in *Exhibit 2.1*.

Day 1

Training classes began with an introduction of the QFT and the FI responsibilities on the study. The next topic on the QFT equipment provided instruction in the use of the laptop computer hardware and the basics of the tablet hardware and software, including the screening program. FIs learned about locating and contacting respondents, completed a group walk-through of a QFT screening, and were able to practice effectively answering respondent questions. Then FIs were introduced to the QFT interview conventions and completed a group walk-through of a QFT interview. The FI debriefing questions were covered, as well as additional tips for answering QFT-related respondent questions and dealing with nonresponse. The late afternoon was spent completing two paired mock interviews to gain more practice with the overall QFT process. During these mock interviews, FIs were observed by trainers and were given constructive feedback on their performance and understanding. This was also a time when retraining could take place and FIs could ask questions. All FIs were invited to attend an evening FI laboratory session for additional practice or assistance. FIs completed a QFT screening and interview exercise for homework during the evening as well.

Day 2

Day 2 included instruction on the transmission process and how to troubleshoot problems with the equipment. The homework from the previous evening was reviewed. FIs completed an actual transmission during this session to ensure everything was working properly and to pick up their assigned QFT cases. Then FIs completed two more paired mock interviews while trainers observed, and they received feedback from their trainers. At the end of the training day, administrative tasks were reviewed, including reporting to their FS, how to record time and expenses, and tips on organization. During a session wrap-up, key procedures and protocols of the QFT were reviewed and FI questions were answered. FIs also completed the first installment of the FI feedback survey.

2.4 Data Collection Procedures

This section describes the data collection procedures for the QFT, including contacting and screening sample dwelling units (SDUs), interview administration, controlled access and refusal conversion procedures, data collection management and quality control, and problems encountered.

2.4.1 Questionnaire and Protocol Changes for the 2012 QFT

The 2012 QFT data collection involved the following changes to the 2012 NSDUH questionnaire and protocol:

- The response categories in the highest education completed question were revised.

Exhibit 2.1 Questionnaire Field Test Field Interviewer Training Agenda

DAY 1	
9:00	(1) Introduction to the QFT [30 minutes] <ul style="list-style-type: none"> • Introductions & Training Agenda • QFT Overview • QFT FI Responsibilities
9:30	(2) Introduction to the QFT Equipment [45 minutes] <ul style="list-style-type: none"> • Reviewing the Equipment Assignment and Receipt Form (EARF) • Tablet Hardware • Laptop Hardware • Getting Started on the Tablet • Equipment Care & Maintenance
10:15	Break
10:30	(3) Administering the QFT Screening [1 hour, 30 minutes] <ul style="list-style-type: none"> • Locating & Contacting Respondents • Screening Procedures • QFT Screening - Group Walk-Through • Answering Respondent Questions & Nonresponse • QFT Paired Screening Exercises
12:00	Lunch
1:00	(4) Administering the QFT Interview [2 hours] <ul style="list-style-type: none"> • Interview Materials & Procedures • QFT Interview - Group Walk-Through • FI Debriefing Questions - Interview • Answering Respondent Questions & Nonresponse
3:00	Break
3:15	(5) QFT Paired Mocks 1 & 2 [1 hour, 45 minutes] <ul style="list-style-type: none"> • Review of QFT Process • Paired Mocks 1 & 2 • Review of Paired Mocks 1 & 2 • Individual Feedback • Day 1 Questions & Wrap-Up
5:00	Adjourn
6:00 – 8:00	Field Interviewer Lab Homework Exercise
DAY 2	
9:00	(6) Transmission & Troubleshooting [45 minutes] <ul style="list-style-type: none"> • Review of Homework Exercise • Answer FI Questions from Day 1 • Transmission Procedures (including Actual Transmission) • Troubleshooting & Technical Support
9:45	(7) QFT Paired Mocks 3 & 4 [2 hours] <ul style="list-style-type: none"> • Paired Mocks 3 & 4
10:30	Break
10:45	(7) QFT Paired Mocks 3 & 4 (continued) <ul style="list-style-type: none"> • Review of Paired Mocks 3 & 4 • Individual Feedback
12:00	Lunch
1:00	(8) Administrative Tasks [45 minutes] <ul style="list-style-type: none"> • Reporting to Field Supervisor (FS) • Recording Time & Expenses • Organization
1:45	(9) Session Wrap-Up [45 minutes] <ul style="list-style-type: none"> • Review of Key Procedures & Protocols • Day 2 Questions • FI Feedback
2:30	Adjourn

- The reference date calendar was converted to a computerized application that appeared on-screen.
- Variables in the audio computer-assisted self-interviewing (ACASI) tutorial section were combined and streamlined.
- Smokeless tobacco sections were combined into one section.
- The definition of binge drinking was changed to four or more drinks for female respondents.
- Questions currently included in the special drugs module for hallucinogens, such as ketamine, tryptamines (dimethyltryptamine [DMT], alpha-methyltryptamine [AMT], 5-MeO-DIPT [N, N-diisopropyl-5-methoxytryptamine], also known as "Foxy"), and *Salvia divinorum*, were moved to the core hallucinogens module.
- New inhalants questions for markers and air duster were added.
- A new methamphetamine module was added.
- The definition, approach, and terminology for measuring the misuse of prescription drugs were all revised.
- Modules were added asking respondents about any use of pain relievers, tranquilizers, stimulants, and sedatives as opposed to just nonmedical use.
- The focus of the prescription drug modules was on a 12-month reference period rather than the lifetime reference period used in the current questionnaire.
- Electronic pill images of prescription drugs replaced the current showcard versions.
- Discontinued prescription drugs were removed.
- Prescription drugs currently included elsewhere in the questionnaire were added to the appropriate prescription drug module.
- Questions about use of cough or cold medicines just to get high were moved to the beginning of the special drugs module.
- The special drugs module questions about needle use were reworded, and questions about use of prescription stimulants with a needle were moved to the prescription stimulants module.
- The stimulant questions were revised to reflect separate methamphetamine and prescription stimulant modules.
- The marijuana marketing module was removed.
- The prior substance use module was revised to remove prescription drug questions, to revise methamphetamine questions to refer to the stand-alone question, and to drop questions about which drug was used first.
- The health care module was revised and expanded.
- Questions about how many times the respondent moved in the past 5 years were removed from the social environment and youth experiences modules.

- Questions about prescription drugs were removed from the questions about using drugs with alcohol in the consumption of alcohol module and moved to the appropriate prescription drug modules.
- Questions about drinking four or more drinks on an occasion that were asked of females in the consumption of alcohol module were dropped.
- Questions about disability status and how well the respondent speaks English were added to the ACASI section of the questionnaire in the back-end demographics.
- New questions about family members currently serving in the U.S. military were added to the back-end demographics.
- Industry and occupation questions were removed.
- Marital status was moved from the core demographics to the back-end demographics.
- The education, employment, health insurance, and income questions were all moved to the ACASI portion of the interview. In addition, the top response category for income was revised.
- Questions about step, foster, adoptive, or foster relationships in the household roster were removed.
- A new module introduced proxy respondents to the ACASI.
- Questions about cellular telephones and landlines were revised. Two new questions were added, and the previous questions were removed.
- New FI debriefing questions were added and administered via a new screening device, a tablet computer with a 7-inch screen size. These questions had previously been completed by FIs on their laptop computers at the end of the CAI protocol, after all other questions had been completed.
- New contact materials, including a redesigned version of the lead letter and Q&A brochure, were used.

Some of the questionnaire changes were implemented earlier than in the 2015 survey year. A few select changes made to the QFT questionnaire were also adopted for the 2013 survey year. These changes include the following items:

- Two new response categories were added to the race question. The response options now include (a) Guamanian or Chamorro and (b) Samoan.
- New questions were added to ask about serving in the reserve components in the military. The current questions were edited for consistency.
- Questions about use of medical marijuana were added to the blunts module.
- New questions were added to the health care module that ask about height, weight, and the discussions one has had with a doctor about substance use and abuse in the past year.

- The Mental Health Surveillance Study (MHSS) questions were eliminated because no MHSS recruitment occurred as part of the QFT, and the MHSS was discontinued in 2013.⁵

Each of these features of the QFT data collection represents a difference from how the FIs administered the main study data collection in 2011 and 2012.

2.4.2 Contacting Dwelling Units

A few procedural changes were implemented during the QFT that differed from the 2012 main study. When contacting respondents, FIs referred to RTI International (or RTI) and the U.S. Department of Health and Human Services (DHHS), as opposed to Research Triangle Institute and the U.S. Public Health Service. These updates were reflected in all field materials used for the QFT, including the lead letter, study description, Q&A brochure, "Sorry I Missed You" (SIMY) card, Spanish card, interview appointment card, summary of the questionnaire, "Who Uses the Data?" sheet, RTI/SAMHSA fact sheet, and the door person letters. Because the QFT interviews were conducted in English only, Spanish versions of materials were not provided for the QFT. To help FIs distinguish QFT materials from main study materials, the majority of the QFT materials were printed on gray paper and had the QFT version number (v. QFT 9.12) in the lower right corner.

2.4.2.1 Lead Letters

Similar to the main study, prior to an FI's arrival at an SDU, a lead letter was mailed to the address briefly explaining the study and requesting the resident's cooperation (see *Appendix A*). This letter was printed on DHHS letterhead with the signature of DHHS' national study director and RTI's national field director. Upon arrival at the SDU, the FI referred the respondent to this letter and answered any questions. If the respondent had no knowledge of the lead letter, the FI provided another copy, explained that one was previously sent, and then answered any further questions.

The lead letter was modified for the QFT with redesigned content and format changes to the FI ID and letterhead. The "United States Public Health Service" reference was replaced with the "U.S. Department of Health and Human Services" in the letter. Additionally, the letters were preaddressed to include the county, parish, or district name as part of the address and salutation. These changes were based on the Contact Materials Redesign Study, which included 12 English focus groups and five Spanish focus groups in five metropolitan areas in the United States (Currivan et al., 2009).

2.4.2.2 Introduction, Study Description, and Informed Consent

When in-person contact was made with an adult resident of the SDU, the QFT FIs followed the same introductory and informed consent scripts and procedures for the screening as the main study, with one exception. The "U.S. Department of Health and Human Services" was identified as the sponsor of the study and "RTI International" was used instead of "Research

⁵ *Appendix M* provides estimates for new or revised items in the QFT questionnaire that were added to the 2013 main study questionnaire.

Triangle Institute" in the study introduction script. These same wording changes were made to the study description, in addition to updating it with Peter Tice's signature at the bottom as the current NSDUH Project Officer. All other informed consent procedures remained the same for the QFT, including handing a study description to the respondent.

2.4.2.3 Callbacks

QFT FIs followed similar guidelines for callbacks as the main study, including appropriate use of SIMY cards, unable to contact (UTC) letters, and appointment cards. These materials were utilized by FIs in the same manner as the main study. If no one was at home during the initial visit to the SDU, the FI left a SIMY card to inform the resident(s) that the FI planned to make another callback at a later date/time. If the FI was unable to contact anyone at the SDU after repeated attempts, the FS sent a UTC letter. Appointment cards were used to remind respondents when the FI would return to complete the interview.

For the main study, except in the case of adamant refusals, FIs attempted to make at least four callbacks (in addition to the initial call) to each SDU in order to complete the screening process and complete an interview, if yielded. These contacts were made at different hours on different days of the week to increase the likelihood of completing the screening. These same guidelines were followed as best as possible for the QFT, but the more widely dispersed sample and the limited number of QFT FIs available to travel longer distances resulted in less flexibility for assignments and fewer staff for remote segments. For the main study, FSs were able to generate more effective callbacks by strategically assigning and transferring cases based on FI availability and experience.

For the QFT, FIs made five or more contacts to each dwelling unit with the exception of language barrier cases, physically or mentally incompetent cases, or refusal cases. QFT data collection ended on November 3, 2012, which was approximately a 2-month data collection period as opposed to the 3-month data collection period on the main study and originally planned for the QFT. Although the QFT did exceed the nationwide goal of 2,000 completed interviews, the QFT experienced lower response rates than the main study. (See *Section 4.2.1* and *Table 4.1* in *Chapter 4* for a comparison of response rates between the QFT and the two main study comparison samples.) The lower response rates are mainly a result of the limited number of QFT FIs available for assignments and the transfer of cases. However, the response rates may have been higher if FIs had made additional callbacks to convert refusals and reach the UTC respondents over another month of data collection.

2.4.3 Dwelling Unit Screening

QFT procedures for screening at a dwelling unit were similar to those used on the main study. The most significant change was that all screenings were completed on the tablet, as opposed to the iPAQ (see *Section 2.3.1* for more information on the new equipment). The introduction and informed consent scripts incorporated the changes specified above. The information gathered from the respondent during the screening was the same as what is collected in the main study.

After the interview respondent selections were made (codes 30, 31, and 32), the FI was prompted by the tablet to complete debriefing questions. The questions were not read out loud to the respondent; rather, the FI completed them on his or her own after leaving the SDU. In the case of an on-the-spot interview, the FI answered the questions while setting up the laptop or during the ACASI section of the interview. These post-screening debriefing questions ask about the respondents' recollections and reactions to the lead letter (see *Appendix E*).

2.4.4 Interview Administration

Upon selection, FIs attempted to complete the QFT interview using many similar techniques as in the main study. However, FIs were trained to answer common respondent questions based on the QFT procedures. For example, as discussed previously, FIs used the QFT naming conventions of "RTI International" and the "U.S. Department of Health and Human Services" rather than "Research Triangle Institute" and the "U.S. Public Health Service." To describe the types of questions asked, the FI provided the respondent with the QFT version of the summary of the questionnaire, but FIs were instructed to never tell respondents that they were part of a questionnaire field test or provide specific sample size information. Also different from the main study, interviews for the QFT were only conducted in English. No interviews were conducted in Spanish. Therefore, if an FI encountered a household or respondent unable to complete the screener or interview in English, the FI thanked the respondent for his or her time and coded out the case appropriately.

2.4.4.1 Informed Consent and Getting Started

Prior to beginning a QFT interview, FIs obtained informed consent by following the same informed consent procedures as used in the main study. This included reading the QFT version of the appropriate introduction and informed consent scripts from the QFT showcard booklet before the interview began. These scripts were modified for the QFT to ensure that respondents were accurately informed about the study. Specifically, the informed consent statement states that the individual respondent will represent thousands of others. Because the representativeness of each respondent differs in the QFT sample, the sample size information was removed from the script. In addition, the reference to the "U.S. Public Health Service" in the introduction and informed consent scripts for respondents aged 18 or older was replaced with the "U.S. Department of Health and Human Services." Finally, as part of the informed consent, FIs provided the QFT study description if they had not already done so. Respondents were never informed that the interview was part of a questionnaire field test.

2.4.4.2 Computer-Assisted Interviews

FIs began the interview with the front-end computer-assisted personal interviewing (CAPI) section, which contained demographic questions similar to those on the main study with a few key differences. New questions were added regarding the respondent's prior military service, two new categories were added to the race question ("Guamanian or Chamorro" and "Samoan"), and response categories were adjusted in the education-level question. As in the main study interview, the FI introduced the respondent to the computer prior to the respondent completing the practice session and ACASI section on his or her own. As noted in *Section 2.4.1*,

there were several key changes to the ACASI portion of the interview for the QFT, including the electronic reference calendar and on-screen pill cards.

Following the ACASI section of the interview, the FI took the computer back and asked the household roster questions. Following these questions, the FI inquired about the use of a proxy for the health insurance and income questions. For the QFT, a second ACASI section administered the health insurance and income questions. If a proxy was used, the FI introduced the proxy to the computer prior to the proxy completing a short practice session and the health insurance and income questions on his or her own. However, if the respondent answered the questions or the proxy had previously used the computer, there was no additional practice session. The industry and occupation questions and MHSS recruitment screens were removed from the QFT interview. In addition, the number of showcards was reduced because many of the questions previously requiring showcards were moved to the ACASI portion of the interview for the QFT, allowing respondents to view answer choices on-screen.

2.4.4.3 End of Interview Procedures

QFT quality control forms were completed in the same manner as on the main study. Minor changes were made to the verification screen, including removing the word "home" in the telephone number reference to match the wording on the QFT quality control form and asking respondents to enter their current address. Text was added that told the respondent to return the form in the sealed envelope to the FI.

Respondents received a \$30 incentive for completing the interview following the same procedures used on the main study. At this point, if not given earlier, the FI provided the respondent with the QFT version of the Q&A brochure (see *Appendix A*). QFT certificates of participation were also available for youth respondents and were presented in the same way as on in the main study.

Finally, the FI debriefing questions were removed from the end of the interview because these questions were answered in the tablet upon entering a code of 70 for the completed interview. This change allowed the FIs to answer the questions after leaving the household and reduce the length of time in the respondent's home. The questions were answered by the FIs based on the interview and any comments the respondent may have offered.

2.4.5 Controlled Access Procedures

Controlled access was treated in much the same way for the QFT as for the main study. When controlled access situations were encountered, controlled access packets were requested by the FS. The QFT controlled access packets reflected the differences in the naming conventions implemented for the QFT. To gain access in difficult situations, FSs also transferred cases between QFT FIs. If those attempts failed, "Call-Me" letters were sent directly to a selected household. These letters informed residents that an FI had been trying to contact them and asked that they contact an FS by telephone.

2.4.6 Refusal Conversion Procedures

Refusal conversion procedures followed for the QFT were similar to those used for the main study. If a potential respondent refused, the FI attempted to address the respondent's concerns and was trained to accept the refusal in a positive manner, thereby avoiding the possibility of creating an adversarial relationship and precluding future opportunities for conversion. A refusal letter was then sent by the FS. The refusal letter was tailored to the specific concerns expressed by the potential respondent and asked him or her to reconsider participation. Based on the refusal situation, an in-person conversion was generally attempted by the original FI or another QFT FI available nearby or on travel assignment. However, in some FS regions, another QFT FI was not available nearby or on travel assignment due to the small number of cases remaining in the area.

2.4.7 Data Collection Management and Quality Control

FIs and field management staff worked strategically to balance quality, cost, and production goals for the QFT, just as they do for the main study. The case management tools, features, and reports used by the management team to monitor fieldwork for the main study were adapted for use during the QFT.

2.4.7.1 Web-Based Case Management Reports

The Web-based Case Management System (CMS) housed a QFT reports' page that mirrored the main study reports' pages. The structure of the reports remained the same for the QFT. The following daily reports were available for case management on the QFT: daily FS and State response rate report, daily status reports, edited address reports, duplicate address reports, and recruit reports. The following weekly reports were also available on the CMS: executive summary report, data quality summary report, missing screening data report, record of calls (ROC) time discrepancies, and the interview length report. These reports were the same as the main study reports except that QFT data were used.

2.4.7.2 Field Interviewer Observation Procedures

In conjunction with QFT data collection, field observations of QFT FIs were conducted by RTI and SAMHSA staff members. Groups of four FIs were chosen for field observations in each of five metropolitan areas: Detroit, Michigan; Miami, Florida; Denver, Colorado; New York City, New York; and Chicago, Illinois. SAMHSA staff also observed an additional five FIs in North Carolina, Maryland, Virginia, and Pennsylvania. An observation was considered complete only after a full interview was observed. An observation where only screenings or partial interviews took place was not considered complete.

To keep travel costs to a minimum, FIs were chosen for QFT field observations based on location and proximity to RTI and SAMHSA observation staff. FIs were observed in nine States total, centered on metropolitan areas. Observers used the QFT field observation screening checklist and the QFT field observation interviewing checklist to document their observations. A field observer reference sheet and a field observer task list were used to help maintain consistency in planning observation assignments and interacting with FIs and respondents (see *Appendix D*). Observers were asked to ensure that a field observation FI instruction sheet was

sent to each FI prior to the FI's arrival in the field. The QFT housing unit (HU) and group quarters unit (GQU) scripts and CAI specifications for the front-end and back-end CAPI questions were provided to observers for their use during the observations. These materials were developed specifically for the QFT data collection effort based on similar materials used for the main study field observation process.

Observers were asked to transfer information from paper field observation screening checklists and field observation interviewing checklists to spreadsheets designed specifically for the QFT field observations. The field observation manager then used the spreadsheets to process the results of the field observation, which included issuing any appropriate disciplinary action, creating a retraining plan to address any observed errors, and sending any comments about the performance of the questionnaire, equipment, or materials to the appropriate RTI staff member.

The same standardized retraining process was used for the QFT field observations as is used for the main study field observations. After the field observation manager reviewed each observation form, for each FI who had errors reported on his or her observation, a member of the NSDUH operations team completed a document referred to as the FI retraining template. This template indicates the errors the FI made, the type of retraining required, and the dates by which the retraining must be completed. The FS used this form to provide standardized feedback and retraining (as scripted on the template) and issued any appropriate disciplinary action as directed by the field observation manager.

2.4.7.3 Verification of Completed Cases

Of the 2,044 completed QFT interviews, 16 QFT quality control forms were not returned. Of the 2,029 that were returned to RTI, 1,859 came back with a status of OK (indicating no problems), 167 came back with problems, and 3 respondents refused to complete the form.

Two types of changes were made to the verification scripts for the QFT:

- *minor change due to changes in the QFT protocol*: for example, referencing a tablet instead of an iPAQ, providing a different computer tutorial question as an example to the respondent, and saying "U.S. Department of Health and Human Services" and "RTI"; and
- *changes designed to improve falsification detection*: having the respondent provide some household roster (number of people who are male and female) and address (street number and name) information. On the main study, respondents simply confirmed the information is correct after it is provided. This change was also made for the 2013 main study verification scripts.

Of the completed QFT interviews, 901 cases were selected for telephone verification. No problems were found with 435 cases, 184 cases did have problems, 227 cases were unable to be contacted, and 55 cases had other issues. Of the completed QFT screenings, 913 cases were selected for telephone verification. No problems were found for 397 of the cases, 161 cases did have problems, 252 cases were unable to be contacted, and 103 cases had other issues. Problem cases were those that verified with errors, such as items the respondent did not remember the FI performing, the respondent reported that this was not the correct phone number for that address,

or if the respondent said that he or she was not given the \$30 incentive. Cases with "other issues" were considered unresolvable and included situations in which the telephone interviewer was never able to speak with the respondent, someone answered the phone but refused or hung up, or an initial problem was reported but callback verification staff were not able to recontact the respondent to confirm the issue. Staff on the callback verification team recontacted respondents when a problem was reported and more information was needed to confirm or clarify the situation because, during the initial call, the verification script was read verbatim by the telephone verifiers.

2.4.8 Problems Encountered

2.4.8.1 CAI Questionnaire Issues

Several minor inconsistencies in the CAI program were uncovered, either during data collection or during analysis. Most notably, a routing issue in the hallucinogens module caused 14 cases to be routed incorrectly for questions LS05, LS11, and LS17. This logic was included in the specifications correctly, but it was not added to the program. If a respondent reported having used lysergic acid diethylamide (LSD) in question LS01a or LSREF1, or reported using phencyclidine (PCP) in question LS01b or LSREF2, or reported using Ecstasy in question LS01f or LSREF3, and reported "YES" to any of the new questions (*Salvia divinorum*, DMT/AMT/"Foxy," or ketamine), he or she was not routed to question LS05, LS11, or LS17 as indicated in the specifications. Four respondents were incorrectly routed out of the LSD use questions as a result. A final value for LSD recency was imputed for these cases. An additional 10 cases incorrectly skipped the Ecstasy use questions, and those respondents have unknown Ecstasy recency. These errors did not cause a significant shift in the QFT prevalence estimates for LSD, Ecstasy, or any other hallucinogen. The data that are not available for these cases are initiation data for LSD and Ecstasy. However, initiation data were not analyzed as part of this QFT report. Overall, the impact of the routing logic issue for these 14 cases is minimal.

A second routing inconsistency occurred for question HLTH29, which asks respondents if they had cancer during the past 12 months. If a respondent indicated his or her current age as the age of first cancer diagnosis in any of the preceding health questions, HLTH29 should have been skipped. This logic was correctly indicated in the specifications, but it was not included in the CAI program. HLTH29 was not skipped during the QFT, and respondents were asked for redundant information. This routing error was corrected for the 2013 DR and 2015 redesign and did not cause a loss of unique data for any case.

Additionally, some programming logic incorrectly remained in the QFT CAI from the test questionnaire used in the two phases of cognitive interviewing conducted during QFT pretesting. This logic affected two questions. Respondents who reported receiving the prescription drug that they misused for free from a friend or relative were asked two follow-up questions. The first question asked the respondent to specify how that friend or relative got the prescription drugs (e.g., question PRY42BSP). If the respondent answered, "He or she got the drug in some other way," the second question asked respondents to specify where this friend or relative got the prescription drug (e.g., question PRY42C). During the cognitive interviewing phase, the specifications called for the questionnaire to skip questions PRY42BSP and PRY42C. (This allowed analysts to avoid learning of others' illegal behavior.) Because this logic was not

removed from the QFT specifications, 17 respondents aged 12 to 17 were skipped out of two follow-up questions regarding the source of prescription drugs in each of the four prescription drug main modules (questions PRY42BSP, PRY42C, TRY21BSP, TRY21C, STY26BSP, STY26C, SVY19BSP, and SV19C). **Table 2.5** presents the question text for each of these QFT items affected by the incorrect logic and the number of QFT respondents who incorrectly skipped. As **Table 2.5** indicates, the number of respondents affected by the inclusion of this incorrect logic was small, so the impact of this error on the QFT analysis was minimal.

The data structure was changed for question TX10 after QFT data collection. TX10 lists 12 drugs and asks respondents to indicate which for one or more of these drugs the respondent needed treatment. During the QFT, there were 12 possible responses, but the CAI program only accepted 10 responses. After a review of 2012 data, it was found that no respondent had entered more than six responses to question TX10. It is believed that there was no loss of data as a result of this error in the QFT results. TX10 was updated to accept 12 possible responses for the 2013 DR and the 2015 redesign.

Table 2.5 Questionnaire Field Test Items with Programming Logic Errors

Variable	Question Text	Number of QFT Respondents Who Incorrectly Skipped Item
PRY42BSP	Please type in the other way you got the [pain reliever]. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press [ENTER] to go to the next question.	2
PRY42C	You reported that you got the [pain reliever] from a friend or relative for free. How did your friend or relative get the [pain reliever]?	9
TRY21BSP	Please type in the other way you got the [tranquilizer]. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press [ENTER] to go to the next question.	1
TRY21C	You reported that you got the [tranquilizer] from a friend or relative for free. How did your friend or relative get the [tranquilizer]?	4
STY26BSP	Please type in the other way you got the [stimulant]. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press [ENTER] to go to the next question.	0
STY26C	You reported that you got the [stimulant] from a friend or relative for free. How did your friend or relative get the [stimulant]?	4
SVY19BSP	Please type in the other way you got the [sedative]. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press [ENTER] to go to the next question.	1
SV19C	You reported that you got the [sedative] from a friend or relative for free. How did your friend or relative get the [sedative]?	1

2.4.8.2 Data Collection Issues

Data on callbacks indicate that the distribution of visits to SDUs to complete QFT screenings and interviews was similar to the 2011 and 2012 quarters 3 and 4 comparison samples (see *Section 4.2* in *Chapter 4*). Despite these similar callback patterns, overall response rates were lower for the QFT sample than for the two main study comparison samples. One reason for this discrepancy was that fewer QFT FIs were available to work the widely dispersed QFT sample. Field management staff had less flexibility to assign and transfer cases between FIs, which made the on-the-spot interview and callback attempts less successful than during the main study data collection. For example, fewer experienced refusal converters were available to be assigned to refusal conversion efforts. For those QFT segments that were remote, fewer callback attempts were feasible without having FIs travel long distances for only a few pending cases.

QFT sample partitions 2 and 3 were released on September 28, 2012, when it was determined that additional sample was needed to ensure the target of 2,000 completed QFT interviews was met. This additional sample was released in all QFT States, except for Connecticut, New Mexico, Oregon, South Carolina, Utah, and Virginia. Because data collection ended on November 3, 2012, FIs did not have as much time to contact these cases in the second release as in the original release, but all of these cases were contacted at least five times. Overall, response rates were higher for the original sample release, but the number of SDUs, screenings, and interviews associated with the additional release were quite small and, therefore, did not have much of an impact on the overall response rate.

3. Processing and Analysis of the 2012 Questionnaire Field Test Data and 2011 and 2012 Comparison Data

3.1 Overview of Data Processing and Analysis Approach

This chapter describes the procedures followed to process the 2012 Questionnaire Field Test (QFT), the 2011 National Survey on Drug Use and Health (NSDUH) main study comparison data, and the 2012 quarters 3 and 4 NSDUH main study comparison data. All data processing procedures were developed and implemented to provide the greatest possible degree of comparability among these three datasets to facilitate valid comparisons. *Section 3.2* describes the usable case rules followed, and *Section 3.3* details the editing and coding procedures. *Section 3.4* presents the imputation procedures, and *Section 3.5* describes the weighting steps followed and the creation of variance estimation strata and replicates. *Section 3.6* describes the data file preparation, and *Section 3.7* discusses the data analysis issues.

3.2 Defining Usable Cases

3.2.1 Overview of Defining Usable Cases

A key step in the preliminary data processing procedures established the minimum item response requirements in order for cases to be used in weighting and further analysis (i.e., "usable" cases). These procedures were designed to disregard data from cases with unacceptable levels of missing data, thereby using data from cases with lower levels of missing data and reducing the amount of statistical imputation that would be needed for any given record.

3.2.2 Usable Case Definitions

The usable case criteria that were in place for the main survey were used for the 2011 main study and the 2012 quarters 3 and 4 NSDUH main study comparison data, as defined below:

1. The lifetime cigarette gate question CG01 must be answered as "yes" or "no."
2. At least nine (9) of the following additional gates must have answers of "yes" or "no":
(a) chewing tobacco, (b) snuff, (c) cigars, (d) alcohol, (e) marijuana, (f) cocaine (in any form), (g) heroin, (h) hallucinogens, (i) inhalants, (j) misuse of pain relievers, (k) misuse of tranquilizers, (l) misuse of stimulants, and (m) misuse of sedatives. (For the "multiple gate" modules for hallucinogens through misuse of sedatives, at least one gate question in the series for that module must have an answer of "yes" or "no.")

In the 2011 main study, 0.08 percent of all completed interviews (including interviews from Alaska and Hawaii) did not meet the usable case criteria.⁶ In the 2012 quarters 3 and 4 NSDUH main study comparison data (which excluded interviews from Alaska and Hawaii), 0.04 percent of the completed interviews did not meet the usable case criteria.

For the QFT, fully defined data for lifetime use or nonuse of cigarettes continued to be a requirement. Because of changes to the QFT instrument, the following was the second criterion for usable cases in the QFT:

- "Usability" must be determined for at least nine (9) of the following additional modules: (a) smokeless tobacco, (b) cigars, (c) alcohol, (d) marijuana, (e) cocaine (in any form), (f) heroin, (g) hallucinogens, (h) inhalants, (i) methamphetamine, (j) pain relievers, (k) tranquilizers, (l) prescription stimulants (i.e., independent of methamphetamine), and (m) sedatives.

As in the main survey, the usability criterion for smokeless tobacco through heroin was that lifetime use or nonuse must be determined. For the "multiple gate" modules for hallucinogens and inhalants, at least one gate question in the series for that module was required to have an answer of "yes" or "no."

The usability criterion for the prescription drugs in the QFT required that any past year or lifetime use or nonuse can be determined from the data. Specifically, any of the following met the usability criteria for prescription drugs:

- past year use of at least one specific prescription drug in a category (e.g., pain relievers) is reported in the screener questions; or
- lifetime use or nonuse of any prescription drugs in the category is reported; or
- past year nonuse of *all* specific prescription drugs in the screener is reported, regardless of whether lifetime use or nonuse can be determined.

One QFT respondent (0.05 percent of the 2,044 completed interviews) did not meet the usable case criteria and was not included for further analysis. This case failed to meet the usability criteria for smokeless tobacco, cigars, inhalants, methamphetamine, tranquilizers, stimulants, and sedatives. This respondent refused most of the questions in the screeners for tranquilizers, stimulants, and sedatives and refused to report whether he or she had ever used these prescription drugs.

3.3 Editing and Coding Procedures

3.3.1 Overview of Editing and Coding Procedures

Data that field interviewers (FIs) transmit to RTI are processed to create a raw data file in which no logical editing of the data has been done. The raw data file consists of one record for

⁶ The 2011 comparison dataset (excluding interviews in Alaska and Hawaii) was created from the cases in the full survey that already been identified as meeting the usable case criteria.

each transmitted interview. Cases were eligible to be treated as final respondents if they met the usable case criteria described in *Section 3.2*.

Logical editing was the first step in processing the raw QFT data and the raw comparison data from 2011 and quarters 3 and 4 of 2012. Logical editing involved using data from within a respondent's record to (a) reduce the amount of item nonresponse (i.e., missing data) in interview records, including identification of items that were legitimately skipped; (b) make related data elements consistent with each other; and (c) identify ambiguities or inconsistencies to be resolved through statistical imputation procedures (see *Section 3.4*).

In addition, a limited set of written answers that interviewers or respondents typed for responses that did not fit any of the listed categories or examples were assigned numeric codes to facilitate further use of these data in creating final variables or in analysis. These are subsequently referred to as "OTHER, Specify" data.

3.3.2 Coding of "OTHER, Specify" Data

Written answers that respondents or interviewers typed were assigned numeric codes for the following: other Hispanic origin, other racial groups, other Asian origin, and other drugs that respondents used.⁷ Typed "OTHER, Specify" responses first were compared against databases for the relevant "OTHER, Specify" variables that contained typed entries and the associated numeric codes. If an exact match was found between the typed response and an entry in the system, the response was assigned the appropriate numeric code. Typed responses that did not match an existing entry were output for manual analyst review and coding.

Coding of data for Hispanic origin, Asian origin, and race made these data available for creating final demographic variables. Coding of "OTHER, Specify" data for drugs made these data available for examining the quality of responses to the drug use questions.

Although "OTHER, Specify" data were not coded for other variables, weighted QFT percentages were generated for affirmative reports to selected lead questions governing "OTHER, Specify" data, such as reports of obtaining misused prescription drugs "some other way." Findings for these additional "OTHER, Specify" data are discussed in *Section 4.6* in *Chapter 4*.

3.3.3 General Editing Principles

To reduce the potential for differences to be attributable to the effects of editing, data for the main study comparison samples from 2011 and quarters 3 and 4 of 2012 (referred to in the remainder of *Section 3.3* as "comparison" data) and for the QFT were edited in the same manner wherever possible. If questionnaire changes for the QFT did not permit total comparability between the editing procedures for the QFT and the comparison data, the aim was to make the procedures as comparable as possible.

⁷ Additional "OTHER, Specify" variables had previously been coded for the 2011 survey. These variables were not included for the 2011 comparison data analysis because corresponding variables were not coded in the QFT or the comparison data from quarters 3 and 4 of 2012.

One of the initial steps in the editing involved development and implementation of procedures for identifying potential patterned responses in the data (subsequently referred to as data "diagnostics"). Specifically, respondents may enter patterned responses in the core drug use modules that raise questions about the validity of their answers in a particular module or in the interview as a whole. The types of patterned responses that were reviewed in the core modules for the comparison data are documented in the editing and coding section (Section 10) of the 2010 methodological resource book (Kroutil, Handley, & Bradshaw, 2012a). Checks were made for these same patterns in core QFT modules that did not change (or underwent minimal change) relative to the main survey. Because the content of the new methamphetamine module in the QFT was similar to the content in the core modules for marijuana, cocaine, and heroin, the same types of data checks in these latter modules were implemented for the methamphetamine module. Particular attention was given to developing specifications and reviewing data for the QFT prescription drug questions because of changes to these questions for the QFT. Depending on the results, cases that otherwise met the usable case criteria could be treated as nonrespondents because their answer patterns raised questions about the overall validity of their interview data. Alternatively, cases could be kept as final respondents but with all variables in one or more of their modules being assigned codes for "bad data," provided that these cases still met the usable case criteria after the assignment of "bad data" codes (see *Section 3.2*); codes for "bad data" were treated as missing values in subsequent data processing or analysis. Findings based on these data diagnostics reviews are discussed in *Section 4.6* in *Chapter 4*.

A key component of the editing procedures for the QFT and comparison data involved assignment of codes to indicate when it could be determined unambiguously that respondents legitimately skipped out of questions because of their answers to previous questions. For example, if respondents answered the lifetime alcohol use question AL01 as "no," all remaining questions in the alcohol module were skipped. In this situation, the editing procedures assigned codes to the remaining alcohol variables to indicate that the questions were not applicable because the respondents never used alcohol. However, if respondents did not know or refused to report whether they had ever used alcohol, the remaining questions for alcohol use also were skipped. In this situation, the edited alcohol use variables that had been skipped continued to have missing values. Determination of whether these respondents were lifetime alcohol users or nonusers was handed through the imputation procedures described in *Section 3.4*.

Because the QFT and comparison interviews consisted of "core" sections (i.e., certain demographic characteristics and use of cigarettes through misuse of sedatives) and noncore sections starting with the special drugs section, a second key principle of the editing procedures was that data from supplemental sections typically were not used to edit core data. An exception discussed in *Section 3.3.4* is that comparison data on methamphetamine use from the supplemental special drugs module along with core data were taken into account in a special set of edited variables for methamphetamine and stimulants.

However, core drug data could be used to edit supplemental data when respondents were not asked supplemental questions about a given drug based on their report of most recent use of that drug in the corresponding core module. For example, respondents in the QFT or comparisons were not asked questions about cocaine dependence or abuse in the supplemental substance dependence and abuse module if they last used cocaine or crack cocaine more than 12 months ago. In this situation, the edited variables for cocaine dependence or abuse were

assigned codes to indicate that respondents were not asked these questions because the questions did not apply.

In all core drug modules for the comparison data and in the cigarette through methamphetamine core QFT modules, respondents were asked "gate" questions to determine lifetime use or nonuse; because of changes to the questioning strategy and routing logic in the QFT for prescription drugs, principles for editing the QFT prescription drug variables are discussed in *Section 3.3.4*.⁸ The modules for hallucinogens and inhalants in all datasets and the prescription drug modules in the comparison data included multiple gate questions about lifetime use (or misuse) of specific drugs in the category. Respondents who reported lifetime use of the particular drug (e.g., marijuana) or any drug in the category (e.g., hallucinogens) were asked when they last used the drug (or any drug in the category). Respondents who did not know or refused to report when they last used were asked follow-up questions in an attempt to obtain data on the specific period when they last used (e.g., within the past 30 days, more than 30 days ago but within the past 12 months, or more than 12 months ago). If these respondents indicated the specific period when they last used, the data from these follow-up questions were incorporated into the edited variables for most recent use. If these respondents on follow-up still did not know or refused to report when they last used, the edited variable for most recent use was assigned a code to indicate that these respondents logically could be inferred to be users at some point in their lifetime based on the computer-assisted interviewing (CAI) routing. A definite period of most recent use was statistically imputed (see *Section 3.4*).

The CAI program included checks that alerted respondents or interviewers when an entered answer was inconsistent with a previous answer. In this way, the inconsistency could be resolved while the interview was in progress. In situations where a "consistency check" was triggered during the interview, final values from these checks were incorporated into the edited variables for drugs and selected additional measures in the QFT and comparison data.

Not every inconsistency was resolved during the interviews, and the CAI program did not include checks for every possible inconsistency that might have occurred in the data. In NSDUH editing for the main survey, inconsistencies between related variables in core substance use modules are flagged and the inconsistencies are resolved through statistical imputation (Kroutil et al., 2012a). To facilitate timely data processing, however, only a limited set of additional inconsistencies were resolved in the editing procedures. Consequently, inconsistencies could exist between related variables in the QFT or comparison data that would otherwise have been handled in the editing procedures for the main study. However, special "flag" variables were created to alert analysts to the occurrence of these inconsistencies. Findings based on these flag variables are discussed in *Section 4.6* in *Chapter 4*.

3.3.4 Special Editing Situations

Most editing of the QFT and comparison data followed the principles discussed in *Section 3.3.2*. In the alcohol module, the question in the comparison data that was used to define binge alcohol use asked both males and females about the number of days that they consumed five or more drinks on the same occasion in the past 30 days. In the QFT, males were asked

⁸ The text typically mentions "use" when referring both to prescription drugs and other substances. For prescription drugs, however, this term means "misuse," unless otherwise indicated.

about consumption of five or more drinks on the same occasion, and females were asked about consumption of four or more drinks on the same occasion. These binge alcohol use variables were edited in the same manner in both the QFT and comparison data. However, the edited QFT variable was given a name that was different from the name for the corresponding variable in the comparison data to indicate the differences in content.

In addition, the following special situations were relevant to editing of the QFT or comparison data:

- In the comparison data, respondents were asked separate questions about their use of snuff or their use of chewing tobacco. In the QFT, respondents were asked about their use of any smokeless tobacco product (i.e., snuff or chewing tobacco).
- In all three datasets, respondents could report more recent use of crack cocaine than they reported for use of any cocaine. Respondents also could report more recent use of specific hallucinogens (lysergic acid diethylamide [LSD], phencyclidine [PCP], or Ecstasy in the comparison data; LSD, PCP, Ecstasy, ketamine, dimethyltryptamine [DMT], alpha-methyltryptamine [AMT], N, N-diisopropyl-5-methoxytryptamine [5-MeO-DIPT], or *Salvia divinorum* in the comparison data) than they reported for use of any hallucinogen. In addition, respondents in the comparison data could report more recent misuse or use of OxyContin[®] or methamphetamine than they reported for any pain reliever or any stimulant, respectively.
- In all three datasets, respondents were asked whether they used hallucinogens, inhalants, pain relievers, tranquilizers, stimulants, or sedatives other than those they were asked about. Respondents were asked to specify the names of up to five additional drugs (subsequently referred to as "OTHER, Specify" data). However, respondents could fail to report use of specific drugs in direct questions about these drugs and then mention these drugs in the "OTHER, Specify" data.
- Respondents could indicate that the only prescription drugs they misused in the lifetime period (for the comparison data) or the past year (for the QFT) were over-the-counter (OTC) medications, despite being instructed not to include use of OTCs in answering the questions.
- A new methamphetamine module was added for the QFT. In the comparison data, methamphetamine questions were included in the core stimulants module, and methamphetamine was considered to be part of the general category of stimulants. The comparison data also included methamphetamine questions in the noncore special drugs module that were used in determining methamphetamine use, stimulant misuse, and most recent use (or misuse).
- The focus of the questions for specific prescription drugs in the QFT was on the past 12 months and on the lifetime period in the comparison data. In addition, QFT respondents first were asked a series of screening questions about *any* use of specific prescription drugs in the past 12 months (i.e., use or misuse) or any lifetime use if they did not report past year use. QFT respondents were asked about misuse in the past year of any of the specific prescription drugs they reported using in that period. In contrast, respondents in the comparison data were asked about misuse of specific prescription drugs in the lifetime period, and questions about more recent misuse

- applied to the general categories (e.g., past year or past month misuse of any tranquilizers).
- Questions in the QFT about use of stimulants with a needle were moved from the noncore special drugs module to the core stimulants module. These QFT questions applied only to use of stimulants with a needle in the past 12 months or past 30 days.
 - New questions about methamphetamine dependence or abuse were added to the substance dependence and abuse module.
 - Sections of the interview in the comparison data that were interviewer-administered were self-administered in the QFT (e.g., health insurance, income).

For the special editing procedures described in this section that were relevant to the comparison data, additional details are provided in the editing and coding section of the 2010 methodological resource book (Kroutil et al., 2012a).

3.3.4.1 Smokeless Tobacco

Editing of the QFT variables for smokeless tobacco use followed the general principles discussed previously. In the comparison data, variables for any smokeless tobacco use were created based on the data for use of snuff and use of chewing tobacco. The following principles were applied in creating the smokeless tobacco variables in the comparison data:

- Respondents who answered "no" to both questions about lifetime use of snuff and chewing tobacco were classified as nonusers of smokeless tobacco.
- Respondents who answered "no" to one of the questions about lifetime use of snuff or chewing tobacco but who did not know or refused to report whether they ever used the other type of smokeless tobacco were assigned a missing value for lifetime use or nonuse of smokeless tobacco. Lifetime use or nonuse was statistically imputed (see *Section 3.4*).
- Respondents who reported use of either snuff or chewing tobacco at a minimum were classified as lifetime users of smokeless tobacco. The period of most recent use was determined from respondents' answers to the questions about most recent use of the smokeless tobacco products.
- In general, the report of most recent use of either snuff or chewing tobacco was chosen for the variable pertaining to most recent smokeless tobacco use. If relevant variables for one of the smokeless tobacco products had missing data, special codes were assigned for use in statistically imputing a final period of most recent use. For example, if a respondent reported last using snuff more than 30 days ago but within the past 12 months but did not know when he or she last used chewing tobacco, the variable for most recent use of smokeless tobacco was assigned a code to indicate that the respondent logically last used at some point in the past 12 months. This respondent could have been a past month user of any smokeless tobacco if he or she used chewing tobacco in the past month. A specific period of most recent use was statistically imputed.

3.3.4.2 More Recent Use for General Drug Categories and Specific Drugs

For hallucinogens in the QFT and comparison data and for pain relievers and stimulants in the comparison data, consistency checks were triggered if respondents reported more recent use of a specific type of drug in the category (e.g., Ecstasy) than they reported for their last use of any drug in the category (e.g., any hallucinogen). As noted in the general principles (Kroutil et al., 2012a), the editing procedures took into account data from these consistency checks. For example, suppose a respondent reported last using any hallucinogen more than 30 days ago but within the past 12 months and last using Ecstasy within the past 30 days. If this respondent reported in the consistency checks that his or her last use of any hallucinogen also was in the past 30 days, the edited variable for most recent hallucinogen use reflected this change, and the data were no longer inconsistent.

However, if the data continued to indicate more recent use of a specific drug than for use of any drug in the category despite the respondent being given the opportunity to resolve the inconsistency, then the editing procedures logically inferred more recent use of any drug in the category. For example, if a respondent's answers continued to indicate last use of Ecstasy in the past 30 days and last use of any hallucinogen more than 30 days ago but within the past 12 months, the respondent was logically inferred to have last used any hallucinogen in the past 30 days; a special code was assigned to the variable for most recent hallucinogen use to indicate that this edit had been performed.

In the comparison data, these principles applied to editing of the variable for most recent use of any hallucinogen relative to reports of most recent use of LSD, PCP, or Ecstasy. Questions in the comparison data about most recent use of the hallucinogens ketamine, DMT, AMT, or 5-MeO-DIPT ("Foxy"), and *Salvia divinorum* were in the supplemental special drugs module and therefore were not used in editing the data for most recent use of any hallucinogen. For the QFT, questions about these three additional hallucinogens were moved from the special drugs module to the core hallucinogens module. The hallucinogens module for the QFT also included consistency checks that were triggered if respondents reported more recent use of any of these three hallucinogens than was reported for most recent use of any hallucinogen. Consequently, data on most recent use of these additional hallucinogens, along with data on most recent use of LSD, PCP, or Ecstasy, were used in editing the data for most recent use any hallucinogen in the QFT. The same principles applied to editing the QFT data when respondents reported more recent use of any of these additional hallucinogens compared with reports of most recent use of any hallucinogen.

The cocaine and crack cocaine modules in the QFT and comparison data did not include consistency checks if respondents reported more recent use of crack cocaine than for cocaine in general. Consequently, data on the most recent use of crack were used to infer more recent use of cocaine in general, as per the example discussed previously for hallucinogens. Additional issues related to the editing of the data for most recent use of methamphetamine and misuse of any stimulant are discussed in the methamphetamine section.

3.3.4.3 " OTHER, Specify" Data for Drugs

For hallucinogens and inhalants in all three datasets and for prescription drugs in the comparison data, questions about lifetime use (or misuse) were logically inferred to be "yes" if respondents originally did not report use of these drugs in the direct questions but reported them in the "OTHER, Specify" data. Additional details about these editing procedures for the comparison data are provided in the editing and coding section of the 2010 methodological resource book (Kroutil et al., 2012a).

As noted previously, QFT respondents were asked about use of specific prescription drugs in the past year and misuse of those drugs that they used in the past year. Consistent with the structure of questions in the comparison data, QFT respondents who reported that they misused "any other" drug in the category (e.g., any other prescription pain reliever) in the past 12 months could specify past year misuse of up to five individual drugs. If a respondent reported past year use of a specific drug (e.g., the generic pain reliever hydrocodone), did not report misusing the drug in the past year, but then reported it in the "OTHER, Specify" data, the response in the edited variable for past year misuse was logically inferred to be "yes"; no editing needed to be done for the variable pertaining to any use in the past year. If the respondent reported misuse of a particular drug in the "OTHER, Specify" data but did not report using it in the past year (and therefore was not asked about past year misuse of the drug), both the variable for any past year use and the variable for past year misuse of that drug were assigned codes to indicate that the respondent used and misused that drug in the past year.

3.3.4.4 OTC Misuse

One way that persons can misuse prescription drugs is by taking them without having their own prescription. Because OTC drugs by definition are available without a prescription, respondents in both the QFT and comparison data were instructed not to include OTCs when answering the prescription drug questions. For the comparison data, respondents who specified that they misused OTCs were logically inferred never to have misused any of the prescription drugs in the overall category (e.g., pain relievers) if they reported never misusing any of the specific prescription drugs in the gate questions and the only other "prescription" drugs they reported misusing in their lifetime were OTCs.

A similar principle was applied to the editing of the QFT prescription drug data, except that these edits focused on misuse of prescription drugs in the past year. Specifically, QFT respondents were logically inferred not to have misused any of the prescription drugs in that category in the past year if they did not use or misuse any of the drugs in that category except for "any other" drug, and the only other drugs they reported misusing in the past year were OTCs. However, no editing was done to the screening question about any use of other drugs in that category in the past year (which resulted in respondents being routed to the question about misuse of any other drug in the category) because respondents could have used other *prescription* drugs in the past year that they did not misuse.

3.3.4.5 Methamphetamine Use

Editing of the methamphetamine variables in the comparison data took into account the placement of the methamphetamine questions in the core stimulants module. Specifically, the

CAI program for the comparison data required answers to questions about methamphetamine use to be consistent with answers to related questions about misuse of stimulants in general. As noted previously, for example, a consistency check was triggered if respondents reported more recent use of methamphetamine than they reported for the most recent misuse of any prescription stimulant. In keeping with the general editing principles for the comparison data, the editing procedures took answers in these consistency checks into account when creating the edited methamphetamine and general stimulant variables. Furthermore, the editing procedures for the comparison data required misuse of any stimulant always to be as recent as or more recent than the last use of methamphetamine.

Since 2005, questions about methamphetamine use have been included in the supplemental special drugs module for respondents who did not previously report methamphetamine use in the core stimulants module. Because methamphetamine in recent years has typically been manufactured illegally rather than through the legitimate pharmaceutical industry, methamphetamine users may fail to report their use when questions about the drug are asked in the context of questions about misuse of stimulants that are (or have been) available by prescription in the United States. Data from these methamphetamine questions in the special drugs module were used to create "core-plus-noncore" (CPN) measures of lifetime and most recent use of methamphetamine in the comparison data. For example, if respondents in the comparison data did not report methamphetamine use in the core stimulants module because they did not think of it as a prescription drug but they reported use in the special drugs module, their reports for their most recent use of methamphetamine in the special drugs module were incorporated into the CPN variable for most recent use. In addition, if these respondents who did not think of methamphetamine as a prescription drug reported more recent use of methamphetamine in the special drugs module than they reported for their most recent misuse of any stimulant, the edited CPN variable for most recent stimulant misuse reflected the special drugs data for methamphetamine.

Editing of the QFT data for lifetime and most recent use of methamphetamine followed the general principles described in *Section 3.3.3*. Because the methamphetamine use questions in the QFT were placed in a module separate from questions about misuse of prescription stimulants, the edited data for use or most recent use of methamphetamine were not required to be consistent with data from the core stimulants module. For example, QFT respondents could report lifetime use of methamphetamine without reporting misuse of prescription stimulants in their lifetime; these responses were not considered to be inconsistent.

3.3.4.6 Prescription Drugs

Editing of the prescription drug variables in the comparison data generally followed the overall principles described in *Section 3.3.3*. Editing of these variables also included the special situations for "OTHER, Specify" data and reports of misuse of only OTC drugs that were described previously in *Sections 3.3.4.3* and *3.3.4.4*.

In the QFT, respondents first were asked to report any use of a series of prescription drugs in that psychotherapeutic category (e.g., pain relievers) in the past 12 months (subsequently referred to in this section as "screener" questions). Respondents who did not report past year use of any prescription drug in that category (including use of "any other" prescription

drug) were asked whether they ever used any prescription drug in that category. Respondents who endorsed use of one or more specific prescription drugs in the past 12 months in the screener questions were asked about past year misuse of the prescription drugs that they reported using in that period. If respondents reported misuse of any prescription drugs in a given category in the past 12 months, they were asked whether they misused any prescription drugs in that category in the past 30 days. Thus, unlike the 12-month questions, misuse in the past 30 days applied only to the broad prescription drug category rather than to specific prescription drugs. If respondents used prescription drugs in a given category in the past 12 months but they did not report misuse, they were asked about lifetime misuse of any prescription drugs in that category. Similarly, respondents who reported lifetime but not past year use of any prescription drugs in that category were asked about lifetime misuse. Thus, as for misuse in the past 30 days, lifetime misuse applied only to the broad prescription drug category.

Consistent with the general editing principles described in *Section 3.3.3*, an important component of editing the prescription drug variables in the QFT involved assignment of codes to indicate when respondents were not asked questions that were not applicable. For example, if respondents did not report use of a particular drug in the past 12 months, then the corresponding edited variables for misuse of that drug in the past 12 months were assigned codes to indicate that the questions did not apply.

As an exception to the general principle of retaining missing values when respondents answered a question governing a skip pattern as "don't know" (DK) or "refused" (REF), QFT respondents who had responses of DK or REF in their screener data for past year use of specific prescription drugs and reported no past year use of other drugs in the screener could answer the question about lifetime use of any prescription drugs in the category as "no." In this situation, the report of no lifetime use of any prescription drug in the category took precedence over the responses of DK or REF in editing the QFT prescription drug variables. Similarly, if respondents answered one or more questions about past year misuse of specific prescription drugs as DK or REF and answered questions about past year misuse of other prescription drugs as "no" (or were skipped out of the past year misuse questions because they did not report any past year use of these drugs), they were asked whether they ever misused any prescription drug in that category in their lifetime. Again, if these respondents answered this lifetime misuse question as "no," this report overruled the responses of DK or REF in editing the past year misuse variables.

Because of the structure of the prescription drug questions in the QFT, respondents were not asked a specific question for their most recent misuse of any prescription drugs in that category. Rather, variables for most recent misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives were created from respondents' answers to questions about misuse of any prescription drug in the category in the past 30 days, misuse of specific prescription drugs in a given category in the past 12 months, and lifetime misuse of any prescription drug in the category. The following general principles were applied in creating the variables for most recent use of any prescription drugs in a given category in the QFT data:

- Respondents who reported misuse of prescription drugs⁹ in the past 30 days were classified as having last misused prescription drugs in the past 30 days.
- Respondents who reported misuse of one or more specific prescription drugs in the past 12 months were classified as having last misused prescription drugs more than 30 days ago but within the past 12 months, provided that they answered "no" to the question about misuse in the past 30 days.
- Respondents who reported lifetime (but not past year) misuse of prescription drugs were classified as having last misused prescription drugs more than 12 months ago, provided that (a) they answered all applicable questions about misuse of specific prescription drugs in the past 12 months as "no"; or (b) they reported any use of prescription drugs in their lifetime and they explicitly reported that they did not use any prescription drugs in that category in the past 12 months.
- Respondents who reported that they never used or never misused prescription drugs were classified as never having misused prescription drugs. (The coding of the variables for most recent use did not distinguish between respondents who never used prescription drugs and lifetime users who never misused prescription drugs.)

3.3.4.7 Needle Use

Editing of the needle use data in the QFT and comparison samples principally involved assignment of the appropriate codes to indicate when respondents were not asked questions that did not apply. For example, respondents were not asked the needle use questions for a given drug (e.g., cocaine) if they reported in the corresponding core module that they never used the drug. Respondents also were not asked the follow-up questions in the special drugs module about most recent use of a drug with a needle if they used the drug in their lifetime but never used a needle to inject it.

In addition, "OTHER, Specify" data on use of other drugs with a needle were used to edit needle use data within the special drugs module. For example, if respondents did not report using cocaine with a needle but they specified it as some "other" drug they used with a needle, the edits inferred that these respondents used cocaine with a needle at some point in their lifetime.

Consistent with editing in the core modules (and with general principles of editing described previously), however, data on needle use from the special drugs module were not used in editing drug use data from the corresponding core module. For example, if respondents reported more recent use of cocaine with a needle in the special drugs module compared with their reports of most recent use of cocaine (including any reports of crack cocaine), the editing procedures for both the QFT and comparison data did not resolve this inconsistency.

As noted previously, the needle use questions for stimulants in the QFT were moved from the special drugs module to the core stimulants module. In addition, the questions about use of stimulants with a needle applied to stimulants that respondents misused in the past 12 months. Even if the editing procedures allowed editing of core data based on data in the special drugs

⁹ In this text, "prescription drugs" refers to any prescription drugs in a given category (e.g., any prescription pain reliever).

module, reports of lifetime use of prescription stimulants with a needle in the "OTHER, Specify" data for special drugs could *not* be used to infer past year use of stimulants with a needle or to infer past year misuse of specific stimulants in the core stimulants module.

3.3.4.8 Methamphetamine and Prescription Stimulant Dependence or Abuse

In the comparison data, because methamphetamine was grouped together with other stimulants, comparison data respondents who reported past year methamphetamine use were asked questions about dependence or abuse for *prescription stimulants*. The QFT included questions about dependence and abuse for methamphetamine that were separate from questions about dependence and abuse for prescription stimulants that were misused in the past 12 months. Consequently, QFT respondents who reported methamphetamine use in the past year but who did not report past year misuse of prescription stimulants were asked dependence and abuse questions for methamphetamine but were not asked corresponding questions for stimulants.

QFT respondents who reported past year use of methamphetamine and past year misuse of prescription stimulants were asked both sets of dependence and abuse questions. For these respondents, no editing was done to the methamphetamine dependence or abuse variables based on respondents' answers to questions about corresponding symptoms of dependence or abuse for prescription stimulants. Similarly, no editing was done to the stimulant dependence or abuse variables based on respondents' answers to questions about corresponding symptoms of dependence or abuse for methamphetamine.

3.3.4.9 Interviewer-Administered versus Self-Administered Data

The basic content of the QFT variables for marital status, employment status, health insurance, and income underwent little or no change relative to the variables in the comparison data, except that they were self-administered instead of being interviewer-administered. Consequently, little or no change to the editing procedures for these variables in the QFT were required relative to the procedures for editing these variables in the comparison data. Editing of these variables in all three datasets principally involved assignment of codes to indicate when it could be determined unambiguously that respondents were not asked questions that did not apply.

3.4 Imputation Procedures

3.4.1 Overview of Imputation Procedures

This section describes the imputation procedures that were implemented for the 2012 QFT data and the two comparison datasets—the 2012 quarters 3 and 4 main study data and the 2011 main study data. The advantages of performing imputation include the following: (1) reducing bias due to differential nonresponse, (2) allowing all cases to be used for analysis, and (3) improving the quality of data at the subdomain level. The small QFT sample sizes and the limited amount of time for imputation make it difficult to implement the standard NSDUH imputation methods due to sparse donor pools. Because the comparison of the QFT data with the main study data was performed at a fairly aggregate level, a simple mean imputation procedure satisfies the needs of the QFT and could be implemented within the short time period for the QFT. The two main study comparison datasets—2012 quarters 3 and 4 and all quarters from

2011—were imputed using the same approach. One of the simplest methods of imputing for missing data is to replace each missing value with the weighted mean of the observed values for a variable within a class of respondents containing the respondent with the missing value. This method provides an unbiased estimate of the overall variable mean either if the probability of the value being missing is the same for every respondent in a class or if values within a class are not related to their probabilities of being missing. If neither of these conditions holds, the estimated variable mean after imputation is biased, but the bias is likely less than if no imputation had taken place, which is equivalent to treating the entire sample as a single imputation class.

3.4.2 Imputation Methodology

Variables that were imputed include demographics, health insurance, income, and recency of drug use. The noncore variables associated with drug abuse were not imputed.¹⁰ *Table 3.1* lists the variables that were imputed for each of the three sets of data. As was done in the main study, imputation indicators were created for each imputed variable. For the drug use variables, three variables indicating lifetime use, past year use, and past month use were created from the imputed recency of use variables. In addition to misuse, the QFT instrument asked about any use of prescription drugs. These variables were not imputed for this analysis. Questions about lifetime and past month use of OxyContin[®] were not included in the QFT instrument; therefore, only the past year indicator variable for OxyContin[®] misuse was imputed for the QFT data. The QFT instrument contained separate modules for methamphetamine and prescription stimulants. Therefore, an additional recency of misuse of stimulants excluding methamphetamine was imputed for the QFT only. For the 2011 and 2012 comparison data, the CPN measures for methamphetamine and misuse of stimulants were created to compare with the combined stimulants and methamphetamine variables in the QFT.

For categorical variables (including both nominal and ordinal), the weighted percentage for each variable level within an imputation class was used to impute the missing values. Imputation classes were based, where possible, on categorical age (12 to 17 years, 18 to 25 years, and 26 years and older), gender, and four-level race (white, black, Hispanic, and other). For the race variable imputation, only age group and gender were used to create imputation classes. For the continuous variable WELMOS—number of months on welfare—the weighted mean was computed within an imputation class, then used to impute the missing values. Weighted means were computed using PROC DESCRIPT from SUDAAN[®] (RTI International, 2008), and weighted percentages were computed using PROC CROSSTAB. As an example, assume that among white females aged 26 or older the marital status variable has a complete case weighted distribution as follows: married (65 percent), widowed (10 percent), divorced (15 percent), and never married (10 percent). If 20 cases within this imputation class have missing values, then 13 cases would be imputed as married, 2 cases as widowed, 3 cases as divorced, and 2 cases as never been married. Rounding was used when the percentages did not result in exact numbers of cases and when there were fewer records with missing values than there were levels of the

¹⁰ Variables that regularly undergo imputation, but did not for the QFT include the following: roster variables; roster pair variables; Hispanic group and immigrant status; personal income variables; "old method" insurance variables; daily cigarette use, cigar, pipe, chewing tobacco, and snuff use variables; core-only stimulants and methamphetamine use variables; 12-month and 30-day frequency of drug use variables; age at first drug use variables; and nicotine dependence variables.

Table 3.1 Imputed Variables

Demographic Variables	
Race	Education
Hispanic Indicator	Employment Status
Marital Status	
Income Variables	
Family Income	Food Stamps
Wages	Welfare Payments
Social Security	Welfare Services
Supplemental Security	Number of Months on Welfare
Health Insurance Variables	
Medicaid/CHIP (Children's Health Insurance Program)	Private Health Insurance
Medicare	Other Health Insurance
CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)	
Drug Use Variables	
Cigarette Use	Inhalant Use
Smokeless Tobacco Use	Marijuana Use
Alcohol Use	Core plus Noncore Stimulant Misuse
Binge Alcohol Use (Past Month Only)	Core plus Noncore Stimulant Misuse, Excluding Methamphetamine Use (QFT Only)
Cocaine Use	Core plus Noncore Methamphetamine Use
Crack Use	Pain Reliever Misuse
Hallucinogen Use	OxyContin [®] Misuse (QFT: Past Year Only)
LSD Use (Lysergic Acid Diethylamide)	Sedative Misuse
PCP Use (Phencyclidine)	Tranquilizer Misuse
Ecstasy Use	
Heroin Use	

QFT = Questionnaire Field Test.

imputed value. For example, an imputation class for the four-level recency variable may have had only two records requiring imputation. In these cases, the distribution of imputed cases may have looked very different from the distribution of complete cases. However, the rounding algorithm was such that the distribution of imputed values would match the weighted distribution of complete values in expectation.

Imputation was occasionally restricted to a few categories when partial information about the nonrespondent was known or in order to maintain consistency with other variables. For example, when imputing employment status, if the nonrespondent was known to be employed, but the level of employment (full-time or part-time) was not known, the weighted percentages were calculated among employed respondents in each imputation class, and imputation was restricted to full- or part-time employment.

In a few cases, the imputation class contained only nonrespondents. When this happened, imputation classes were collapsed by race, then by gender, then by age until at least one

respondent was in the imputation class. For example, *Exhibit 3.1* shows the imputation classes for the 12- to 17-year-old age category. If the nonrespondent was a 15-year-old, Hispanic, and female, and no respondents were in the imputation class for 12- to 17-year-old, Hispanic females, that class would be merged with the class containing 12- to 17-year-old females of other races. Collapsing would continue up the hierarchy until at least one respondent was in the imputation class. Continuing the example above, it may have been necessary to collapse all races or both genders. Note that if collapsing was necessary, care was taken to collapse as few classes as possible. As shown in *Exhibit 3.1*, if collapsing of the race categories was only necessary among females, parallel collapsing was not done among males. Similarly, if collapsing was only necessary among 12- to 17-year-olds, no collapsing was done within the other age categories (*Exhibit 3.2*).

Exhibit 3.1 Collapsing Imputation Classes: Race

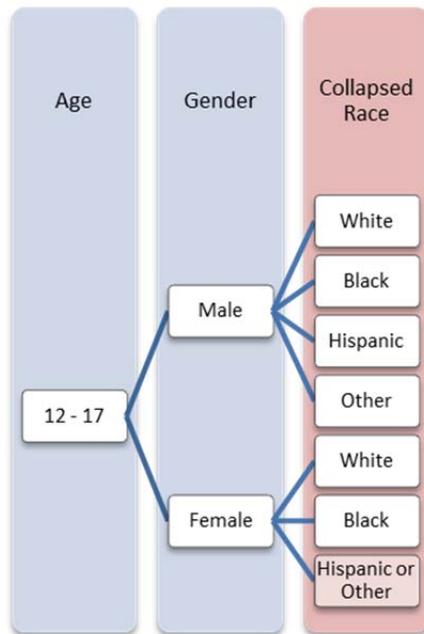
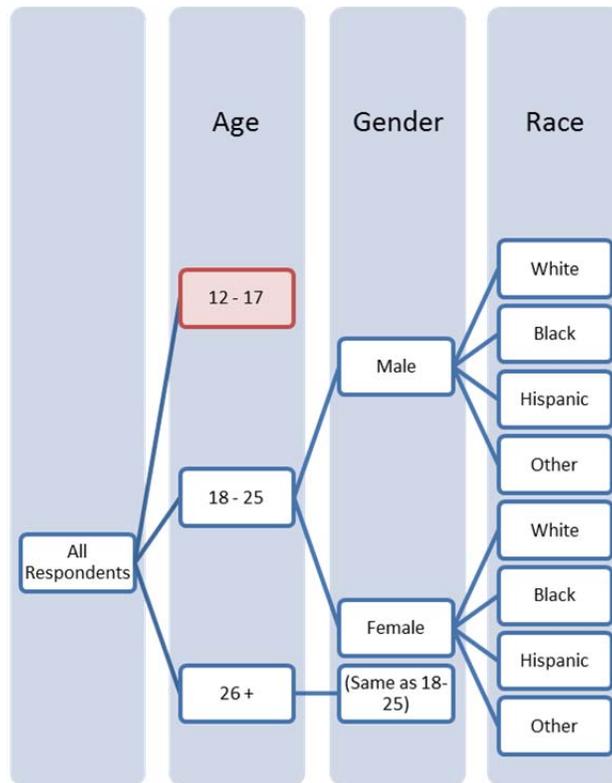


Exhibit 3.2 Collapsing Imputation Classes: Race and Gender



3.5 Weighting Procedures

3.5.1 Overview of Weighting Procedures

Estimates and measures of data quality from the 2012 QFT sample were compared with those from the 2012 main study during the same quarters (2012 quarters 3 and 4) and from the full year for the 2011 main study. Analysis weights for those three samples needed to be developed for the QFT analysis. This section discusses the methods used to develop sample weights for the 2012 QFT analysis.

For some research questions (Question 1a to 1c), QFT respondents were compared with the 2012 quarters 3 and 4 and the 2011 NSDUH respondents. To increase the efficiency of the comparisons by removing the impact of differences between the demographic characteristics of the three samples caused by random sampling and then exacerbated by nonresponse, nonresponse-adjusted weights were calibrated for the QFT sample and 2012 quarters 3 and 4 main study sample to distributions of demographic variables from the 2011 sample. Instead of the full process (Chen et al., 2013) used in developing 12-month analysis weights, where five adjustment steps were implemented, a shortened process was used similar to producing weights for the 6-month detailed tables. That is, the design weights were computed for both the QFT sample and the 2012 quarters 3 and 4 main sample in a manner consistent with 2011 NSDUH weighting procedures. The design weights were then adjusted for nonresponse at the dwelling unit and person level, followed by a poststratification adjustment where nonresponse-adjusted

weights were further poststratified to the sum of the analysis weights from the 2011 NSDUH sample for selected demographic domains.

The final analysis weight was used to calculate the weighted distributions for the 2011 comparison data. For the 2012 QFT and the 2012 quarters 3 and 4 main study data, the final analysis weights were not available; therefore, the preliminary analysis weights were used instead. This preliminary weight was created from the person-level sample design weights adjusted to account for nonresponse at the household level.

3.5.2 Weighting Procedures

This section discusses in detail the procedures used to develop the analysis weights for the three samples and summarizes the distribution of the QFT analysis weights.

3.5.2.1 2011 NSDUH Sample Weights

The analysis weights (ANALWT) for the 2011 NSDUH sample had 15 weight components, and among them 5 were adjustment factors at both the dwelling and person levels (Chen et al., 2013). The generalized exponential model (GEM) (Folsom & Singh, 2000) was used for the nonresponse and poststratification adjustments within nine model groups corresponding to nine census divisions. ANALWT is the product of all 15 weight components.

After removing respondents from Hawaii and Alaska, as well as interviews completed using the Spanish-version questionnaire (LANGVER=2), analysis weights for the remaining respondents in the 2011 NSDUH were used for the 2012 QFT analyses. The domain-level sums of the ANALWT for these retained respondents were used as control totals in the poststratification for the 2012 QFT sample and the 2012 quarters 3 and 4 main study sample as discussed in the following section.

3.5.2.2 2012 Quarters 3 and 4 Main Study Sample Weights

Design-based weights were computed for the 2012 quarters 3 and 4 main study sample in a manner consistent with standard NSDUH weighting procedures. To facilitate timely completion of the QFT analyses, quarter 4 screenings and interviews completed after December 2, 2012, were considered nonrespondents. After December 2, 2012, an additional 2,909 screenings and 604 interviews were completed that would have been included in the 2012 quarters 3 and 4 main study comparison data had the December 2, 2012, cutoff date not been implemented. The nonresponse adjustments at both the dwelling unit level (DUNR) and person level (PRNR) for the 2012 quarters 3 and 4 main study sample were similar to those used to develop the regular 6-month analysis weights. However, the person-level poststratification (PRPS) for the 2012 quarters 3 and 4 main study sample was different from the regular 6-month analysis weights, where the nonresponse-adjusted weights were adjusted to the census population estimates. For the QFT analyses, the person-level poststratification adjusted the weights to match ANALWT sums for eligible respondents from the 2011 NSDUH sample. GEM was used to implement all three adjustment steps.

The final analysis weights for the 2012 quarters 3 and 4 main study sample were the product of various design weights and three adjustment factors. The various design weights were as follows:

- inverse probability of selecting census tracts;
- inverse probability of selecting segments;
- quarter segment weight adjustment;
- subsegmentation inflation adjustment;
- inverse probability of selecting dwelling units;
- added/subsampled dwelling unit adjustment;
- dwelling unit sample release adjustment;
- dwelling unit-level nonresponse adjustment;
- inverse probability of selecting a person from a dwelling unit;
- person-level nonresponse adjustment; and
- person-level poststratification adjustment.

The three adjustment factors were as follows:

- *Dwelling Unit-Level Nonresponse Adjustment (DUNR)*. One model was used to account for the failure to obtain screening interviews from eligible dwelling units. The proposed variables in the model are listed below, and they were all kept in the final model.
 - State,
 - quarter,
 - population density (metropolitan statistical area [MSA], ≥ 1 million; MSA, < 1 million; non-MSA, urban; non-MSA, rural),
 - group quarters (college dorm; other group quarters; non-group quarters),
 - percent of owner-occupied dwelling units in a segment (CO: > 50 percent; 10 to 50 percent; < 10 percent),
 - percent of blacks or African Americans in a segment (CB: > 50 percent; 10 to 50 percent; < 10 percent),
 - percent of Hispanics in a segment (CH: > 50 percent; 10 to 50 percent; < 10 percent),
 - segment combined median rent and housing value (CV: 1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
 - CO * CB,
 - CO * CH,
 - CO * CV,

- CV * CB, and
- CV * CH.
- *Person-Level Nonresponse Adjustment (PRNR)*. One model was used to adjust person-level nonresponse, and the proposed variables in the model are listed below (they were all kept in the final model):
 - State,
 - quarter,
 - age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 or older),
 - race (white; black; Native American; Asian; multiple races),
 - Hispanicity (Hispanic; non-Hispanic),
 - gender (male; female),
 - population density (MSA, ≥ 1 million; MSA, < 1 million; non-MSA, urban; non-MSA, rural),
 - group quarters (college dorm; other group quarters; non-group quarters),
 - percent of owner-occupied dwelling units in a segment (CO: > 50 percent; 10 to 50 percent; < 10 percent),
 - percent of blacks or African Americans in a segment (CB: > 50 percent; 10 to 50 percent; < 10 percent),
 - percent of Hispanics in a segment (CH: > 50 percent; 10 to 50 percent; < 10 percent),
 - segment combined median rent and housing value (CV: 1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
 - CO * CB,
 - CO * CH,
 - CO * CV,
 - CV * CB,
 - CV * CH,
 - age group * Race3 (white; black; others),
 - age group * Hispanicity,
 - age group * gender,
 - Race3 * Hispanicity,
 - Race3 * gender,
 - Hispanicity * gender,
 - age group * Race3 * Hispanicity,
 - age group * Race3 * gender,

- age group * Hispanicity * gender, and
- Race3 * Hispanicity * gender.
- *Person-Level Poststratification Adjustment (PRPS)*. The respondents in the 2012 quarters 3 and 4 main sample from Hawaii and Alaska and interviews completed with the Spanish-version questionnaire were removed before the PRPS. One model was used to force the weights of the 2012 quarters 3 and 4 main study sample to sum up to the ANALWT totals for eligible respondents in the 2011 NSDUH by the following proposed demographic domains (all proposed variables were kept in the final model):
 - State,
 - age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 to 64; 65 or older),
 - race (white; black; Native American; Asian; multiple races),
 - Hispanicity (Hispanic; non-Hispanic),
 - gender (male; female),
 - age group * Race3 (white; black; others),
 - age group * Hispanicity,
 - age group * gender,
 - Race3 * Hispanicity,
 - Race3 * gender,
 - Hispanicity * gender,
 - age group * Race3 * Hispanicity,
 - age group * Race3 * gender,
 - age group * Hispanicity * gender, and
 - Race3 * Hispanicity * gender.

3.5.2.3 2012 QFT Sample Weights

Design-based weights for the 2012 quarters 3 and 4 QFT sample were computed in a manner consistent with standard NSDUH weighting procedures. The three adjustment steps, DUNR, PRNR, and PRPS, were implemented in a similar fashion as for the 2012 quarters 3 and 4 main study sample weights using GEM. The differences were that fewer variables in the GEM models were used to develop QFT sample weights because of the relatively small 2012 QFT sample.

The final analysis weights for the 2012 quarters 3 and 4 QFT sample were the product of various design weights and three adjustment factors. The various design weights were as follows:

- inverse probability of selecting QFT State sampling (SS) regions;
- inverse probability of selecting census tracts;
- inverse probability of selecting segments;

- quarter segment weight adjustment;
- subsegmentation inflation adjustment;
- inverse probability of selecting dwelling units;
- added or subsampled dwelling unit adjustment;
- dwelling unit sample release adjustment;
- dwelling unit-level nonresponse adjustment;
- inverse probability of selecting a person from a dwelling unit;
- person-level nonresponse adjustment; and
- person-level poststratification adjustment.

The three adjustment factors were as follows:

- *Dwelling Unit-Level Nonresponse Adjustment (DUNR)*. One model was used to account for the failure to obtain screening interviews from eligible dwelling units. The variables in the model are listed below, and some two-way interactions of segment-level variables (CO, CH, CB, and CV) were collapsed in order to get a convergent model:
 - State,
 - population density (MSA, \geq 1 million; MSA, $<$ 1 million; non-MSA, urban; non-MSA, rural),
 - group quarters (college dorm; other group quarters; non-group quarters),
 - percent of owner-occupied dwelling units in a segment (CO: $>$ 50 percent; 10 to 50 percent; $<$ 10 percent),
 - percent of blacks or African Americans in a segment (CB: $>$ 50 percent; 10 to 50 percent; $<$ 10 percent),
 - percent of Hispanics in a segment (CH: $>$ 50 percent; 10 to 50 percent; $<$ 10 percent),
 - segment combined median rent and housing value (CV: 1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
 - CO * CB,
 - CO * CH,
 - CO * CV,
 - CV * CB, and
 - CV * CH.
- *Person-Level Nonresponse Adjustment (PRNR)*. One model was used to adjust person-level nonresponse, and the proposed variables in the model are listed as follows (they were all kept in the final model):

- State,
 - age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 or older),
 - race (white; black; Native American; Asian; multiple races),
 - Hispanicity (Hispanic; non-Hispanic),
 - gender (male; female),
 - population density (MSA, \geq 1 million; MSA, $<$ 1 million; non-MSA, urban; non-MSA, rural),
 - group quarters (college dorm; other group quarters; non-group quarters),
 - percent of owner-occupied dwelling units in a segment (CO: $>$ 50 percent; 10 to 50 percent; $<$ 10 percent),
 - percent of blacks or African Americans in a segment (CB: $>$ 50 percent; 10 to 50 percent; $<$ 10 percent),
 - percent of Hispanics in a segment (CH: $>$ 50 percent; 10 to 50 percent; $<$ 10 percent),
 - segment combined median rent and housing value (CV: 1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
 - CO * CB,
 - CO * CH,
 - CO * CV,
 - CV * CB,
 - CV * CH,
 - age group * Race3 (white; black; others),
 - age group * Hispanicity,
 - age group * gender,
 - Race3 * Hispanicity,
 - Race3 * gender, and
 - Hispanicity * gender.
- *Person-Level Poststratification Adjustment (PRPS)*. One model was used to force the weights of the 2012 quarters 3 and 4 QFT sample to sum up to ANALWT totals for eligible respondents in the 2011 NSDUH by the following proposed demographic domains (all variables were kept in the final model):
 - age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 to 64; 65 or older),
 - race (white; black; Native American; Asian; multiple races),
 - Hispanicity (Hispanic; non-Hispanic),
 - gender (male; female),

- age group * Race3 (white; black; others),
- age group * Hispanicity,
- age group * gender,
- Race3 * Hispanicity,
- Race3 * gender, and
- Hispanicity * gender.

3.5.3 Distribution of QFT Analysis Weights

The distribution of analysis weights for the 2011 NSDUH sample, 2012 quarters 3 and 4 QFT sample, and 2012 quarters 3 and 4 main study sample are summarized in *Table 3.2*.

Table 3.2 Weight Distribution of QFT Analysis Weights

Statistics	2011 NSDUH Sample Weights	2012 Quarters 3 and 4 QFT Sample Weights	2012 Quarters 3 and 4 Main Study Sample Weights
100% Maximum	108,117	790,075	125,076
99%	28,632	481,574	53,068
95%	14,867	323,750	30,590
90%	9,707	270,961	21,027
75% Quarter 3	3,942	152,927	8,486
50% Median	1,501	83,482	3,378
25% Quarter 1	715	48,820	1,729
10%	320	35,068	870
5%	196	30,391	540
1%	63	10,123	237
0% Minimum	1	4,131	24
<i>n</i>	65,928	2,044	31,213
Mean	3,688	118,945	7,789
Sum of Weights	243,124,072	243,124,072	243,124,073
Unequal Weighting Effect (UWE) ¹	3.5156	1.7172	3.0279

¹ UWE measures the variation in weights.

3.5.4 Creation of Variance Estimation Strata and Replicates

The nature of the stratified, clustered sampling design of the NSDUH main study and QFT samples requires that the design structure be taken into consideration when computing variances of survey estimates. Key nesting variables were created for the QFT and main study comparison samples to capture explicit stratification and to identify clustering.

To allow for comparisons between the QFT and main study samples, a common set of stratification and clustering variables were defined. Because State sampling (SS) regions serve as strata for the main study samples and as primary sampling units (PSUs) for the QFT sample,

there was no direct way of capturing the covariance between the samples and using the entire main study sample. Instead, the approach used for the 1999 paper-and-pencil interviewing (PAPI) and CAI mode analysis was followed in developing a design structure that could be used to simultaneously analyze all three samples (Gfroerer, Eyerman, & Chromy, 2002). Steps in the process were as follows:

- Within the QFT sampling strata (census regions), variance strata were generally formed by assigning two sequential QFT selected SS regions to the same variance strata on the sorted sampling frame. Each sampled SS region was then assigned to a replicate (1 or 2). However, there were three QFT SS regions per variance strata for three randomly selected strata. This was necessary because an odd number of QFT SS regions were selected in three of the census regions. Within these three strata, the third SS region was randomly assigned to either replicate 1 or replicate 2. This led to a total of 105 QFT variance strata, with two replicates per strata.
- Using the sorted QFT sampling frame of SS regions, the main study SS regions not selected for the QFT were assigned to QFT sampling strata sequentially, in accordance with the assignments of selected QFT SS regions. These assignments kept the number of SS regions per strata as equal as possible given the distribution of QFT sampled SS regions within the sorted SS region frame. For SS regions not selected for the QFT sample, the original replicate assignments of either replicate 1 or replicate 2 were maintained. A further discussion of the assignment of main study replicates can be found in the 2011 sample design report (Morton et al., 2012).

Although this approach to design structure variables does not fit the main study perfectly, it does capture the total variance and allows for taking advantage of any covariance induced by the overlapping SS regions between the samples.

3.6 Data File Preparation

Three data files were prepared for the QFT analysis. In order to evaluate the QFT, two comparison data files for 2011 and 2012 were created based on main study cases.

3.6.1 QFT Data File

The QFT data file was comprised of interviews conducted from September 1, 2012, through November 3, 2012. No Spanish interviews or interviews in Alaska and Hawaii were conducted, and these data underwent the normal data quality checks and telephone verification. The final analysis data file resulted in 2,044 respondents.

3.6.2 2011 Comparison Data File

The 2011 comparison data file was created from the 2011 main study analysis file. The full set of respondents was subset down to 65,928 by excluding Spanish cases as well as interviews conducted in Alaska and Hawaii.

3.6.3 2012 Comparison Data File

The 2012 comparison data file was created using most of the 2012 main study cases worked in quarters 3 and 4. As was done for the 2011 comparison file, Spanish interviews, Alaska interviews, and Hawaii interviews were also excluded. In order to allow time for analysis under the QFT schedule, the 2012 comparison file only contains cases with a completed interview as of December 2, 2012. Because this time frame was prior to completing verification on the full 2012 main study sample, some decisions were made to exclude cases undergoing field verifications at the time, based on the following criteria:

- *Cases completed by quarter 3 or 4 field interviewers (FIs) found to have been falsified as of December 2, 2012.* In addition to cases that were determined to have some form of falsification, cases completed by these same FIs were dropped whenever it could not be determined whether the interview was actually completed or whether informed consent was completed. This second set of cases usually resulted from being unable to contact the respondent.
- Quarter 4 cases that were worked by FIs whose work was still being field verified as of December 2, 2012.
- *Quarter 3 interviews for FIs whose work was still being field verified as of December 2, 2012.* If falsification of quarter 4 work was found, previous 2012 work completed by these FIs needed to be field verified.

Interviews scheduled for telephone verification that were not finalized by close of business on December 2, 2012, and did meet any of the exclusion criteria above were included in the 2012 quarters 3 and 4 comparison data file. The resulting 2012 quarters 3 and 4 comparison data file contained 31,213 interviews (see **Table 3.3**).

Table 3.3 Data Files Created for the 2012 Questionnaire Field Test Analyses

Data File	Data Collection Period	Number of Respondents
QFT	9/1/2012 – 11/3/2012	2,044
2011 Comparison	1/1/2011 – 12/31/2011	65,928
2012 Comparison	7/1/2012 – 12/2/2012	31,213

3.7 Data Analysis Issues

3.7.1 Primary Analytic Goals

The primary goal of the QFT was to measure patterns of effects on NSDUH estimates due to changes in the protocol planned for the 2015 redesign. Decisions about changes in the questionnaire and protocol have, for the most part, already been made. As a result, the focus of the statistical analysis is the measurement of how the *collective* set of protocol changes could affect key NSDUH estimates—overall and by the three major age groups—when the new protocol is implemented in 2015. The QFT sample size was not large enough to permit quantitative assessments of the impact of *individual* changes in the protocol because such analyses would require dedicated samples for assessing each change, unless it were assumed that

the effects of changes are uncorrelated with each other—that the effect of each change on outcomes of interest is independent of the effects of all other changes. To carry out such a design to estimate the effects of each protocol change would be prohibitively costly and infeasible. Also, the resources needed to carry out such extensive testing would have risked having an impact on the main 2012 survey estimates by affecting the availability of interviewers to work on the main study.

3.7.2 Comparison with Current NSDUH Data

Most of the analyses in this report compare estimates from the 2012 QFT with estimates from the 2011 NSDUH and quarters 3 and 4 from the 2012 NSDUH. Comparisons between the 2012 QFT and quarters 3 and 4 from 2012 allow for estimating the effects of the overall protocol change over approximately the same time period, with the QFT being conducted during the last month of quarter 3 and the first month of quarter 4 of the main study.

An additional point of comparison is provided by estimates from the 2011 NSDUH. Use of the 2011 NSDUH provides additional sample with which to compare against the QFT sample. Rather than relying solely on comparisons with the 2012 quarters 3 and 4 sample, survey designers felt it would be informative to compare estimates from the QFT with the 2011 NSDUH sample as well. In a manner of speaking, the 2011 NSDUH provides another data point with a larger sample size with which to compare the QFT. This provides assurance that differences in estimates between the QFT and the 2012 quarters 3 and 4 sample are not unique to that comparison. Also, comparisons between the 2011 NSDUH and the QFT sample can be viewed as an early indicator of what differences in estimates might emerge between the 2014 NSDUH and the 2015 NSDUH, the first year of the fully implemented redesign. Use of the 2011 NSDUH as a comparison point assumes that differences in NSDUH estimates between 2011 and 2012 are generally small.

In addition to comparisons of estimates between the QFT and 2012 quarters 3 and 4 and 2011 NSDUH samples, two other analyses were carried out to rule out potential confounders of comparisons between the QFT and 2012 quarters 3 and 4 samples.

3.7.2.1 Comparison of QFT Data and 2012 Quarters 3 and 4 Data to Assess "Seasonality" Effects on Estimates

In principle, the 2012 QFT and comparison cases from quarters 3 and 4 of the 2012 NSDUH generally cover the same time period, late summer and early fall. Estimates from quarter 3 in the 2012 NSDUH were compared with estimates from quarter 4 in the 2012 NSDUH as a check for differences in estimates between the two quarters. Because the QFT was conducted in only 2 months out of the 6 months of quarters 3 and 4, there was concern that the particular months chosen for the QFT sample (September and October 2012) may not be representative of all 6 months in the last half of 2012, particularly if there were differences in estimates between quarters 3 and 4. If there were underlying changes in behavior taking place throughout the 6 months of quarters 3 and 4, the ideal design would involve collecting data using the redesigned instrument throughout the same time period. However, due to resource constraints, the QFT sample could not be fielded in all of the 6 months of quarters 3 and 4 in 2012. If estimates in quarter 3 were similar to those in quarter 4 and there was no underlying

change in the behaviors estimated by NSDUH, the time point at which the QFT was fielded would be of less concern.

In other words, given that the QFT was conducted during a 2-month period, an assumption needed to be made that the net impact of the protocol changes will not be different for the 2 months of the field test than for the other 10 months of the year. This does not imply an assumption that drug and mental health reporting cannot be affected by the month of data collection, only that the net impact of the changes in the redesign protocol will not be affected by the particular month or season chosen.

For the estimates shown in *Tables I-1 to I-12 in Appendix I*, *Tables J-1 to J-12 in Appendix J*, and *Tables K-1 to K-4 in Appendix K*, significance tests were carried out for differences between quarters 3 and 4. Overall, very few significant differences emerged, suggesting that comparisons between estimates from the quarters 3 and 4 2012 NSDUH sample and the QFT sample are not affected by detectable seasonal differences.

3.7.2.2 Comparison of QFT Outcomes with 2012 Quarters 3 and 4 Main Study Outcomes to Assess Level of Effort Effects on Estimates

Another concern with comparing estimates from the QFT sample with those from the 2012 quarters 3 and 4 main study sample is that that field efforts for NSDUH are not distributed equally across the 3 months of each quarter. Typically, many interviews are conducted in the first month of each quarter, fewer are conducted in the second month, and fewer still in the third month. First-month responses may be systematically different from third-month responses, given differences in the level of effort required to screen households and interview selected respondents in the first month versus the third month. Analyses of the relationship between indicators related to length of time in the field, such as interview visits, have shown that respondents requiring more calls to complete the interview may have higher self-reported rates of illicit drug use (Biemer & Wang, 2006). Given that the QFT data were collected in a compressed, 2-month time, reduced calling effort may lead to differences between estimates from the QFT sample and the 2012 quarters 3 and 4 sample.

To investigate this possibility, estimates for a limited number of measures were examined by the number of visits required to complete the interview for both the QFT and 2012 quarters 3 and 4 samples. Indicators examined were lifetime use measures of hallucinogens, inhalants, any prescription drug misuse, pain reliever misuse, tranquilizer misuse, and past year and past month serious psychological distress (SPD). Overall, there was little evidence of strong differences in estimates by the number of visits and little indication that any such patterns differed by sample.

3.7.3 Comparisons with Other Survey Data

Estimates from the QFT sample were also compared with estimates from other appropriate sources, such as those shown in Appendix C from the 2010 NSDUH national findings report (Center for Behavioral Health Statistics and Quality [CBHSQ], 2011). Such comparisons provide relevant evidence on the effects of changes in the NSDUH data collection protocol. As noted in the 2010 national findings report, the results of such comparisons may be difficult to interpret given differences between NSDUH and other data collection systems in a

number of areas, including the population of interest, sample design, data collection periods, screening and interviewing protocols, and estimation procedures.

The following data sources were used in these comparisons:

- National Ambulatory Medical Care Survey (NAMCS) and the hospital outpatient clinic component of the National Hospital Ambulatory Medical Care Survey (NHAMCS), which mention specific prescription psychotherapeutic drugs;
- National Health Interview Survey (NHIS), which includes the numbers of doctor visits, income, education, and cellular telephone coverage; and
- National Health and Nutrition Examination Survey (NHANES), which includes direct measures of height and weight.

Results for these comparisons are discussed in *Chapter 9*.

4. Data Collection Outcomes and Data Quality Assessment

4.1 Overview of Data Collection and Data Quality Outcomes

This chapter presents a variety of indicators used to assess the quality of the 2012 Questionnaire Field Test (QFT) data. Where feasible and appropriate, data quality outcomes for the 2012 QFT data are compared with the 2011 main study comparison data and the 2012 quarters 3 and 4 main study comparison data. Examining these indicators identifies the potential impact of the questionnaire and protocol revisions implemented for the QFT on data quality when the partial redesign is implemented in 2015.

Section 4.2 presents unit response rates for all three datasets, including both screening and interviewing response rates. *Section 4.3* details imputation rates for variables that were common to the 2011 comparison data, the 2012 quarters 3 and 4 comparison data, and the QFT data, while *Section 4.4* details missing data rates for new or revised items in the QFT questionnaire. *Section 4.5* presents interview timing results, including comparisons among the three datasets where appropriate. *Section 4.6* describes other data quality indicators for the new prescription drug modules included in the 2012 QFT questionnaire.

4.2 Unit Response Rates

4.2.1 Screening Response Rates (SRRs) and Number of Visits for Completed and Noncompleted Screenings

The screening response rate (SRR) is the total number of completed screenings divided by the total eligible dwelling units. The eligible dwelling units are computed by subtracting the number of sample dwelling units (SDUs) not eligible to be included in the National Survey on Drug Use and Health (NSDUH) from the total number of SDUs. Ineligibles include vacant units, those that are not a primary residence, units that are not dwelling units, group quarters units (GQUs) listed as housing units (HUs), HUs listed as GQUs, only military units, listing errors, other ineligibles, and those SDUs where the residents will live there less than half of the quarter.

SRRs were calculated for the 2011 main study comparison sample, the 2012 quarters 3 and 4 main study comparison sample, and the 2012 QFT sample. Response rates for 2011 were calculated using final 2011 main study data. Data for Alaska and Hawaii were removed to make rates more comparable with the 2012 QFT. SRRs for the 2012 comparison sample were calculated based on the preliminary results for quarters 3 and 4 of 2012, with Alaska and Hawaii removed.¹¹ Screeners associated with field interviewers (FIs) that were subject to field verification at the time the preliminary data were obtained were considered nonrespondents to minimize the risk of introducing falsified cases onto the comparison file. Because the 2012

¹¹ Main study screenings completed in Spanish were retained and treated as completions on both the 2011 comparison file and the 2012 comparison file because it was difficult to determine which screenings were completed in English and which screenings were completed in Spanish.

comparison data were based on the data collected through December 2, 2012, quarter 4 screenings completed after that date were considered nonrespondents for the purposes of the QFT analysis. Similarly, any screener completions that were later recoded as screener incompletes (e.g., resulting from falsification detected after December 2, 2012) were treated as screener completions for the purposes of the QFT analysis.

Table 4.1 lists the sample totals and the national screening and interviewing response rates for the 2011 main study comparison file, the 2012 quarters 3 and 4 main study comparison file, and the 2012 QFT. This table provides both the weighted and unweighted screening and interviewing response rates for each sample. The weighted screening response rates for the 2011 main study comparison file, the 2012 quarters 3 and 4 main study comparison file, and the 2012 QFT were 87.00, 81.77, and 83.58 percent, respectively.

Table 4.1 Screenings, Interviews, and Response Rates for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test

	2011 Main Study Comparison Sample		2012 Quarters 3 and 4 Main Study Comparison Sample		2012 Questionnaire Field Test	
Selected Dwelling Units	211,227		104,618		5,358	
Eligible Dwelling Units	174,912		86,755		4,623	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Eligibility Rate	82.81%	83.14%	82.93%	83.22%	86.28%	86.24%
Complete Screenings	152,333		71,540		3,837	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Screening Response Rate	87.09%	87.00%	82.46%	81.77%	83.00%	83.58%
Selected Persons	86,155		39,354		2,823	
Completed Interviews	65,928		31,213		2,044	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Interviewing Response Rate	76.52%	70.46%	79.31%	74.58%	72.41%	69.04%
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Overall Response Rate	66.64%	61.30%	65.40%	60.98%	60.09%	57.71%

One difference between the QFT sample and the two main study samples that could not be accounted for is the language used to complete the screenings. For the main study, the screenings could be completed in English or Spanish, and the FI had the ability to switch languages as needed. As a result, the language used for each screening could not be determined. For the QFT, no Spanish version of the screening interview was available, so households that could not complete the screening in English were treated as nonrespondents. This factor reduced the QFT's SRR relative to the other two samples. An additional factor that could have affected SRRs was improvements to the QFT lead letter, which were expected to improve SRRs.

Whenever feasible, FIs were required to make at least four callback visits to dwelling units when attempting to complete the screening and interviewing. In general, callbacks continued to be made as long as the field supervisor (FS) felt there was a chance that the screening or the interview could be completed in a cost-effective manner. In some cases, more

than 10 visits were made to complete a screening or interview. **Table 4.2** presents data on the number of visits made for successfully completed screenings in each of the three samples. The overall pattern of visits for completed screenings in the QFT sample looked quite similar to the 2011 and 2012 quarters 3 and 4 comparison samples, with only slight differences for a few categories. These distributions indicate there were no significant differences in the number of screenings required to complete household screenings in the QFT data collection compared with the 2011 and 2012 quarters 3 and 4 comparison samples.

For comparison, **Table 4.3** presents data on the number of visits made to dwelling units that were not successfully screened for each of the three samples. This further comparison allows for an assessment of how the QFT screening results might have differed from the 2011 and 2012 quarters 3 and 4 comparison samples. For each category of the number of visits made, the noncompleted screenings in the 2011 and 2012 quarters 3 and 4 comparison samples looked quite similar. The overall pattern of visits for noncompleted screenings in the QFT sample looked similar to the 2011 and 2012 quarters 3 and 4 comparison samples. The proportion of noncompleted screeners appeared to differ for two categories of visits made:

- A lower proportion of noncompleted QFT screenings were in the single visit category compared with the 2011 and 2012 quarters 3 and 4 comparison samples.
- A greater proportion of noncompleted QFT screenings were in the 10 or more category.

Overall, these results do not suggest systematic differences in the distribution of noncompleted screeners in each category of visits made for the QFT sample relative to the 2011 and 2012 quarters 3 and 4 comparison samples.

4.2.2 Interview Response Rates (IRRs) and Number of Visits for Completed and Noncompleted Screenings

The interviewing response rate (IRR) is the number of completed interviews divided by the total number of eligible respondents chosen through screening. If there are any ineligible respondents (younger than 12 or actually in the military), these are subtracted from the total. For the 2012 main study comparison sample, interview status was determined based on the December 3, 2012, preliminary results. Cases that were undergoing field verification at that time were treated as nonrespondents. Cases that resulted in interview completions after this date were treated as nonrespondents, and cases that were classified as interviews on this date that were later recoded as noncompletes were treated as completed interviews for the purposes of the QFT analysis. To make the 2011 main study and the 2012 quarters 3 and 4 main study more comparable with the QFT, interviews completed in Spanish were treated as eligible nonrespondents and interviews completed in Alaska and Hawaii were excluded.

Table 4.4 presents the unweighted and weighted IRRs by age group for all three samples. The weighted IRRs for the 2011 main study, the 2012 quarters 3 and 4 main study, and the 2012 QFT were 70.46, 74.58, and 69.04 percent, respectively.

Table 4.2 Number of Visits Made for Completed Screenings for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test

Visits	2011 Main Study Comparison Sample			2012 Quarters 3 and 4 Main Study Comparison Sample			2012 Questionnaire Field Test Sample		
	Screenings	Percent	Cumulative Percent	Screenings	Percent	Cumulative Percent	Screenings	Percent	Cumulative Percent
1	54,976	36.09	36.09	26,634	37.23	37.23	1,442	37.58	37.58
2	31,785	20.87	56.96	14,842	20.75	57.98	853	22.23	59.81
3	19,143	12.57	69.53	8,768	12.26	70.24	471	12.28	72.09
4	12,090	7.94	77.47	5,691	7.95	78.19	299	7.79	79.88
5-9	24,707	16.22	93.69	11,321	15.82	94.01	577	15.04	94.92
10+	9,632	6.32	100.00	4,283	5.99	100.00	195	5.08	100.00
Unknown	0	0.00	100.00	1	0.00	100.00	0	0.00	100.00
Total	152,333	100.00	100.00	71,540	100.00	100.00	3,837	100.00	100.00

62

Table 4.3 Number of Visits Made for Noncompleted Screenings for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test

Visits	2011 Main Study Comparison Sample			2012 Quarters 3 and 4 Main Study Comparison Sample			2012 Questionnaire Field Test Sample		Cumulative Percent
	Non-completed Screenings	Percent	Cumulative Percent	Non-completed Screenings	Percent	Cumulative Percent	Non-completed Screenings	Percent	
1	11,500	19.51	19.51	6,249	18.88	18.88	220	14.46	14.46
2	10,847	18.40	37.91	6,253	18.89	37.77	259	17.03	31.49
3	6,698	11.36	49.27	3,643	11.01	48.78	187	12.29	43.78
4	4,890	8.30	57.57	2,721	8.22	57.00	141	9.27	53.05
5-9	12,922	21.92	79.49	7,337	22.17	79.17	359	23.60	76.65
10+	12,089	20.51	100.00	6,849	20.69	100.00	355	23.40	100.00
Unknown	0	0.00	100.00	0	0.00	100.00	0	0.00	100.00
Total	58,946	100.00	100.00	33,097	100.00	100.00	1,521	100.00	100.00

Table 4.4 Interview Response Rates, by Age, for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)

Age Category	Unweighted Percent			Weighted Percent		
	2011	2012 Quarters 3 and 4	QFT	2011	2012 Quarters 3 and 4	QFT
12-17	82.80	84.50	82.05	82.70	84.59	82.25
18-25	78.46	80.84	75.71	77.69	80.76	75.26
26-34	71.46	76.65	68.07	69.86	76.27	68.91
35-49	70.21	73.31	66.25	68.68	72.97	66.32
50-64	68.71	72.89	67.25	68.30	72.46	66.78
65+	64.09	68.07	63.68	62.96	67.35	63.48

NOTE: Cases where respondents provided only the age category 50+ were counted in the 65+ category.

Table 4.5 presents data on the number of visits made for completed interviews for the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples. Similar to the results on the number of visits for completed screenings, the proportion of completed interviews in each category of the number of visits followed a similar pattern across the three samples. The proportion of completed interviews appeared to differ across the three samples for two categories:

- A lower proportion of completed QFT interviews was in the single visit category. This difference indicates that QFT interviews were less likely to be completed "on the spot," that is, at the same time the household was screened and one or more respondents were selected.
- The proportion of interviews in the 10 or more visits category was greatest for the 2011 comparison sample, somewhat less for the 2012 quarters 3 and 4 comparison sample, and lower still for the 2012 QFT sample.

Beyond these two differences, the distribution of completed interviews by the number of visits made for the QFT sample was similar to the 2011 and 2012 quarters 3 and 4 comparison samples.

Table 4.6 presents results for the number of visits made for selected respondents who were not successfully interviewed for each of the three samples. This further comparison allows for an assessment of how the QFT interviewing results might have differed from the 2011 and 2012 quarters 3 and 4 comparison samples. In general, the proportion of noninterviews for the QFT sample across the categories of visits followed a similar pattern as the 2011 and 2012 quarters 3 and 4 comparison samples. A few categories appeared to differ meaningfully between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples:

- About 4 percent more QFT noninterviews were in the three-visit category.
- About 5 percent more QFT noninterviews were in the five- to nine-visit category.
- The proportion of QFT noninterviews in the 10-visit or more category was about 4 percent lower than the 2012 quarters 3 and 4 sample and about 8 percent lower than the 2011 comparison sample.

Table 4.5 Number of Visits Made for Completed Interviews for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test

Visits	2011 Main Study Comparison Sample			2012 Quarters 3 and 4 Main Study Comparison Sample			2012 Questionnaire Field Test Sample		Cumulative Percent
	Completed Interviews	Percent	Cumulative Percent	Completed Interviews	Percent	Cumulative Percent	Completed Interviews	Percent	
1	23,884	36.23	36.23	11,583	37.11	37.11	700	34.25	34.25
2	22,784	34.56	70.79	10,767	34.50	71.61	726	35.52	69.77
3	7,506	11.39	82.18	3,516	11.26	82.87	243	11.89	81.66
4	3,478	5.28	87.46	1,636	5.24	88.11	126	6.16	87.82
5-9	5,992	9.09	96.55	2,731	8.75	96.86	192	9.39	97.21
10+	2,174	3.30	99.85	910	2.92	99.78	55	2.69	99.90
Unknown	110	0.17	100.00	70	0.22	100.00	2	0.10	100.00
Total	65,928	100.00	100.00	31,213	100.00	100.00	2,044	100.00	100.00

64

Table 4.6 Number of Visits Made for Noncompleted Interviews for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test

Visits	2011 Main Study Comparison Sample			2012 Quarters 3 and 4 Main Study Comparison Sample			2012 Questionnaire Field Test Sample		
	Non-completed Interviews	Percent	Cumulative Percent	Non-completed Interviews	Percent	Cumulative Percent	Non-completed Interviews	Percent	Cumulative Percent
1	1,163	6.30	6.30	525	7.90	7.90	41	5.10	5.10
2	2,219	12.02	18.32	899	13.54	21.44	108	13.43	18.53
3	1,916	10.38	28.70	720	10.84	32.28	115	14.30	32.83
4	1,704	9.23	37.93	645	9.71	41.99	77	9.58	42.41
5-9	6,079	32.93	70.86	2,181	32.84	74.83	300	37.31	79.72
10+	5,350	28.98	100.00	1,636	24.63	100.00	162	20.15	100.00
Unknown	0	0.00	100.00	0	0.00	100.00	0	0.00	100.00
Total	18,485	100.00	100.00	6,642	100.00	100.00	804	100.00	100.00

Overall, these results indicate some differences in the distribution of noninterview cases by the number of visits made for the QFT sample relative to the 2011 and 2012 quarters 3 and 4 comparison samples. The greatest difference was that a greater proportion of QFT noninterviews fell within categories for three to nine visits, while a greater proportion of 2011 and 2012 quarters 3 and 4 cases fell within both the single visit category and the 10 or more visit categories.

4.3 Imputation Rates for Common 2011 Comparison Data, 2012 Quarters 3 and 4 Comparison Data, and QFT Variables

Another indicator of the quality of the QFT data is the proportion of cases for which imputation was required prior to using specific variables for analysis. For the QFT data, 2011 comparison data, and 2012 quarters 3 and 4 comparison data, records with missing data were subject to the same imputation procedures. However, when the values of other nonmissing variables could be used to determine the value of the missing variable, the value was "logically assigned" instead of imputed.

Tables 4.7a through *4.7d* provide rates of imputation and logical assignment that selected variables underwent in processing the 2011 comparison data, the 2012 quarters 3 and 4 comparison data, and the QFT data. (*Section 3.4* in *Chapter 3* describes these imputation procedures.) These tables include the following columns for the variables of interest:

- respondents in domain (unweighted),
- unweighted frequency of records imputed or logically assigned, and
- weighted percentage (relative to their domain size) of records imputed or logically assigned.

A "domain" in this context is the set of respondents who received a value other than a skip code for the imputation-revised variable of interest. In other words, a domain is the subset of respondents for whom the variable of interest is relevant or applicable. In *Table 4.7b*, for example, only among respondents aged 15 or older (the domain) is it relevant to ask about employment status (the variable of interest). Unless otherwise specified, the domain for each variable includes all respondents. For comparing imputation rates, *Tables 4.7a* through *4.7d* also include an indicator for whether observed differences in imputation rates between either the 2011 or 2012 quarters 3 and 4 comparison data and the imputation rates for the QFT data are statistically significant at the 0.05 level.

As *Table 4.7a* shows, the weighted percentages of cases that were either imputed or logically assigned in all three datasets were generally low for substance use variables, with nearly all of the percentages at or below 0.5 percent. Weighted percentages of imputed or logically assigned cases for the following substance use variables appeared to be slightly higher for the QFT dataset than for the 2011 and 2012 quarters 3 and 4 comparison datasets:

- lysergic acid diethylamide (LSD) recency,
- Ecstasy recency,

Table 4.7a Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Substance Use Variables

Variable (Domain)	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Marijuana Recency	65,928	91	0.1	31,213	43	0.1	2,044	2	0.1
Cocaine Recency	65,928	65	0.1 ^a	31,213	24	0.1 ^a	2,044	0	0.0
Crack Recency	65,928	35	0.1 ^a	31,213	8	0.0	2,044	0	0.0
Heroin Recency	65,928	37	0.0	31,213	18	0.0	2,044	1	0.0
Hallucinogen Recency	65,928	357	0.4	31,213	151	0.3 ^a	2,044	24	1.0
LSD Recency	65,928	98	0.2	31,213	35	0.1	2,044	8	0.5
PCP Recency	65,928	74	0.1	31,213	38	0.1	2,044	2	0.2
Ecstasy Recency	65,928	96	0.1	31,213	50	0.1	2,044	12	0.6
Inhalant Recency	65,928	219	0.2	31,213	93	0.1	2,044	11	0.5
Cigarette Recency (Lifetime Cigarette Users)	33,754	30	0.1	15,474	10	0.0	1,091	1	0.1
Smokeless Tobacco Recency	65,928	70	0.1	31,213	19	0.1	2,044	2	0.0
Alcohol Recency	65,928	77	0.1	31,213	30	0.1	2,044	1	0.0
Binge Alcohol Use (Past Month Alcohol Users)	29,249	739	2.2	13,988	346	2.4	925	20	1.6
Pain Reliever Recency	65,928	473	0.5 ^a	31,213	242	0.5 ^a	2,044	34	1.4
OxyContin [®] Recency ⁴	65,928	291	0.3	31,213	147	0.2	N/A	N/A	N/A
OxyContin [®] Past Year Use ⁴	N/A	N/A	N/A	N/A	N/A	N/A	2,044	11	0.7
Tranquilizer Recency	65,928	159	0.1	31,213	70	0.2	2,044	11	0.5
Sedative Recency	65,928	191	0.2	31,213	90	0.1	2,044	12	0.3
Core Plus Noncore Stimulant Recency	65,928	216	0.2	31,213	90	0.2	2,044	10	0.5
Core plus Noncore Methamphetamine Recency	65,928	97	0.1	31,213	48	0.1	2,044	1	0.1
Stimulants Excluding Methamphetamine Recency ⁴	N/A	N/A	N/A	N/A	N/A	N/A	2,044	10	0.4

LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine; QFT = Questionnaire Field Test.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ OxyContin[®] recency was only available for the 2011 and 2012 comparison files; the QFT only asked about past year use. Stimulant misuse excluding methamphetamine was only available on the QFT.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

**Table 4.7b Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test:
Selected Demographic and Socioeconomic Variables**

Variable (Domain)	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Detailed Race: 15 Levels	65,928	2,406	3.2	31,213	1,218	3.7	2,044	96	3.3
Hispanic or Latino Origin	65,928	93	0.1	31,213	78	0.1	2,044	2	0.0
Education Level	65,928	3	0.0	31,213	3	0.0	2,044	0	0.0
Marital Status (Age 15+)	54,955	12	0.0 ^a	26,036	1	0.0 ^a	1,779	8	0.4
Employment Status (Age 15+)	54,955	43	0.1 ^a	26,036	17	0.1 ^a	1,779	10	0.4
Employment Status (Age 18+)	43,509	37	0.1 ^a	20,748	14	0.1 ^a	1,503	9	0.4

QFT = Questionnaire Field Test.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table 4.7c Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Health Insurance Variables

Variable (Domain)	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Respondent Has Health Insurance	65,928	494	0.4 ^a	31,213	315	0.5 ^a	2,044	34	1.2
Type of Insurance									
Private	65,928	411	0.3 ^a	31,213	263	0.4 ^a	2,044	32	0.8
Medicare	65,928	222	0.2	31,213	132	0.3	2,044	19	0.7
Military Health Care: CHAMPUS, TRICARE, CHAMPVA, VA	65,928	223	0.2 ^a	31,213	144	0.2 ^a	2,044	17	0.7
Medicaid/CHIP	65,928	511	0.4	31,213	328	0.5	2,044	29	1.0
Other (Respondents without Private Health Insurance, Medicare, Medicaid/CHIP, or Military Health Care)	11,149	244	1.2	5,197	149	1.6	431	19	4.3

CHIP = Children's Health Insurance Program; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veteran's Affairs; QFT = Questionnaire Field Test; VA = Department of Veteran's Affairs.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table 4.7d Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Income Variables

Variable (Domain)	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Total Family Income > or < \$20,000	65,928	2,768	3.8	31,213	1,375	3.9	2,044	95	4.1
Total Family Income – Finer Categories	65,928	7,614	14.4	31,213	3,696	14.5	2,044	265	14.1
Source of Family Income									
Social Security or Railroad Retirement Payments	65,928	646	0.7	31,213	343	0.6	2,044	33	1.1
Wages	65,928	192	0.2 ^a	31,213	105	0.3 ^a	2,044	38	1.2
Public Assistance	65,928	521	0.5 ^a	31,213	254	0.4 ^a	2,044	37	1.1
Supplemental Security Income	65,928	913	0.9 ^a	31,213	461	0.8 ^a	2,044	54	1.6
Food Stamps	65,928	267	0.3	31,213	167	0.3 ^a	2,044	24	0.6
Welfare/Job Placement/Child Care	65,928	380	0.4	31,213	193	0.3 ^a	2,044	28	0.7
Number of Months on Welfare (Family Receives Public Assistance or Welfare/Job Placement/Child Care)	4,807	204	3.5 ^a	2,155	118	5.5	160	13	9.3

QFT = Questionnaire Field Test.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

- inhalants recency,
- pain reliever recency,
- tranquilizer recency, and
- core-plus-noncore (CPN) stimulant recency (see *Table 3.1* in *Section 3.4.2*).

These differences in rates of imputation or logical assignment for substance use variables between the QFT dataset and the 2011 and 2012 quarters 3 and 4 comparison datasets were generally small, from 0.3 percent for multiple variables to 0.9 percent for pain relievers recency. For one substance use variable, percent binge alcohol use among past month alcohol users, the imputation or logical assignment rate for the QFT dataset (1.6 percent) appeared to be slightly lower than the 2011 comparison dataset (2.2 percent) and the 2012 quarters 3 and 4 comparison dataset (2.4 percent).

The weighted percentages of cases that were either imputed or logically assigned in all three datasets were relatively low for most of the demographic variables presented in *Table 4.7b*. These rates were similar across all three datasets for the first three variables—detailed race, Hispanic or Latino origin, and education level. Although the imputation rates for the other three demographic variables—marital status for those aged 15 or older, employment status for those aged 15 or older, and employment status for those aged 18 or older—were all below 0.5 percent, the imputation rates for these three variables were significantly higher in the QFT data than in the 2011 and 2012 comparison data. The QFT imputation rates were 0.4 percent for each of these three variables. For the 2011 and 2012 comparison data, the imputation rates were 0.1 percent or lower.

In *Table 4.7c*, the weighted percentages of cases that were either imputed or logically assigned in all three datasets were somewhat higher on average compared with the substance use and demographic variables. These percentages ranged from 0.2 percent for military health care in the 2011 and 2012 quarters 3 and 4 comparison data to 4.3 percent for other health care in the QFT data. The weighted percentages of imputed or logically assigned cases were highest for the other health care variable, and this rate appeared to be higher for the QFT dataset compared with the 2011 comparison data (1.2 percent) and the 2012 quarters 3 and 4 data (1.6 percent). In addition, the weighted percentages for whether the respondent has health insurance appeared to be higher for the QFT dataset (1.2 percent) compared with the 2011 comparison data (0.4 percent) and the 2012 quarters 3 and 4 data (0.5 percent). The health insurance question was among the set of items moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) in the QFT instrument, so the higher imputation rates observed could have resulted from QFT respondents being more likely to not answer this question. This outcome could also provide an explanation for other questionnaire items moved from CAPI to ACASI in the QFT instrument. (See *Section 4.4* for the complete results and a discussion of item missingness rates in the QFT data and the 2011 and 2012 quarters 3 and 4 comparison data.)

Weighted percentages for cases that were either imputed or logically assigned in all three datasets for income variables are shown in *Table 4.7d*. Not surprisingly, the weighted percentages for some of the income variables were relatively high, such as the total family income's finer categories. For all three datasets, the rates for total family income's finer

categories were similar, and all were greater than 14 percent. With the two exceptions of (1) total family income greater or less than \$20,000 and (2) total family income's finer categories, the rates of imputation or logical assignment appeared to be slightly higher for the QFT dataset than for the 2011 and 2012 quarters 3 and 4 comparison datasets. The variables presented in *Table 4.7d* were all based on questionnaire items moved from CAPI to ACASI administration for the QFT. *Section 4.4* presents and discusses the higher item missingness rates observed for most of these items when administered in ACASI in the QFT versus CAPI in the 2011 and 2012 comparison data.

4.4 Missing Data Rates for New or Revised QFT Items and Comparisons of Missing Data Rates for Moved QFT Items with 2011 and 2012 Quarters 3 and 4 Comparison Data

4.4.1 Missing Data Rates for New, Revised, or Moved Items in the QFT Questionnaire

To examine data quality among survey items in the QFT questionnaire that are new questions or have been revised in some way, this section discusses item missingness rates. The QFT items met one of the following criteria:

- the question is new to the instrument,
- the question or response options have been significantly revised, or
- the question has been moved from one part of the questionnaire to another, including either being moved to a different module or moved from CAPI to ACASI administration.

Table C-1 in *Appendix C* provides missing data rates for these new, revised, or moved items for the QFT sample. Missing data rates were relatively low for most of these QFT items, but some items did produce relatively high missingness rates. For example, health insurance items QHI08, QHI09, and QHI10—which ask about private health insurance plans covering treatment for alcohol abuse or alcoholism, drug abuse, or mental or emotional problems—had the highest missing data rates, from 20 to 25 percent of respondents. However, these high missingness rates for these items administered via ACASI in the QFT were actually significantly lower than the missingness rates for these same items administered via CATI in the 2011 and 2012 quarters 3 and 4 comparison data.¹² Two questions asking about family income level also had missingness rates of nearly 10 percent, such as items QI22 and QI23a, which ask about total combined family income. A few core substance use items showed relatively high missingness rates, but the number of respondents answering each of these questions was very low, producing an unreliable estimate for extrapolating missingness rates to the larger NSDUH target population.

4.4.2 Missing Data Rates for Items Moved in the QFT Questionnaire for the QFT Data, 2011 Comparison Data, and 2012 Quarters 3 and 4 Comparison Data

Although valid comparisons of missing data rates for new or revised QFT items between the QFT data and the two comparison datasets were not possible, items that were moved from

¹² For a detailed summary of data quality issues related to moving specific sets of questionnaire items from CAPI to ACASI, see Appendix R.

CAPI to ACASI administration and were not otherwise changed can be compared. These comparisons allow assessment of whether item nonresponse rates appear likely to change once these items are administered via ACASI in the main study beginning in 2015. As *Table 4.8* indicates,¹³ missingness rates for many of these moved items were similar when administered in ACASI for the QFT as when these were administered by CAPI in the 2011 and 2012 quarters 3 and 4 comparison files. However, some moved items had lower missingness rates in the QFT data, and several other items had higher missingness rates in the QFT data. This section provides details on selected moved items that produced statistically different missingness rates than either the 2011 or 2012 quarters 3 and 4 comparison data.

Two sets of items administered in ACASI for the QFT had significantly lower missingness rates than in the 2011 and 2012 quarters 3 and 4 comparison files, including the following:

- Items QD43, QD44, QD46, QD47, and QD48 on workplace alcohol and drug use policies had lower item missingness rates in the QFT data compared with the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but proportionately lower in the QFT data.
- Items asking about health insurance coverage for treatment of alcohol abuse (QHI08), drug abuse (QHI09), and mental health issues (QHI10) had lower item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for QHI08 and QHI09 were about 44 or 45 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but only about 27 or 28 percent in the QFT data. Similarly, the missingness rate for QHI10 was about 27 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but only about 18 percent in the QFT data.

Several types of items that were moved to ACASI for the QFT had significantly higher missingness rates than the CAPI items from the 2011 and 2012 quarters 3 and 4 comparison samples, including the following:

- Item QD07 on marital status, item QD13 on moving home in the past year, and item QD13a on State of residence 1 year ago all had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for these three items were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but ranged from 0.4 to 0.8 percent in the QFT data.
- Item QD19 on full-time or part-time student status, item QD20 on missing school due to illness or injury, and item QD21 skipping school days all had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for these three items were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but ranged from 1.0 to 1.5 percent in the QFT data.

¹³ To aid in its readability, the multipage *Table 4.8* appears in its entirety at the end of this discussion in *Section 4.4.2*.

- The item asking about work at a job or business at any time in the past week, QD26, had a significantly higher item missingness rate in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for this item were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but 0.2 percent in the QFT data.
- Several items that ask about recent employment history, missing workdays, size of employing organization, and related issues—QD33, QD36, QD38, QD39a, QD40, QD41, and QD42—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but proportionately higher in the QFT data.
- The item asking about private health insurance coverage, QHI06, had a significantly higher item missingness rate in the QFT data than in the 2011 comparison data. Missingness rates for this item were 0.3 percent in the 2011 comparison data and 0.4 percent in the 2012 quarters 3 and 4 comparison data, but 0.7 percent in the QFT data. Although the missingness rate was about twice as high in the QFT data as in the 2012 quarters 3 and 4 comparison data, this difference was not statistically significant.
- Most of the items asking about receipt of various sources of income or participation in government assistance programs—QI03N, QI05N, QI07N, QI08N, and QI10N—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but proportionately higher in the QFT data.
- Two items on personal income levels—QI20N and QI21A—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. The missingness rates for both items were close to 2 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but were 3.7 percent for QI20N and 4.6 percent for QI21A in the QFT data.

The higher missingness rates observed for these sets of items that were moved from CAPI to ACASI administration in the QFT instrument were not anticipated. All else being equal, higher item missingness rates could potentially reduce or limit the quality of the data collected in ACASI mode. For this reason, missingness rates for these sets of items will be closely monitored in the 2013 Dress Rehearsal (DR) data to see whether similar patterns continue. A detailed report on the impact of the higher item missingness rates observed for several items moved from CAPI to ACASI administration in the QFT instrument is included as *Appendix R* in this report. In addition, *Section 9.4 in Chapter 9* provides the results of further analyses of several of these items, including benchmarking against other Federal surveys with similar target populations. These additional analyses provide further evidence on the potential impact on data quality for selected items moved to ACASI when the redesigned protocol is implemented in 2015.

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,3}			QFT ^{1,2}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Ever used ketamine? (LS01i ³)	65,926	105	0.1	31,213	51	0.1	2,044	2	0.2
Ever used DMT, AMT, or Foxy? (LS01j ³)	65,926	114	0.2	31,212	58	0.2	2,044	3	0.2
Ever used <i>Salvia divinorum</i> (LS01k ⁵)	65,926	127	0.1	31,212	70	0.2	2,044	3	0.3
How long has it been since you last used ketamine? (LS33 ⁵)	656	4	0.6	321	3	0.2	25	0	0.0*
How long has it been since you last used DMT, AMT, or Foxy? (LS34 ⁵)	478	1	0.1	309	1	0.2	14	1	4.1*
How long has it been since you last used <i>Salvia divinorum</i> ? (LS35 ⁵)	2,583	4	0.2	1,065	1	0.1	51	0	0.0*
Ever used a needle to inject any drug that was not prescribed for you? (SD15 ⁶)	65,926	28	0.0 ^a	31,213	14	0.0 ^a	2,044	0	0.0*
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	54,954	11	0.0 ^a	26,036	1	0.0 ^{a*}	1,778	7	0.4
How many times have you been married? (QD08)	20,247	4	0.0	9,659	2	0.0	859	2	0.2
How many times in the past 12 months have you moved? (QD13)	65,914	48	0.1 ^a	31,212	28	0.0 ^a	2,043	29	0.8
In what State did you live in one year ago today? (QD13a)	20,017	6	0.0 ^a	9,585	5	0.0 ^a	618	5	0.7

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,3}			QFT ^{1,2}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Were you born in the United States? (QD14)	65,914	6	0.0	31,212	3	0.0*	2,043	1	0.0
Have you lived in the United States for at least one year? (QD16a)	5,101	1	0.0*	2,437	0	0.0*	239	1	0.3
How many years have you lived in the United States? (QD16b)	4,872	8	0.1 ^a	2,337	3	0.1	227	0	0.0*
How many months have you lived in the United States? (QD16c)	228	0	0.0*	100	0	0.0*	11	2	19.7*
Are you now attending or are you currently enrolled in school? (QD17)	65,914	4	0.0	31,212	1	0.0*	2,043	4	0.1
What grade or year of school are you now attending? (QD18)	34,297	8	0.0	15,915	10	0.2	804	2	0.5
Are you a full-time student or a part-time student? (QD19)	34,297	20	0.0 ^a	15,915	10	0.0 ^a	804	12	1.0
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	31,249	86	0.3 ^a	14,472	34	0.2 ^a	690	13	1.4
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	26,816	27	0.1 ^a	10,528	9	0.1 ^a	597	10	1.5
Did you work at a job or business at any time last week? (QD26)	54,944	5	0.0 ^a	26,035	1	0.0 ^{a*}	1,778	6	0.2

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,3}			QFT ^{1,2}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Even though you did not work at any time last week, did you have a job or business? (QD27)	25,795	2	0.0	11,746	2	0.0	747	4	0.5
How many hours did you work last week at all jobs or businesses? (QD28)	29,144	35	0.1	14,288	20	0.1	1,025	5	0.3
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	32,036	15	0.0	15,921	14	0.1	1,129	3	0.2
Which one of these reasons best describes why you did not work last week? (QD30)	2,892	1	0.0	1,633	1	0.1	104	0	0.0*
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	22,903	7	0.1	10,113	2	0.0 ^a	643	7	0.8
During the past 30 days, did you make specific efforts to find work? (QD32)	5,851	2	0.1	2,607	0	0.0*	156	0	0.0*
Did you work at a job or business at any time during the past 12 months? (QD33)	22,908	11	0.1 ^a	10,114	3	0.0 ^a	649	7	0.6
How many different employers have you had in the past 12 months? (QD36)	32,855	17	0.0 ^a	15,906	14	0.1 ^a	1,066	11	0.8
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	32,036	5	0.0	15,921	4	0.0	1,129	3	0.3
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	7,023	56	0.7 ^a	3,615	35	0.9 ^a	249	14	4.3

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,3}			QFT ^{1,2}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
In what year did you last work at a job or business? (QD39a)	22,903	93	0.8 ^a	10,106	44	0.7 ^a	643	23	5.2
In what month in did you last work at a job or business? (QD39b)	7,413	30	0.4	3,335	21	0.5	175	1	0.7*
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	32,036	22	0.0 ^a	15,921	13	0.1 ^a	1,129	12	0.6
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	32,036	14	0.0 ^a	15,921	7	0.0 ^a	1,129	12	0.5
How many people work for your employer out of this office, store, etc.? (QD42)	32,036	92	0.3 ^a	15,921	57	0.5 ^a	1,129	19	1.1
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	32,036	1,656	4.4 ^a	15,921	872	4.7 ^a	1,129	37	3.0
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	23,221	404	2.0 ^a	11,463	198	1.8 ^a	858	5	0.4
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	32,036	190	0.7	15,921	107	0.7	1,129	8	0.4
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	32,036	4,428	11.8 ^a	15,921	2,231	11.9 ^a	1,129	89	7.7

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,3}			QFT ^{1,2}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Does your workplace ever test its employees for alcohol use? (QD47)	32,036	1,805	5.4 ^a	15,921	907	5.3 ^a	1,129	46	3.2
Does your workplace ever test its employees for drug use? (QD48)	32,036	1,441	4.3	15,921	741	4.4 ^a	1,129	35	3.0
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	14,351	230	2.0	7,214	112	1.8	530	5	1.2
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	14,351	806	5.5	7,214	418	5.3	530	19	3.7
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	14,351	1,865	14.0	7,214	937	13.0	530	58	11.3
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	32,036	45	0.2	15,921	24	0.2	1,129	8	0.5
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	32,036	49	0.2	15,921	26	0.2	1,129	7	0.3
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	65,914	193	0.2	31,211	130	0.3	2,042	17	0.6
You have indicated that [SAMPLE MEMBER B] covered by Medicare. Is this correct? (QHI01v)	1,208	1	0.0	620	5	0.1	86	1	1.1*
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	65,914	360	0.3	31,211	235	0.4	2,042	25	0.8

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,3}			QFT ^{1,2}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
You have indicated that [SAMPLE MEMBER B] covered by Medicaid. Is this correct? (QHI02v)	220	1	0.4*	102	0	0.0*	7	0	0.0*
[SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02A)	28,126	567	1.9	13,131	312	2.5	663	20	3.8
[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	65,914	194	0.2	31,211	142	0.2	2,042	15	0.6
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	65,914	382	0.3 ^a	31,211	261	0.4	2,042	30	0.7
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)	40,366	149	0.2	19,247	69	0.2	1,148	4	0.1
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	40,366	18,327	43.8 ^a	19,247	8,785	44.5 ^a	1,148	322	26.4
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	40,366	18,195	43.8 ^a	19,247	8,748	44.8 ^a	1,148	330	27.6
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	40,366	10,900	26.9 ^a	19,247	5,187	26.4 ^a	1,148	209	18.2
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)	10,940	30	0.2 ^a	5,061	13	0.3	412	0	0.0*

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,3}			QFT ^{1,2}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
During the past 12 months, was there any time when [SAMPLE MEMBER] did not have any kind of health insurance or coverage? (QHI13)	55,956	143	0.2	26,605	68	0.1	1,685	8	0.2
During the past 12 months, about how many months without any kind of health insurance or coverage? (QHI14)	4,873	23	0.6	2,046	13	0.4	155	2	1.1
About how long has it been since [SAMPLE MEMBER] last had any kind of health care coverage? (QHI15)	9,498	77	0.5	4,297	23	0.2	325	6	0.8
Which of these reasons is the main reason why [SAMPLE MEMBER] stopped being covered by health insurance? (QHI17)	8,524	52	0.4	3,857	20	0.4	258	7	1.6
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18 ⁷)	974	9	0.6	440	5	0.7	67	1	0.6*
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	65,913	616	0.6	31,211	341	0.6	2,042	31	1.0
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	65,913	883	0.8 ^a	31,211	459	0.8 ^a	2,042	52	1.5
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	65,913	162	0.2 ^a	31,211	103	0.3 ^a	2,042	36	1.1
In [YEAR], did you receive food stamps? (QI07N)	65,912	236	0.3	31,211	165	0.3	2,042	22	0.5

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,3}			QFT ^{1,2}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
At any time during [YEAR], even for one month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	65,912	462	0.4 ^a	31,211	239	0.4 ^a	2,042	35	1.0
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	65,912	349	0.3 ^a	31,211	191	0.3 ^a	2,042	26	0.6
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (QI12AN)	1,181	38	3.0	492	20	5.3	40	3	3.6*
At any time during [YEAR], even for one month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	65,912	462	0.4 ^a	31,211	239	0.4 ^a	2,042	35	1.0
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12BN)	3,583	123	3.0	1,645	80	5.0	114	4	5.1*
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	65,912	785	1.9 ^a	31,211	393	1.9 ^a	2,042	84	3.7

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,3}			QFT ^{1,2}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21A)	47,732	581	2.2 ^a	22,448	258	2.2 ^a	1,196	46	4.6
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21B)	17,395	352	2.7	8,370	193	3.3	769	24	3.6
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)	43,440	2,582	7.8	20,458	1,293	8.1	1,131	91	9.5
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23A)	9,445	605	6.1	4,572	298	6.9	365	27	9.7

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,3}			QFT ^{1,2}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23B)	44,537	2,810	6.4	20,887	1,314	6.3	1,328	87	6.1

* Low precision.

AMT = alpha-methyltryptamine; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyltryptamine; QFT = Questionnaire Field Test, VA = Department of Veterans Affairs.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

⁵ For 2011 and 2012 comparison data, these items correspond to items in the special drugs module but were moved to the hallucinogens module in the QFT.

⁶ For 2011 and 2012 comparison data, this item correspond to special drug item SD05.

⁷ "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

4.5 Interview Timing Results

4.5.1 Central Tendency Statistics for Overall and Module Timing Results for the 2011 and 2012 Quarters 3 and 4 Comparison Data and the 2012 QFT Data

4.5.1.1 Overall and Module Timing Results for All Respondents in the 2011 and 2012 Quarters 3 and 4 Comparison Data and the 2012 QFT Data

To assess interview timing for the partially redesigned QFT instrument, *Tables 4.9a* through *4.9f* provide mean and median timing results by module for the 2011 main study comparison data, the 2012 quarters 3 and 4 comparison data, and the QFT data. These comparisons include timing results for all respondents in each of the three sets of interviews, as well as separate timing results for five age categories—aged 12 to 17, 18 to 25, 26 to 49, 50 to 64, and 65 or older. Timing results categorized by age groups provide data on how age is related to interview duration for the partially redesigned QFT questionnaire and how this compares with the current main study timing. Respondents with an overall administration time of less than 30 minutes or greater than 240 minutes were classified as outliers and excluded from the timing results.

Administration times for all three datasets were calculated according to the standard NSDUH timing data calculation procedures. One necessary variation to the timing calculations was creating an "administrative residual" category to capture small amounts of additional interviewing time that did not clearly fall within a defined interview section. Because the administrative residual timings differed in the revised QFT protocol compared with the 2011 main study and 2012 quarters 3 and 4 protocol, accounting for this time in the three datasets allowed for more direct and accurate comparisons of overall and section timings across the datasets. In addition, the administrative residual category provides the ability to add mean section timings and the administrative residual timing to produce the mean overall timing for the interviews from each dataset. For each of the three sets of respondents, the mean overall interview time can be calculated by adding the following mean section times, which are bolded in *Tables 4.9a* through *4.9f*.¹⁴

- introduction,
- core demographics,
- calendar,
- beginning ACASI,
- tutorial,
- total core substances,
- special drugs to consumption of alcohol,
- back-end demographics,
- household roster,

¹⁴ To aid in their readability, *Tables 4.9a* through *4.9f* appear together at the end of this discussion in *Section 4.5.1.1*.

- proxy information/decision,
- proxy tutorial,
- health insurance,
- income, and
- verification.

Table 4.9a shows that overall interview times were somewhat lower for all QFT respondents aged 12 or older (mean 59.53, median 55.99) compared with all 2011 respondents (mean 61.37, median 58.62) and all 2012 quarters 3 and 4 respondents (mean 60.97, median 58.30). Among other factors, the higher item missingness rates observed for multiple questionnaire items moved from CAPI to ACASI in the QFT instrument (see *Section 4.4.2*) could have contributed to the shorter overall administration times for the QFT interviews. Overall interview times were lower or similar for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents for most age groups, as shown in *Tables 4.9b* through *4.9f*. One exception to this pattern was that the overall timing for QFT respondents aged 65 or older was actually higher than those 65 or older in the 2011 and 2012 quarters 3 and 4 interviews. Patterns of overall interview timing across the five age groups were generally similar for the three sets of respondents, where respondents aged 12 to 17 and those aged 50 or older had higher overall timings than those aged 18 to 49. For all of the respondent sets, the highest mean and median overall interview times were greatest for respondents aged 65 or older.

The first five sections in the partially redesigned QFT questionnaire—introduction, core demographics, calendar, beginning ACASI, and tutorial—took less time to administer for most respondents compared with the 2011 and 2012 questionnaire. The lower average administration times among QFT respondents on these early modules were generally small, but also consistent across age groups. Timings for these sections varied, so a few exceptions to this general pattern were observed. For example, among respondents aged 50 to 64 and those aged 65 or older, timings for the tutorial section were actually higher among QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents.

As expected, the average timing for the total core substance use sections for all respondents aged 12 or older was higher for the QFT respondents (mean 13.60, median 11.75) than the 2011 respondents (mean 12.34, median 11.18) and the 2012 quarters 3 and 4 respondents (mean 12.19, median 11.08). Additions and revisions to the hallucinogens, inhalants, and prescription drug sections in the partially redesigned QFT questionnaire contributed the most to higher administration times among QFT respondents for the core substance use modules. Combining the smokeless tobacco items appeared to contribute to lower average timings for the tobacco section for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents, across all age groups. Timing differences between QFT respondents versus 2011 and 2012 quarters 3 and 4 respondents for the remaining core substance use modules—alcohol, marijuana, cocaine and crack, and heroin—were generally small and inconsequential.

Timings for the redesigned prescription drug modules are of particular interest, given the considerable changes made to these modules in the QFT questionnaire. The average timing for the four prescription drug modules for QFT respondents aged 12 or older (mean 5.95,

median 4.92) was clearly higher than the 2011 respondents (mean 5.35, median 4.77) and 2012 quarters 3 and 4 respondents (mean 5.34, median 4.77). Among the redesigned prescription drug modules, the pain relievers module accounted for the higher administration times for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents. Average timings for the other three prescription drug modules—tranquilizers, stimulants, and sedatives—were similar or lower among the three sets of respondents. Administration times did vary across age groups among the QFT, 2011, and 2012 quarters 3 and 4 respondents. For example, *Table 4.9b* shows that QFT respondents aged 12 to 17 actually took less time to complete the four prescription drug modules than adolescent respondents in the 2011 and 2012 comparison samples. The overall average timing for the prescription drug modules was increased among QFT respondents by higher administration times for adult respondents aged 18 or older. In addition, the timing differences between QFT respondents and the 2011 and 2012 quarters 3 and 4 respondents increased steadily across the four adult age groups, so that differences among the three sets of respondents were most pronounced among those aged 65 or older (*Table 4.9f*). One potential factor contributing to the increased administration times for the prescription drug modules among respondents aged 65 or older was the shift in focus from lifetime use to past year use of prescription medications. Having to report on use of all prescription drugs in the past 12 months could have increased the time required for older respondents to complete the redesigned modules.

For sections from special drugs to consumption of alcohol, administration times for all QFT respondents aged 12 or older varied in relation to the section timings for the 2011 and 2012 quarters 3 and 4 respondents. Sections with lower QFT timings compared with the 2011 and 2012 quarters 3 and 4 interviews included special drugs, prior substance use, youth experiences, youth mental health service utilization, adolescent depression, and consumption of alcohol. The lower administration times for special drugs, prior substance use, and youth experiences appeared likely to result from the deletion of one or more items from these sections in the QFT questionnaire. QFT administration times were higher than the 2011 and 2012 quarters 3 and 4 interviews for substance dependence and abuse and mental health, despite few changes to these sections in the QFT questionnaire. For the remaining sections from special drugs to consumption of alcohol, administration times for QFT respondents were generally similar to the section timings for the 2011 and 2012 quarters 3 and 4 respondents.

Section timings for the remaining back-end modules also varied for all respondents aged 12 or older when comparing QFT with 2011 and 2012 quarters 3 and 4 respondents, based mostly on changes made to the QFT questionnaire. For example, under back-end demographics, the average times for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents were higher for education, but lower for employment. These findings are consistent with the changes to the QFT questionnaire, such as adding new items on disability to the education section and deleting questions on industry and occupation from the employment section.

For the health insurance section, a higher average administration time was observed for QFT respondents compared with the 2011 and 2012 quarters 3 and 4 respondents. The only change to this section in the QFT questionnaire was moving these questions from CAPI to ACASI administration. One possible explanation for the increased timing among QFT respondents was that a higher number of proxy reporters answered these questions in the QFT

and the health insurance module is the first section after the proxy tutorial. One consequence of this sequence is that QFT proxy reporters might have used additional time getting accustomed to the interview protocol, including the relationship fills.

The income section was also moved from CAPI to ACASI administration in the QFT questionnaire, and a new question on household telephone service was added to this section. These changes corresponded with lower timings for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents for those aged 12 to 49; similar timings for QFT, 2011, and 2012 quarters 3 and 4 respondents for those aged 50 or older; and higher timings for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents for those aged 65 or older. The explanation for this unique pattern across age groups is not immediately clear.

Table 4.9a Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 or Older)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.94	1.73	1.78	1.62	1.52	1.40
Core Demographics	2.22	1.85	2.18	1.82	2.10	1.73
Calendar⁴	1.67	1.48	1.66	1.50	1.15	1.17
Beginning ACASI	2.41	2.20	2.38	2.17	2.22	2.03
Tutorial	3.44	3.27	3.45	3.27	3.34	3.15
Total Core Substances	12.34	11.18	12.19	11.08	13.60	11.75
Tobacco	2.02	1.70	1.96	1.67	1.83	1.43
Alcohol	2.15	1.98	2.13	1.98	2.25	2.07
Marijuana	0.49	0.37	0.49	0.37	0.52	0.40
Cocaine and Crack	0.21	0.13	0.21	0.13	0.22	0.13
Heroin	0.10	0.08	0.10	0.08	0.10	0.08
Hallucinogens	0.83	0.63	0.81	0.63	1.18	0.92
Inhalants	1.18	0.92	1.15	0.90	1.35	1.07
Methamphetamine					0.20	0.15
Total Prescription Drugs	5.35	4.77	5.34	4.77	5.95	4.92
Pain Relievers (Screener)					2.42	2.03
Tranquilizers (Screener)					0.88	0.70
Stimulants (Screener)					0.92	0.75
Sedatives (Screener)					0.81	0.63
Pain Relievers (Screener Plus Main Module) ⁵	2.09	1.90	2.08	1.88	3.02	2.45
Tranquilizers (Screener Plus Main Module) ⁵	1.15	0.98	1.15	0.98	1.04	0.75
Stimulants (Screener Plus Main Module) ⁵	1.16	0.97	1.16	0.97	1.02	0.78
Sedatives (Screener Plus Main Module) ⁵	0.95	0.75	0.94	0.75	0.87	0.67

See notes at end of table.

(continued)

Table 4.9a Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 or Older) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	21.93	20.23	21.68	20.02	20.50	18.78
Special Drugs	1.60	1.47	1.59	1.45	0.57	0.52
Risk/Availability	2.96	2.68	2.94	2.67	2.92	2.62
Blunts	0.27	0.20	0.27	0.20	0.29	0.20
Substance Dependence and Abuse	2.19	1.58	2.13	1.56	2.29	1.72
Market Information for Marijuana	0.27	0.00	0.27	0.00		
Prior Substance Use	1.24	0.95	1.20	0.92	1.09	0.92
Special Topics, Drug Treatment	1.63	1.35	1.61	1.33	1.68	1.37
Health Care	1.29	1.10	1.30	1.08	2.79	2.48
Adult Mental Health Service Utilization	0.80	0.63	0.79	0.63	0.85	0.70
Social Environment	0.96	1.02	0.95	1.00	0.94	0.95
Parenting Experiences	0.14	0.00	0.14	0.00	0.20	0.00
Youth Experiences	2.79	0.00	2.78	0.00	2.10	0.00
Mental Health	2.10	1.77	2.09	1.77	2.27	1.97
Adult Depression	1.10	0.30	1.10	0.30	1.15	0.37
Youth Mental Health Service Utilization	0.64	0.00	0.64	0.00	0.48	0.00
Adolescent Depression	0.55	0.00	0.55	0.00	0.43	0.00
Consumption of Alcohol	0.55	0.45	0.54	0.45	0.46	0.40
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	4.45	4.42	4.51	4.53	4.00	3.65
Education ⁸	0.58	0.48	0.57	0.45	0.85	0.68
Employment	3.52	3.67	3.58	3.82	1.78	1.70

See notes at end of table.

(continued)

Table 4.9a Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 or Older) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.64	1.40	1.69	1.45	1.50	1.28
Proxy Information/Decision	0.57	0.32	0.57	0.33	0.58	0.45
Proxy Tutorial					0.74	0.00
Health Insurance⁹	1.40	1.28	1.40	1.28	1.59	1.37
Income⁹	3.71	3.23	3.64	3.23	3.23	2.73
Verification	3.01	2.57	3.14	2.70	3.31	2.85
Administrative Residual	0.65	NA	0.70	NA	0.13	NA
Overall Questionnaire	61.37	58.62	60.97	58.30	59.53	55.99

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and the Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9b Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 to 17)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.00	1.87	1.83	1.72	1.55	1.45
Core Demographics	2.13	1.75	2.09	1.73	2.01	1.65
Calendar⁴	1.66	1.50	1.66	1.52	1.22	1.23
Beginning ACASI	2.44	2.27	2.40	2.22	2.21	2.10
Tutorial	3.64	3.55	3.70	3.58	3.41	3.37
Total Core Substances	11.93	11.00	11.93	10.98	11.97	10.83
Tobacco	1.77	1.48	1.70	1.47	1.41	1.13
Alcohol	1.62	1.40	1.60	1.38	1.62	1.32
Marijuana	0.46	0.32	0.46	0.33	0.51	0.42
Cocaine and Crack	0.18	0.13	0.17	0.13	0.17	0.13
Heroin	0.10	0.08	0.10	0.08	0.10	0.08
Hallucinogens	0.88	0.73	0.88	0.73	1.24	1.03
Inhalants	1.37	1.13	1.36	1.12	1.52	1.25
Methamphetamine					0.22	0.20
Total Prescription Drugs	5.56	5.07	5.66	5.15	5.20	4.52
Pain Relievers (Screener)					2.35	2.03
Tranquilizers (Screener)					0.81	0.67
Stimulants (Screener)					0.83	0.72
Sedatives (Screener)					0.73	0.60
Pain Relievers (Screener Plus Main Module) ⁵	2.17	2.02	2.18	2.03	2.68	2.32
Tranquilizers (Screener Plus Main Module) ⁵	1.19	1.05	1.21	1.08	0.87	0.68
Stimulants (Screener Plus Main Module) ⁵	1.20	1.03	1.23	1.05	0.90	0.73
Sedatives (Screener Plus Main Module) ⁵	1.00	0.82	1.03	0.85	0.76	0.62

See notes at end of table.

(continued)

Table 4.9b Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 to 17) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	22.27	20.90	22.19	20.80	20.52	19.15
Special Drugs	1.68	1.58	1.68	1.60	0.54	0.52
Risk/Availability	2.97	2.77	3.03	2.80	2.85	2.62
Blunts	0.25	0.20	0.25	0.20	0.29	0.20
Substance Dependence and Abuse	0.97	0.00	0.87	0.00	0.87	0.00
Market Information for Marijuana	0.20	0.00	0.20	0.00		
Prior Substance Use	0.60	0.00	0.55	0.00	0.47	0.00
Special Topics, Drug Treatment Health Care	1.38	1.18	1.35	1.15	1.31	1.12
	1.33	1.17	1.34	1.18	2.74	2.50
Adult Mental Health Service Utilization						
Social Environment						
Parenting Experiences						
Youth Experiences	8.21	7.83	8.28	7.85	7.83	7.32
Mental Health						
Adult Depression						
Youth Mental Health Service Utilization	1.88	1.60	1.90	1.60	1.78	1.50
Adolescent Depression	1.62	0.63	1.65	0.63	1.61	0.60
Consumption of Alcohol	0.30	0.00	0.28	0.00	0.23	0.00
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	2.53	1.73	2.59	1.73	3.34	3.03
Education ⁸	0.88	0.82	0.85	0.80	1.27	1.17
Employment	1.34	0.35	1.42	0.32	0.74	0.48

See notes at end of table.

(continued)

Table 4.9b Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 to 17) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	2.13	1.85	2.17	1.90	1.94	1.75
Proxy Information/Decision	1.00	0.75	1.00	0.77	0.88	0.75
Proxy Tutorial					2.00	1.98
Health Insurance⁹	1.42	1.28	1.40	1.28	1.75	1.57
Income⁹	3.97	3.45	3.84	3.45	3.47	3.00
Verification	3.13	2.67	3.20	2.75	3.16	2.85
Administrative Residual	0.49	NA	0.52	NA	0.12	NA
Overall Questionnaire	60.74	58.70	60.51	58.55	59.56	57.17

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9c Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 18 to 25)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.81	1.67	1.67	1.57	1.32	1.38
Core Demographics	2.15	1.82	2.11	1.80	1.96	1.70
Calendar⁴	1.64	1.47	1.63	1.48	0.98	0.95
Beginning ACASI	2.30	2.12	2.28	2.10	2.19	2.05
Tutorial	3.01	2.85	2.99	2.83	2.82	2.67
Total Core Substances	11.77	10.65	11.41	10.37	12.35	10.87
Tobacco	2.06	1.77	1.96	1.67	1.85	1.53
Alcohol	2.27	2.10	2.25	2.08	2.21	2.10
Marijuana	0.55	0.40	0.54	0.38	0.56	0.40
Cocaine and Crack	0.21	0.12	0.20	0.12	0.21	0.12
Heroin	0.09	0.07	0.09	0.07	0.09	0.07
Hallucinogens	0.76	0.53	0.71	0.52	1.00	0.70
Inhalants	0.94	0.73	0.90	0.72	1.04	0.85
Methamphetamine					0.16	0.12
Total Prescription Drugs	4.88	4.35	4.77	4.30	5.25	4.33
Pain Relievers (Screener)					1.98	1.78
Tranquilizers (Screener)					0.70	0.58
Stimulants (Screener)					0.72	0.63
Sedatives (Screener)					0.61	0.53
Pain Relievers (Screener Plus Main Module) ⁵	2.00	1.78	1.95	1.73	2.72	2.18
Tranquilizers (Screener Plus Main Module) ⁵	1.04	0.87	1.02	0.87	0.93	0.62
Stimulants (Screener Plus Main Module) ⁵	1.04	0.85	1.02	0.85	0.95	0.67
Sedatives (Screener Plus Main Module) ⁵	0.80	0.65	0.78	0.65	0.65	0.55

See notes at end of table.

(continued)

Table 4.9c Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 18 to 25) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	20.46	18.75	20.02	18.48	18.29	16.72
Special Drugs	1.46	1.32	1.42	1.28	0.51	0.45
Risk/Availability	2.61	2.37	2.54	2.33	2.48	2.22
Blunts	0.32	0.22	0.31	0.22	0.35	0.23
Substance Dependence and Abuse	3.08	2.47	2.98	2.35	3.12	2.32
Market Information for Marijuana	0.45	0.00	0.46	0.00		
Prior Substance Use	1.49	1.20	1.41	1.13	1.15	0.98
Special Topics, Drug Treatment	1.64	1.33	1.60	1.30	1.64	1.30
Health Care	1.03	0.90	1.02	0.90	2.28	2.07
Adult Mental Health Service Utilization	1.05	0.82	1.04	0.80	0.97	0.75
Social Environment	1.31	1.18	1.29	1.17	1.07	1.00
Parenting Experiences	0.01	0.00	0.01	0.00	0.02	0.00
Youth Experiences						
Mental Health	2.94	2.73	2.89	2.68	2.70	2.50
Adult Depression	1.52	0.47	1.54	0.47	1.47	0.47
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.72	0.60	0.70	0.58	0.54	0.45
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	5.71	5.63	5.79	5.67	4.06	3.68
Education ⁸	0.66	0.57	0.65	0.53	0.77	0.65
Employment	4.62	4.65	4.72	4.70	1.98	1.82

See notes at end of table.

(continued)

Table 4.9c Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 18 to 25) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.54	1.30	1.60	1.35	1.48	1.27
Proxy Information/Decision	0.39	0.23	0.40	0.25	0.55	0.42
Proxy Tutorial					0.40	0.00
Health Insurance⁹	1.42	1.33	1.42	1.33	1.46	1.28
Income⁹	3.61	3.18	3.60	3.18	2.92	2.45
Verification	2.88	2.52	3.03	2.67	3.35	2.92
Administrative Residual	0.57	NA	0.64	NA	0.13	NA
Overall Questionnaire	59.27	56.58	58.59	56.05	54.26	50.80

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9d Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 26 to 49)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.94	1.70	1.77	1.58	1.56	1.37
Core Demographics	2.29	1.90	2.26	1.88	2.11	1.72
Calendar⁴	1.65	1.45	1.64	1.45	1.09	1.07
Beginning ACASI	2.35	2.13	2.31	2.10	2.07	1.92
Tutorial	3.28	3.12	3.27	3.07	3.01	2.88
Total Core Substances	12.18	11.03	12.01	10.95	13.36	11.46
Tobacco	2.06	1.78	2.02	1.76	1.89	1.62
Alcohol	2.38	2.18	2.37	2.18	2.40	2.18
Marijuana	0.46	0.35	0.45	0.33	0.49	0.35
Cocaine and Crack	0.24	0.13	0.23	0.13	0.23	0.13
Heroin	0.10	0.08	0.10	0.08	0.10	0.08
Hallucinogens	0.77	0.60	0.75	0.58	1.08	0.85
Inhalants	1.07	0.85	1.02	0.82	1.21	0.97
Methamphetamine					0.19	0.13
Total Prescription Drugs	5.11	4.53	5.06	4.53	5.76	4.89
Pain Relievers (Screener)					2.28	1.98
Tranquilizers (Screener)					0.85	0.70
Stimulants (Screener)					0.89	0.75
Sedatives (Screener)					0.77	0.65
Pain Relievers (Screener Plus Main Module) ⁵	1.99	1.78	1.99	1.78	2.95	2.44
Tranquilizers (Screener Plus Main Module) ⁵	1.11	0.93	1.10	0.93	1.01	0.78
Stimulants (Screener Plus Main Module) ⁵	1.12	0.93	1.10	0.93	0.96	0.77
Sedatives (Screener Plus Main Module) ⁵	0.89	0.72	0.87	0.72	0.84	0.68

See notes at end of table.

(continued)

Table 4.9d Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 26 to 49) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	21.96	19.97	21.55	19.67	20.43	18.67
Special Drugs	1.55	1.40	1.54	1.40	0.57	0.52
Risk/Availability	2.95	2.67	2.88	2.63	2.85	2.53
Blunts	0.25	0.18	0.25	0.18	0.26	0.20
Substance Dependence and Abuse	2.74	2.17	2.73	2.18	2.80	2.18
Market Information for Marijuana	0.20	0.00	0.21	0.00		
Prior Substance Use	1.63	1.32	1.61	1.32	1.33	1.18
Special Topics, Drug Treatment Health Care	1.81	1.47	1.77	1.43	1.81	1.46
Adult Mental Health Service Utilization	1.25	1.08	1.23	1.07	2.62	2.33
Social Environment	1.25	0.95	1.21	0.93	1.16	0.88
Parenting Experiences	1.42	1.28	1.40	1.25	1.24	1.08
Youth Experiences	0.53	0.00	0.51	0.00	0.51	0.00
Mental Health						
Adult Depression	3.16	2.95	3.09	2.87	3.07	2.75
Youth Mental Health Service Utilization	1.79	0.53	1.74	0.50	1.71	0.49
Adolescent Depression						
Consumption of Alcohol	0.63	0.57	0.62	0.57	0.49	0.47
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	5.62	5.52	5.60	5.45	4.13	3.72
Education ⁸	0.22	0.13	0.23	0.13	0.61	0.48
Employment	5.05	5.00	5.02	4.93	2.23	2.03

See notes at end of table.

(continued)

Table 4.9d Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 26 to 49) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.40	1.22	1.44	1.25	1.38	1.23
Proxy Information/Decision	0.30	0.22	0.31	0.22	0.41	0.35
Proxy Tutorial					0.22	0.00
Health Insurance⁹	1.32	1.23	1.33	1.23	1.41	1.23
Income⁹	3.48	3.00	3.43	3.03	2.96	2.51
Verification	2.87	2.42	3.01	2.57	3.13	2.73
Administrative Residual	0.90	NA	0.94	NA	0.12	NA
Overall Questionnaire	61.54	58.55	60.87	57.88	57.39	53.90

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9e Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 50 to 64)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.09	1.73	1.99	1.70	1.70	1.48
Core Demographics	2.51	2.00	2.42	1.90	2.24	1.85
Calendar⁴	1.74	1.50	1.73	1.52	1.39	1.48
Beginning ACASI	2.60	2.33	2.55	2.28	2.40	2.08
Tutorial	4.05	3.95	4.13	4.10	4.26	4.15
Total Core Substances	14.37	12.88	14.41	13.08	16.55	14.40
Tobacco	2.41	2.02	2.39	2.00	2.24	1.67
Alcohol	2.74	2.52	2.78	2.55	2.86	2.47
Marijuana	0.52	0.42	0.53	0.43	0.52	0.47
Cocaine and Crack	0.30	0.18	0.30	0.18	0.29	0.20
Heroin	0.13	0.10	0.13	0.12	0.13	0.10
Hallucinogens	0.95	0.72	0.94	0.72	1.40	1.10
Inhalants	1.31	1.03	1.31	1.05	1.55	1.25
Methamphetamine					0.23	0.18
Total Prescription Drugs	6.02	5.35	6.03	5.43	7.33	6.22
Pain Relievers (Screener)					2.91	2.42
Tranquilizers (Screener)					1.14	0.92
Stimulants (Screener)					1.20	0.93
Sedatives (Screener)					1.10	0.83
Pain Relievers (Screener Plus Main Module) ⁵	2.19	1.97	2.23	2.03	3.57	3.03
Tranquilizers (Screener Plus Main Module) ⁵	1.30	1.12	1.31	1.13	1.30	0.98
Stimulants (Screener Plus Main Module) ⁵	1.37	1.15	1.36	1.15	1.26	0.97
Sedatives (Screener Plus Main Module) ⁵	1.15	0.93	1.13	0.93	1.19	0.90

See notes at end of table.

(continued)

Table 4.9e Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 50 to 64) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	24.19	21.80	24.21	22.00	22.14	20.23
Special Drugs	1.78	1.57	1.78	1.58	0.67	0.62
Risk/Availability	3.51	3.15	3.52	3.20	3.45	3.20
Blunts	0.22	0.18	0.22	0.18	0.22	0.20
Substance Dependence and Abuse	2.46	2.03	2.51	2.07	2.63	2.12
Market Information for Marijuana	0.13	0.00	0.13	0.00		
Prior Substance Use	1.84	1.50	1.80	1.50	1.46	1.28
Special Topics, Drug Treatment	1.97	1.65	2.01	1.65	1.90	1.63
Health Care	1.74	1.47	1.76	1.52	3.52	3.23
Adult Mental Health Service Utilization	1.50	1.10	1.43	1.08	1.25	1.02
Social Environment	1.66	1.50	1.67	1.50	1.50	1.40
Parenting Experiences	0.27	0.00	0.29	0.00	0.24	0.00
Youth Experiences						
Mental Health	3.62	3.27	3.67	3.37	3.17	2.87
Adult Depression	1.99	0.60	1.99	0.58	1.50	0.52
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.67	0.62	0.67	0.62	0.63	0.53
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	5.24	5.18	5.18	5.13	4.60	4.17
Education ⁸	0.18	0.12	0.20	0.12	0.67	0.55
Employment	4.79	4.82	4.70	4.75	2.50	2.32

See notes at end of table.

(continued)

Table 4.9e Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 50 to 64) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.03	0.85	1.15	0.92	1.13	0.98
Proxy Information/Decision	0.30	0.22	0.33	0.23	0.50	0.38
Proxy Tutorial					0.18	0.00
Health Insurance⁹	1.38	1.23	1.39	1.25	1.71	1.50
Income⁹	3.48	3.02	3.48	3.03	3.45	3.00
Verification	3.12	2.60	3.35	2.72	3.83	2.95
Administrative Residual	0.87	NA	0.99	NA	0.17	NA
Overall Questionnaire	66.96	63.13	67.30	63.97	66.24	62.25

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9f Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 65+)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.15	1.80	1.92	1.70	1.69	1.50
Core Demographics	2.74	2.25	2.64	2.17	2.66	2.30
Calendar⁴	1.89	1.62	1.83	1.62	1.52	1.57
Beginning ACASI	3.01	2.68	3.05	2.67	2.89	2.32
Tutorial	4.86	4.73	4.92	4.75	5.32	5.13
Total Core Substances	17.26	15.97	17.40	16.10	22.04	19.45
Tobacco	2.82	2.33	2.85	2.38	2.57	2.20
Alcohol	3.16	2.87	3.13	2.89	3.43	3.25
Marijuana	0.47	0.42	0.48	0.43	0.60	0.52
Cocaine and Crack	0.26	0.23	0.27	0.22	0.31	0.23
Heroin	0.17	0.15	0.17	0.15	0.16	0.15
Hallucinogens	1.19	0.93	1.19	0.95	1.79	1.45
Inhalants	1.88	1.48	1.89	1.47	2.29	1.72
Methamphetamine					0.29	0.23
Total Prescription Drugs	7.30	6.68	7.41	6.75	10.60	8.28
Pain Relievers (Screener)					4.28	3.05
Tranquilizers (Screener)					1.69	1.27
Stimulants (Screener)					1.71	1.27
Sedatives (Screener)					1.62	1.25
Pain Relievers (Screener Plus Main Module) ⁵	2.49	2.33	2.48	2.33	5.10	3.73
Tranquilizers (Screener Plus Main Module) ⁵	1.63	1.47	1.67	1.52	1.93	1.43
Stimulants (Screener Plus Main Module) ⁵	1.66	1.43	1.71	1.47	1.77	1.27
Sedatives (Screener Plus Main Module) ⁵	1.52	1.28	1.56	1.32	1.80	1.30

See notes at end of table.

(continued)

Table 4.9f Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 65+) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	26.51	24.20	26.80	24.84	26.64	23.87
Special Drugs	2.06	1.87	2.08	1.90	0.75	0.67
Risk/Availability	4.59	4.05	4.53	3.98	4.36	3.85
Blunts	0.23	0.20	0.23	0.20	0.25	0.20
Substance Dependence and Abuse	1.74	0.00	1.81	1.35	2.03	1.80
Market Information for Marijuana	0.02	0.00	0.02	0.00		
Prior Substance Use	1.52	1.30	1.57	1.35	1.67	1.35
Special Topics, Drug Treatment	2.14	1.88	2.22	1.90	2.36	1.95
Health Care	2.47	2.15	2.56	2.18	4.75	4.35
Adult Mental Health Service Utilization	1.77	1.33	1.80	1.33	1.74	1.33
Social Environment	2.29	2.02	2.24	1.98	1.96	1.77
Parenting Experiences	0.04	0.00	0.05	0.00	0.07	0.00
Youth Experiences						
Mental Health	4.47	4.00	4.60	4.13	4.65	4.25
Adult Depression	1.62	0.67	1.66	0.65	1.38	0.68
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.70	0.65	0.69	0.65	0.67	0.62
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	2.93	1.82	3.09	1.88	5.00	4.40
Education ⁸	0.16	0.12	0.16	0.12	0.90	0.68
Employment	2.52	1.38	2.63	1.43	2.08	1.75

See notes at end of table.

(continued)

Table 4.9f Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 65+) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	0.82	0.62	0.87	0.67	0.96	0.73
Proxy Information/Decision	0.32	0.20	0.32	0.20	0.48	0.42
Proxy Tutorial					0.32	0.00
Health Insurance⁹	1.46	1.30	1.49	1.32	2.13	1.93
Income⁹	3.89	3.28	3.73	3.32	4.43	3.98
Verification	3.62	2.92	3.76	3.10	3.98	3.15
Administrative Residual	0.86	NA	0.88	NA	0.17	NA
Overall Questionnaire	72.32	68.43	72.70	69.39	80.24	74.45

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

4.5.1.2 Overall and Module Timing Results for Affirmative Gate Respondents in the 2011 and 2012 Quarters 3 and 4 Comparison Data and the 2012 QFT Data

The section and overall timing statistics presented in *Section 4.5.1.1* provided results for all QFT, 2011, and 2012 quarters 3 and 4 respondents. *Tables 4.9g* through *4.9l* show mean and median timings by module only for "affirmative gate" respondents.¹⁵ These comparisons include timing results only for affirmative gate respondents in each of the three sets of interviews, including separate timing results for five age categories—aged 12 to 17, 18 to 25, 26 to 49, 50 to 64, and 65 or older. Timing results categorized by age groups provide data on how age is related to interview duration for affirmative gate respondents using the partially redesigned QFT questionnaire compared with the current main study questionnaire.

For these tables, affirmative gate respondents were defined as the following subsets of QFT, 2011, and 2012 quarters 3 and 4 respondents:

1. those who answered affirmatively to at least one gate question within the core substance questions, or
2. those whose prior responses directed them to complete a specific questionnaire module.

For example, only respondents who reported smoking part or all of a cigarette in their lifetime were included in the timing reports for the tobacco use module. Similarly, only respondents who were administered the parenting experiences module contributed to the mean timing for that module.

Presenting data only for affirmative gate respondents, *Tables 4.9g* through *4.9l* highlight timing statistics for respondents whose administration times for a module were beyond the minimal time taken by those respondents who had no data to report for a given module. These timing data focus on respondents who actually reported behavior that led to specific sets of additional questions. As a result, these results provide a sense of the impact of questionnaire changes for the set of respondents who have behavior to report for each module.

Given that the purpose of these tables is to show timing results for respondents who have behavior to report for each module, this section focuses primarily on sections where changes were made in the QFT questionnaire, such as the prescription drug modules and back-end demographic questions. Overall, among all affirmative gate respondents aged 12 or older, timing results followed similar patterns for the core substances sections as seen for all respondents in *Section 4.5.1.1*. As *Table 4.9g* shows, the average timing for the total core substances section for all affirmative gate respondents aged 12 or older was higher for the QFT respondents (mean 13.93, median 12.05) than the 2011 respondents (mean 12.61, median 11.38) and the 2012 quarters 3 and 4 respondents (mean 12.39, median 11.23). Higher administration times were observed for the hallucinogens, inhalants, and prescription drug sections for QFT respondents, and lower administration times were observed for the tobacco section for QFT respondents, compared with the 2011 and the 2012 quarters 3 and 4 respondents. Timing differences between

¹⁵ To aid in their readability, *Tables 4.9g* through *4.9l* appear together at the end of this discussion in *Section 4.5.1.2*.

affirmative gate respondents in the QFT versus 2011 and 2012 quarters 3 and 4 for the remaining core substance use modules—alcohol, marijuana, cocaine and crack, and heroin—were generally small and inconsequential.

The impact of changes to the prescription drug modules on timing results was a special focus for affirmative gate respondents because use of multiple types of prescription drugs could significantly increase respondent burden in these modules. Among respondents who reported use and misuse of prescription drugs, average QFT timings for the four prescription drug modules exceeded the average timings for the 2011 and 2012 quarters 3 and 4 comparison interviews. The greatest difference was observed among affirmative gate respondents aged 26 or older, for whom the difference between QFT versus 2011 and 2012 quarters 3 and 4 respondents was over 1 minute. As noted in *Section 4.5.1.1*, the additional time required to complete the pain reliever module in the partially redesigned QFT instrument was mitigated by time savings in other prescription drug modules, resulting in lower overall administration times for the prescription drug modules for all respondents. For affirmative gate respondents, *Table 4.9g* shows that the overall timing for total prescription drugs for QFT respondents (mean 6.46, median 5.42) was quite similar to the 2011 respondents (mean 6.42, median 5.78) and the 2012 quarters 3 and 4 respondents (mean 6.34, median 5.77).

For back-end demographics, the average times for QFT affirmative gate respondents compared with 2011 and 2012 quarters 3 and 4 respondents followed patterns to those shown for all respondents in *Section 4.5.1.1*. Average administration times for QFT affirmative gate respondents were higher for education, but lower for employment. The difference between QFT affirmative gate respondents and 2011 and 2012 quarters 3 and 4 affirmative gate respondents shown for employment was similarly more pronounced than the difference for education.

Table 4.9g Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 or Older)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.94	1.73	1.78	1.62	1.52	1.40
Core Demographics	2.22	1.85	2.18	1.82	2.10	1.73
Calendar⁴	1.67	1.48	1.66	1.50	1.15	1.17
Beginning ACASI	2.41	2.20	2.38	2.17	2.22	2.03
Tutorial	3.44	3.27	3.45	3.27	3.34	3.15
Total Core Substances	12.61	11.38	12.39	11.23	13.93	12.05
Tobacco	2.66	2.33	2.60	2.28	2.49	2.15
Alcohol	2.58	2.32	2.56	2.32	2.67	2.40
Marijuana	0.81	0.67	0.80	0.65	0.82	0.68
Cocaine and Crack	0.72	0.55	0.70	0.55	0.69	0.57
Heroin	0.51	0.33	0.49	0.32	0.53	0.32
Hallucinogens	1.45	1.22	1.40	1.18	1.71	1.46
Inhalants	1.70	1.40	1.65	1.37	1.75	1.45
Methamphetamine					0.43	0.35
Total Prescription Drugs	6.42	5.78	6.34	5.77	6.46	5.42
Pain Relievers (Screener)					2.42	2.03
Tranquilizers (Screener)					0.88	0.70
Stimulants (Screener)					0.92	0.75
Sedatives (Screener)					0.81	0.63
Pain Relievers (Screener Plus Main Module) ⁵	3.08	2.78	3.03	2.75	3.02	2.45
Tranquilizers (Screener Plus Main Module) ⁵	1.85	1.65	1.84	1.63	1.04	0.75
Stimulants (Screener Plus Main Module) ⁵	1.98	1.72	1.96	1.75	1.02	0.78
Sedatives (Screener Plus Main Module) ⁵	1.88	1.63	1.85	1.57	0.87	0.67

See notes at end of table.

(continued)

Table 4.9g Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 or Older) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	21.93	20.23	21.68	20.02	20.50	18.78
Special Drugs	1.60	1.47	1.59	1.45	0.57	0.52
Risk/Availability	2.96	2.68	2.94	2.67	2.92	2.62
Blunts	0.54	0.47	0.53	0.45	0.61	0.52
Substance Dependence and Abuse	3.83	3.05	3.72	2.98	3.76	2.98
Market Information for Marijuana	1.49	1.38	1.47	1.37		
Prior Substance Use	1.65	1.32	1.61	1.30	1.40	1.20
Special Topics, Drug Treatment	1.63	1.35	1.61	1.33	1.68	1.37
Health Care	1.29	1.10	1.30	1.08	2.79	2.48
Adult Mental Health Service Utilization	2.29	1.90	2.23	1.87	2.18	1.88
Social Environment	1.45	1.28	1.43	1.27	1.28	1.13
Parenting Experiences	2.52	2.20	2.43	2.13	2.46	2.03
Youth Experiences	8.21	7.83	8.28	7.85	7.83	7.32
Mental Health	3.62	3.23	3.59	3.18	3.62	3.17
Adult Depression	3.21	1.30	3.22	1.33	3.18	1.39
Youth Mental Health Service Utilization	3.08	2.73	3.18	2.75	2.98	2.62
Adolescent Depression	2.58	1.02	2.65	1.03	2.60	1.00
Consumption of Alcohol	0.79	0.63	0.77	0.63	0.63	0.53
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	4.46	4.42	4.51	4.53	4.00	3.65
Education ⁸	0.58	0.48	0.57	0.45	0.85	0.68
Employment	4.22	4.33	4.30	4.40	2.05	1.88

See notes at end of table.

(continued)

Table 4.9g Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 or Older) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.64	1.40	1.69	1.45	1.50	1.28
Proxy Information/Decision	0.57	0.32	0.57	0.33	0.58	0.45
Proxy Tutorial					0.73	0.00
Health Insurance⁹	1.40	1.28	1.40	1.28	1.59	1.37
Income⁹	3.71	3.23	3.64	3.23	3.23	2.73
Verification	3.01	2.57	3.14	2.70	3.31	2.85
Overall Questionnaire	61.37	58.62	60.97	58.30	59.53	55.99

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with *Tables 4.9a to 4.9f* for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the Tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9h Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 to 17)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.00	1.87	1.83	1.72	1.55	1.45
Core Demographics	2.13	1.75	2.09	1.73	2.01	1.65
Calendar⁴	1.66	1.50	1.66	1.52	1.22	1.23
Beginning ACASI	2.44	2.27	2.40	2.22	2.21	2.10
Tutorial	3.64	3.55	3.70	3.58	3.41	3.37
Total Core Substances	12.30	11.27	11.98	10.93	12.04	11.15
Tobacco	2.97	2.62	2.85	2.55	2.47	2.07
Alcohol	2.47	2.23	2.43	2.22	2.48	2.33
Marijuana	1.20	1.07	1.17	1.07	1.19	1.09
Cocaine and Crack	1.18	1.05	1.05	0.94	0.77	0.77
Heroin	0.73	0.70	0.55	0.45	0.62	0.62
Hallucinogens	1.92	1.68	1.90	1.68	2.05	1.73
Inhalants	2.30	1.97	2.28	1.98	2.06	1.81
Methamphetamine					0.41	0.42
Total Prescription Drugs	6.74	6.15	6.74	5.97	5.69	5.03
Pain Relievers (Screener)					2.35	2.03
Tranquilizers (Screener)					0.81	0.67
Stimulants (Screener)					0.83	0.72
Sedatives (Screener)					0.73	0.60
Pain Relievers (Screener Plus Main Module) ⁵	3.45	3.16	3.44	3.08	2.68	2.32
Tranquilizers (Screener Plus Main Module) ⁵	2.12	1.95	2.08	1.88	0.87	0.68
Stimulants (Screener Plus Main Module) ⁵	2.15	1.87	2.15	1.83	0.90	0.73
Sedatives (Screener Plus Main Module) ⁵	2.18	1.88	2.24	1.92	0.76	0.62

See notes at end of table.

(continued)

Table 4.9h Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 to 17) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	22.27	20.90	22.19	20.80	20.52	19.15
Special Drugs	1.68	1.58	1.68	1.60	0.54	0.52
Risk/Availability	2.97	2.77	3.03	2.80	2.85	2.62
Blunts	0.69	0.60	0.68	0.60	0.79	0.72
Substance Dependence and Abuse	3.89	3.03	3.75	3.02	3.73	3.08
Market Information for Marijuana	1.47	1.38	1.47	1.35		
Prior Substance Use	1.37	1.07	1.34	1.03	1.12	0.97
Special Topics, Drug Treatment Health Care	1.38	1.18	1.35	1.15	1.31	1.12
	1.33	1.17	1.34	1.18	2.74	2.50
Adult Mental Health Service Utilization						
Social Environment						
Parenting Experiences						
Youth Experiences	8.21	7.83	8.28	7.85	7.83	7.32
Mental Health						
Adult Depression						
Youth Mental Health Service Utilization	3.08	2.73	3.18	2.75	2.98	2.62
Adolescent Depression	2.58	1.02	2.65	1.03	2.60	1.00
Consumption of Alcohol	0.85	0.57	0.84	0.55	0.68	0.43
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	2.53	1.73	2.59	1.73	3.34	3.03
Education ⁸	0.88	0.82	0.85	0.80	1.28	1.17
Employment	2.62	1.42	2.80	1.50	1.44	1.13

See notes at end of table.

(continued)

Table 4.9h Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 to 17) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	2.13	1.85	2.17	1.90	1.94	1.75
Proxy Information/Decision	1.00	0.75	1.00	0.77	0.88	0.75
Proxy Tutorial					2.00	1.98
Health Insurance⁹	1.42	1.28	1.40	1.28	1.75	1.57
Income⁹	3.97	3.45	3.84	3.45	3.47	3.00
Verification	3.13	2.67	3.20	2.75	3.16	2.85
Overall Questionnaire	60.74	58.70	60.51	58.55	59.56	57.17

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with *Tables 4.9a to 4.9f* for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the Health Insurance and Income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9i Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 18 to 25)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.81	1.67	1.67	1.57	1.32	1.38
Core Demographics	2.15	1.82	2.11	1.80	1.96	1.70
Calendar⁴	1.64	1.47	1.63	1.48	0.98	0.95
Beginning ACASI	2.30	2.12	2.28	2.10	2.19	2.05
Tutorial	3.01	2.85	2.99	2.83	2.82	2.67
Total Core Substances	11.99	10.85	11.67	10.63	12.59	11.08
Tobacco	2.61	2.33	2.52	2.25	2.43	2.15
Alcohol	2.49	2.25	2.47	2.25	2.48	2.28
Marijuana	0.83	0.70	0.82	0.70	0.84	0.73
Cocaine and Crack	0.76	0.58	0.74	0.58	0.79	0.65
Heroin	0.58	0.37	0.53	0.36	0.50	0.31
Hallucinogens	1.47	1.27	1.40	1.17	1.78	1.56
Inhalants	1.42	1.22	1.46	1.25	1.69	1.40
Methamphetamine					0.48	0.40
Total Prescription Drugs	6.14	5.53	5.99	5.53	6.01	5.08
Pain Relievers (Screener)					1.98	1.78
Tranquilizers (Screener)					0.70	0.58
Stimulants (Screener)					0.72	0.63
Sedatives (Screener)					0.61	0.53
Pain Relievers (Screener Plus Main Module) ⁵	2.97	2.70	2.90	2.67	2.72	2.18
Tranquilizers (Screener Plus Main Module) ⁵	1.75	1.55	1.72	1.53	0.93	0.62
Stimulants (Screener Plus Main Module) ⁵	1.90	1.65	1.87	1.70	0.95	0.67
Sedatives (Screener Plus Main Module) ⁵	1.79	1.57	1.81	1.68	0.65	0.55

See notes at end of table.

(continued)

Table 4.9i Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 18 to 25) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	20.46	18.76	20.02	18.48	18.29	16.72
Special Drugs	1.46	1.32	1.42	1.28	0.51	0.45
Risk/Availability	2.61	2.37	2.54	2.33	2.48	2.22
Blunts	0.52	0.45	0.51	0.43	0.60	0.53
Substance Dependence and Abuse	4.06	3.37	3.91	3.20	3.94	3.19
Market Information for Marijuana	1.45	1.35	1.44	1.35		
Prior Substance Use	1.66	1.33	1.57	1.27	1.31	1.12
Special Topics, Drug Treatment	1.64	1.33	1.60	1.30	1.64	1.30
Health Care	1.03	0.90	1.02	0.90	2.28	2.07
Adult Mental Health Service Utilization	2.05	1.75	2.03	1.75	1.92	1.58
Social Environment	1.31	1.18	1.29	1.17	1.07	1.00
Parenting Experiences	2.90	2.38	2.30	2.13	2.38	1.84
Youth Experiences						
Mental Health	3.23	2.95	3.18	2.90	3.01	2.73
Adult Depression	2.84	1.08	2.87	1.17	2.83	1.18
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.83	0.68	0.82	0.68	0.65	0.53
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	5.71	5.63	5.79	5.67	4.06	3.68
Education ⁸	0.67	0.57	0.65	0.53	0.77	0.65
Employment	4.62	4.65	4.72	4.70	1.98	1.82

See notes at end of table.

(continued)

Table 4.9i Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 18 to 25) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.54	1.30	1.60	1.35	1.48	1.27
Proxy Information/Decision	0.39	0.23	0.40	0.25	0.55	0.42
Proxy Tutorial					0.40	0.00
Health Insurance⁹	1.42	1.33	1.42	1.33	1.46	1.28
Income⁹	3.61	3.18	3.60	3.18	2.92	2.45
Verification	2.88	2.52	3.03	2.67	3.35	2.92
Overall Questionnaire	59.27	56.58	58.59	56.05	54.26	50.80

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with *Tables 4.9a to 4.9f* for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9j Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 26 to 49)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.94	1.70	1.77	1.58	1.56	1.37
Core Demographics	2.29	1.90	2.26	1.88	2.11	1.72
Calendar⁴	1.65	1.45	1.64	1.45	1.09	1.07
Beginning ACASI	2.35	2.13	2.31	2.10	2.07	1.92
Tutorial	3.28	3.12	3.27	3.07	3.01	2.88
Total Core Substances	12.26	11.12	12.08	11.03	13.45	11.55
Tobacco	2.42	2.12	2.38	2.08	2.35	2.00
Alcohol	2.50	2.25	2.48	2.25	2.55	2.28
Marijuana	0.63	0.48	0.62	0.47	0.69	0.52
Cocaine and Crack	0.63	0.50	0.62	0.50	0.63	0.52
Heroin	0.40	0.30	0.45	0.28	0.61	0.26
Hallucinogens	1.26	1.08	1.25	1.10	1.56	1.30
Inhalants	1.41	1.20	1.35	1.17	1.56	1.34
Methamphetamine					0.39	0.30
Total Prescription Drugs	6.31	5.70	6.26	5.70	6.00	5.08
Pain Relievers (Screener)					2.28	1.98
Tranquilizers (Screener)					0.85	0.70
Stimulants (Screener)					0.89	0.75
Sedatives (Screener)					0.77	0.65
Pain Relievers (Screener Plus Main Module) ⁵	2.93	2.65	2.90	2.62	2.95	2.44
Tranquilizers (Screener Plus Main Module) ⁵	1.83	1.62	1.84	1.62	1.01	0.78
Stimulants (Screener Plus Main Module) ⁵	1.90	1.67	1.90	1.68	0.96	0.77
Sedatives (Screener Plus Main Module) ⁵	1.76	1.55	1.68	1.48	0.84	0.68

See notes at end of table.

(continued)

Table 4.9j Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 26 to 49) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	21.96	19.97	21.55	19.67	20.43	18.67
Special Drugs	1.55	1.40	1.54	1.40	0.57	0.52
Risk/Availability	2.95	2.67	2.88	2.63	2.85	2.53
Blunts	0.48	0.42	0.46	0.40	0.51	0.45
Substance Dependence and Abuse	3.58	2.77	3.50	2.70	3.63	2.92
Market Information for Marijuana	1.58	1.45	1.53	1.42		
Prior Substance Use	1.73	1.40	1.71	1.40	1.44	1.25
Special Topics, Drug Treatment	1.81	1.47	1.77	1.43	1.81	1.46
Health Care	1.25	1.08	1.23	1.07	2.62	2.33
Adult Mental Health Service Utilization	2.30	1.93	2.22	1.87	2.20	1.88
Social Environment	1.42	1.28	1.40	1.25	1.24	1.08
Parenting Experiences	2.44	2.15	2.37	2.08	2.39	1.93
Youth Experiences						
Mental Health	3.66	3.33	3.59	3.25	3.59	3.15
Adult Depression	3.46	1.57	3.42	1.62	3.44	1.77
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.68	0.60	0.67	0.60	0.53	0.50
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	5.62	5.52	5.60	5.45	4.14	3.72
Education ⁸	0.22	0.13	0.23	0.13	0.61	0.48
Employment	5.06	5.00	5.02	4.93	2.23	2.03

See notes at end of table.

(continued)

Table 4.9j Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 26 to 49) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.40	1.22	1.44	1.25	1.39	1.23
Proxy Information/Decision	0.30	0.22	0.31	0.22	0.41	0.35
Proxy Tutorial					0.16	0.00
Health Insurance⁹	1.32	1.23	1.33	1.23	1.41	1.23
Income⁹	3.48	3.00	3.43	3.03	2.96	2.52
Verification	2.87	2.42	3.01	2.57	3.14	2.73
Overall Questionnaire	61.54	58.55	60.87	57.88	57.39	53.90

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with *Tables 4.9a to 4.9f* for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the Tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9k Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 50 to 64)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.09	1.73	1.99	1.70	1.70	1.48
Core Demographics	2.51	2.00	2.42	1.90	2.24	1.85
Calendar⁴	1.74	1.50	1.73	1.52	1.39	1.48
Beginning ACASI	2.60	2.33	2.55	2.28	2.40	2.08
Tutorial	4.05	3.95	4.13	4.10	4.26	4.15
Total Core Substances	14.43	12.97	14.44	13.09	16.52	14.85
Tobacco	2.77	2.33	2.79	2.38	2.84	2.33
Alcohol	2.88	2.65	2.93	2.68	3.08	2.78
Marijuana	0.71	0.55	0.70	0.52	0.71	0.62
Cocaine and Crack	0.73	0.57	0.71	0.58	0.63	0.58
Heroin	0.46	0.33	0.40	0.32	0.33	0.34
Hallucinogens	1.53	1.28	1.46	1.28	1.79	1.64
Inhalants	1.63	1.40	1.65	1.33	2.03	1.73
Methamphetamine					0.57	0.38
Total Prescription Drugs	7.42	6.68	7.36	6.86	7.35	6.30
Pain Relievers (Screener)					2.91	2.42
Tranquilizers (Screener)					1.14	0.92
Stimulants (Screener)					1.20	0.93
Sedatives (Screener)					1.10	0.83
Pain Relievers (Screener Plus Main Module) ⁵	3.39	3.03	3.35	2.98	3.57	3.03
Tranquilizers (Screener Plus Main Module) ⁵	2.11	1.95	2.04	1.89	1.30	0.98
Stimulants (Screener Plus Main Module) ⁵	2.33	1.97	2.19	2.03	1.26	0.97
Sedatives (Screener Plus Main Module) ⁵	1.83	1.55	1.69	1.43	1.19	0.90

See notes at end of table.

(continued)

Table 4.9k Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 50 to 64) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	24.19	21.80	24.21	22.00	22.14	20.23
Special Drugs	1.78	1.57	1.78	1.58	0.67	0.62
Risk/Availability	3.51	3.15	3.52	3.20	3.45	3.20
Blunts	0.65	0.52	0.62	0.52	0.78	0.63
Substance Dependence and Abuse	3.56	2.75	3.59	2.90	3.88	3.07
Market Information for Marijuana	1.77	1.60	1.85	1.71		
Prior Substance Use	1.94	1.58	1.92	1.58	1.57	1.38
Special Topics, Drug Treatment	1.97	1.65	2.01	1.65	1.90	1.63
Health Care	1.74	1.47	1.76	1.52	3.52	3.23
Adult Mental Health Service Utilization	2.94	2.38	2.68	2.26	2.48	2.11
Social Environment	1.66	1.50	1.67	1.50	1.50	1.40
Parenting Experiences	2.91	2.52	2.76	2.47	2.79	2.67
Youth Experiences						
Mental Health	4.46	4.00	4.52	4.10	4.14	3.63
Adult Depression	4.03	1.82	4.07	1.73	3.59	1.66
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.74	0.65	0.74	0.67	0.73	0.57
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	5.24	5.18	5.18	5.13	4.60	4.17
Education ⁸	0.18	0.12	0.20	0.12	0.67	0.55
Employment	4.79	4.82	4.70	4.75	2.50	2.32

See notes at end of table.

(continued)

Table 4.9k Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 50 to 64) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.03	0.85	1.15	0.92	1.13	0.98
Proxy Information/Decision	0.30	0.22	0.33	0.23	0.50	0.38
Proxy Tutorial					0.18	0.00
Health Insurance⁹	1.38	1.23	1.39	1.25	1.71	1.50
Income⁹	3.48	3.02	3.48	3.03	3.45	3.00
Verification	3.12	2.60	3.35	2.72	3.83	2.95
Overall Questionnaire	66.96	63.13	67.30	63.97	66.24	62.25

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with *Tables 4.9a to 4.9f* for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.91 Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 65+)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.15	1.80	1.92	1.70	1.69	1.50
Core Demographics	2.74	2.25	2.64	2.17	2.66	2.30
Calendar⁴	1.89	1.62	1.83	1.62	1.52	1.57
Beginning ACASI	3.01	2.68	3.05	2.67	2.89	2.32
Tutorial	4.86	4.73	4.92	4.75	5.32	5.13
Total Core Substances	17.28	15.85	17.35	16.02	22.36	19.56
Tobacco	3.33	2.90	3.31	2.93	3.00	2.45
Alcohol	3.49	3.20	3.41	3.15	3.77	3.62
Marijuana	0.84	0.66	0.81	0.67	1.09	0.80
Cocaine and Crack	0.86	0.68	0.78	0.68	1.09	0.88
Heroin	0.46	0.47	0.91	0.42	0.39	0.39
Hallucinogens	1.83	1.28	2.42	1.53	2.02	2.25
Inhalants	2.44	2.07	2.37	2.03	1.66	1.66
Methamphetamine					0.53	0.42
Total Prescription Drugs	9.36	8.39	9.05	7.77	10.67	8.82
Pain Relievers (Screener)					4.28	3.05
Tranquilizers (Screener)					1.69	1.27
Stimulants (Screener)					1.71	1.27
Sedatives (Screener)					1.62	1.25
Pain Relievers (Screener Plus Main Module) ⁵	4.30	3.98	3.94	3.72	5.10	3.73
Tranquilizers (Screener Plus Main Module) ⁵	3.11	2.53	3.01	2.57	1.93	1.43
Stimulants (Screener Plus Main Module) ⁵	2.85	2.48	2.91	2.33	1.77	1.27
Sedatives (Screener Plus Main Module) ⁵	3.45	2.12	3.34	1.90	1.80	1.30

See notes at end of table.

(continued)

Table 4.91 Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 65+) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol⁶	26.51	24.20	26.80	24.84	26.64	23.87
Special Drugs	2.06	1.87	2.08	1.90	0.75	0.67
Risk/Availability	4.59	4.05	4.53	3.98	4.36	3.85
Blunts	0.85	0.57	0.63	0.53	0.84	0.64
Substance Dependence and Abuse	3.49	2.95	3.51	2.93	3.64	2.89
Market Information for Marijuana	2.14	1.84	1.71	1.18		
Prior Substance Use	1.72	1.45	1.74	1.47	1.82	1.45
Special Topics, Drug Treatment	2.14	1.88	2.22	1.90	2.36	1.95
Health Care	2.47	2.15	2.56	2.18	4.75	4.35
Adult Mental Health Service Utilization	3.37	2.85	3.38	2.80	3.47	3.19
Social Environment	2.29	2.02	2.24	1.98	1.96	1.77
Parenting Experiences	4.80	4.42	3.49	3.33	4.80	4.80
Youth Experiences						
Mental Health	5.76	5.17	5.90	5.32	5.66	4.93
Adult Depression	3.80	1.33	3.89	1.33	2.58	1.07
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.86	0.73	0.83	0.72	0.80	0.68
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)⁷	2.93	1.82	3.09	1.88	5.00	4.40
Education ⁸	0.16	0.12	0.16	0.12	0.90	0.68
Employment	2.52	1.38	2.63	1.43	2.08	1.75

See notes at end of table.

(continued)

Table 4.9I Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 65+) (continued)

Module	2011 Main Study ¹		Q3-Q4 2012 Main Study ^{1,2}		2012 Questionnaire Field Test ^{1,3}	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	0.82	0.62	0.87	0.67	0.96	0.73
Proxy Information/Decision	0.32	0.20	0.32	0.20	0.48	0.42
Proxy Tutorial					0.32	0.00
Health Insurance⁹	1.46	1.30	1.49	1.32	2.13	1.93
Income⁹	3.89	3.28	3.73	3.32	4.43	3.98
Verification	3.62	2.92	3.76	3.10	3.98	3.15
Overall Questionnaire	72.32	68.43	72.70	69.39	80.24	74.45

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with *Tables 4.9a to 4.9f* for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

⁵ Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

⁶ These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

⁷ The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

⁸ Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

⁹ In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

4.5.2 Selected Detailed Interview Timing Data for the 2012 Questionnaire Field Test and the 2011 and 2012 Quarter 3 and 4 Comparison Data

Administration times for the 2011 and 2012 quarters 3 and 4 comparison samples and the QFT instrument were calculated according to standard timing data calculation procedures for a number of specific questionnaire sections. *Tables 4.10a* through *4.10v* present unweighted overall QFT timing results and results for selected modules for all respondents and for five separate age groups.¹⁶ Timing results by age group for each section are presented in separate tables for the QFT interviews, the 2011 comparison interviews, and the 2012 quarters 3 and 4 comparison interviews. For each age category, these tables provide the number of interviews, the number of extreme or missing records, summary statistics, quartiles, percentiles, and the highest and lowest extreme cases. Respondents with an overall interview administration time of less than 30 minutes or greater than 240 minutes were classified as outliers and were excluded from these timing results.

As noted in *Section 4.5.1.1*, the partially redesigned QFT instrument took less than 60 minutes on average to administer among all respondents aged 12 or older, as shown in *Table 4.10a*. Examining timing data within age groups reveals that respondents aged 65 or older experienced the longest average administration times among all age groups, with an overall mean of more than 80 minutes. Respondents aged 50 to 64 also had a mean administration time that was considerably higher than the mean for all QFT respondents. Mean interview timings for respondents aged 12 to 17 were similar to the overall mean for QFT respondents, while the average times for respondents aged 18 to 25 and those aged 26 to 49 were lower than the overall mean for QFT respondents. The overall timing patterns across age groups for QFT respondents were rather consistent with the patterns for the 2011 comparison data interviews and the 2012 quarters 3 and 4 comparison interviews, as shown in *Tables 4.10b* and *4.10c*.

Tables 4.10d through *4.10f* provide timing results for the tobacco module for respondents who answered the question LEADCIG in the QFT interviews, the 2011 comparison interviews, and the 2012 quarters 3 and 4 comparison interviews. One difference between the QFT questionnaire and the 2011 and 2012 quarters 3 and 4 questionnaire was that questions about chewing tobacco and snuff were combined in the tobacco module for the QFT questionnaire. This change was intended to increase efficiency in collecting age of first use, recency, and frequency of smokeless tobacco use. In addition, this section in the QFT questionnaire no longer collected data on the brand of smokeless tobacco that the respondent has used. As expected, the efficiencies produced by these changes to the QFT questionnaire resulted in a slightly lower mean timing for this module among QFT respondents (1.83) compared with the 2011 comparison respondents (2.02) and the 2012 quarters 3 and 4 comparison respondents (1.96).

As *Tables 4.10g* through *4.10j* indicate, older respondents generally took more time than younger respondents to complete the four prescription drug module screeners—pain relievers, tranquilizers, stimulants, and sedatives. The new screeners included in the QFT questionnaire asked respondents to report any past year use of prescription pain relievers, tranquilizers, stimulants, and sedatives. These screener questions then asked respondents to report all use of

¹⁶ To aid in their readability, *Tables 4.10a* through *4.10v* appear together at the end of this discussion in *Section 4.5.2*.

drugs in each category, both those that were prescribed and those that were misused. The mean pain relievers screener administration time was nearly 2½ minutes, which was the longest of the four screeners. Because the prescription drug screeners were new in the QFT instrument, timing data for these sections cannot be compared with the 2011 and 2012 quarters 3 and 4 comparison interviews.

In the QFT instrument, the four prescription drug main modules followed the screeners and asked, for each drug used in the past year, whether respondents misused any of them. Respondents who reported never using a particular class of drug in the past year skip the main module and are excluded from the timing data for the four prescription drug main modules presented in *Tables 4.10k* through *4.10v*. These tables provide timing results for the prescription drug main modules for the QFT interviews, 2011 comparison interviews, and 2012 quarters 3 and 4 comparison interviews. Among QFT respondents who answered questions in the pain reliever, tranquilizer, and stimulant main modules, those aged 18 to 25 had the longest mean administration times (*Table 4.10k*). This finding did not hold in the 2011 and 2012 quarters 3 and 4 comparison samples, where respondents aged 65 or older generally had the longest mean administration times for these prescription drug modules among all age groups (*Tables 4.10l* and *4.10m*). For the sedatives main module, respondents aged 65 or older had the longest mean administration times among all age groups for the QFT interviews, 2011 comparison interviews, and 2012 quarters 3 and 4 comparison interviews (*Tables 4.10t*, *4.10u*, and *4.10v*).

Overall, excluding the new prescription drug screeners, the mean timings for each of the four prescription drug main modules were lower for QFT respondents than for the 2011 and 2012 quarters 3 and 4 comparison respondents. As noted in *Section 4.5.1.1*, the redesign of the prescription drug modules was a major factor in increasing the overall burden on respondents aged 65 or older in completing this questionnaire. Based on the QFT timing data, the additional amount of time that respondents aged 65 or older took to complete the partially redesigned questionnaire was significantly longer—about 8 minutes longer—than in the 2011 and 2012 comparison data interviews.

Table 4.10a Unweighted Overall Interview Timing Data for the Questionnaire Field Test Protocol in Minutes, in Total and by Age Groups: All QFT Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records^{1,2}	38	2	23	12	1	0
Summary Statistics (Minutes)¹						
Mean	59.53	59.56	54.26	57.39	66.24	80.24
Variance	390.36	246.82	269.00	375.11	424.96	862.65
Standard Deviation	19.76	15.71	16.40	19.37	20.61	29.37
Quartiles						
Maximum	228.47	170.48	140.88	191.52	149.88	228.47
Q3	68.27	67.95	62.92	65.90	76.67	88.07
Median	55.99	57.17	50.80	53.90	62.25	74.45
Q1	46.08	48.53	42.73	44.01	51.97	62.22
Minimum	30.13	31.52	30.13	30.13	34.70	39.97
Mode	47.20	64.30	49.72	39.22	.	64.95
Range	198.33	138.97	110.75	161.38	115.18	188.50
Percentiles						
99%	122.97	106.88	113.00	121.88	126.15	174.25
95%	95.23	85.78	82.88	94.83	106.90	148.20
90%	82.98	79.33	74.25	80.87	94.50	112.32
10%	39.07	42.40	36.73	37.63	42.72	53.98
5%	35.97	38.88	33.40	34.78	40.27	48.32
1%	31.45	34.65	30.48	31.32	35.93	41.77
Extremes						
5 Highest (Highest)	228.47	170.48	140.88	191.52	149.88	228.47
	191.52	135.07	125.35	171.93	126.15	174.25
	174.25	115.90	120.50	148.27	122.97	173.52
	173.52	115.13	116.13	129.47	119.97	168.10
	171.93	107.18	113.00	125.18	119.63	160.88
5 Lowest	30.43	34.52	30.48	31.05	38.07	47.02
	30.30	34.05	30.45	30.85	37.65	46.17
	30.13	33.28	30.45	30.30	36.72	42.87
	30.13	33.20	30.43	30.13	35.93	41.77
(Lowest)	30.13	31.52	30.13	30.13	34.70	39.97

Q = quarter; QFT = Questionnaire Field Test.

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

² Because the QFT interviews included a higher number of cases with extreme values, which were excluded from this **Table 4.10** series of tables (as indicated in footnote 1), the overall mean and median timings for the QFT, 2011 comparison data, and 2012 comparison data interviews were also calculated with the extreme values included. Including the extreme cases had minimal impact on the overall mean and median interview times for the 2011 and 2012 comparison data. The impact on the overall mean and median interview times for the QFT was somewhat greater, resulting in decreases of about 0.5 minutes for both the overall mean and median timing. Given that including the extreme cases resulted in slightly *decreased* overall mean and median interview times for the QFT, including the extreme cases would lead to similar conclusions as those drawn from comparing the QFT timing data with the 2011 and 2012 comparison data interviews with the extreme cases excluded.

Table 4.10b Unweighted Overall Interview Timing Data for the 2011 Comparison Protocol in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,747	22,376	21,582	14,279	4,673	2,837
Extreme/Missing Records¹	181	43	80	41	11	6
Summary Statistics (Minutes)¹						
Mean	61.37	60.74	59.27	61.54	66.96	72.32
Variance	288.36	230.79	263.23	307.81	399.00	445.89
Standard Deviation	16.98	15.19	16.22	17.54	19.97	21.12
Quartiles						
Maximum	236.17	236.17	234.93	222.57	218.43	194.58
Q3	69.70	68.67	67.28	69.83	76.68	83.07
Median	58.62	58.70	56.58	58.55	63.13	68.43
Q1	49.67	50.22	48.05	49.43	52.87	57.25
Minimum	30.02	30.23	30.02	30.12	30.65	32.05
Mode	55.73	49.92	52.95	54.15	58.20	54.38
Range	206.15	205.93	204.92	192.45	187.78	162.53
Percentiles						
99%	115.32	105.90	110.25	117.50	131.70	137.32
95%	92.32	87.68	88.77	94.33	105.55	110.52
90%	82.73	80.00	79.78	83.83	93.25	99.53
10%	43.03	43.73	41.68	42.92	45.57	48.88
5%	39.80	40.50	38.58	39.62	42.03	44.72
1%	34.52	35.02	33.70	34.08	36.63	38.05
Extremes						
5 Highest (Highest)	236.17	236.17	234.93	222.57	218.43	194.58
	234.93	228.00	222.63	212.67	215.88	191.63
	228.00	220.82	215.25	211.48	169.97	183.68
	222.63	209.50	209.02	205.88	165.40	177.35
	222.57	207.32	208.87	194.20	163.03	173.73
5 Lowest	30.08	30.45	30.08	30.35	32.33	33.63
	30.07	30.35	30.07	30.25	32.12	32.75
	30.05	30.28	30.05	30.23	31.88	32.40
	30.05	30.28	30.05	30.13	31.45	32.35
(Lowest)	30.02	30.23	30.02	30.12	30.65	32.05

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10c Unweighted Overall Interview Timing Data for the 2012 Comparison Protocol in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,084	10,438	10,267	6,826	2,189	1,364
Extreme/Missing Records¹	129	27	69	25	5	3
Summary Statistics (Minutes)¹						
Mean	60.97	60.51	58.59	60.87	67.30	72.70
Variance	291.15	242.33	253.74	306.08	385.92	474.65
Standard Deviation	17.06	15.57	15.93	17.50	19.64	21.79
Quartiles						
Maximum	237.43	237.43	229.95	227.67	202.00	218.40
Q3	69.42	68.53	66.67	69.60	76.93	85.14
Median	58.30	58.55	56.05	57.88	63.97	69.39
Q1	49.12	49.78	47.63	48.73	53.72	57.28
Minimum	30.02	30.55	30.02	30.03	30.80	31.97
Mode	52.28	47.22	50.53	52.13	45.90	43.58
Range	207.42	206.88	199.93	197.63	171.20	186.43
Percentiles						
99%	115.67	107.68	108.98	116.32	130.68	140.08
95%	91.90	87.53	87.58	93.32	102.50	111.08
90%	82.23	79.63	78.57	82.43	92.83	100.07
10%	42.52	43.33	41.30	42.13	45.77	48.62
5%	39.02	39.88	37.88	38.53	42.02	43.58
1%	33.97	34.68	33.55	33.77	35.77	35.55
Extremes						
5 Highest (Highest)	237.43	237.43	229.95	227.67	202.00	218.40
	229.95	228.20	187.40	204.18	196.90	217.73
	228.20	225.62	186.87	195.47	179.37	170.68
	227.67	221.42	178.53	170.45	167.33	167.10
	225.62	215.20	174.98	168.27	165.27	159.80
5 Lowest	30.12	30.70	30.13	30.57	32.47	33.32
	30.07	30.70	30.12	30.55	32.42	33.18
	30.05	30.63	30.12	30.38	32.18	33.07
	30.03	30.55	30.07	30.05	32.05	32.43
(Lowest)	30.02	30.55	30.02	30.03	30.80	31.97

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10d Unweighted Overall Interview Timing Data for the QFT Tobacco Module in Minutes, in Total and by Age Groups: All QFT Respondents Answering LEADCIG

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records¹	38	2	23	12	1	0
Summary Statistics (Minutes)¹						
Mean	1.83	1.41	1.85	1.89	2.24	2.57
Variance	2.09	0.86	2.10	2.35	3.07	2.89
Standard Deviation	1.45	0.93	1.45	1.53	1.75	1.70
<i>Quartiles</i>						
Maximum	21.68	8.05	13.97	21.68	13.47	11.15
Q3	2.40	1.58	2.63	2.50	3.00	3.27
Median	1.43	1.13	1.53	1.62	1.67	2.20
Q1	0.88	0.85	0.75	0.89	1.07	1.57
Minimum	0.20	0.35	0.22	0.20	0.28	0.32
Mode	0.73	1.10	0.28	0.38	0.83	1.87
Range	21.48	7.70	13.75	21.48	13.18	10.83
<i>Percentiles</i>						
99%	6.65	4.95	5.97	6.82	8.68	8.97
95%	4.25	3.50	4.10	4.37	5.22	5.70
90%	3.62	2.58	3.77	3.52	4.23	4.68
10%	0.53	0.65	0.43	0.43	0.70	0.73
5%	0.40	0.57	0.33	0.37	0.57	0.58
1%	0.28	0.43	0.25	0.25	0.32	0.40
<i>Extremes</i>						
5 Highest (Highest)	21.68	8.05	13.97	21.68	13.47	11.15
	13.97	5.52	11.98	10.53	8.68	8.97
	13.47	5.43	6.00	8.27	8.20	7.32
	11.98	5.42	5.98	7.07	8.15	6.83
	11.15	5.37	5.97	7.07	6.80	6.58
5 Lowest	0.23	0.42	0.25	0.23	0.43	0.53
	0.22	0.42	0.25	0.23	0.35	0.50
	0.22	0.40	0.25	0.22	0.33	0.42
	0.22	0.38	0.23	0.22	0.32	0.40
(Lowest)	0.20	0.35	0.22	0.20	0.28	0.32

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10e Unweighted Overall Interview Timing Data for the 2011 Tobacco Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents Answering LEADCIG

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,737	22,369	21,580	14,278	4,673	2,837
Extreme/Missing Records¹	181	42	80	41	11	6
Summary Statistics (Minutes)¹						
Mean	2.02	1.77	2.06	2.06	2.41	2.82
Variance	2.12	1.40	2.28	2.05	3.31	3.53
Standard Deviation	1.46	1.18	1.51	1.43	1.82	1.88
Quartiles						
Maximum	28.68	22.08	24.88	24.10	28.68	25.37
Q3	2.60	2.13	2.83	2.68	3.00	3.52
Median	1.70	1.48	1.77	1.78	2.02	2.33
Q1	1.02	0.97	0.90	1.07	1.30	1.67
Minimum	0.07	0.18	0.08	0.07	0.13	0.20
Mode	0.83	0.83	0.42	1.40	1.48	2.10
Range	28.62	21.90	24.80	24.03	28.55	25.17
Percentiles						
99%	6.93	6.30	6.85	6.98	8.25	9.25
95%	4.70	4.08	4.82	4.58	5.45	6.13
90%	3.80	3.08	3.98	3.75	4.40	5.00
10%	0.63	0.70	0.50	0.60	0.75	1.05
5%	0.48	0.60	0.38	0.47	0.57	0.78
1%	0.32	0.47	0.25	0.32	0.38	0.52
Extremes						
5 Highest (Highest)	28.68	22.08	24.88	24.10	28.68	25.37
	27.12	19.32	24.17	23.98	27.12	23.93
	25.37	15.23	21.58	23.52	24.93	20.32
	24.93	13.78	21.27	16.47	22.45	17.77
	24.88	12.62	15.80	13.70	22.25	15.12
5 Lowest	0.12	0.27	0.12	0.17	0.18	0.35
	0.10	0.27	0.12	0.15	0.17	0.32
	0.10	0.27	0.12	0.12	0.17	0.30
	0.08	0.23	0.10	0.10	0.13	0.27
(Lowest)	0.07	0.18	0.08	0.07	0.13	0.20

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10f Unweighted Overall Interview Timing Data for the 2012 Tobacco Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,055	10,424	10,261	6,820	2,188	1,362
Extreme/Missing Records¹	129	27	69	25	5	3
Summary Statistics (Minutes)¹						
Mean	1.96	1.70	1.96	2.02	2.39	2.85
Variance	1.87	1.19	1.99	1.84	2.91	3.10
Standard Deviation	1.37	1.09	1.41	1.36	1.71	1.76
Quartiles						
Maximum	22.43	17.28	16.20	20.60	22.43	16.95
Q3	2.52	2.08	2.70	2.63	3.02	3.63
Median	1.67	1.45	1.67	1.75	2.00	2.38
Q1	0.98	0.97	0.83	1.07	1.30	1.72
Minimum	0.12	0.27	0.12	0.13	0.12	0.13
Mode	0.82	0.82	0.43	0.50	1.75	2.07
Range	22.32	17.02	16.08	20.47	22.32	16.82
Percentiles						
99%	6.63	5.63	6.45	6.50	8.53	8.85
95%	4.57	3.75	4.60	4.57	5.52	6.07
90%	3.68	2.88	3.83	3.70	4.38	5.10
10%	0.62	0.72	0.47	0.60	0.77	1.07
5%	0.47	0.60	0.37	0.45	0.57	0.80
1%	0.30	0.47	0.25	0.30	0.38	0.52
Extremes						
5 Highest (Highest)	22.43	17.28	16.20	20.60	22.43	16.95
	20.60	14.93	13.18	11.78	13.42	16.27
	17.28	13.65	12.28	10.98	13.27	12.13
	16.95	11.53	10.77	10.83	13.12	10.52
	16.27	11.25	10.25	10.70	12.77	10.45
5 Lowest	0.13	0.30	0.17	0.18	0.28	0.43
	0.13	0.30	0.17	0.18	0.27	0.35
	0.13	0.28	0.15	0.18	0.27	0.35
	0.12	0.27	0.13	0.17	0.23	0.28
(Lowest)	0.12	0.27	0.12	0.13	0.12	0.13

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10g Unweighted Overall Interview Timing Data for the QFT Pain Relievers Screener in Minutes, in Total and by Age Groups: All Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records¹	38	2	23	12	1	0
Summary Statistics (Minutes)¹						
Mean	2.42	2.35	1.98	2.28	2.91	4.28
Variance	3.09	1.53	0.90	1.64	3.53	20.12
Standard Deviation	1.76	1.24	0.95	1.28	1.88	4.49
Quartiles						
Maximum	43.75	9.47	10.13	12.58	12.27	43.75
Q3	2.72	2.68	2.28	2.61	3.17	4.28
Median	2.03	2.03	1.78	1.98	2.42	3.05
Q1	1.57	1.60	1.43	1.53	1.85	2.38
Minimum	0.43	0.78	0.43	0.60	0.90	1.20
Mode	1.83	1.40	1.50	1.83	1.90	3.05
Range	43.32	8.68	9.70	11.98	11.37	42.55
Percentiles						
99%	9.18	7.95	5.45	8.77	12.22	19.43
95%	4.72	4.70	3.50	4.33	6.80	10.45
90%	3.70	3.70	2.95	3.50	4.58	8.03
10%	1.27	1.30	1.13	1.25	1.50	1.97
5%	1.10	1.10	1.00	1.12	1.38	1.83
1%	0.85	0.88	0.72	0.90	1.07	1.45
Extremes						
5 Highest (Highest)	43.75	9.47	10.13	12.58	12.27	43.75
	19.43	9.30	8.27	11.82	12.22	19.43
	16.03	8.78	7.28	10.53	11.02	16.03
	12.58	8.48	5.60	9.43	9.18	12.25
	12.27	8.27	5.45	9.38	9.03	11.83
5 Lowest	0.68	0.87	0.72	0.88	1.30	1.70
	0.62	0.85	0.68	0.80	1.18	1.68
	0.60	0.82	0.62	0.75	1.13	1.52
	0.50	0.82	0.50	0.75	1.07	1.45
(Lowest)	0.43	0.78	0.43	0.60	0.90	1.20

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10h Unweighted Overall Interview Timing Data for the QFT Tranquilizer Screener in Minutes, in Total and by Age Groups: All Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records¹	38	2	23	12	1	0
Summary Statistics (Minutes)¹						
Mean	0.88	0.81	0.70	0.85	1.14	1.69
Variance	0.57	0.34	0.34	0.42	0.83	1.85
Standard Deviation	0.75	0.59	0.58	0.65	0.91	1.36
Quartiles						
Maximum	9.85	6.28	9.85	8.02	5.23	8.33
Q3	1.00	0.92	0.78	0.95	1.23	1.85
Median	0.70	0.67	0.58	0.70	0.92	1.27
Q1	0.52	0.50	0.47	0.53	0.70	0.88
Minimum	0.15	0.20	0.15	0.15	0.30	0.48
Mode	0.57	0.57	0.47	0.58	0.97	1.23
Range	9.70	6.08	9.70	7.87	4.93	7.85
Percentiles						
99%	4.97	3.27	2.25	3.30	5.20	7.90
95%	1.87	1.68	1.35	1.75	2.68	4.97
90%	1.42	1.30	1.12	1.35	1.75	3.60
10%	0.40	0.38	0.37	0.42	0.48	0.75
5%	0.35	0.33	0.30	0.35	0.42	0.65
1%	0.27	0.27	0.22	0.28	0.33	0.52
Extremes						
5 Highest (Highest)	9.85	6.28	9.85	8.02	5.23	8.33
	8.33	5.98	5.10	6.95	5.20	7.90
	8.02	4.70	2.95	6.12	5.18	5.15
	7.90	3.85	2.50	5.10	5.18	5.13
	6.95	3.67	2.25	4.67	5.10	5.07
5 Lowest	0.20	0.27	0.22	0.27	0.38	0.63
	0.18	0.23	0.22	0.27	0.37	0.62
	0.17	0.22	0.18	0.27	0.35	0.53
	0.15	0.22	0.17	0.23	0.33	0.52
(Lowest)	0.15	0.20	0.15	0.15	0.30	0.48

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10i Unweighted Overall Interview Timing Data for the QFT Stimulant Screener in Minutes, in Total and by Age Groups: All Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records¹	38	2	23	12	1	0
Summary Statistics (Minutes)¹						
Mean	0.92	0.83	0.72	0.89	1.20	1.71
Variance	0.62	0.30	0.16	0.70	1.04	1.82
Standard Deviation	0.79	0.55	0.39	0.84	1.02	1.35
Quartiles						
Maximum	16.55	5.52	3.55	16.55	5.83	6.53
Q3	1.03	0.98	0.83	1.02	1.25	1.73
Median	0.75	0.72	0.63	0.75	0.93	1.27
Q1	0.55	0.52	0.47	0.57	0.70	0.95
Minimum	0.15	0.17	0.17	0.15	0.30	0.47
Mode	0.57	0.58	0.53	0.63	0.93	1.55
Range	16.40	5.35	3.38	16.40	5.53	6.07
Percentiles						
99%	5.23	3.08	2.22	4.38	5.58	6.22
95%	1.85	1.72	1.47	1.75	4.18	5.42
90%	1.47	1.35	1.15	1.35	1.72	3.25
10%	0.40	0.40	0.35	0.42	0.57	0.82
5%	0.35	0.33	0.30	0.35	0.50	0.72
1%	0.25	0.25	0.18	0.25	0.32	0.47
Extremes						
5 Highest (Highest)	16.55	5.52	3.55	16.55	5.83	6.53
	6.53	5.13	2.90	5.85	5.58	6.22
	6.22	3.80	2.68	5.53	5.53	6.05
	6.05	3.58	2.55	5.42	5.25	5.90
	5.90	3.42	2.22	4.98	5.25	5.50
5 Lowest	0.17	0.23	0.18	0.22	0.40	0.62
	0.17	0.23	0.17	0.22	0.38	0.58
	0.17	0.22	0.17	0.22	0.35	0.58
	0.17	0.22	0.17	0.22	0.32	0.47
(Lowest)	0.15	0.17	0.17	0.15	0.30	0.47

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10j Unweighted Overall Interview Timing Data for the QFT Sedative Screener in Minutes, in Total and by Age Groups: All Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records¹	38	2	23	12	1	0
Summary Statistics (Minutes)¹						
Mean	0.81	0.73	0.61	0.77	1.10	1.62
Variance	0.47	0.25	0.14	0.43	0.81	1.43
Standard Deviation	0.69	0.50	0.37	0.65	0.90	1.20
Quartiles						
Maximum	11.77	5.35	4.47	11.77	4.92	6.42
Q3	0.93	0.87	0.72	0.87	1.17	1.67
Median	0.63	0.60	0.53	0.65	0.83	1.25
Q1	0.47	0.43	0.40	0.48	0.67	0.97
Minimum	0.07	0.13	0.07	0.12	0.23	0.45
Mode	0.57	0.40	0.57	0.57	0.83	0.87
Range	11.70	5.22	4.40	11.65	4.68	5.97
Percentiles						
99%	4.55	2.62	2.08	2.42	4.92	6.13
95%	1.72	1.63	1.17	1.58	3.65	4.80
90%	1.35	1.28	0.97	1.27	1.47	3.47
10%	0.35	0.33	0.30	0.37	0.50	0.72
5%	0.28	0.28	0.25	0.30	0.43	0.60
1%	0.20	0.20	0.15	0.22	0.30	0.50
Extremes						
5 Highest (Highest)	11.77	5.35	4.47	11.77	4.92	6.42
	6.42	4.57	2.62	4.87	4.92	6.13
	6.13	3.52	2.13	4.65	4.85	4.92
	5.35	3.38	2.10	4.42	4.85	4.87
	4.92	2.87	2.08	4.10	4.75	4.82
5 Lowest	0.13	0.18	0.15	0.22	0.38	0.55
	0.13	0.17	0.15	0.17	0.37	0.55
	0.13	0.17	0.15	0.17	0.32	0.55
	0.12	0.15	0.13	0.13	0.30	0.50
(Lowest)	0.07	0.13	0.07	0.12	0.23	0.45

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10k Unweighted Overall Interview Timing Data for the Pain Reliever Module in Minutes, in Total and by Age Groups: All QFT Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,150	171	274	476	142	87
Extreme/Missing Records¹	894	2	23	12	1	0
Summary Statistics (Minutes)¹						
Mean	1.05	1.03	1.31	0.94	0.88	1.21
Variance	1.73	1.42	2.63	1.55	0.78	1.72
Standard Deviation	1.31	1.19	1.62	1.25	0.88	1.31
Quartiles						
Maximum	12.65	7.58	12.65	11.85	8.02	11.22
Q3	1.10	1.10	1.70	0.98	1.00	1.33
Median	0.65	0.62	0.67	0.58	0.69	0.95
Q1	0.37	0.43	0.35	0.32	0.47	0.58
Minimum	0.07	0.08	0.07	0.07	0.13	0.17
Mode	0.23	0.45	0.28	0.23	0.40	0.42
Range	12.58	7.50	12.58	11.78	7.88	11.05
Percentiles						
99%	7.20	7.20	8.28	5.95	5.27	11.22
95%	3.62	3.32	4.03	3.50	1.82	2.97
90%	2.48	2.50	3.53	1.85	1.38	2.10
10%	0.22	0.23	0.22	0.18	0.28	0.42
5%	0.15	0.17	0.13	0.15	0.23	0.33
1%	0.10	0.10	0.10	0.10	0.13	0.17
Extremes						
5 Highest (Highest)	12.65	7.58	12.65	11.85	8.02	11.22
	11.85	7.20	8.28	10.13	5.27	4.48
	11.22	6.62	8.28	8.52	3.47	3.37
	10.13	4.45	7.57	8.12	3.45	2.98
	8.52	4.38	6.77	5.95	2.22	2.97
5 Lowest	0.10	0.15	0.10	0.10	0.22	0.33
	0.08	0.13	0.10	0.10	0.18	0.28
	0.07	0.13	0.10	0.10	0.17	0.27
	0.07	0.10	0.07	0.10	0.13	0.20
(Lowest)	0.07	0.08	0.07	0.07	0.13	0.17

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.101 Unweighted Overall Interview Timing Data for the Pain Reliever Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,745	22,375	21,581	14,279	4,673	2,837
Extreme/Missing Records¹	183	43	80	41	11	6
Summary Statistics (Minutes)¹						
Mean	2.09	2.17	2.00	1.99	2.19	2.49
Variance	1.37	1.34	1.33	1.31	1.49	1.59
Standard Deviation	1.17	1.16	1.15	1.14	1.22	1.26
Quartiles						
Maximum	37.20	37.20	22.28	27.05	22.83	21.92
Q3	2.57	2.65	2.45	2.40	2.60	3.02
Median	1.90	2.02	1.78	1.78	1.97	2.33
Q1	1.37	1.47	1.27	1.30	1.47	1.77
Minimum	0.02	0.02	0.05	0.08	0.08	0.07
Mode	1.67	1.95	1.57	1.58	1.78	1.90
Range	37.18	37.18	22.23	26.97	22.75	21.85
Percentiles						
99%	6.02	5.93	5.93	5.83	6.72	6.77
95%	3.97	3.97	3.98	3.88	4.12	4.20
90%	3.30	3.33	3.28	3.18	3.33	3.57
10%	0.98	1.03	0.90	0.95	1.10	1.33
5%	0.77	0.78	0.70	0.78	0.93	1.05
1%	0.40	0.38	0.33	0.47	0.53	0.63
Extremes						
5 Highest (Highest)	37.20	37.20	22.28	27.05	22.83	21.92
	36.30	36.30	21.43	26.02	16.05	20.18
	27.05	21.02	19.03	22.88	15.05	16.33
	26.02	19.70	18.05	20.85	14.95	15.55
	22.88	18.47	17.65	17.60	12.23	12.68
5 Lowest	0.05	0.05	0.07	0.13	0.18	0.10
	0.05	0.05	0.07	0.12	0.12	0.10
	0.05	0.05	0.07	0.12	0.12	0.10
	0.05	0.05	0.07	0.10	0.10	0.08
(Lowest)	0.02	0.02	0.05	0.08	0.08	0.07

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10m Unweighted Overall Interview Timing Data for the Pain Reliever Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,084	10,438	10,267	6,826	2,189	1,364
Extreme/Missing Records¹	129	27	69	25	5	3
Summary Statistics (Minutes)¹						
Mean	2.08	2.18	1.95	1.99	2.23	2.48
Variance	1.23	1.24	1.19	1.20	1.22	1.14
Standard Deviation	1.11	1.11	1.09	1.10	1.11	1.07
Quartiles						
Maximum	21.67	21.23	18.00	21.67	17.90	12.55
Q3	2.55	2.67	2.38	2.42	2.68	3.05
Median	1.88	2.03	1.73	1.78	2.03	2.33
Q1	1.37	1.50	1.25	1.30	1.55	1.77
Minimum	0.03	0.07	0.03	0.10	0.20	0.20
Mode	1.63	1.80	1.30	1.48	1.78	2.02
Range	21.63	21.17	17.97	21.57	17.70	12.35
Percentiles						
99%	5.85	5.98	5.68	5.82	6.33	5.85
95%	3.90	3.90	3.88	3.78	4.03	4.13
90%	3.28	3.32	3.20	3.22	3.38	3.60
10%	1.00	1.05	0.90	0.98	1.17	1.35
5%	0.78	0.78	0.72	0.80	0.97	1.15
1%	0.42	0.38	0.38	0.45	0.63	0.77
Extremes						
5 Highest (Highest)	21.67	21.23	18.00	21.67	17.90	12.55
	21.23	18.42	17.10	17.82	13.98	11.50
	18.42	14.80	13.52	13.03	8.78	10.15
	18.00	14.73	11.97	12.13	8.08	9.17
	17.90	14.13	11.78	10.60	7.73	7.58
5 Lowest	0.10	0.12	0.12	0.15	0.48	0.48
	0.08	0.10	0.10	0.12	0.47	0.45
	0.08	0.10	0.10	0.12	0.43	0.42
	0.07	0.08	0.08	0.10	0.38	0.32
(Lowest)	0.03	0.07	0.03	0.10	0.20	0.20

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10n Unweighted Overall Interview Timing Data for the Tranquilizer Module in Minutes, in Total and by Age Groups: All QFT Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	417	33	96	196	52	40
Extreme/Missing Records¹	1,627	2	23	12	1	0
Summary Statistics (Minutes)¹						
Mean	0.75	0.98	1.13	0.56	0.58	0.76
Variance	0.80	0.96	1.40	0.58	0.35	0.28
Standard Deviation	0.89	0.98	1.18	0.76	0.59	0.53
Quartiles						
Maximum	6.45	3.78	6.38	6.45	2.93	2.93
Q3	0.80	1.48	1.71	0.53	0.64	0.98
Median	0.40	0.40	0.57	0.33	0.41	0.64
Q1	0.25	0.30	0.31	0.20	0.26	0.42
Minimum	0.05	0.07	0.05	0.05	0.07	0.17
Mode	0.17	0.33	0.25	0.17	0.47	0.70
Range	6.40	3.72	6.33	6.40	2.87	2.77
Percentiles						
99%	4.05	3.78	6.38	4.05	2.93	2.93
95%	2.60	3.25	3.40	2.08	2.32	1.73
90%	1.95	2.30	2.60	1.38	1.03	1.39
10%	0.15	0.15	0.22	0.13	0.15	0.23
5%	0.12	0.12	0.12	0.10	0.08	0.18
1%	0.07	0.07	0.05	0.07	0.07	0.17
Extremes						
5 Highest (Highest)	6.45	3.78	6.38	6.45	2.93	2.93
	6.38	3.25	4.73	4.05	2.62	1.77
	4.73	2.43	4.62	3.97	2.32	1.70
	4.62	2.30	3.57	2.95	1.52	1.57
	4.05	2.15	3.40	2.67	1.10	1.22
5 Lowest	0.07	0.20	0.12	0.08	0.10	0.25
	0.07	0.15	0.12	0.07	0.08	0.22
	0.07	0.13	0.10	0.07	0.08	0.20
	0.05	0.12	0.08	0.07	0.08	0.17
(Lowest)	0.05	0.07	0.05	0.05	0.07	0.17

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10o Unweighted Overall Interview Timing Data for the Tranquilizer Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,744	22,374	21,581	14,279	4,673	2,837
Extreme/Missing Records¹	184	43	80	41	11	6
Summary Statistics (Minutes)¹						
Mean	1.15	1.19	1.04	1.11	1.30	1.63
Variance	0.58	0.50	0.60	0.53	0.62	0.89
Standard Deviation	0.76	0.71	0.78	0.73	0.79	0.94
Quartiles						
Maximum	39.18	10.97	39.18	11.18	11.60	15.40
Q3	1.48	1.55	1.32	1.40	1.65	2.15
Median	0.98	1.05	0.87	0.93	1.12	1.47
Q1	0.65	0.68	0.57	0.63	0.77	0.98
Minimum	0.02	0.02	0.02	0.03	0.07	0.07
Mode	0.73	0.65	0.55	0.82	0.73	1.20
Range	39.17	10.95	39.17	11.15	11.53	15.33
Percentiles						
99%	3.48	3.35	3.30	3.57	3.93	4.50
95%	2.48	2.43	2.32	2.40	2.68	2.93
90%	2.07	2.10	1.90	1.97	2.35	2.68
10%	0.43	0.45	0.38	0.43	0.53	0.67
5%	0.33	0.35	0.30	0.35	0.42	0.53
1%	0.18	0.17	0.17	0.22	0.25	0.27
Extremes						
5 Highest (Highest)	39.18	10.97	39.18	11.18	11.60	15.40
	22.78	10.27	22.78	10.58	8.87	9.52
	22.18	9.27	22.18	10.13	7.73	9.00
	15.40	9.03	14.77	8.57	7.60	8.42
	14.77	8.63	13.27	8.40	7.53	8.35
5 Lowest	0.03	0.05	0.05	0.07	0.12	0.08
	0.03	0.05	0.03	0.07	0.10	0.08
	0.03	0.03	0.03	0.05	0.10	0.08
	0.02	0.03	0.03	0.05	0.08	0.07
(Lowest)	0.02	0.02	0.02	0.03	0.07	0.07

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10p Unweighted Overall Interview Timing Data for the Tranquilizer Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,084	10,438	10,267	6,826	2,189	1,364
Extreme/Missing Records¹	129	27	69	25	5	3
Summary Statistics (Minutes)¹						
Mean	1.15	1.21	1.02	1.10	1.31	1.67
Variance	0.56	0.51	0.42	0.66	0.55	1.06
Standard Deviation	0.75	0.71	0.65	0.81	0.74	1.03
Quartiles						
Maximum	27.42	16.67	8.03	27.42	7.45	22.12
Q3	1.48	1.60	1.28	1.37	1.72	2.27
Median	0.98	1.08	0.87	0.93	1.13	1.52
Q1	0.65	0.72	0.58	0.63	0.77	0.98
Minimum	0.03	0.03	0.05	0.03	0.12	0.13
Mode	0.63	0.82	0.63	0.70	1.08	1.72
Range	27.38	16.63	7.98	27.38	7.33	21.98
Percentiles						
99%	3.35	3.23	3.25	3.38	3.62	4.27
95%	2.48	2.48	2.23	2.37	2.65	2.90
90%	2.07	2.13	1.83	1.92	2.32	2.70
10%	0.43	0.47	0.38	0.43	0.55	0.67
5%	0.33	0.35	0.30	0.35	0.43	0.53
1%	0.18	0.18	0.17	0.22	0.28	0.32
Extremes						
5 Highest (Highest)	27.42	16.67	8.03	27.42	7.45	22.12
	26.75	8.82	7.80	26.75	7.25	7.95
	22.12	7.28	6.42	8.43	6.58	7.95
	16.67	6.60	5.70	7.28	5.75	6.38
	8.82	6.50	5.67	6.72	5.13	6.30
5 Lowest	0.05	0.07	0.07	0.10	0.20	0.18
	0.05	0.05	0.05	0.08	0.20	0.18
	0.03	0.05	0.05	0.07	0.15	0.18
	0.03	0.05	0.05	0.03	0.15	0.15
(Lowest)	0.03	0.03	0.05	0.03	0.12	0.13

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10q Unweighted Overall Interview Timing Data for the Stimulants Module in Minutes, in Total and by Age Groups: All QFT Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	256	37	97	94	17	11
Extreme/Missing Records¹	1,788	2	23	12	1	0
Summary Statistics (Minutes)¹						
Mean	0.82	0.97	1.15	0.47	0.66	0.64
Variance	1.04	0.81	1.28	0.83	0.61	0.11
Standard Deviation	1.02	0.90	1.13	0.91	0.78	0.33
Quartiles						
Maximum	7.97	3.98	4.02	7.97	3.20	1.32
Q3	1.06	1.15	1.95	0.47	0.73	0.77
Median	0.38	0.65	0.58	0.23	0.45	0.62
Q1	0.20	0.38	0.20	0.17	0.22	0.37
Minimum	0.02	0.10	0.08	0.02	0.05	0.18
Mode	0.17	0.22	0.25	0.17	0.45	0.77
Range	7.95	3.88	3.93	7.95	3.15	1.13
Percentiles						
99%	3.98	3.98	4.02	7.97	3.20	1.32
95%	3.12	3.20	3.42	1.38	3.20	1.32
90%	2.25	2.10	2.98	0.83	1.63	0.98
10%	0.12	0.22	0.13	0.08	0.07	0.25
5%	0.08	0.12	0.10	0.07	0.05	0.18
1%	0.05	0.10	0.08	0.02	0.05	0.18
Extremes						
5 Highest (Highest)	7.97	3.98	4.02	7.97	3.20	1.32
	4.02	3.20	3.98	3.50	1.63	0.98
	3.98	3.03	3.65	1.87	1.18	0.77
	3.98	2.10	3.48	1.43	0.87	0.77
	3.65	1.82	3.42	1.38	0.73	0.68
5 Lowest	0.07	0.23	0.10	0.07	0.22	0.58
	0.05	0.22	0.10	0.07	0.13	0.52
	0.05	0.22	0.10	0.05	0.12	0.37
	0.03	0.12	0.08	0.03	0.07	0.25
(Lowest)	0.02	0.10	0.08	0.02	0.05	0.18

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10r Unweighted Overall Interview Timing Data for the Stimulants Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,744	22,375	21,580	14,279	4,673	2,837
Extreme/Missing Records¹	184	43	80	41	11	6
Summary Statistics (Minutes)¹						
Mean	1.16	1.20	1.04	1.12	1.37	1.66
Variance	0.65	0.61	0.56	0.64	0.87	0.99
Standard Deviation	0.81	0.78	0.75	0.80	0.93	0.99
Quartiles						
Maximum	30.18	16.17	25.07	30.18	17.23	12.02
Q3	1.50	1.58	1.32	1.40	1.73	2.23
Median	0.97	1.03	0.85	0.93	1.15	1.43
Q1	0.62	0.63	0.57	0.62	0.75	0.95
Minimum	0.02	0.02	0.03	0.03	0.05	0.02
Mode	0.73	0.67	0.58	0.73	0.73	1.02
Range	30.17	16.15	25.03	30.15	17.18	12.00
Percentiles						
99%	3.57	3.45	3.43	3.53	4.27	4.55
95%	2.70	2.67	2.42	2.55	3.00	3.18
90%	2.18	2.23	1.95	2.03	2.58	3.03
10%	0.42	0.42	0.37	0.42	0.52	0.62
5%	0.32	0.30	0.28	0.33	0.40	0.48
1%	0.17	0.15	0.15	0.20	0.23	0.23
Extremes						
5 Highest (Highest)	30.18	16.17	25.07	30.18	17.23	12.02
	25.07	14.42	14.62	18.47	16.28	9.72
	18.47	10.52	10.98	13.80	10.17	7.67
	17.23	10.37	10.97	11.58	7.68	7.65
	16.28	8.33	10.20	11.40	7.03	7.50
5 Lowest	0.03	0.03	0.05	0.08	0.10	0.07
	0.03	0.03	0.05	0.07	0.10	0.07
	0.03	0.03	0.05	0.07	0.08	0.05
	0.02	0.03	0.03	0.05	0.08	0.03
(Lowest)	0.02	0.02	0.03	0.03	0.05	0.02

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10s Unweighted Overall Interview Timing Data for the Stimulants Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,084	10,438	10,267	6,826	2,189	1,364
Extreme/Missing Records¹	129	27	69	25	5	3
Summary Statistics (Minutes)¹						
Mean	1.16	1.23	1.02	1.10	1.36	1.71
Variance	0.64	0.64	0.48	0.65	0.70	1.12
Standard Deviation	0.80	0.80	0.69	0.80	0.84	1.06
Quartiles						
Maximum	26.47	21.15	11.63	26.47	9.57	9.17
Q3	1.50	1.65	1.30	1.38	1.77	2.32
Median	0.97	1.05	0.85	0.93	1.15	1.47
Q1	0.63	0.67	0.55	0.62	0.77	0.93
Minimum	0.03	0.03	0.05	0.03	0.10	0.15
Mode	0.75	0.85	0.57	0.68	0.92	0.85
Range	26.43	21.12	11.58	26.43	9.47	9.02
Percentiles						
99%	3.53	3.48	3.37	3.57	3.68	4.52
95%	2.70	2.72	2.37	2.48	3.02	3.20
90%	2.17	2.27	1.90	1.93	2.53	3.05
10%	0.42	0.42	0.37	0.43	0.52	0.63
5%	0.32	0.32	0.28	0.33	0.43	0.50
1%	0.17	0.15	0.13	0.20	0.27	0.27
Extremes						
5 Highest (Highest)	26.47	21.15	11.63	26.47	9.57	9.17
	21.15	11.38	6.72	15.07	8.00	9.05
	15.07	10.63	6.35	10.33	7.88	8.97
	11.63	8.27	6.13	9.42	7.52	8.87
	11.38	7.55	6.08	8.78	5.95	8.67
5 Lowest	0.05	0.05	0.07	0.08	0.17	0.22
	0.05	0.05	0.07	0.08	0.15	0.22
	0.03	0.05	0.07	0.07	0.13	0.20
	0.03	0.03	0.05	0.05	0.12	0.20
(Lowest)	0.03	0.03	0.05	0.03	0.10	0.15

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10t Unweighted Overall Interview Timing Data for the Sedatives Module in Minutes, in Total and by Age Groups: All QFT Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	243	21	47	109	39	27
Extreme/Missing Records¹	1,801	2	23	12	1	0
Summary Statistics (Minutes)¹						
Mean	0.49	0.62	0.46	0.39	0.47	0.89
Variance	0.45	0.57	0.33	0.47	0.21	0.69
Standard Deviation	0.67	0.76	0.58	0.68	0.46	0.83
Quartiles						
Maximum	5.52	2.28	2.83	5.52	2.38	4.05
Q3	0.53	0.70	0.52	0.40	0.53	0.97
Median	0.28	0.23	0.25	0.23	0.38	0.68
Q1	0.15	0.17	0.17	0.13	0.18	0.38
Minimum	0.03	0.05	0.03	0.03	0.08	0.15
Mode	0.13	0.13	0.18	0.08	0.18	0.57
Range	5.48	2.23	2.80	5.48	2.30	3.90
Percentiles						
99%	3.83	2.28	2.83	3.83	2.38	4.05
95%	1.90	2.08	1.73	0.93	1.95	2.75
90%	0.97	2.07	1.25	0.62	0.93	1.83
10%	0.10	0.10	0.10	0.08	0.13	0.30
5%	0.08	0.08	0.07	0.07	0.08	0.28
1%	0.03	0.05	0.03	0.03	0.08	0.15
Extremes						
5 Highest (Highest)	5.52	2.28	2.83	5.52	2.38	4.05
	4.05	2.08	2.17	3.83	1.95	2.75
	3.83	2.07	1.73	2.77	1.05	1.83
	2.83	1.90	1.70	1.40	0.93	1.33
	2.77	0.87	1.25	1.08	0.67	1.18
5 Lowest	0.05	0.13	0.10	0.05	0.13	0.33
	0.05	0.13	0.10	0.05	0.13	0.32
	0.03	0.10	0.07	0.05	0.12	0.30
	0.03	0.08	0.07	0.03	0.08	0.28
(Lowest)	0.03	0.05	0.03	0.03	0.08	0.15

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10u Unweighted Overall Interview Timing Data for the Sedatives Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,744	22,375	21,580	14,279	4,673	2,837
Extreme/Missing Records¹	184	43	80	41	11	6
Summary Statistics (Minutes)¹						
Mean	0.95	1.00	0.81	0.89	1.15	1.52
Variance	0.52	0.49	0.39	0.44	0.74	1.07
Standard Deviation	0.72	0.70	0.62	0.66	0.86	1.03
Quartiles						
Maximum	24.85	11.98	23.67	24.85	24.15	20.28
Q3	1.18	1.32	0.98	1.08	1.45	2.02
Median	0.75	0.82	0.65	0.72	0.93	1.28
Q1	0.48	0.52	0.43	0.48	0.62	0.82
Minimum	0.02	0.02	0.03	0.05	0.05	0.03
Mode	0.48	0.58	0.48	0.52	0.48	0.65
Range	24.83	11.97	23.63	24.80	24.10	20.25
Percentiles						
99%	3.10	3.08	2.93	2.97	3.33	4.20
95%	2.33	2.38	1.93	2.08	2.77	3.00
90%	1.83	1.95	1.48	1.62	2.22	2.85
10%	0.33	0.33	0.30	0.33	0.42	0.53
5%	0.25	0.25	0.23	0.27	0.33	0.40
1%	0.13	0.13	0.13	0.15	0.20	0.20
Extremes						
5 Highest (Highest)	24.85	11.98	23.67	24.85	24.15	20.28
	24.15	10.52	20.70	10.27	11.50	14.82
	23.67	9.87	11.52	10.02	11.37	14.07
	20.70	9.02	10.70	9.82	8.58	9.62
	20.28	8.80	8.38	8.67	7.42	8.23
5 Lowest	0.03	0.03	0.05	0.07	0.10	0.07
	0.03	0.03	0.05	0.07	0.08	0.07
	0.02	0.02	0.03	0.07	0.08	0.05
	0.02	0.02	0.03	0.07	0.07	0.03
(Lowest)	0.02	0.02	0.03	0.05	0.05	0.03

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10v Unweighted Overall Interview Timing Data for the Sedatives Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,083	10,437	10,267	6,826	2,189	1,364
Extreme/Missing Records¹	130	27	69	25	5	3
Summary Statistics (Minutes)¹						
Mean	0.94	1.03	0.78	0.87	1.13	1.56
Variance	0.48	0.48	0.34	0.35	0.61	1.25
Standard Deviation	0.69	0.69	0.58	0.59	0.78	1.12
Quartiles						
Maximum	22.12	7.30	22.12	10.18	16.92	15.28
Q3	1.18	1.35	0.95	1.07	1.40	2.14
Median	0.75	0.85	0.65	0.72	0.93	1.32
Q1	0.50	0.53	0.43	0.48	0.63	0.83
Minimum	0.03	0.03	0.05	0.03	0.03	0.07
Mode	0.50	0.43	0.48	0.43	0.92	1.37
Range	22.08	7.27	22.07	10.15	16.88	15.22
Percentiles						
99%	3.05	3.10	2.82	2.93	3.15	4.10
95%	2.32	2.42	1.83	2.02	2.68	3.00
90%	1.83	2.02	1.40	1.57	2.17	2.85
10%	0.33	0.35	0.30	0.35	0.42	0.53
5%	0.25	0.27	0.23	0.27	0.33	0.42
1%	0.15	0.15	0.13	0.17	0.22	0.20
Extremes						
5 Highest (Highest)	22.12	7.30	22.12	10.18	16.92	15.28
	16.92	6.72	9.88	6.80	7.20	13.53
	15.28	6.47	7.67	6.75	5.03	13.22
	13.53	6.22	6.78	6.68	4.72	10.62
	13.22	5.97	5.83	6.62	4.35	8.45
5 Lowest	0.03	0.05	0.07	0.07	0.12	0.15
	0.03	0.05	0.07	0.05	0.10	0.15
	0.03	0.05	0.07	0.05	0.07	0.15
	0.03	0.03	0.05	0.03	0.05	0.12
(Lowest)	0.03	0.03	0.05	0.03	0.03	0.07

¹ Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

4.5.3 Timing Data for High and Low Reports of Numbers of Prescription Drugs Used or Misused in the Past Year in the QFT Sample

4.5.3.1 Procedures for Categorizing High and Low Reports of Prescription Drugs

Different cut points for extreme high numbers of prescription drugs used or misused were chosen according to the distributions within age groups so that interview timing data would be generated for the most extreme reports within a given age group. As much as possible, cut points were chosen for the respondents in the 95th percentile among the past year users or misusers. For example, a total of 733 QFT respondents reported any past year use of prescription pain relievers, and 685 of these past year users (93.5 percent) reported use of one to six pain relievers. The 12 past year users who reported use of exactly seven pain relievers comprised 1.6 percent of the past year users, which yielded a cumulative percentage of 95.1 percent of past year users of pain relievers who reported using one to seven pain relievers. Based on this review, a cut point of past year use of seven or more pain relievers was chosen for the timing data for the pain relievers screener among persons aged 12 or older.

Because the cut points for numbers of prescription drugs differ by age group, the sample sizes for individual age groups do not sum to the total sample sizes used in the analyses for persons aged 12 or older. For example, if a constant cut point of "seven or more" pain relievers used in the past year had been picked as per the cut point for respondents aged 12 or older, only five respondents aged 12 to 17, seven respondents aged 35 to 49, and five respondents aged 50 or older reported past year use of this many pain relievers. In comparison, analyses of timing data for the pain relievers screener by age group included 9 respondents aged 12 to 17, 11 respondents aged 35 to 49, and 11 respondents aged 50 or older (*Table 4.11a*). (To improve readability, note that *Tables 4.11a* through *4.11p* appear *after* all discussion of timing data in this section.)

In addition, if the cut point is lower for a particular age group than for all respondents aged 12 or older, the maximum interview time shown in that age group may be greater than the maximum interview time shown for respondents aged 12 or older. For example, the maximum time required to complete the pain relievers screener among respondents who reported past year use of seven or more pain relievers was 7.28 minutes (*Table 4.11a*). A respondent aged 50 or older who reported use of five or more pain relievers had a corresponding time of 8.03 minutes but was below the "seven or more" threshold set for respondents aged 12 or older.

For timing data among QFT respondents who reported use or misuse of lower numbers of prescription drugs, a constant criterion of exactly one pain reliever used or misused was applied to all groups. For lower reports of use or misuse across all four prescription drug categories, more variation in the cut points was applied to allow for respondents who might report use or misuse across more than one drug category. However, upper limits of three prescription drugs used in the past year and two prescription drugs misused would result in respondents reporting use or misuse of drugs in less than all four of the categories.

The following timing data were run:

- For respondents who reported any past year use of high numbers of pain relievers: Pain relievers screener times (**Table 4.11a**) and total interview times (**Table 4.11i**).
- For respondents who reported any past year use of only one pain reliever: Pain relievers screener times (**Table 4.11b**) and total interview times (**Table 4.11j**).
- For respondents who reported past year misuse of high numbers of pain relievers: Pain relievers screener and main module times (**Table 4.11c**) and total interview times (**Table 4.11k**).
- For respondents who reported past year misuse of only one pain reliever: Pain relievers screener and main module times (**Table 4.11d**) and total interview times (**Table 4.11l**).
- For respondents who reported any past year use of high numbers of any prescription drugs: All prescription drug screener timings for pain relievers through sedatives (**Table 4.11e**) and total interview times (**Table 4.11m**).
- For respondents who reported any past year use of lower numbers of any prescription drugs: All prescription drug screener timings for pain relievers through sedatives (**Table 4.11f**) and total interview times (**Table 4.11n**).
- For respondents who reported past year misuse of high numbers of any prescription drugs: All prescription drug screener and main module timings for pain relievers through sedatives (**Table 4.11g**) and total interview times (**Table 4.11o**).
- For respondents who reported past year misuse of lower numbers of any prescription drugs: All prescription drug screener and main module timings for pain relievers through sedatives (**Table 4.11h**) and total interview times (**Table 4.11p**).

Unlike the standard timing analyses, timing data from respondents who had extreme low (less than 30 minutes) or extreme high (greater than 240 minutes) total interview times were retained for these analyses. The tables indicate the numbers of cases that would have been excluded if these criteria had been applied.

4.5.3.2 Key Findings on High and Low Reports of Prescription Drugs

In general, there was not much difference in the amount of time needed to complete the screener sections for pain relievers or for all prescription drugs for respondents who reported use of high numbers of prescription drugs and those who reported use of lower numbers.

- The *average* time to complete the pain relievers screener was 2.48 minutes for respondents aged 12 or older who reported use of seven or more pain relievers in the past year (**Table 4.11a**) and 2.24 minutes for respondents who used only one pain reliever (**Table 4.11b**).
- **Maximum** times to complete the pain relievers screener according to the number of drugs that were used were 8.03 minutes for a respondent aged 50 or older who reported use of at least five but fewer than seven pain relievers, 7.28 minutes for a respondent aged 12 or older who reported use of seven or more pain relievers, and 11.83 minutes for a respondent who used only one pain reliever.

- The *average* time to complete all of the QFT prescription drug screeners was 5.33 minutes for respondents aged 12 or older who reported use of 11 or more prescription drugs of any kind in the past year (*Table 4.11e*) and 4.69 minutes for respondents who used one to three prescription drugs (*Table 4.11f*).
- **Maximum** times to complete all of the prescription drug screeners according to the number of drugs that were used were 13.18 minutes for a respondent aged 12 to 17 who reported use of at least 5 but fewer than 11 prescription drugs in the past year, 10.33 minutes for a respondent aged 12 or older who reported use of 11 or more prescription drugs, and 28.43 minutes for a respondent who used 1 to 3 prescription drugs.
- A more notable pattern for times to complete both the screeners and main modules was observed according to the numbers of prescription drugs that respondents misused. However, because of the small sample sizes (especially for respondents who misused extreme high numbers of prescription drugs) and the variability in the timing data, caution is advised in interpreting these data. To verify the reproducibility of these findings, this investigation could be repeated with data from the 2013 DR, including possible use of combined QFT and DR data to increase the sample sizes.
- The *average* time to complete the pain relievers screener and main module was 6.95 minutes for respondents aged 12 or older who reported misuse of eight or more pain relievers in the past year (*Table 4.11c*) and 2.18 minutes for respondents who misused only one pain reliever (*Table 4.11d*).
- **Maximum** times to complete the pain relievers screener and main module according to the number of drugs that were misused used were 12.45 minutes for a respondent aged 26 to 34 who reported misuse of seven pain relievers, 11.88 minutes for a respondent aged 12 or older who misused eight or more pain relievers, and 7.28 minutes for a respondent who misused only one pain reliever.
- The *average* time to complete the screeners and main modules for all prescription drugs was 14.23 minutes for respondents aged 12 or older who reported misuse of 14 or more prescription drugs in the past year (*Table 4.11g*) and 7.99 minutes for respondents who misused one or two prescription drugs (*Table 4.11h*).
- **Maximum** times to complete the screeners and main modules according to the number of drugs that were misused were 28.88 minutes for a respondent aged 18 to 25 who reported misuse of 15 or more prescription drugs in the past year and 25.03 minutes for a respondent aged 35 to 49 who misused 1 prescription drug.

Highlights for the time required to complete the entire interview according to the number of prescription drugs that were *used* in the past year include the following:

- *Average* times to complete the entire interview were 58.73 minutes for respondents aged 12 or older who used one pain reliever in the past year (*Table 4.11j*) and 58.73 minutes for respondents who used one to three prescription drugs in any of the screeners (*Table 4.11n*).
- The **shortest** time to complete the interview for a respondent who used one to three prescription drugs was 26.93 minutes (*Table 4.11n*).

- Among respondents who reported past year use of higher numbers of prescription drugs, *average* times to complete the entire interview were 68.28 minutes for respondents aged 12 or older who used 7 or more pain relievers in the past year (**Table 4.11i**) and 68.46 minutes for respondents who used 11 or more prescription drugs in any of the screeners (**Table 4.11m**).
- The **shortest** time to complete the interview for a respondent who used 11 or more prescription drugs was 39.60 minutes (**Table 4.11m**).

On average, therefore, the interview times among persons aged 12 or older differed by about 10 minutes between the timings for respondents who reported use of a low number of prescription pain relievers or prescription psychotherapeutics (but use of at least one drug) and those reported use of extreme high numbers of prescription drugs.

Highlights for the time required to complete the entire interview according to the number of prescription drugs that were *misused* in the past year include the following. However, note that the groups of respondents who used high numbers of prescription drugs in the past year and those who misused high numbers of prescription drugs in that period are not mutually exclusive.

- *Average* times to complete the entire interview were 65.41 minutes for respondents aged 12 or older who misused one pain reliever in the past year (**Table 4.11l**) and 64.47 minutes for respondents who misused one or two prescription drugs in any of the modules (**Table 4.11p**).
- The **shortest** time to complete the interview for a respondent who misused one or two prescription drugs in any category was 27.23 minutes (**Table 4.11p**).
- Among respondents who reported past year misuse of higher numbers of prescription drugs, *average* times to complete the entire interview were 68.15 minutes for respondents aged 12 or older who misused 8 or more pain relievers in the past year (**Table 4.11k**) and 68.50 minutes for respondents who misused 14 or more prescription drugs in any of the screeners (**Table 4.11o**).
- The **shortest** time to complete the interview for a respondent who misused 14 or more prescription drugs in any category was 43.22 minutes (**Table 4.11o**).

Extreme high interview times were observed regardless of the numbers of prescription drugs that respondents used or misused. For example, one respondent who used one to three prescription drugs in the past year had a total interview time of 228.47 minutes (**Table 4.11n**), and a respondent who used one pain reliever had a total interview time of 191.52 minutes (**Table 4.11j**). Nevertheless, the shortest time to complete the interview for respondents who misused 14 or more prescription drugs was about 16 minutes longer than the shortest time for respondents who misused only one or two prescription drugs (**Tables 4.11o** and **4.11p**, respectively).

Table 4.11a Overall Interview Timing Data for the QFT Pain Relievers Screener in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Used in the Past Year

	Overall, Used 7 or More Pain Relievers in the Past Year ¹	12-17, Used 5 or More Pain Relievers in the Past Year ¹	18-25, Used 8 or More Pain Relievers in the Past Year ¹	26-34, Used 7 or More Pain Relievers in the Past Year ¹	35-49, Used 6 or More Pain Relievers in the Past Year ¹	50+, Used 5 or More Pain Relievers in the Past Year ²
Sample Used in Analysis ³	48	9	17	11	11	11
Extreme/Missing Records ⁴	1	0	0	0	0	0
Summary Statistics (Minutes)						
Mean	2.48	2.04	2.25	2.43	2.80	3.10
Variance	1.20	0.45	0.65	0.28	1.01	3.27
Standard Deviation	1.09	0.67	0.81	0.53	1.01	1.81
Maximum	7.28	3.47	3.70	3.93	4.72	8.03
Median	2.26	1.73	2.05	2.33	2.68	2.80
Minimum	0.45	1.37	1.13	1.88	1.60	1.67
Range	6.83	2.10	2.57	2.05	3.12	6.37
<i>Extremes</i>						
5 Highest (Highest)	7.28	3.47	3.70	3.93	4.72	8.03
	4.72	2.70	3.60	2.52	4.15	3.83
	4.15	2.32	3.38	2.48	3.52	3.72
	3.93	1.90	3.30	2.43	3.17	3.22
	3.72	1.73	2.68	2.38	2.80	3.07
5 Lowest (Lowest)	1.50	1.73	1.63	2.30	2.37	2.05
	1.47	1.68	1.50	2.23	2.28	2.02
	1.45	1.62	1.47	2.17	1.83	1.90
	1.13	1.60	1.45	2.10	1.73	1.83
	0.45	1.37	1.13	1.88	1.60	1.67

¹ Cases whose number of reported drugs was at or above the 95th percentile for users in this age group.

² Cases whose number of reported drugs was at or above the 94th percentile for users in this age group.

³ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

⁴ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11b Overall Interview Timing Data for the QFT Pain Relievers Screener in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Used in the Past Year

	Overall, Used 1 Pain Reliever in the Past Year	12-17, Used 1 Pain Reliever in the Past Year	18-25, Used 1 Pain Reliever in the Past Year	26-34, Used 1 Pain Reliever in the Past Year	35-49, Used 1 Pain Reliever in the Past Year	50+, Used 1 Pain Reliever in the Past Year	
Sample Used in Analysis	335	82	82	41	64	66	
Extreme/Missing Records¹	6	0	3	0	2	1	
Summary Statistics (Minutes)							
Mean	2.24	2.01	1.91	1.94	2.48	2.90	
Variance	1.79	0.57	0.81	0.61	2.67	3.75	
Standard Deviation	1.34	0.75	0.90	0.78	1.63	1.94	
Maximum	11.83	4.75	5.45	4.02	11.82	11.83	
Median	1.95	1.87	1.68	1.75	2.06	2.38	
Minimum	0.43	0.82	0.43	0.75	0.62	0.90	
Range	11.40	3.93	5.02	3.27	11.20	10.93	
Extremes							
5 Highest	(Highest)	11.83	4.75	5.45	4.02	11.82	11.83
		11.82	4.42	4.58	3.88	8.10	10.45
		10.45	3.80	4.57	3.50	4.57	8.68
		8.68	3.70	3.98	3.25	4.42	5.45
		8.10	3.47	3.45	3.18	3.88	5.15
5 Lowest		0.72	1.10	0.80	1.22	1.10	1.38
		0.72	1.08	0.72	1.20	1.07	1.30
		0.68	1.07	0.72	1.18	1.07	1.30
		0.62	1.03	0.68	1.13	0.93	1.07
	(Lowest)	0.43	0.82	0.43	0.75	0.62	0.90

¹ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11c Overall Interview Timing Data for the QFT Pain Relievers Screener and Main Module in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Misused in the Past Year

	Overall, Misused 8 or More Pain Relievers in the Past Year ¹	12-17, Misused 8 or More Pain Relievers in the Past Year ¹	18-25, Misused 8 or More Pain Relievers in the Past Year ¹	26-34, Misused 7 or More Pain Relievers in the Past Year ¹	35-49, Misused 4 or More Pain Relievers in the Past Year ²	50+, Misused 2 or More Pain Relievers in the Past Year ³	
Sample Used in Analysis ⁴	9	3	5	2	2	2	
Extreme/Missing Records ⁵	0	0	0	0	0	0	
Summary Statistics (Minutes)							
Mean	6.95	8.36	6.39	8.97	5.35	7.19	
Variance	8.10	7.10	10.24	24.27	0.22	1.65	
Standard Deviation	2.85	2.67	3.20	4.93	0.47	1.28	
Maximum	11.88	9.90	11.88	12.45	5.68	8.10	
Median	5.48	9.90	5.15	8.97	5.35	7.19	
Minimum	3.63	5.28	3.63	5.48	5.02	6.28	
Range	8.25	4.62	8.25	6.97	0.67	1.82	
<i>Extremes</i>							
5 Highest	(Highest)	11.88	9.90	11.88	12.45	5.68	8.10
		9.90	9.90	6.17	5.48	5.02	6.28
		9.90	5.28	5.15	—	—	—
		6.17	—	5.13	—	—	—
		5.48	—	3.63	—	—	—
5 Lowest		5.48	—	11.88	—	—	—
		5.28	—	6.17	—	—	—
		5.15	9.90	5.15	—	—	—
		5.13	9.90	5.13	12.45	5.68	8.10
	(Lowest)	3.63	5.28	3.63	5.48	5.02	6.28

— Not applicable.

¹ Cases whose number of reported drugs was at or above the 95th percentile for misusers in this age group.

² Cases whose number of reported drugs was at or above the 90th percentile for misusers in this age group.

³ Cases whose number of reported drugs was at or above the 70th percentile for misusers in this age group.

⁴ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

⁵ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11d Overall Interview Timing Data for the QFT Pain Relievers Screener and Main Module in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Misused in the Past Year

	Overall, Misused 1 Pain Reliever in the Past Year	12-17, Misused 1 Pain Reliever in the Past Year	18-25, Misused 1 Pain Reliever in the Past Year	26-34, Misused 1 Pain Reliever in the Past Year	35-49, Misused 1 Pain Reliever in the Past Year	50+, Misused 1 Pain Reliever in the Past Year	
Sample Used in Analysis	84	19	36	13	11	5	
Extreme/Missing Records¹	1	0	1	0	0	0	
Summary Statistics (Minutes)							
Mean	2.18	1.71	2.13	2.18	2.83	2.85	
Variance	1.22	0.25	1.55	0.55	2.30	0.43	
Standard Deviation	1.10	0.50	1.24	0.74	1.51	0.66	
Maximum	7.28	3.12	7.28	3.88	7.08	3.83	
Median	1.96	1.43	1.75	2.05	2.33	2.73	
Minimum	0.72	1.25	0.72	1.33	1.50	2.05	
Range	6.57	1.87	6.57	2.55	5.58	1.78	
Extremes							
5 Highest	(Highest)						
		7.28	3.12	7.28	3.88	7.08	3.83
		7.08	2.48	4.58	3.18	3.43	3.05
		4.58	2.15	4.32	2.58	3.00	2.73
		4.32	2.13	3.67	2.38	2.97	2.60
5 Lowest		3.88	2.10	3.42	2.35	2.57	2.05
		1.18	1.37	1.18	1.83	2.22	3.83
		1.17	1.35	1.17	1.67	2.12	3.05
		1.00	1.28	1.00	1.45	2.07	2.73
	(Lowest)	0.87	1.27	0.87	1.33	1.88	2.60
	0.72	1.25	0.72	1.33	1.50	2.05	

¹ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11e Overall Interview Timing Data for All QFT Prescription Drug Screeners in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Used in the Past Year

	Overall, Used 11 or More Prescription Drugs in the Past Year ¹	12-17, Used 6 or More Prescription Drugs in the Past Year ¹	18-25, Used 15 or More Prescription Drugs in the Past Year ¹	26-34, Used 11 or More Prescription Drugs in the Past Year ¹	35-49, Used 8 or More Prescription Drugs in the Past Year ¹	50+, Used 9 or More Prescription Drugs in the Past Year ¹
Sample Used in Analysis²	47	9	13	9	10	8
Extreme/Missing Records³	0	0	0	0	0	0
Summary Statistics (Minutes)						
Mean	5.33	5.18	4.40	5.41	6.31	6.77
Variance	4.34	10.18	3.14	3.67	5.54	6.42
Standard Deviation	2.08	3.19	1.77	1.92	2.35	2.53
Maximum	10.33	13.18	9.07	8.93	9.55	10.33
Median	4.65	4.65	3.88	4.53	5.39	7.02
Minimum	2.38	2.70	2.38	3.80	3.85	3.40
Range	7.95	10.48	6.68	5.13	5.70	6.93
Extremes						
5 Highest (Highest)	10.33	13.18	9.07	8.93	9.55	10.33
	9.42	5.93	6.60	8.27	9.42	9.00
	9.38	5.18	5.17	5.83	9.38	8.58
	9.07	4.70	4.68	5.02	7.08	7.42
	9.00	4.65	4.37	4.53	5.65	6.62
5 Lowest (Lowest)	2.88	4.65	3.83	4.53	5.13	7.42
	2.87	4.03	3.58	4.22	4.63	6.62
	2.82	3.38	2.88	4.08	4.38	5.08
	2.70	2.82	2.87	4.03	4.02	3.72
	2.38	2.70	2.38	3.80	3.85	3.40

¹ Cases whose number of reported drugs was at or above the 95th percentile for users in this age group.

² Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

³ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11f Overall Interview Timing Data for All QFT Prescription Drug Screeners in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Used in the Past Year

	Overall, Used 1 to 3 Prescription Drugs in the Past Year ¹	12-17, Used 1 or 2 Prescription Drugs in the Past Year ²	18-25, Used 1 to 3 Prescription Drugs in the Past Year ¹	26-34, Used 1 to 3 Prescription Drugs in the Past Year	35-49 Used 1 to 3 Prescription Drugs in the Past Year ¹	50+, Used 1 or 2 Prescription Drugs in the Past Year ³
Sample Used in Analysis ⁴	646	121	160	106	131	98
Extreme/Missing Records ⁵	10	0	5	0	4	1
Summary Statistics (Minutes)						
Mean	4.69	4.40	3.79	4.08	4.89	6.60
Variance	7.55	2.90	2.66	3.07	8.49	19.69
Standard Deviation	2.75	1.70	1.63	1.75	2.91	4.44
Maximum	28.43	9.98	11.80	14.65	28.43	27.52
Median	4.03	3.98	3.52	3.75	4.12	5.48
Minimum	1.12	2.08	1.12	1.55	1.58	1.90
Range	27.32	7.90	10.68	13.10	26.85	25.62
Extremes						
5 Highest (Highest)	28.43	9.98	11.80	14.65	28.43	27.52
	27.52	9.68	9.82	8.53	14.75	25.82
	25.82	9.47	8.85	8.50	12.18	23.47
	23.47	8.28	7.40	8.18	12.08	18.22
	18.22	7.88	7.33	7.80	9.23	14.52
5 Lowest (Lowest)	1.55	2.52	1.57	2.25	2.20	2.62
	1.47	2.43	1.47	2.22	2.00	2.53
	1.28	2.23	1.28	2.13	1.95	2.40
	1.22	2.22	1.22	1.98	1.82	1.98
	1.12	2.08	1.12	1.55	1.58	1.90

¹ Cases whose number of reported drugs was below the 75th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

² Cases whose number of reported drugs was below the 80th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

³ Cases whose number of reported drugs was below the 65th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

⁴ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

⁵ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within some age groups.

Table 4.11g Overall Interview Timing Data for All QFT Prescription Drug Screeners and Main Modules in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Misused in the Past Year

	Overall, Misused 14 or More Prescription Drugs in the Past Year ¹	12-17, Misused 16 or More Prescription Drugs in the Past Year ¹	18-25, Misused 15 or More Prescription Drugs in the Past Year ¹	26-34, Misused 8 or More Prescription Drugs in the Past Year ²	35-49, Misused 5 or More Prescription Drugs in the Past Year ²	50+, Misused 2 or More Prescription Drugs in the Past Year ²	
Sample Used in Analysis ³	11	3	6	4	3	3	
Extreme/Missing Records ⁴	0	0	0	0	0	0	
Summary Statistics (Minutes)							
Mean	14.23	16.78	14.19	13.03	9.66	14.71	
Variance	39.27	3.44	67.77	36.16	0.06	23.03	
Standard Deviation	6.27	1.86	8.23	6.01	0.24	4.80	
Maximum	28.88	18.22	28.88	21.93	9.85	20.22	
Median	11.02	17.43	10.53	10.73	9.73	12.45	
Minimum	7.92	14.68	7.92	8.72	9.38	11.45	
Range	20.97	3.53	20.97	13.22	0.47	8.77	
<i>Extremes</i>							
5 Highest	(Highest)	28.88	18.22	28.88	21.93	9.85	20.22
		18.93	17.43	18.93	10.92	9.73	12.45
		18.22	14.68	11.02	10.55	9.38	11.45
		17.43	—	10.05	8.72	—	—
		14.68	—	8.37	—	—	—
5 Lowest		10.92	—	18.93	—	—	—
		10.17	—	11.02	21.93	—	—
		10.05	18.22	10.05	10.92	9.85	20.22
		8.37	17.43	8.37	10.55	9.73	12.45
	(Lowest)	7.92	14.68	7.92	8.72	9.38	11.45

— Not applicable.

¹ Cases whose number of reported drugs was at or above the 95th percentile for misusers in this age group.

² Cases whose number of reported drugs was at or above the 90th percentile for misusers in this age group.

³ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

⁴ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11h Overall Interview Timing Data for All QFT Prescription Drug Screeners and Main Modules in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Misused in the Past Year

	Overall, Misused 1 or 2 Prescription Drugs in the Past Year ¹	12-17, Misused 1 or 2 Prescription Drugs in the Past Year ²	18-25, Misused 1 or 2 Prescription Drugs in the Past Year ¹	26-34, Misused 1 or 2 Prescription Drugs in the Past Year ¹	35-49, Misused 1 Prescription Drug in the Past Year ¹	50+, Misused 1 Prescription Drug in the Past Year ¹	
Sample Used in Analysis ³	139	27	66	18	14	7	
Extreme/Missing Records ⁴	1	0	1	0	0	0	
Summary Statistics (Minutes)							
Mean	7.99	6.72	7.13	7.79	10.64	11.86	
Variance	13.92	4.01	11.35	5.03	27.50	15.76	
Standard Deviation	3.73	2.00	3.37	2.24	5.24	3.97	
Maximum	25.03	11.35	20.80	12.98	25.03	16.53	
Median	7.13	6.75	6.70	7.93	9.43	12.57	
Minimum	2.57	3.95	2.57	4.42	5.68	6.47	
Range	22.47	7.40	18.23	8.57	19.35	10.07	
<i>Extremes</i>							
5 Highest	(Highest)						
		25.03	11.35	20.80	12.98	25.03	16.53
		20.80	9.87	18.22	10.67	18.18	15.50
		20.28	9.60	17.33	9.50	12.15	13.08
		18.22	9.30	16.70	9.50	11.53	12.57
5 Lowest		18.18	8.70	12.20	9.20	11.08	12.32
		3.95	4.65	4.03	5.90	7.55	13.08
		3.53	4.42	3.53	5.63	7.43	12.57
		3.03	4.32	3.03	5.35	6.52	12.32
	(Lowest)	3.02	4.12	3.02	4.47	6.32	6.55
	2.57	3.95	2.57	4.42	5.68	6.47	

¹ Cases whose number of reported drugs was at or below the 70th percentile for misusers in this age group.

² Cases whose number of reported drugs was below the 75th percentile for misusers in this age group.

³ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within some age groups.

⁴ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11i Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Used in the Past Year

	Overall, Used 7 or More Pain Relievers in the Past Year ¹	12-17, Used 5 or More Pain Relievers in the Past Year ¹	18-25, Used 8 or More Pain Relievers in the Past Year ¹	26-34, Used 7 or More Pain Relievers in the Past Year ¹	35-49, Used 6 or More Pain Relievers in the Past Year ¹	50+, Used 5 or More Pain Relievers in the Past Year ²
Sample Used in Analysis ³	47	9	17	11	11	11
Extreme/Missing Records ⁴	1	0	0	0	0	0
Summary Statistics (Minutes)						
Mean	68.28	64.30	64.08	63.23	64.81	83.64
Variance	489.80	373.31	366.73	509.28	783.46	1166.54
Standard Deviation	22.13	19.32	19.15	22.57	27.99	34.15
Maximum	129.47	103.27	111.50	111.97	129.47	174.25
Median	62.92	63.33	61.17	56.20	56.17	83.17
Minimum	39.60	42.37	41.53	39.60	38.92	45.93
Range	89.87	60.90	69.97	72.37	90.55	128.32
<i>Extremes</i>						
5 Highest (Highest)	129.47	103.27	111.50	111.97	129.47	174.25
	111.97	77.65	103.35	97.68	101.73	95.18
	111.50	72.73	80.60	71.07	78.70	90.52
	106.88	70.53	70.02	64.90	61.37	86.65
	103.35	63.33	68.20	57.13	56.95	84.90
5 Lowest (Lowest)	43.22	63.33	52.95	51.73	51.55	75.52
	42.37	55.22	51.30	51.68	50.48	72.25
	41.53	47.87	45.53	49.68	46.62	62.90
	41.00	45.72	43.22	43.93	41.00	48.77
	39.60	42.37	41.53	39.60	38.92	45.93

¹ Cases whose number of reported drugs was at or above the 95th percentile for users in this age group.

² Cases whose number of reported drugs was at or above the 94th percentile for users in this age group.

³ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

⁴ Overall interview time was less than 30 minutes (24.6 minutes) and therefore excluded from the analysis of overall interview timing. The respondent was an 18 to 25 year old and reported past year use of seven pain relievers. Consequently, this case was at the cut point for respondents aged 12 or older, but was below the cut point extreme for 18 to 25 year olds.

Table 4.11j Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Used in the Past Year

	Overall, Used 1 Pain Reliever in the Past Year	12-17, Used 1 Pain Reliever in the Past Year	18-25, Used 1 Pain Reliever in the Past Year	26-34, Used 1 Pain Reliever in the Past Year	35-49, Used 1 Pain Reliever in the Past Year	50+, Used 1 Pain Reliever in the Past Year	
Sample Used in Analysis	335	82	82	41	64	66	
Extreme/Missing Records¹	6	0	3	0	2	1	
Summary Statistics (Minutes)							
Mean	58.73	56.68	53.31	55.06	62.97	66.16	
Variance	363.18	187.15	265.03	282.39	585.75	436.51	
Standard Deviation	19.06	13.68	16.28	16.80	24.20	20.89	
Maximum	191.52	115.13	113.00	98.18	191.52	150.02	
Median	55.77	55.23	50.57	52.35	60.33	60.20	
Minimum	27.23	34.05	27.23	30.13	28.48	28.37	
Range	164.28	81.08	85.77	68.05	163.03	121.65	
Extremes							
5 Highest	(Highest)	191.52	115.13	113.00	98.18	191.52	150.02
		150.02	88.40	102.78	90.55	123.75	113.23
		123.75	83.27	82.80	87.68	105.63	111.85
		115.13	80.62	80.23	83.20	94.83	109.83
		113.23	80.52	78.75	78.80	93.93	100.30
5 Lowest		29.07	37.68	31.73	34.32	38.20	40.73
		28.63	37.02	31.30	33.45	32.92	40.27
		28.48	36.75	29.80	32.90	32.70	38.97
		28.37	35.72	29.07	32.48	28.63	34.70
	(Lowest)	27.23	34.05	27.23	30.13	28.48	28.37

¹ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11k Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Misused in the Past Year

	Overall, Misused 8 or More Pain Relievers in the Past Year¹	12-17, Misused 8 or More Pain Relievers in the Past Year¹	18-25, Misused 8 or More Pain Relievers in the Past Year¹	26-34, Misused 7 or More Pain Relievers in the Past Year¹	35-49, Misused 4 or More Pain Relievers in the Past Year²	50+, Misused 2 or More Pain Relievers in the Past Year³	
Sample Used in Analysis⁴	9	3	5	2	2	2	
Extreme/Missing Records⁵	0	0	0	0	0	0	
Summary Statistics (Minutes)							
Mean	68.15	79.78	64.87	80.83	64.62	79.76	
Variance	569.84	435.89	721.63	1939.61	133.93	195.03	
Standard Deviation	23.87	20.88	26.86	44.04	11.57	13.97	
Maximum	111.50	103.27	111.50	111.97	72.80	89.63	
Median	61.17	72.73	55.52	80.83	64.62	79.76	
Minimum	43.22	63.33	43.22	49.68	56.43	69.88	
Range	68.28	39.93	68.28	62.28	16.37	19.75	
Extremes							
5 Highest	(Highest)	111.50	103.27	111.50	111.97	72.80	89.63
		103.27	72.73	61.17	49.68	56.43	69.88
		72.73	63.33	55.52	—	—	—
		63.33	—	52.95	—	—	—
		61.17	—	43.22	—	—	—
5 Lowest		61.17	—	111.50	—	—	—
		55.52	—	61.17	—	—	—
		52.95	103.27	55.52	—	—	—
		49.68	72.73	52.95	111.97	72.80	89.63
	(Lowest)	43.22	63.33	43.22	49.68	56.43	69.88

— Not applicable.

¹ Cases whose number of reported drugs was at or above the 95th percentile for misusers in this age group.

² Cases whose number of reported drugs was at or above the 90th percentile for misusers in this age group.

³ Cases whose number of reported drugs was at or above the 70th percentile for misusers in this age group.

⁴ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

⁵ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.111 Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Misused in the Past Year

	Overall, Misused 1 Pain Reliever in the Past Year	12-17, Misused 1 Pain Reliever in the Past Year	18-25, Misused 1 Pain Reliever in the Past Year	26-34, Misused 1 Pain Reliever in the Past Year	35-49, Misused 1 Pain Reliever in the Past Year	50+, Misused 1 Pain Reliever in the Past Year	
Sample Used in Analysis¹	84	19	36	13	11	5	
Extreme/Missing Records²	1	0	1	0	0	0	
Summary Statistics (Minutes)							
Mean	65.41	63.01	62.59	59.07	75.80	88.47	
Variance	454.68	208.55	401.71	170.69	1246.43	161.83	
Standard Deviation	21.32	14.44	20.04	13.06	35.30	12.72	
Maximum	171.93	83.02	116.13	85.98	171.93	104.30	
Median	62.45	62.58	60.11	56.10	62.32	86.68	
Minimum	27.23	40.55	27.23	40.98	47.30	69.93	
Range	144.70	42.47	88.90	45.00	124.63	34.37	
Extremes							
5 Highest	(Highest)	171.93	83.02	116.13	85.98	171.93	104.30
		116.13	82.98	106.88	76.17	92.55	95.18
		106.88	80.62	102.78	69.00	91.07	86.68
		104.30	80.52	87.02	65.07	78.40	86.27
		102.78	79.33	84.05	64.90	66.13	69.93
5 Lowest		40.55	48.40	41.35	53.55	61.22	104.30
		39.95	45.72	39.95	47.82	55.80	95.18
		35.05	45.62	35.05	46.40	55.73	86.68
		33.93	42.07	33.93	45.52	51.32	86.27
	(Lowest)	27.23	40.55	27.23	40.98	47.30	69.93

¹ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

² Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11m Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Used in the Past Year

	Overall, Used 11 or More Prescription Drugs in the Past Year ¹	12-17, Used 6 or More Prescription Drugs in the Past Year ¹	18-25, Used 15 or More Prescription Drugs in the Past Year ¹	26-34, Used 11 or More Prescription Drugs in the Past Year ¹	35-49, Used 8 or More Prescription Drugs in the Past Year ¹	50+, Used 9 or More Prescription Drugs in the Past Year ¹
Sample Used in Analysis ²	47	9	13	9	10	8
Extreme/Missing Records ³	0	0	0	0	0	0
Summary Statistics (Minutes)						
Mean	68.46	70.52	62.49	64.39	75.43	77.11
Variance	460.65	280.79	348.93	520.32	687.04	319.05
Standard Deviation	21.46	16.76	18.68	22.81	26.21	17.86
Maximum	129.47	103.27	111.50	111.97	129.47	95.18
Median	62.92	72.73	59.58	56.20	70.23	84.03
Minimum	39.60	42.37	41.53	39.60	50.48	45.93
Range	89.87	60.90	69.97	72.37	78.98	49.25
Extremes						
5 Highest (Highest)	129.47	103.27	111.50	111.97	129.47	95.18
	111.97	77.65	80.60	88.50	101.73	90.52
	111.50	76.12	73.92	72.32	93.42	89.63
	103.35	73.43	68.20	57.13	78.70	84.90
	103.27	72.73	62.92	56.20	76.52	83.17
5 Lowest	43.22	72.73	55.52	56.20	63.95	84.90
	42.37	70.53	52.95	52.38	56.95	83.17
	42.28	63.33	45.53	51.73	51.55	72.25
	41.53	55.22	43.22	49.68	51.55	55.27
(Lowest)	39.60	42.37	41.53	39.60	50.48	45.93

¹ Cases whose number of reported drugs was at or above the 95th percentile for users in this age group.

² Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

³ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11n Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Used in the Past Year

	Overall, Used 1 to 3 Prescription Drugs in the Past Year ¹	12-17, Used 1 or 2 Prescription Drugs in the Past Year ²	18-25, Used 1 to 3 Prescription Drugs in the Past Year ¹	26-34, Used 1 to 3 Prescription Drugs in the Past Year	35-49 Used 1 to 3 Prescription Drugs in the Past Year ¹	50+, Used 1 or 2 Prescription Drugs in the Past Year ³	
Sample Used in Analysis⁴	646	121	160	106	131	98	
Extreme/Missing Records⁵	10	0	5	0	4	1	
Summary Statistics (Minutes)							
Mean	58.73	59.35	52.95	53.94	59.61	68.49	
Variance	394.94	227.72	246.17	265.02	494.06	685.86	
Standard Deviation	19.87	15.09	15.69	16.28	22.23	26.19	
Maximum	228.47	115.13	125.35	108.78	191.52	228.47	
Median	55.55	56.00	50.31	50.57	55.80	62.19	
Minimum	26.93	34.05	26.93	31.45	28.48	28.37	
Range	201.53	81.08	98.42	77.33	163.03	200.10	
Extremes							
5 Highest	(Highest)	228.47	115.13	125.35	108.78	191.52	228.47
		191.52	106.88	113.00	98.92	125.18	150.02
		150.02	100.90	102.78	98.18	123.75	119.63
		125.35	95.55	84.05	90.55	119.80	113.23
		125.18	93.28	82.80	87.68	105.63	111.85
5 Lowest		28.63	37.68	29.90	33.33	30.85	40.22
		28.48	37.02	29.80	32.90	29.98	38.97
		28.37	36.75	29.07	32.48	29.52	36.72
		27.23	35.72	27.23	31.85	28.63	34.70
	(Lowest)	26.93	34.05	26.93	31.45	28.48	28.37

¹ Cases whose number of reported drugs was below the 75th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

² Cases whose number of reported drugs was below the 80th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

³ Cases whose number of reported drugs was below the 65th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

⁴ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

⁵ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within some age groups.

Table 4.11o Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Misused in the Past Year

	Overall, Misused 14 or More Prescription Drugs in the Past Year ¹	12-17, Misused 16 or More Prescription Drugs in the Past Year ¹	18-25, Misused 15 or More Prescription Drugs in the Past Year ¹	26-34, Misused 8 or More Prescription Drugs in the Past Year ²	35-49, Misused 5 or More Prescription Drugs in the Past Year ²	50+, Misused 2 or More Prescription Drugs in the Past Year ²	
Sample Used in Analysis ³	11	3	6	4	3	3	
Extreme/Missing Records ⁴	0	0	0	0	0	0	
Summary Statistics (Minutes)							
Mean	68.50	79.78	67.49	72.55	79.38	81.37	
Variance	478.57	435.89	618.54	832.11	720.64	105.33	
Standard Deviation	21.88	20.88	24.87	28.85	26.84	10.26	
Maximum	111.50	103.27	111.50	111.97	108.90	89.63	
Median	61.17	72.73	58.34	64.28	72.80	84.60	
Minimum	43.22	63.33	43.22	49.68	56.43	69.88	
Range	68.28	39.93	68.28	62.28	52.47	19.75	
<i>Extremes</i>							
5 Highest	(Highest)	111.50	103.27	111.50	111.97	108.90	89.63
		103.27	72.73	80.60	76.17	72.80	84.60
		80.60	63.33	61.17	52.38	56.43	69.88
		72.73	—	55.52	49.68	—	—
		63.33	—	52.95	—	—	—
5 Lowest		59.58	—	80.60	—	—	—
		55.52	—	61.17	111.97	—	—
		52.95	103.27	55.52	76.17	108.90	89.63
		49.68	72.73	52.95	52.38	72.80	84.60
	(Lowest)	43.22	63.33	43.22	49.68	56.43	69.88

— Not applicable.

¹ Cases whose number of reported drugs was at or above the 95th percentile for misusers in this age group.

² Cases whose number of reported drugs was at or above the 90th percentile for misusers in this age group.

³ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

⁴ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11p Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Misused in the Past Year

	Overall, Misused 1 or 2 Prescription Drugs in the Past Year ¹	12-17, Misused 1 or 2 Prescription Drugs in the Past Year ²	18-25, Misused 1 or 2 Prescription Drugs in the Past Year ¹	26-34, Misused 1 or 2 Prescription Drugs in the Past Year ¹	35-49, Misused 1 Prescription Drug in the Past Year ¹	50+, Misused 1 Prescription Drug in the Past Year ¹
Sample Used in Analysis ³	139	27	66	18	14	7
Extreme/Missing Records ⁴	1	0	1	0	0	0
Summary Statistics (Minutes)						
Mean	64.47	64.96	59.69	59.92	73.88	81.64
Variance	416.50	229.41	324.82	147.95	1001.08	359.68
Standard Deviation	20.41	15.15	18.02	12.16	31.64	18.97
Maximum	171.93	106.88	116.13	85.98	171.93	104.30
Median	61.67	64.43	56.33	58.88	64.23	86.27
Minimum	27.23	40.55	27.23	40.98	47.30	45.93
Range	144.70	66.33	88.90	45.00	124.63	58.37
<i>Extremes</i>						
5 Highest (Highest)	171.93	106.88	116.13	85.98	171.93	104.30
	125.18	83.02	113.00	78.13	92.55	95.18
	116.13	82.98	106.88	72.32	91.07	86.68
	113.00	80.62	102.78	69.52	78.40	86.27
	110.17	80.52	84.05	69.00	76.72	83.17
5 Lowest (Lowest)	38.62	48.40	38.62	50.03	55.80	86.68
	35.05	45.72	35.05	47.82	55.73	86.27
	33.93	45.62	33.93	46.40	51.55	83.17
	30.50	42.07	30.50	45.52	51.32	69.93
	27.23	40.55	27.23	40.98	47.30	45.93

¹ Cases whose number of reported drugs was at or below the 70th percentile for misusers in this age group.

² Cases whose number of reported drugs was below the 75th percentile for misusers in this age group.

³ Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within some age groups.

⁴ Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

4.6 Other Data Quality Indicators

4.6.1 Overview of Other Data Quality Indicators

Examination of other data quality indicators focused on the following:

- triggering of inconsistency "flags" in the core drug use data;
- choosing "other" responses for which respondents subsequently were asked to specify a written response (i.e., "OTHER, Specify" data), such as other sources of prescription psychotherapeutic drugs;
- triggering of "hard errors" in the QFT if respondents reported first misusing specific prescription drugs at an age that was older than their current age;
- triggering of consistency checks in the QFT for respondents who reported first misuse of specific prescription drugs in a year and month that differed from the age they reported for when they first misused; and

- potential patterned responses in answers to the screening questions for past year prescription drug use or to the questions for past year misuse.

Identification and handling of potential patterned responses in the 2011 and 2012 comparison data also are discussed in this section.

4.6.2 Triggering of Inconsistency Flags in Core Drug Use Data

Examination of data from variables that flagged inconsistencies in the core drug modules focused on the following core modules or core variables, each of which underwent notable changes that could affect patterns of inconsistent data:

- smokeless tobacco;
- binge alcohol use (i.e., based on the threshold of four or more drinks on an occasion for females);
- most recent use of hallucinogens (i.e., based on moving questions about most recent use of three hallucinogens from the noncore special drugs module to the core hallucinogens module);
- methamphetamine; and
- prescription drugs.

Data for inconsistency flags first were examined for the QFT. The decision to examine inconsistency flag data in the two comparison datasets depended on the occurrence of inconsistencies in the QFT data. No or low occurrences of inconsistent data in the QFT could be a function of both the sample size and sample design. Regarding the sample design, persons aged 26 or older were sampled at a higher rate in the QFT than in the main survey. However, inconsistent response patterns in the main survey often involve reports of initiation of use that is more recent than the reports of last use. Because most initiation occurs among adolescents and young adults, having fewer QFT respondents in these two age groups could affect the occurrence of these patterns of inconsistent reports in the QFT data.

Very small numbers and percentages of QFT respondents had triggered flags for inconsistent data in the modules for smokeless tobacco, methamphetamine, and prescription drugs (i.e., fewer than five respondents for any given flag that was set). For prescription drugs, inconsistencies that were flagged pertained to errors in the computer-assisted interviewing (CAI) programming that were identified during data editing rather than logical inconsistencies.¹⁷ These programming errors will be fixed for the 2013 DR. In addition, fewer than five respondents each in the pain relievers, tranquilizers, and stimulants modules reported misuse in the past 30 days and also reported misuse on "0 days" in that period. This logic was programmed correctly according to the CAI specifications (i.e., 0 was in the allowable range for the 30-day frequency

¹⁷ These programming errors for prescription drugs involved (a) asking the 30-day misuse question when respondents had already reported initiating misuse of some prescription drug in that category (e.g., pain relievers) in the past 30 days, which gave respondents the opportunity to answer the 30-day misuse question as "no"; and (b) not skipping respondents out of subsequent 30-day misuse questions after they had answered the lead 30-day misuse question as "no," which gave respondents the opportunity to report misuse on 1 to 30 days in the past month.

questions). For the 2013 DR, however, the decision has been made to change the allowable range for the 30-day frequency of misuse to 1 to 30 days because respondents will have been asked a "yes/no" question for whether they misused any prescription drugs in that category in the past 30 days, or else they may have reported initiating misuse of a specific prescription drug in the past 30 days.

There were no situations in the QFT data in which the variable for most recent use of any hallucinogen was logically inferred to be more recent than that reported by respondents based on reports of more recent use of the specific hallucinogens ketamine, dimethyltryptamine (DMT), alpha-methyltryptamine (AMT), "Foxy", or *Salvia divinorum* (i.e., the three hallucinogens that had been moved from special drugs to the core hallucinogens module). There also were no situations in the QFT data in which more recent use of any hallucinogen was logically inferred based on reports of most recent use of lysergic acid diethylamide (LSD), phencyclidine (PCP), or Ecstasy (i.e., the specific hallucinogens that were included in this module for both the main survey and the QFT). Most recent use of any hallucinogen was set to an "indefinite" periods of use (i.e., at some point in the past 12 months or some point in the lifetime) because they had ambiguous data for most recent use of ketamine or of DMT, AMT, or "Foxy." Similar edits were implemented for a larger number of QFT respondents (but fewer than 20) based on ambiguous data for most recent use of LSD or Ecstasy. As noted previously, LSD and Ecstasy were not among the hallucinogens that had been moved from a noncore module to the core hallucinogens module for the QFT. Thus, these data suggest that hallucinogens that were already in this module might have more of an effect on editing of most recent use of any hallucinogen than the three hallucinogens that were moved from a noncore module.

For binge alcohol use, about 1 percent of QFT respondents had some inconsistency between their frequency of consumption of five or more drinks (for males) or four more drinks (for females) and other 30-day alcohol use data. Rates of inconsistent data for binge alcohol use and other 30-day alcohol use data were similar in the comparison data based on consumption of five or more drinks for both males and females (2011 comparison data: 0.8 percent; 2012 comparison data: 0.7 percent). The numbers of respondents in the comparison data who had these patterns of inconsistent data for binge alcohol use were about 10 to 20 times the number of QFT respondents with inconsistent data.

4.6.3 Responding to Lead Questions for "OTHER, Specify" Data

As noted in *Section 3.3.2 in Chapter 3*, only the "OTHER, Specify" data for Hispanic origin, race, and drugs were coded for use in further data processing or analysis. However, data for variables or response choices that govern whether respondents were asked "OTHER, Specify" questions provide an indication of data quality. For example, if predefined categories for a given question or predefined examples in preceding questions (e.g., specific prescription drugs) are understandable and encompass the bulk of expected responses, then the rates should be low for the residual "other" responses (e.g., misuse of "any other" pain reliever, obtaining pain relievers "some other way").

Estimates in *Table N-1 in Appendix N* for new, moved, or revised items in the QFT include estimates for the following questions that have associated "OTHER, Specify" data:

- race (question QD05), including other race;
- past year misuse of specific prescription pain relievers (PRY01 to PRY40), including misuse of any other prescription pain relievers;
- reasons for misusing the last pain reliever (PRYMOTIV), including some other reason;
- source of the last pain reliever that the respondent misused (PRY42B), including getting the drug some other way;
- friend's or relative's source of the pain reliever that the respondent obtained from a friend or relative for free (PRY42C), including getting the drug some other way;
- past year misuse of specific prescription tranquilizers (TRY01 to TRY19),¹⁸
- reasons for misusing the last tranquilizer (TRYMOTIV);
- source of the last tranquilizer that the respondent misused (TRY21B);
- friend's or relative's source of the tranquilizer that the respondent obtained from a friend or relative for free (TRY21C);
- past year misuse of specific prescription stimulants (STY01 to STY24);
- reasons for misusing the last stimulant (STYMOTIV);
- source of the last stimulant that the respondent misused (STY26B);
- friend's or relative's source of the stimulant that the respondent obtained from a friend or relative for free (STY26C);
- past year misuse of specific prescription sedatives (SVY01 to SVY17);
- reasons for misusing the last sedative (SVYMOTIV);
- source of the last sedative that the respondent misused (SVY19B);
- friend's or relative's source of the sedative that the respondent obtained from a friend or relative for free (SVY19C);
- type of cancer (HLTH26), including other cancer; and
- born in the United States (QD14).¹⁹

Not counting question QD14, which does not offer an *explicit* choice of "other" (i.e., other country or territory is implied by a response of "no"), rates for "other" responses to these items were low in the QFT relative to rates for predefined prescription drugs or predefined response categories. These low rates support the overall conclusion that predefined categories or predefined examples of prescription drugs performed adequately in the QFT.

For past year misuse of specific pain relievers, for example, fewer than 10 QFT respondents aged 12 or older reported past year misuse of any other prescription pain reliever,

¹⁸ "Other" responses for tranquilizers, stimulants, and sedatives correspond to those listed for pain relievers.

¹⁹ Respondents who answer question QD14 as "no" are routed to question QD15, which asks them to specify the country or territory where they were born.

for an estimate of 0.2 percent. In comparison, more than 50 respondents reported past year misuse of Vicodin[®], for an estimate of 2.4 percent. An estimated 70.2 percent of persons who misused pain relievers in the past year reported misusing pain relievers the last time in order to relieve physical pain, 26.1 percent reported doing so to relax or relieve tension, and 22.3 percent reported doing so to feel good or get high. Fewer than five QFT respondents reported misusing pain relievers the last time for some other reason; the corresponding estimate of 2.1 percent would be suppressed.

More than 50 QFT respondents reported having some type of cancer in their lifetime. Although this number of respondents allowed acceptable precision for estimating the lifetime prevalence of cancer among persons aged 12 or older based on data from more than 2,000 respondents, prevalence estimates for specific types of cancer would be suppressed if based on the denominator of respondents who ever had cancer. Also, fewer than 10 QFT respondents reported having most specific types of cancer listed in question HLTH26, including other cancer. In the typed answers to the "OTHER, Specify" question for other forms of cancer, one of the answers corresponded to a type of cancer in the list in HLTH26. The second response did not correspond exactly to any of the types of cancer in the list.

Table M-1 in *Appendix M* shows weighted estimates for question QD14 in the QFT and in the comparison data for 2011 and 2012. The estimated percentage of persons aged 12 or older who were born in the United States based on QFT data (87.9 percent) was similar to the estimates in the 2011 and 2012 comparison data (88.8 and 88.9 percent, respectively). These findings suggest that moving the question about country of birth from CAPI to ACASI did not affect reporting of being born in or outside of the United States.

4.6.4 Triggering of Hard Errors Involving Ages at First Prescription Drug Misuse

In the main survey, consistency checks were triggered if respondents reported first misuse of prescription drugs at an age that was older than their current age. In these consistency checks, respondents had the option of changing their current age to make it consistent with their reported age at first misuse (AFU)²⁰ or to change their AFU to make it consistent with their current age.

For each specific prescription drug that QFT respondents misused in the past year, they were asked to report the age when they first misused the drug. Unlike the comparison data from the main survey, "hard errors" were triggered if QFT respondents reported an AFU for a specific prescription drug that was older than their current age. The message for these hard errors indicated that the AFU that respondents entered was older than their current age. Respondents could change their AFU for that prescription drug to make it consistent with their current age, but they could not change their current age.

The prescription drug variables in the CAI data that were associated with answers to the AFU questions did not directly capture information to indicate when these hard errors had been triggered. However, this information was available through the audit trail data, which indicated each keystroke that respondents made during the interview. The audit trail data for respondents

²⁰ The abbreviation "AFU" (typically, standing for "age at first use" for drugs other than prescription drugs) also is used in this section to refer to first misuse of prescription drugs.

who triggered at least one hard error in their interviews and also reported past year misuse of prescription drugs were checked by multiple reviewers.

No situations were identified in the audit trail data for the QFT in which respondents triggered a hard error between the AFU answers for individual prescription drugs and their current age. Numbers and percentages of respondents in the 2011 and 2012 comparison data who triggered corresponding consistency checks also were minimal. Fewer than 10 respondents for pain relievers and fewer than 5 respondents per module for tranquilizers, stimulants, and sedatives triggered consistency checks between their AFU data and current age in the 2011 or 2012 comparison samples.

4.6.5 Triggering of Specific Consistency Checks in the Prescription Drug Modules

If QFT respondents reported that they first misused a specific prescription drug within 1 year of their current age, they were asked to report the year and then the month when they first misused that drug (YFU and MFU, respectively).²¹ A consistency check was triggered if the AFU reported by the respondent for the specific drug differed from the corresponding age that was calculated from the YFU, MFU, and birth month.

However, the programming specifications for the YFU and MFU questions for individual prescription drugs in the QFT were designed to limit the opportunities for respondents to enter answers in the YFU and MFU questions that were inconsistent with their answer to the corresponding AFU question. Specifically, the CAI logic typically limited the months that respondents could choose in the MFU questions based on their interview date, date of birth, reported AFU, and reported YFU. For example, suppose a respondent reported first misuse of a prescription drug at his or her current age and in the current year. If the respondent already had a birthday in the current year, then the only allowable months that the respondent could choose in the MFU question were from his or her birth month to the interview month. If specific criteria did not apply for restricting the allowable months in the MFU question, however, the default was for the MFU question to display all calendar months.

Data from the QFT suggest that the logical constraints for the AFU, YFU, and MFU questions were successful in reducing inconsistent reporting of initiation data for individual prescription drugs. Only three QFT respondents triggered consistency checks because of this pattern of inconsistent reporting. Two of these consistency checks were triggered for different pain relievers, and one consistency check was triggered for a tranquilizer. No consistency checks were triggered for prescription stimulants or sedatives. In addition, no more than one of these consistency checks was triggered for any of these respondents. In the final QFT sample, no respondents had inconsistent initiation data for individual prescription drugs.

In comparison, nearly 400 respondents in the 2011 comparison data (0.6 percent of all respondents) and nearly 150 respondents in the 2012 comparison data (0.5 percent) triggered consistency checks because their reported AFU for any pain reliever or OxyContin[®] was inconsistent with the calculated age at initiation based on their initial reports for their YFU and

²¹ The abbreviations "YFU" (typically, standing for "year of first use" for drugs other than prescription drugs) and "MFU" (typically, standing for "month of first use") also are used in this section to refer to first misuse of prescription drugs.

MFU. For tranquilizers, the prescription drug category in the comparison data with the second highest number of inconsistencies between the reported AFU and initiation data based on the YFU and MFU, nearly 150 respondents in the 2011 comparison data (0.2 percent) and nearly 100 in the 2012 comparison data (0.3 percent) had this initial pattern of inconsistent data.

As noted previously, however, QFT respondents were asked the YFU and MFU questions for a given prescription drug only if they reported relatively recent initiation of misuse of that drug. Consequently, the low numbers of QFT respondents who triggered consistency checks based on their answers to the AFU, YFU, and MFU questions probably reflects the specific criteria for asking the YFU and MFU questions. Larger numbers of respondents triggering these consistency checks for prescription drugs would be expected in a full survey sample of approximately 67,000 respondents, and at least some of these respondents would be expected not to resolve some inconsistencies in these initiation data. Nevertheless, the findings for these types of inconsistencies in the prescription drug initiation data in the QFT and comparison data suggest that the changes to the CAI logic in the QFT will help to reduce the occurrence of these inconsistencies when the redesigned prescription drug questions are fielded in 2015.

4.6.6 Patterned Responses in the Core Drug Questions for the Comparison Data

As noted in *Section 3.3.2 in Chapter 3*, core modules in the 2011 and 2012 comparison data were reviewed for potential patterned responses according to the procedures documented in the editing and coding section (Section 10) of the 2010 methodological resource book (Kroutil et al., 2012a). These checks were implemented as part of the general editing procedures for editing the full 2011 survey data and the 2012 survey data from quarters 3 and 4, regardless of whether interviews were within or outside of the 48 States of the continental United States. However, fewer than five cases in the entire 2011 data were classified as nonrespondents even though they met the usable case criteria because of patterned responses in their core drug data. Similarly, fewer than five cases in the entire 2011 survey were retained as respondents, but with their original responses in one or more core drug modules being replaced with "bad data" codes. For the 2012 survey in quarters 3 and 4, there also were fewer than five cases that met the usable case criteria but were treated as nonrespondents and fewer than five cases that were retained as respondents but with their original responses in one or more core drug modules being replaced with "bad data" codes.

4.6.7 Patterned Responses in the Drug Use Questions for the QFT Data

The checks for patterned responses that were used for the comparison data also were implemented for core QFT modules that did not change (or underwent minimal change) relative to the comparison data. Because the content of the new methamphetamine module for the QFT was similar to the content of other modules in the comparison data, the relevant checks for the comparison data were run for the methamphetamine data in the QFT.

Changes to the prescription drug questions for the QFT had the potential to yield some results in which the pattern of responses could call into question the overall validity of the data for prescription drugs. Therefore, particular attention was given to identifying the occurrence of the following patterns in the prescription drug data and examining the results if these patterns occurred:

- keying responses of "1" (and only "1") to all screener questions for a given prescription drug category;
- keying responses of "2" (and only "2") to all screener questions for a given prescription drug category; and
- reports of high numbers of individual prescription drugs that were misused relative to the overall distribution of the number of drugs that were misused within a given category, with all AFUs being within 1 year of each other (including those in which all AFUs were at the same age).

4.6.7.1 Background on Patterned Responses in the QFT Prescription Drug Data

In modules preceding the screening questions for pain relievers, for example, responses of "2" in "gate" questions (e.g., any lifetime use of specific inhalants, any lifetime use of methamphetamine) meant "no." In the screeners for prescription drugs, however, responses of "2" typically meant use in the past year of a specific prescription drug. For example, a response of "2" in the first screening question for pain relievers meant use in the past year of the pain reliever Lortab[®]. Thus, if lifetime nonusers of drugs in modules that preceded the prescription drug screening questions failed to recognize that "2" no longer meant "no" in these screening questions, they might continue to key responses of "2," thinking incorrectly that this meant that they did not use any of the drugs in a given question.

Similarly, responses of "1" in gate questions for modules preceding the prescription drug screening questions meant "yes." On the one hand, a response of "1" in the screening questions for past year use of prescription drugs could correctly mean that respondents used that particular prescription drug in the past year. However, there were 11 questions in the screener for pain relievers about past year use. The remaining screeners for tranquilizers, stimulants, and sedatives each included six questions about past year use of prescription drugs in their respective categories. Consequently, keying responses only of "1" to every single screening question for a given prescription drug category would be highly unlikely; in questions where respondents could report use of more than one prescription drug in the past year, responses only of "1" would mean that the respondent used the first (and *only* the first) prescription drug shown in each question. Again, if some respondents failed to recognize that "1" no longer meant "yes" in the prescription drug screeners, they might think incorrectly that "1" meant "yes" to use of *any* of the drugs in a given question. Furthermore, if respondents keyed answers of "1" (and only "1") in screening questions to mean that they used at least one of the drugs in the list, it could not be determined which specific drugs they actually used.

As noted previously, QFT respondents were asked to report their ages when they first misused each of the prescription drugs that they reported misusing in the past 12 months. This could involve misuse of up to 40 pain relievers, 19 tranquilizers, 24 stimulants, and 17 sedatives. An underlying assumption for asking the initiation questions for each individual prescription drug was that most respondents would report past year misuse of relatively few prescription drugs, if any. Nevertheless, if respondents reported misuse of a relatively high number of prescription drugs within a category in the past year but provided little or no variation in their reported ages when they initiated misuse of each drug, concern could be raised about the validity of the self-reported initiation data. For example, some respondents could report the same

initiation data for each drug in order to get through the questions faster. Even if respondents were attempting to answer each individual initiation question as accurately as possible, concern also could be raised about respondents' ability to provide accurate self-reports in each set of initiation questions when they reported misuse of relatively high numbers of prescription drugs.

4.6.7.2 Actions Based on Patterned Responses in the QFT Prescription Drug Data

No cases were dropped from the QFT data (i.e., treated as nonrespondents) because of patterned responses. However, patterns of responses in the QFT prescription drug data were reported to SAMHSA for a total of 22 cases. For five of these respondents, edited variables for one or more categories of prescription drugs were assigned "bad data" codes because of patterned responses in their prescription drug data. These included three respondents who keyed only responses of "2" wherever possible in the screening questions and two respondents who keyed only responses of "1" wherever possible in the screening questions. One of these QFT respondents who keyed only responses of "1" in the screening questions had additional patterned responses in the questions about misuse, including endorsing all five ways of misuse in the past year for all four prescription drug categories (i.e., without a prescription, in greater amounts, more often, longer than told to take the drug, or in some other way not directed by a doctor) and endorsing all possible motivations for misuse in the past year for all four prescription drug categories. These results suggest the potential for patterned responses to occur more frequently in the redesigned prescription drug questions when the partially redesigned questionnaire is implemented in 2015. Unlike the lead questions in prior modules, responses of "1" or "2" in the screener questions do not mean "yes" or "no," respectively. Therefore, patterns of keying only "1" or only "2" wherever possible suggest that these respondents may not have noticed the change in meaning of these responses when they reached the prescription drug screener questions. This potential data quality issue warrants further monitoring in the 2013 DR data and the 2015 main study data.

4.6.7.3 Initiation Patterns in the QFT Prescription Drug Data

A total of 14 QFT respondents (including some of those who keyed responses of only "1" in the screening questions) reported past year misuse of four or more individual prescription drugs within a given prescription drug category, and they also reported no more than 1 year of variation in the answers to the individual AFU questions. These included respondents who reported first misuse of all prescription drugs within a category at the same age or often across multiple categories of prescription drugs.

A cut point of four or more was chosen based on the distributions for the numbers of individual prescription drugs for which respondents reported past year misuse. Specifically, percentages of QFT respondents reporting past year misuse of zero to three individual prescription drugs were 98.7 percent for pain relievers, 99.5 percent for tranquilizers and stimulants, and almost all respondents for sedatives (i.e., the percentage shown to one decimal place rounded to 100.0). For QFT respondents who were above this cut point, 26 reported past year misuse of four or more individual pain relievers, including 9 respondents who reported misuse of eight or more. For tranquilizers, 10 respondents reported past year misuse of four or more individual drugs, including 3 respondents who reported misuse of eight or more.

For stimulants, 10 respondents reported past year misuse of four or more individual drugs, including 7 respondents who reported misuse of six or seven stimulants.

One of these 14 respondents keyed responses of only "1" in the screening questions for all four categories of prescription drugs. Consequently, all edited prescription drug variables for this respondent (including the variables associated with the AFU questions) were assigned codes of "bad data," as described previously. No further editing was done to the data on initiation of misuse for the remaining 13 respondents. However, some of these respondents reported initiation of misuse of all prescription drugs at the same age more than 10 years prior to the interview date; AFUs for some of these prescription drugs also would have translated to initiation of misuse prior to the availability of these drugs by prescription in the United States. Other respondents not only reported initiation of misuse of all drugs at the same age but also reported initiation of misuse of all prescription drugs in the same year and month or keying of the response for "don't know" (DK) for the MFU questions after the first couple of times of being asked questions for the AFU, MFU, and YFU. This latter pattern could suggest either annoyance or fatigue associated with the respondent repeatedly asked about first misuse.

An additional five QFT respondents were identified with reports of past year misuse of relatively high numbers of individual prescription drugs. Unlike the previous 14 respondents, these respondents provided more variation in their initiation data. One of these five respondents also had codes of "bad data" assigned to prescription drug variables because the respondent keyed only responses of "1" wherever possible in the screening questions. No further editing was done to the data on initiation of misuse for the remaining four respondents.

4.6.7.4 Measurement Issues for Initiation of Prescription Drug Misuse in the QFT

The assumed primary analytic aim of the questions about initiation of misuse of prescription drugs is to distinguish between respondents who first misused *all* prescription drugs within a given category within the past 12 months (i.e., past year initiates) and those who initiated misuse of some prescription drugs in that category more than 12 months ago. If that is the case, then respondents' ability to recall accurately the *exact* ages when they first misused each individual prescription drug would become a secondary concern. In particular, if respondents can recall accurately that they first misused some prescription drugs in that category more than 12 months prior to being interviewed, then they by definition would not be past year initiates, even if there is some inaccuracy in their self-reports of when they first misused every individual drug.

On the surface, if respondents reported past year initiation of misuse for all individual prescription drugs in a category that they misused in the past year, then it would appear that these respondents could be classified as past year initiates of misuse for that category. For example, suppose a respondent reported misuse of four different prescription pain relievers and reported first misuse of all four at his or her current age. By definition, initiation of misuse for each of these pain relievers would have occurred in the past 12 months.

Because QFT respondents were asked questions about their first misuse of the prescription drugs that they misused in the past 12 months, a limitation of these initiation questions is that they do not capture information about other prescription drugs in the category

that respondents may have last misused more than 12 months ago. In the preceding example, if the respondent who misused four pain relievers at his or her current age misused a fifth pain reliever at some point in his or her lifetime but not in the past 12 months, the pain reliever questions in the QFT would not capture information about this additional prescription pain reliever. By definition, however, a respondent who misused any prescription drugs within a category (e.g., pain relievers) more than 12 months ago could not be a past year initiate for the overall category. A respondent who reported first misusing a prescription drug with a particular active ingredient (e.g., the pain reliever hydrocodone, such as Vicodin[®] or the generic equivalent hydrocodone with acetaminophen) or within a given prescription drug subcategory (e.g., benzodiazepine tranquilizers such as Xanax[®] or the generic equivalent alprazolam) also could not be classified with certainty as a past year initiate for the more narrowly defined subcategory. As for the definition of past year initiation for the overall prescription drug category, the respondent could have misused similar drugs in a subcategory (e.g., other pain relievers containing hydrocodone) more than 12 months ago but not in the past 12 months and therefore would not have been asked about these other drugs in the QFT.

4.6.8 Issues to Consider for the Dress Rehearsal

Based on the review of responses to the prescription drug questions in the QFT, two issues may be particularly relevant to the design of these questions for the 2013 DR:

1. alerting respondents that responses of "1" or "2" in the prescription drug screening questions do not necessarily mean "yes" or "no," respectively; and
2. capturing information about potential initiation of prescription drug misuse more than 12 months ago for those respondents who reported past year initiation of all prescription drugs in a category that they misused in the past year.

4.6.8.1 Alerting Respondents to Content Changes for Prescription Drugs

At a minimum, revisions to the prescription drug questions for the 2013 DR in response to the first issue could involve an introductory screen prior to the start of the screener for pain relievers to inform respondents of the change in meaning of responses of "1" or "2." Ideally, this would slow down respondents sufficiently to pay attention to this change.

However, if respondents are hurrying through the core drug questions without paying close attention to changes in the content—especially if they have become conditioned to expect that "2" means "no"—they still may fail to pay sufficient attention to a new introductory screen immediately prior to the prescription drug screeners. Therefore, an additional option for the 2013 DR would be inclusion of new logic relatively early in the screening questions for a given prescription drug category to alert respondents if they appear to be falling into a pattern of keying responses of only "1" or only "2" in the screener. For example, if a respondent entered answers of only "2" in the first two screening questions about past year use of pain relievers, the respondent might be prompted about what these responses of "2" mean (e.g., past year use of Lortab[®] and Percocet[®], respectively, based on the content of the QFT questions). The respondent then would be asked whether these answers are correct. In case respondents have gotten conditioned to associate responses of "1" with "yes" and responses of "2" with "no," the question asking respondents to indicate whether these previous answers were correct could involve use of

a response other than "1" for "yes" if respondents want to confirm their answer and a response other than "2" for "no" if they want to indicate that their previous answers were not correct. Respondents who indicate that their previous answers were not correct would be re-asked the relevant screener questions to allow them to change their answers to these questions.

The decisions were made not to implement either of these changes for the 2013 DR. However, continued monitoring of the occurrence of these patterns is planned for the DR.

4.6.8.2 Refining the Initiation Questions for Prescription Drugs

In keeping with the aim of distinguishing between past year initiates of misuse of any prescription drug within a category and respondents who initiated misuse of some prescription drugs in that category more than 12 months ago, it would be necessary in the 2013 DR to collect additional initiation data only from those respondents who reported past year initiation of misuse for all of the prescription drugs in a category that they misused in the past year. If DR respondents continue to be asked initiation questions for each prescription drug that they misused in the past year, then any respondents who first misused any of these drugs more than 12 months prior to the interview date are not past year initiates. If first misuse in the past 12 months is the only initiation that respondents report for prescription drugs that they misused in that same period, they could be asked a follow-up question to determine if they ever misused any prescription drugs in that category more than 12 months ago.

Follow-up questions have been added to the 2013 DR instrument for respondents who report only past year initiation of specific prescription drugs in a given category (e.g., pain relievers).²² These respondents will be asked whether they ever misused any prescription drug in that category more than 12 months prior to the interview date. Respondents who answer this follow-up question as "no" can be classified as past year initiates of misuse for any prescription drug in that category. Those who answer the follow-up question as "yes" can be classified as not being past year initiates. As noted previously, it will not be necessary to ask this follow-up question if respondents reported initiating misuse more than 12 months ago for any prescription drugs that they also misused in the past year. By definition, these respondents are not past year initiates.

²² Included in the classification of respondents who reported only past year initiation are those who had missing data on initiation for some drugs in a given category (i.e., responses of "don't know" or "refused") and reported past year initiation for the remaining prescription drugs in that category that they misused in the past year.

5. Assessments of the Redesigned Protocol

5.1 Overview of QFT Protocol Assessment

This chapter presents the results of four efforts to assess the partially redesigned protocol used for the 2012 Questionnaire Field Test (QFT) data. The overall purpose of these assessments was to ensure that the revised questionnaire and protocol used for the 2012 QFT will facilitate continued high quality and efficiency in National Survey on Drug Use and Health (NSDUH) data collection when the partial redesign is implemented in 2015. *Section 5.2* presents complete results of field observations of QFT field interviewers (FIs). *Section 5.3* provides selected data compiled from FI debriefing items completed for QFT cases. *Section 5.4* presents findings from two surveys on new equipment used by FIs in the QFT. *Section 5.5* provides key findings from three focus groups conducted with QFT FIs about their experiences using the redesigned NSDUH interview protocol and tablet computer for screening.

5.2 Summary of Results from Field Observations of QFT Field Interviewers

This section summarizes the results of the field observations described previously in *Section 2.4.7.2* of *Chapter 2*. All field observations were completed between September 4 and September 17, 2012. During this time period, a total of 20 field observations were completed with 20 different FIs. These FIs completed 34 screenings and 28 interviews. Substance Abuse and Mental Health Services Administration (SAMHSA) staff observed 5 of the 20 FIs completing 10 screenings and 5 interviews. The remaining observations were conducted by RTI staff, which included observations by one FS, two regional supervisors (RSs), and two other RTI staff members. This section summarizes the field observation procedures followed and the errors observed. It also includes comments from observers and FIs about the new materials, procedures, and equipment used for the QFT data collection.

Several trends emerged among the QFT field observation data. The majority of FIs displayed positive behaviors when conducting screenings (see *Appendix D*). Of the 21 items listed on the QFT field observation screening checklist, only 2 items were observed being conducted incorrectly more than 5 percent of the time:

- not asking all roster questions verbatim, and
- not reading verification instructions verbatim when no household members were selected for an interview (code 22, 25, 26, or 30).

These errors were not specifically related to the QFT and could have occurred during a main study observation. Based on observation of these errors, no changes to the equipment or materials are anticipated. Items were added to the QFT field observation screening checklist to reflect changes to the screening procedures, project information, and use of specific QFT materials. There was only one error recorded for these items (see *Table 5.1*) in which an FI did not correctly answer a respondent's questions using the QFT-specific information.

Table 5.1 Screening Errors Specific to the Questionnaire Field Test

Screening Error	Error Rate, %	Errors Observed
Not including name, RTI International, DHHS, and lead letter in introduction	0.00	0
Not providing respondent with correct QFT materials	0.00	0
Answer questions correctly and thoroughly, referencing correct QFT details (e.g., RTI International, DHHS, did not mention QFT or field test, sample size, or payment)	2.94	1
TOTAL	0.98	1

DHHS = U.S. Department of Health and Human Services; QFT = Questionnaire Field Test.

NOTE: The error rate equals the percentage of observed cases where the error was observed. A total of 34 interviews were observed.

The majority of FIs also displayed positive behaviors when conducting interviews (see *Appendix D*). Of the 14 items listed on the QFT field observation interviewing checklist, only 3 items were observed being conducted incorrectly at least 5 percent of the time:

- not explaining the purpose of the study thoroughly to an interview respondent who was not the screening respondent;
- not handing the QFT study description to the respondent; and
- not reading all screens verbatim.

As with the observed screening errors, these errors were not related specifically to the QFT and could have occurred during a main study observation. In instances where an error was recorded for the FI not handing the QFT study description to the respondent, the FI did not hand any study description to the respondent. This error was not attributed to the QFT procedures.

Items were added to the QFT field observation interview checklist to reflect changes to the interview procedures, project information, and use of specific QFT materials. Two errors were recorded on these items, as noted in *Table 5.2*. For both of these errors, the FI used procedures or language from the main study instead of following QFT procedures.

Table 5.2 Interview Errors Specific to the Questionnaire Field Test

Interview Error	Error Rate, %	Errors Observed
Not following the proper QFT quality control form and incentive procedures	3.57	1
Not answering respondent questions correctly and thoroughly, referencing the appropriate QFT details (e.g., RTI International, DHHS, did not mention QFT or field test, sample size, or payment)	3.57	1
Not providing respondent with correct QFT materials	0.00	0
TOTAL	2.38	2

DHHS = U.S. Department of Health and Human Services; QFT = Questionnaire Field Test.

NOTE: The error rate equals the percentage of observed cases where the error was observed. A total of 28 interviews were observed.

The field observations show that FIs generally did well at following both new procedures specific to the QFT and procedures carried over from the main study. Although it is a cause for concern to see any violations of protocol, errors were relatively infrequent during the QFT field

observations. The results do not indicate that the majority of these errors were the result of any new field procedures specific to the QFT.

Observers were also asked to evaluate the performance of the QFT equipment (i.e., tablet and laptop) and materials (i.e., QFT lead letter, QFT study description, and "question & answer" [Q&A] brochure) while in the field. There were no additional comments or concerns from observers about the performance of the QFT materials during their observations. Three comments were provided about the performance of the tablet in the field. One FI was concerned that there was more glare on the tablet screen in direct sunlight than typically observed with the current iPAQ device. Another FI suggested that a new functionality be added to the tablet program, removing finalized cases from the "select case" screen when transmitted. This change does not need to be made for the 2013 Dress Rehearsal (DR) because this functionality is already available on the tablet. The view/sort function on the tablet already allows FIs to select whether they want to view pending or final cases on the select case screen. Two FIs had issues troubleshooting unexpected events with the tablet, such as an alarm going off during a screening. These troubleshooting issues are to be addressed during the 2013 DR training, and documentation will be added to the FI handbook on how to resolve these occurrences. The QFT field observations did not uncover any serious concerns about the QFT equipment or materials.

Observers did witness some respondent confusion during the interview. Respondents asked FIs for assistance with or were obviously confused by the following questions:

- **GOTDOG:**

You answer questions by putting in the number that is shown next to your answer. The numbers are located in the second row of the keyboard.

To answer a question, you first press the correct number and then press [ENTER].

Do you have a dog?

One respondent pressed F2 instead of 2 to answer this question and needed FI assistance.

- **AL08:**

During the past 30 days, that is, since [DATEFILL], on how many days did you have [IF QD01=5 THEN FILL 5 IF QD01=9 THEN FILL 4] **or more** drinks on the same occasion? By "occasion," we mean at the same time or within a couple of hours of each other.

One respondent asked what the definition of "occasion" was for this question.

- **Pain Relievers Module:**

One respondent asked the interviewer to explain the difference between Tylenol[®] with Codeine 3 and Tylenol[®] with Codeine 4.

One respondent asked if he should be reporting pain relievers he was prescribed by a doctor and read the question out loud to the FI.

- **SP09:**

In [STATE FILL FROM FIPE4], has marijuana been legally approved for medical use?

One respondent did not know how to answer this question. She asked the FI, and the FI instructed her to use the "Don't Know" option.

- **HLTH19:**

During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or nurse practitioner about your **own** health at a doctor's office, a clinic, or some other place?

One respondent asked if she should include all trips to the doctor because she is pregnant and goes to the doctor regularly.

- **QD35:**

How many different employers, including yourself, have you had in the past 12 months?

One respondent was confused on how to answer this question if he or she had only one employer.

- **Household Roster:**

One respondent was confused on how to answer the relationship questions in this section, which asks about the ages and relationships of household members.

These experiences suggest that respondents might express similar confusion on these questions in the main study data collection. However, the main study field observations do not provide comparison data on how many times respondents were confused or what comments respondents made on these same issues.

Several respondents also made comments as they completed the interview. These comments do not necessarily indicate confusion or issues with the questionnaire, but they do give some insight into how respondents reacted to the instrument.

- ACASI (audio computer-assisted self-interviewing)—One respondent commented that the drug names made him laugh.
- ACASI—One respondent volunteered that she was a nurse and had not heard of all the drugs included in the ACASI. She commented that it was "an education."
- ACASI—One respondent laughed at the marijuana and crack availability questions, which ask how easily one could obtain these drugs.
- ACASI—One respondent commented, "I'm sure there are people who take all of these, but this is insane. I can't imagine."
- Household Roster—One respondent wondered why they had to repeat this information about household members from the screening and commented that it was repetitive.
- Household Roster—One respondent commented that the relationship questions were "unusual."

Observer comments also suggested changes that could be made to the computer-assisted interviewing (CAI) instrument. In two cases, it was suggested that a transition statement or instructions be added to the end of the interview to provide some context for the FI tasks. This statement would allow the end of the interview to flow more naturally and not leave the respondent sitting in silence while the FI finishes his or her tasks.

Despite issues with respondent confusion or misunderstanding, FI performance during field observations met the expected quality standards. Out of a possible 714 screening errors in the QFT field observations (34 completed screenings multiplied by 21 possible errors on the QFT field observation screening checklist), field observers noted 8 errors, or 1.12 percent of the possible screening errors. Out of a possible 392 interviewing errors in the QFT field observations (28 completed interviews multiplied by 14 possible errors on the QFT field observation interviewing checklist), field observers noted 17 errors, or 4.34 percent of the possible interview errors.

Overall, the 20 completed field observations provided an important opportunity to see firsthand how the QFT instrument, materials, and equipment performed in the field. These items all performed well, and only minimal changes were suggested. Several items that observers were instructed to observe went so smoothly that there were no reported issues or comments, including the flow of the screening presentation, overall issues with the tablet or tablet case, and issues transitioning between the screening and the interview. The lack of comments on these items, combined with the few comments and issues reported on other QFT-specific items, indicates the instruments, equipment, and materials performed well in the field. Although some small errors were observed, the QFT FIs also performed well while working with the new instrument, materials, and equipment. Because these observations were conducted with experienced FIs and from a nonrandom selection, they may not be generalizable to the NSDUH main study FI population. These field observation data did not produce any suggestions for significant changes to the 2013 DR or the 2015 redesign.

5.3 QFT Field Interviewer Debriefing Results

Additional insight on the redesigned protocol in 2015 was obtained from FI debriefing questions that were administered at the end of each interview. Debriefing items (shown in *Appendix E*) were included in the QFT protocol. Debriefing items asked FIs to note whether respondents expressed any difficulties or reactions to certain features of the revised protocol, such as the electronic version of the reference calendar, the electronic pill images, proxy use of ACASI, and the new contact materials (Q&A brochure). In addition, FIs also responded to debriefing items about the screening respondent's recall of the lead letter. Although this reporting depends on unprompted information being supplied by QFT screening and interview respondents, these items provide information that can be used to identify potential problems with the new features of the redesigned protocol in an unobtrusive manner.

Tables 5.3 through *5.8* present information on FI reports of screening respondent recall of the lead letter. FIs reported that older screening respondents (those 26 or older) were more likely to recall seeing the lead letter than younger screening respondents (18 to 25 years old). To examine screening respondent recall of the lead letter more closely, a three-category measure of interview status at the dwelling unit level was created, as follows:

- *Not Selected* – Dwelling units in which the screening was completed and no one was selected for the interview.
- *Selected and Not Interviewed* – Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed. Interviews were not completed for several reasons, including refusal, noncontact, and language barriers.
- *Selected and Interviewed* – Dwelling units in which the screening was completed and at least one interview was completed.

Recall of the lead letter appeared to be associated with willingness to do the interview. **Table 5.4** shows that FI reports that the screening respondent recalled the lead letter were lower when the dwelling unit was selected for an interview but not interviewed than when an interview was completed in the dwelling unit. **Tables 5.5** through **5.8** show that this pattern did not vary a great deal by the age of the screening respondent, with the notable exception of cases where the age of the screening respondent was 65 or older. As shown in **Table 5.8**, for screening respondents aged 65 or older, there was little difference in the recall of the lead letter between those in households where an interview was completed (57.5 percent) and those where a person was selected but no interviews were completed (55.2 percent).

Table 5.3 Screening Respondent Recall of Lead Letter, by Screening Respondent Age

QFTDBF1 - Did the respondent remember receiving the lead letter?	Screening Respondent Age								Overall (n = 3,801)	
	18 to 25 (n = 353)		26 to 49 (n = 1,576)		50 to 64 (n = 1,054)		65 or Older (n = 818)			
	N	%	n	%	n	%	n	%	n	%
Yes	131	37.1	809	51.3	589	55.9	422	51.6	1,951	51.3
No	222	62.9	767	48.7	465	44.1	396	48.4	1,850	48.7

NOTE: Screening respondent age was missing for 28 completed screenings.

Table 5.4 Screening Respondent Recall of Lead Letter, by Dwelling Unit Interview Status

QFTDBF1 - Did the respondent remember receiving the lead letter?	Dwelling Unit Interview Status							
	Not Selected ¹ (n = 1,931)		Selected & Not Interviewed ² (n = 459)		Selected & Interviewed ³ (n = 1,443)		Overall (n = 3,833)	
	n	%	n	%	n	%	n	%
Yes	1,002	51.9	194	42.3	767	53.2	1,963	51.2
No	929	48.1	265	57.7	676	46.9	1,870	48.8

¹ Dwelling units in which the screening was completed and no one was selected for the interview.

² Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

³ Dwelling units in which the screening was completed and at least one interview was completed.

Table 5.5 Recall of Lead Letter among Screening Respondents Aged 18 to 25, by Dwelling Unit Interview Status

QFTDBF1 - Did the respondent remember receiving the lead letter?	Dwelling Unit Interview Status							
	Not Selected ¹ (n = 65)		Selected & Not Interviewed ² (n = 51)		Selected & Interviewed ³ (n = 237)		Overall (n = 353)	
	n	%	n	%	n	%	n	%
Yes	31	47.7	13	25.5	87	36.7	131	37.1
No	34	52.3	38	74.5	150	63.3	222	62.9

¹ Dwelling units in which the screening was completed and no one was selected for the interview.

² Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

³ Dwelling units in which the screening was completed and at least one interview was completed.

Table 5.6 Recall of Lead Letter among Screening Respondents Aged 26 to 49, by Dwelling Unit Interview Status

QFTDBF1 - Did the respondent remember receiving the lead letter?	Dwelling Unit Interview Status							
	Not Selected ¹ (n = 569)		Selected & Not Interviewed ² (n = 239)		Selected & Interviewed ³ (n = 768)		Overall (n = 1,576)	
	n	%	n	%	n	%	n	%
Yes	288	50.6	99	41.4	422	55.0	809	51.3
No	281	49.4	140	58.6	346	45.1	767	48.7

¹ Dwelling units in which the screening was completed and no one was selected for the interview.

² Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

³ Dwelling units in which the screening was completed and at least one interview was completed.

Table 5.7 Recall of Lead Letter among Screening Respondents Aged 50 to 64, by Dwelling Unit Interview Status

QFTDBF1 - Did the respondent remember receiving the lead letter?	Dwelling Unit Interview Status							
	Not Selected ¹ (n = 672)		Selected & Not Interviewed ² (n = 110)		Selected & Interviewed ³ (n = 272)		Overall (n = 1,054)	
	n	%	n	%	n	%	n	%
Yes	375	55.8	49	44.6	165	60.7	589	55.9
No	297	44.2	61	55.4	107	39.3	465	44.1

¹ Dwelling units in which the screening was completed and no one was selected for the interview.

² Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

³ Dwelling units in which the screening was completed and at least one interview was completed.

Table 5.8 Recall of Lead Letter among Screening Respondents Aged 65 or Older, by Dwelling Unit Interview Status

QFTDBF1 - Did the respondent remember receiving the lead letter?	Dwelling Unit Interview Status							
	Not Selected ¹ (n = 607)		Selected & Not Interviewed ² (n = 58)		Selected & Interviewed ³ (n = 153)		Overall (n = 818)	
	n	%	n	%	n	%	n	%
Yes	302	49.8	32	55.2	88	57.5	422	51.6
No	305	50.3	26	44.8	65	42.5	396	48.4

¹ Dwelling units in which the screening was completed and no one was selected for the interview.

² Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

³ Dwelling units in which the screening was completed and at least one interview was completed.

Additional tabulations of the information presented in *Tables 5.3 to 5.8* are shown in *Table 5.9* as the rates at which interviews were completed in households selected for interviews, conditional on whether or not the lead letter was recalled. Overall, among those who were selected for the interview, when the screening respondent mentioned recalling the lead letter, 80.3 percent of the dwelling units had at least one completed interview (767 out of 955). In contrast, when the screening respondent did not mention recalling the lead letter, about 71 percent of dwelling units completed at least one interview (668 out of 933). When this is examined by screening respondent age groups, the differences range from about 7 percentage points for the 18 to 25 age group to about 13 percentage points for the 50 to 64 screening respondent age group. In contrast, there is only a small difference in the percentages of households interviewed by recall of the lead letter when the screening respondent was 65 or older.

Table 5.9 Interview Status, by Recall of Lead Letter and Screening Respondent Age

	18 to 25		26 to 49		50 to 64		65 or Older		Total	
	Recalled Lead Letter?		Recalled Lead Letter?		Recalled Lead Letter?		Recalled Lead Letter?		Recalled Lead Letter?	
	Yes	No								
Selected	100	188	521	486	214	168	120	91	955	933
Interviewed	87	150	422	346	165	107	88	65	767	668
Percent Interviewed	87.0%	79.8%	81.0%	71.2%	77.1%	63.7%	73.3%	71.4%	80.3%	71.6%

Tables 5.10 and *5.11* provide more details on the screening respondent comments on the lead letter as reported by the FIs. Not surprisingly, the selected but not interviewed households had lower rates of screening respondents looking forward to the visit, expressions of interest in the study, and willingness to participate in the study than screening respondents in dwelling units where no one was selected for an interview or in dwelling units where at least one person was selected for the interview and at least one interview was completed. Screening respondents in dwelling units that were selected for an interview but did not complete an interview also had higher rates of not wanting anyone to come to their homes, expressions of confusion, reports of not having all questions about participation answered, and doubts about the confidentiality of their information. Additional details on the lead letter comments and on the Q&A brochure, as well as the length of the interview, are provided in *Tables 5.10* through *5.15*.

Table 5.10 Screening Respondent Comments on Lead Letter, by Screening Respondent Age

QFTDBF2 - What comments, if any, did the respondent [R] make about the lead letter or in response to the lead letter?	Screening Respondent Age								Overall (n = 1,951)	
	18 to 25 (n = 131)		26 to 49 (n = 809)		50 to 64 (n = 589)		65 or Older (n = 422)			
	n	%	n	%	n	%	n	%	n	%
R did not make any comments about the lead letter.	97	74.1	566	70.0	390	66.2	283	67.1	1,336	68.5
R was looking forward to your visit/been waiting for you.	18	13.7	93	11.5	95	16.1	56	13.3	262	13.4
R was interested in the study.	10	7.6	70	8.7	48	8.2	27	6.4	155	7.9
R would like to participate in the study.	8	6.1	50	6.2	33	5.6	21	5.0	112	5.7
R does not believe the government is paying \$30/waste of tax dollars.	0	0.0	1	0.1	4	0.7	5	1.2	10	0.5
The letter answered the R's questions/concerns.	0	0.0	4	0.5	1	0.2	6	1.4	11	0.6
R did not want someone coming to home without permission.	0	0.0	6	0.7	7	1.2	9	2.1	22	1.1
R was confused by the letter.	4	3.1	12	1.5	10	1.7	6	1.4	32	1.6
The letter did not answer all of the R's questions/concerns.	1	0.8	18	2.2	13	2.2	13	3.1	45	2.3
R does not believe the survey is confidential.	0	0.0	5	0.6	7	1.2	7	1.7	19	1.0
R thought this was a scam.	0	0.0	6	0.7	4	0.7	6	1.4	16	0.8
R does not open anything addressed to "resident."	0	0.0	4	0.5	8	1.4	1	0.2	13	0.7
Other	4	3.1	32	4.0	27	4.6	24	5.7	87	4.5

Table 5.11 Screening Respondent Comments on Lead Letter, by Dwelling Unit Interview Status

QFTDBF2 - What comments, if any, did the respondent [R] make about the lead letter or in response to the lead letter?	Dwelling Unit Interview Status							
	Not Selected ¹ (n = 1,002)		Selected & Not Interviewed ² (n = 194)		Selected & Interviewed ³ (n = 767)		Overall (n = 1,963)	
	n	%	n	%	n	%	n	%
R did not make any comments about the lead letter.	673	67.2	139	71.7	529	69.0	1,341	68.3
R was looking forward to your visit/been waiting for you.	146	14.6	19	9.8	101	13.2	266	13.6
R was interested in the study.	78	7.8	5	2.6	76	9.9	159	8.1
R would like to participate in the study.	54	5.4	5	2.6	56	7.3	115	5.9
R does not believe the government is paying \$30/waste of tax dollars.	7	0.7	1	0.5	2	0.3	10	0.5
The letter answered the R's questions/concerns.	8	0.8	1	0.5	2	0.3	11	0.6
R did not want someone coming to home without permission.	13	1.3	7	3.6	2	0.3	22	1.1
R was confused by the letter.	16	1.6	4	2.1	12	1.6	32	1.6
The letter did not answer all of the R's questions/concerns.	21	2.1	6	3.1	18	2.4	45	2.3
R does not believe the survey is confidential.	14	1.4	4	2.1	2	0.3	20	1.0
R thought this was a scam.	12	1.2	2	1.0	2	0.3	16	0.8
R does not open anything addressed to "resident."	8	0.8	1	0.5	4	0.5	13	0.7
Other	45	4.5	12	6.2	31	4.0	88	4.5

¹ Dwelling units in which the screening was completed and no one was selected for the interview.

² Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

³ Dwelling units in which the screening was completed and at least one interview was completed.

Table 5.12 Timing of Providing Q&A Brochure

QFTDBF3 - When did you give the respondent (or parent/guardian of youth respondent) the Q&A [question and answer] brochure?	<i>n</i>	%
Before the interview	517	25.3
During the interview	35	1.7
At the end of the interview	1,488	72.9
TOTAL	2,040	99.9

NOTE: Percentages do not sum to 100 percent due to rounding.

Table 5.13 Comments on Q&A Brochure

QFTDBF3a - What comments, if any, did the respondent [R] (or parent/guardian) make about the Q&A [question and answer] brochure?	<i>n</i>	%
There were no comments about the Q&A brochure.	1,911	93.7
The brochure did not answer all of the R's questions about the study.	16	0.8
The brochure addressed the R's questions .	53	2.6
The R was confused by the brochure .	2	0.1
The brochure encouraged the R to participate .	40	2.0
Other	32	1.6

NOTE: Percentages are based on 2,040 respondents; more than one response could be selected.

Table 5.14 Comments on Q&A Brochure, by Timing of Providing Brochure

QFTDBF3a - What comments, if any, did the respondent [R] (or parent/guardian) make about the Q&A [question and answer] brochure?	When Brochure Was Provided					
	Before Interview (<i>n</i> = 517)		During Interview (<i>n</i> = 35)		End of Interview (<i>n</i> = 1,488)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
There were no comments about the Q&A brochure.	433	83.8	30	85.7	1,448	97.3
The brochure did not answer all of the R's questions about the study.	11	2.1	0	0.0	5	0.3
The brochure addressed the R's questions .	39	7.5	3	8.6	11	0.7
The R was confused by the brochure .	2	0.4	0	0.0	0	0.0
The brochure encouraged the R to participate .	36	7.0	1	2.9	3	0.2
Other	9	1.7	1	2.9	22	1.5

NOTE: Percentages are based on responses to QFTDBF3; more than one response could be selected.

Table 5.15 Respondent Comments on the Interview Being Too Long

QFTDBF9 - Did the respondent make any comments about the interview being too long?	<i>n</i>	%
Yes	261	12.8
No	1,779	87.2
TOTAL	2,040	100.0

Table 5.16 shows that a larger percentage of persons aged 50 to 64 (18 percent) and those aged 65 or older (29 percent) made comments about the interview being too long compared with other age groups (10 to 12 percent). These comments are consistent with the timing data presented in **Table 4.9a** in **Section 4.5**, which shows that respondents in the 65 or older age group had the highest mean and median interview times among all age groups in the sample.

Table 5.16 Respondent Comments on the Interview Being Too Long, by Interview Respondent Age

QFTDBF9 - Did the respondent make any comments about the interview being too long?	Interview Respondent Age									
	12 to 17 (n = 539)		18 to 25 (n = 504)		26 to 49 (n = 678)		50 to 64 (n = 190)		65 or Older (n = 129)	
	n	%	n	%	n	%	n	%	n	%
Yes	58	10.8	50	9.9	81	12.0	35	18.4	37	28.7
No	481	89.2	454	90.1	597	88.1	155	81.6	92	71.3

Table 5.17 shows that more than 2 times as many interview respondents with less than a high school education reported that the interview was too long compared with respondents with higher levels of education overall. These comments cannot be directly compared with interview timing data because the timing data were not calculated by respondent education level.

Table 5.17 Respondent Comments on the Interview Being Too Long, by Interview Respondent Education

QFTDBF9 - Did the respondent make any comments about the interview being too long?	Interview Respondent Education							
	< High School (n = 187)		High School Graduate (n = 425)		Some College (n = 531)		College Graduate (n = 538)	
	n	%	n	%	n	%	n	%
Yes	50	26.7	62	14.6	50	9.4	41	11.5
No	137	73.3	363	85.4	481	90.6	317	88.6

NOTE: Interview Respondent Education is shown only for persons aged 18 or older.

Comments on the prescription drug questions were recorded by FIs, and the 207 responses were coded into the general themes displayed in *Table 5.18*. The most frequent type of comment recorded by FIs was the number of prescription drugs asked in these modules. Among those respondents for whom any comment was recorded, about 40 percent provided a comment consistent with this theme. In some cases, the comments were expressions that the number of prescription drug items was burdensome, but in other cases respondents simply expressed surprise at the numbers of prescription drugs available.

Table 5.18 Classification of Open-Ended Comments on Prescription Drug Questions

Please describe the respondent's [R's] comments about the prescription drug questions.	n	%
Comment on numbers of drug questions	80	38.6
Concepts of prescription drug use and misuse	48	23.2
Navigation issues/code 95 for have not used in past 12 months	14	6.8
Drug classification issues (e.g., uncertainty on reporting over-the-counter medications; categories in which certain drugs might fit)	10	4.8
Personal experiences/circumstances with drug use	12	5.8
Comment on specific drug(s)	12	5.8
Comprehension comments	9	4.3
Comment that R requested help from someone to answer	7	3.4
Unclassified	15	7.2
TOTAL	207	100.0

The next most frequent type of comment was on the concepts of use and misuse of prescription drugs, accounting for 23 percent of the comments in this category (see *Tables 5.19* and *5.20*). Many of the comments focused on whether respondents had a prescription at some point and having questions about what should be recorded, but it was not always clear if these comments were referring to the drug screening items or to the follow-up items.

Table 5.19 Interview Respondent Questions or Comments on Prescription Drug Questions

QFTDBF10 - Did the respondent have any questions or comments about the prescription drug questions in the ACASI [audio computer-assisted self-interviewing] section of the questionnaire?	<i>n</i>	%
Yes	207	10.1
No	1,833	89.9
TOTAL	2,040	100.0

Table 5.20 Interview Respondent Questions or Comments on Prescription Drug Questions, by Interview Respondent Age

QFTDBF10 - Did the respondent have any questions or comments about the prescription drug questions in the ACASI [audio computer-assisted self-interviewing] section of the questionnaire?	Respondent Age									
	12 to 17 (<i>n</i> = 539)		18 to 25 (<i>n</i> = 504)		26 to 49 (<i>n</i> = 678)		50 to 64 (<i>n</i> = 190)		65 or Older (<i>n</i> = 129)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	31	5.8	40	7.9	75	11.1	23	12.1	38	29.5
No	508	94.3	464	92.1	603	88.9	167	87.9	91	70.5

Table 5.21 Interview Respondent Questions or Comments on Prescription Drug Questions, by Interview Respondent Education

QFTDBF10 - Did the respondent have any questions or comments about the prescription drug questions in the ACASI [audio computer-assisted self-interviewing] section of the questionnaire?	Education									
	< High School (<i>n</i> = 187)		High School Graduate (<i>n</i> = 425)		Some College (<i>n</i> = 531)		College Graduate (<i>n</i> = 538)			
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Yes	29	15.5	43	10.1	52	9.8	52	14.5		
No	158	84.5	382	89.9	479	90.2	306	85.5		

NOTE: Interview Respondent Education is shown only for persons aged 18 or older.

Finally, a small number of respondents (14) reported confusion about the use of "95" in the drug screening questions to indicate that they have not used a particular drug in the past 12 months (data not shown). These respondents felt that "95" was not an intuitive number to indicate nonuse, preferring either "0" or the next number in the sequence (i.e., if four drugs are listed as 1, 2, 3, and 4, 5 would be the choice for never having used in the past 12 months). Given the small number of respondents who expressed confusion about the use of "95" in the drug screening questions to indicate nonuse, it was decided not to change this response option for the 2013 DR.

Tables 5.22 to 5.25 provide details regarding the comments on the on-screen calendars. Overall, very few comments were made by respondents about the on-screen calendars. The lack of comments suggested that respondents were able to understand and use the on-screen calendars with relative ease.

Table 5.22 Any Interview Respondent Questions or Comments on On-Screen Calendars

QFTDBF11 - Did the respondent have any questions or comments about the on-screen calendars in the ACASI [audio computer-assisted self-interviewing] section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."	<i>n</i>	%
Yes	21	1.0
No	2,019	99.0
TOTAL	2,040	100.0

Table 5.23 Any Interview Respondent Questions or Comments on On-Screen Calendars, by Interview Respondent Age

QFTDBF11 - Did the respondent have any questions or comments about the on-screen calendars in the ACASI [audio computer-assisted self-interviewing] section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."	Respondent Age									
	12 to 17 (<i>n</i> = 539)		18 to 25 (<i>n</i> = 504)		26 to 49 (<i>n</i> = 678)		50 to 64 (<i>n</i> = 190)		65 or Older (<i>n</i> = 129)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	6	1.1	5	1.0	5	0.7	1	0.5	4	3.1
No	533	98.9	499	99.0	673	99.3	189	99.5	125	96.9

Table 5.24 Any Interview Respondent Questions or Comments on On-Screen Calendars, by Interview Respondent Education

QFTDBF11 - Did the respondent have any questions or comments about the on-screen calendars in the ACASI section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."	Education							
	< High School (<i>n</i> = 187)		High School Graduate (<i>n</i> = 425)		Some College (<i>n</i> = 531)		College Graduate (<i>n</i> = 538)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	5	2.7	5	1.2	3	0.6	2	0.6
No	182	97.3	420	98.8	528	99.4	356	99.4

NOTE: Interview Respondent Education is shown only for persons aged 18 or older.

Table 5.25 Types of Interview Respondent Questions or Comments on On-Screen Calendars

QFTDBF11a - What comments did the respondent [R] make about the on-screen calendars?	<i>n</i>	%
The R asked how to access the calendar.	4	19.1
The R asked how to close the calendar.	1	4.8
The R did not see the reference dates on the calendar.	1	4.8
The calendar helped the R answer the question.	5	23.8
The calendar covered the questions or the images on the screen.	1	4.8
Other	13	61.9

NOTE: Percentages are based on the 21 "Yes" answers to QFTDBF11; more than one response could be chosen.

Table 5.26 shows that for about 10 percent of the interviews, the FI recorded that the respondent had trouble understanding questions besides those on prescription drugs. The most noteworthy problem mentioned in response to QFTDBF12 ("Did the respondent have trouble understanding any other questions asked during the interview?") was with the new PLAYINFO item in the ACASI tutorial. The new question asks respondents, "In the past 30 days, on how many days did you eat any kind of fried potatoes?" and instructs the respondent to use the F2 key to bring up additional information on what is meant by "fried potatoes." A total of 19 respondents (less than 1 percent) reported a problem in answering the question or using the F2 key. In some cases, respondents were not clear what to do after entering F2. Some respondents perhaps did not realize that they must enter a response after seeing the pop-up instruction box. Based on these results, the wording of PLAYINFO will be revised for the 2013 DR to explain more clearly the steps respondents must take to enter a response for these questions.

Table 5.26 Interview Respondent Troubles with Other Questions

QFTDBF12 - Did the respondent have trouble understanding any other questions asked during the interview?	<i>n</i>	%
Yes	193	9.5
No	1,847	90.5
TOTAL	2,040	100.0

Information on interviewer reports of the use of proxies for reporting on income and health insurance items, respondent views on the use of proxies to provide this information, and reported problems with proxy reporting are shown in **Tables 5.27 to 5.34**. **Table 5.29** shows that interviewers did not report any respondents with concerns about whether the proxy respondent could see responses to questions answered by the respondent (which the instrument did not allow), and very few respondents (2.3 percent) had any questions or comments about the proxy interview (**Table 5.30**).

Table 5.27 Proxy Used for Income and Health Insurance Questions

QFTDBF13 - Was a proxy used for the income and health insurance questions?	<i>n</i>	%
Yes	602	29.5
No	1,438	70.5
TOTAL	2,040	100.0

Table 5.28 Proxy Used for Income and Health Insurance Questions, by Interview Respondent Age

QFTDBF13 - Was a proxy used for the income and health insurance questions?	Respondent Age									
	12 to 17 (<i>n</i> = 539)		18 to 25 (<i>n</i> = 504)		26 to 49 (<i>n</i> = 678)		50 to 64 (<i>n</i> = 190)		65 or Older (<i>n</i> = 129)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	452	83.9	81	16.1	45	6.6	10	5.3	14	10.9
No	87	16.1	423	83.9	633	93.4	180	94.7	115	89.2

Table 5.29 Interview Respondent Concerns about Revealing Answers to Proxy Respondent

QFTDBF14 - Did the respondent have any questions or concerns about his/her answers being revealed to the proxy?	<i>n</i>	%
Yes	0	0.0
No	604	100.0
TOTAL	604	100.0

Table 5.30 Interview Respondent Questions or Comments about Proxy Interview

QFTDBF15 - Did the respondent have any other questions or comments about the proxy interview?	<i>n</i>	%
Yes	14	2.3
No	590	97.7
TOTAL	604	100.0

Similarly, as shown in *Tables 5.31 to 5.34*, interviewers reported very few problems with proxy respondents using the proxy ACASI tutorial or with answering questions in ACASI. Problems in using the proxy ACASI tutorial were reported in only 3.5 percent of interviews in which a proxy was used (*Table 5.31*). Problems with answering questions on health insurance and income by proxy respondents were only mentioned in 5.5 percent of interviews in which a proxy was used (*Table 5.33*).

Table 5.31 Problems with Proxy on ACASI Tutorial

QFTDBF16 - Were there any problems with the proxy's understanding of the ACASI [audio computer-assisted self-interviewing] tutorial?	<i>n</i>	%
Yes	21	3.5
No	583	96.5
TOTAL	604	100.0

Table 5.32 Types of Problems with Proxy on ACASI Tutorial

QFTDBF16a - Which of the following describes the problems with the proxy's understanding of the tutorial?	<i>n</i>	%
The proxy did not understand how to answer the questions.	10	47.6
The proxy did not know why he/she was asked to answer these questions.	4	19.1
Other	9	42.9

NOTE: Percentages are based on 21 reports of problems with proxy understanding in QFTDBF16; more than one response could be chosen.

Table 5.33 Problems with Proxy Use of ACASI to Answer Income and Health Insurance Questions

QFTDBF17 - Were there any problems with the proxy's use of ACASI [audio computer-assisted self-interviewing] to answer the income and health insurance questions?	<i>n</i>	%
Yes	33	5.5
No	571	94.5
TOTAL	604	100.0

Table 5.34 Types of Problems with Proxy Use of ACASI to Answer Income and Health Insurance Questions

QFTDBF17a - Which of the following describes the problems with the proxy's use of ACASI [audio computer-assisted self-interviewing] in answering the income and health insurance questions? <i>Check all that apply.</i>	<i>n</i>	%
The proxy did not know the answers to the questions.	4	12.1
The proxy did not know how to enter his/her answers to the questions.	5	15.2
The proxy refused to answer some questions.	0	0.0
The proxy did not know why he/she was asked to answer these questions.	4	12.1
Other	24	72.7

NOTE: For responses of "OTHER," follow-up information was not collected.

As **Table 5.34** shows, over 70 percent of the responses provided regarding problems with proxy use of ACASI to answer the income and health insurance questions were in the "other" category. Open-ended "other" responses were not captured and coded for the 2012 QFT, but these "other" responses will be captured for the 2013 DR.

Tables 5.35 to 5.38 present information on interview locations, interviewer ratings of privacy, and reports of other persons in the presence of the interview. Overall, the distributions of responses to these debriefing items from the QFT were similar to those from the comparison samples.

Table 5.35 Interviews Conducted at Respondent's Home for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)

Did you conduct this interview at the respondent's home, either inside or outside?	2011 Main Study		2012 Quarters 3 and 4 Main Study		2012 QFT	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	64,933	98.5	30,687	98.3	1,998	97.9
No	976	1.5	522	1.7	42	2.1

Table 5.36 Interview Location Not at Respondent's Home for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)

Where did you conduct this interview?	2011 Main Study		2012 Quarters 3 and 4 Main Study		2012 QFT	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
At the respondent's workplace	216	22.1	99	19.0	10	23.8
At the home of the respondent's relative or friend	131	13.4	51	9.8	9	21.4
In some type of conference room in a residence hall, school or apartment complex	248	25.4	127	24.3	12	28.6
At a library	159	16.3	103	19.7	6	14.3
In some type of common area, such as a lobby, hallway, stairwell, or laundry room	72	7.4	75	14.4	2	4.8
Some other place	150	15.4	67	12.8	3	7.1

Table 5.37 Field Interviewer (FI) Evaluation of Interview Privacy in Respondent's Home for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)

Please indicate how private the interview was. Do not count yourself or a project observer as another person in the room.	2011 Main Study		2012 Quarters 3 and 4 Main Study		2012 QFT	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Completely private—no one was in the room or could overhear any part of the interview	54,544	82.8	25,630	82.1	1,617	79.3
Minor distractions—person(s) in the room or listening less than 1/3 of the time	8,406	12.8	4,154	13.3	277	13.6
Person(s) in the room or listening about 1/3 of the time	1,080	1.6	546	1.7	45	2.2
Serious interruptions of privacy more than half the time	236	0.4	129	0.4	13	0.6
Constant presence of other person(s)	1,643	2.5	750	2.4	88	4.3

Table 5.38 Field Interviewer (FI) Reports of Others Present during Interview for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)

Not including yourself or project observers, other people present or listening to the interview were:	2011 Main Study		2012 Quarters 3 and 4 Main Study		2012 QFT	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Parent(s)	5,227	46.0	2,522	45.2	179	42.3
Spouse	1,538	13.5	744	13.3	70	16.6
Live-in partner/ boyfriend/ girlfriend	642	5.6	335	6.0	30	7.1
Other adult relative(s)	1,404	12.4	677	12.1	47	11.1
Other adult(s)	1,058	9.3	531	9.5	34	8.0
Child(ren) under 15	3,791	33.4	1,776	31.8	150	35.5
Other	379	3.3	191	3.4	15	3.6

The findings that older respondents (those aged 50 or older) and those with less than a high school education were both more likely to comment that the interview was too long suggest that these respondents may face greater cognitive burden than other respondents and that steps could be taken to either address these concerns or that additional items should be added to the survey to account for differences in cognitive abilities and familiarity with computers. For example, in a study of 18 to 40 year olds in the Chicago area, Johnson, Fendrich, and Mackesy-Amiti (2010) found that computer literacy is related to accuracy of self-reporting of cocaine use on an ACASI survey. Accuracy of self-report was assessed using urine and saliva testing. The study found a positive relationship between computer literacy and the accuracy of cocaine use reports. Another possibility is that older respondents and those with less than a high school education experienced greater overall burden by receiving more questions. Respondents who report higher use of substances will receive more questions. No plans are in place to attempt to address this issue in the 2013 DR protocol, but this issue could be investigated further with the 2013 DR data in combination to the 2012 QFT data.

5.4 QFT Equipment Surveys

5.4.1 Purpose and Development of the Equipment Surveys

As part of NSDUH's equipment evaluation for the 2015 NSDUH redesign, a new device—the Samsung Galaxy Tab 7.0"—was selected for conducting household screenings for further field-based evaluation in the 2012 QFT. This tablet was chosen for its small size, light weight, and bright, easily readable screen display, which made it the most portable and easiest to see and maneuver among a variety of devices, including Android tablets and Windows-based convertible laptops that were assessed during previous evaluation phases.

A new Android-based screening program was developed for the tablets used for the QFT. A total of 159 NSDUH FIs used this new program to collect data from 5,358 screened households throughout the continental United States. The user interface on the new screening program was designed to match as closely as possible NSDUH's existing screening program in order to take advantage of the FIs' familiarity with the current program and to minimize the amount of training and programming effort required.

To gather feedback from FIs about the tablet as a screening device, a brief electronic user satisfaction questionnaire was administered before and after QFT data collection. The survey questions included a combination of customized questions used in previous equipment evaluations, as well as a number of questions adapted from the System Usability Scale,²³ an industry standard scale for measuring usability of hardware and software first developed and published by engineers at the Digital Equipment Corporation (DEC) in 1986. In the first survey, FIs were asked about their experience using touch screen devices, such as smart phones or tablets and not including the NSDUH iPAQ. Several additional questions were included to evaluate FI satisfaction with the QFT training program and materials. For the second survey, wording changes were made to several questions about the QFT training session and handbook to reflect the change in time periods between the first and second surveys. These wording changes were also facilitated to gauge FI opinion on specific topics of interest, such as the amount of training provided on the tablet, transmission, and troubleshooting. No revisions were made to questions about the tablet between surveys. The complete sets of questions asked on the first and second QFT equipment surveys are provided along with FI responses to each question in *Appendix F*.

5.4.2 Procedures for Conducting the Equipment Surveys

The first survey was administered at the conclusion of the QFT training sessions on August 26 and 29, 2012. All results were completed and transmitted to RTI by September 6, 2012. The second survey was released toward the end of QFT data collection on October 8, 2012, and was completed by October 15, 2012. FIs received both surveys on their QFT laptops via the NSDUH transmission process and were given 1 week to complete the survey and transmit results to RTI. An introduction screen explained the purpose of the survey and the confidentiality of individual responses. Results were sent back to RTI via the NSDUH transmission system. All 160 QFT FIs who attended the QFT training session completed the first survey at the end of training. The second survey was completed by 153 FIs who worked QFT cases in the field. Seven FIs did not complete the second survey for the following reasons:

²³ See <http://hell.meiert.org/core/pdf/sus.pdf>.

- One FI did not successfully complete the QFT training and therefore did not work on the QFT.
- Five FIs did not complete the second survey because they had dropped out of the QFT after training or did not work any QFT cases.
- One FI was on medical leave at the time the second survey was administered and was therefore unable to complete the survey.

5.4.3 Summary and Discussion of Results from the Equipment Surveys

A summary of FI feedback on the tablet used in the QFT is provided below. The percentages included in this summary are from the second QFT survey administered near the end of QFT data collection and indicate FI opinions on the tablet after having used it in a realistic field setting. **Table 5.39** provides the combined counts of FIs who *strongly agreed* or *agreed* to each of the statements in the questionnaire, while **Table 5.40** shows how often FIs used the QFT handbook.

- Overall, 27 percent of QFT FIs had never previously used a touch screen device, such as a smart phone or tablet (excluding the NSDUH iPAQ), while 37 percent had used one "a lot." See **Exhibit 5.1** for the distribution of touch screen device experience among QFT FIs.
- Overall, FIs were highly satisfied with the tablet as a screening device. The vast majority indicated they would like to use the tablet on a regular basis for fieldwork (76 percent), found it intuitive (84 percent) and easy to use (88 percent), and learned to use it quickly (93 percent).
- The majority of FIs liked the layout of the screening program (80 percent), reported they could efficiently complete screenings using the tablet (95 percent), and felt confident using the tablet (93 percent).
- FI responses were mixed with regard to navigation features on the tablet. A minority of FIs preferred to navigate through the screening program using swipe gestures (22 percent) rather than "Next" and "Previous" buttons (42 percent), while 36 percent remained neutral.
- With regard to data input methods, the majority of FIs preferred to use a stylus (55 percent) rather than their fingers (24 percent) to tap on the screen, while 20 percent reported being neutral. With regard to keyboard input, a majority of FIs (80 percent) reported they were able to easily type record of call (ROC) notes or comments using the tablet keyboard.
- The majority of FIs were satisfied with the design of the carrying case provided for the tablet (72 percent). Several FIs commented they would like to have a pen holder added to the carrying case, which would be helpful for writing on appointment cards.
- FIs were highly satisfied with the QFT training program. The vast majority enjoyed attending the training program (93 percent) and reported that the training prepared them to properly complete QFT tasks (98 percent).

Table 5.39 Field Interviewer Opinions on Use of the Tablet before Questionnaire Field Test (QFT) Data Collection and after QFT Data Collection

Comment on the Tablet	QFT Equipment Survey 1 (August 2012)		QFT Equipment Survey 2 (October 2012)	
	Agree or Strongly Agree		Agree or Strongly Agree	
	(n = 160) ¹	%	(n = 153) ²	%
I (would) like using the tablet on a regular basis for my field work.	135	84	117	76
The tablet is easy to use.	142	89	134	88
I can use the tablet without needing technical assistance.	125	78	134	88
I like the layout of the screening program.	139	87	122	80
I learned to use the tablet quickly.	140	88	143	93
I am able to efficiently complete screenings using the tablet.	146	92	145	95
I find the tablet intuitive, in that it's clear what I need to do.	132	83	129	84
I feel confident using the tablet.	142	89	142	93
I think veteran interviewers will be able to use the tablet without much training.	122	76	129	84
I think the tablet will work well in a variety of weather conditions such as sunshine, rain, and snow.	85	53	83	54
I can easily type ROC notes or comments using the keyboard on the tablet.	137	86	123	80
I prefer to move through the screening program using swipe gestures rather than the Next or Previous buttons.	54	34	34	22
I prefer to tap the screen with my finger rather than use a stylus.	43	27	37	24
The weight of the tablet is suitable for screening at the door.	125	78	114	75
I am satisfied with the design of the carrying case provided for the tablet.	127	79	110	72

FI = field interviewer; ROC = record of call.

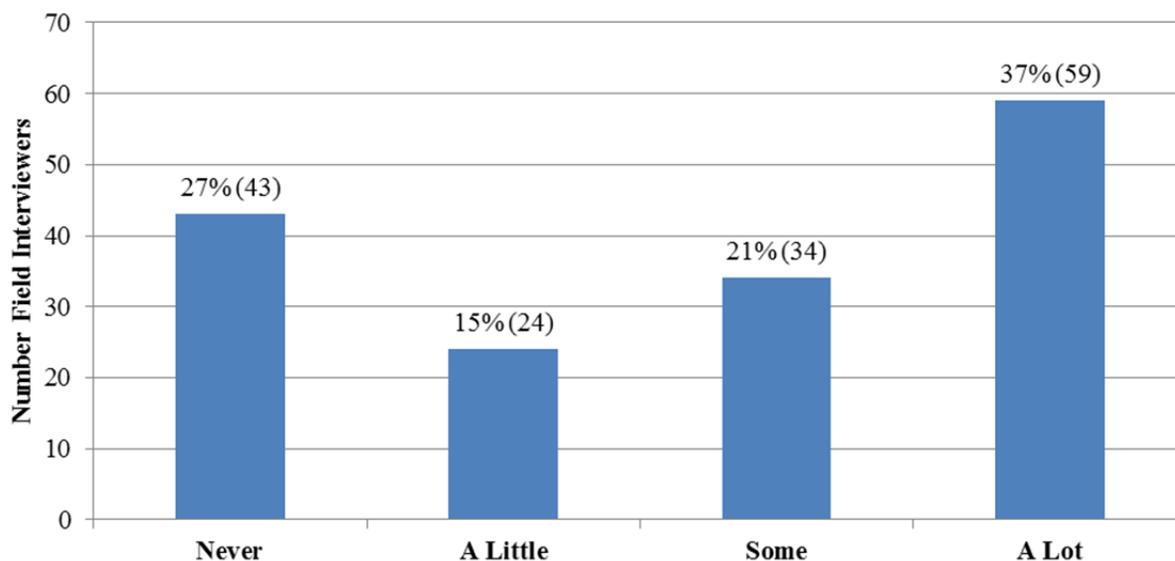
¹Of the 160 QFT FIs who attended the QFT FI training sessions, 159 FIs successfully completed the training. One FI demonstrated significant performance issues during the QFT training session and therefore did not successfully complete the training.

²Six FIs did not complete the second survey conducted after data collection because they did not successfully the QFT training or had dropped out of the QFT after successfully completing training. One FI was on medical leave at the time of the second survey administration and was unable to complete the survey.

Table 5.40 Field Interviewer (FI) Expectations on Referencing the Questionnaire Field Test (QFT) Handbook before QFT Data Collection and FI Need to Reference the QFT Handbook after QFT Data Collection

QFT FI Survey 1: How often do you think you will reference the QFT FI Handbook? QFT FI Survey 2: How often did you reference the QFT FI Handbook?	QFT FI Survey 1 (August 2012)		QFT FI Survey 2 (October 2012)	
	(n = 160)	%	(n = 153)	%
Each day with QFT work	30	19	5	3
Two to three times a week	65	41	18	12
Rarely, when unusual situations arise	65	41	99	65
Never	0	0	31	20

Exhibit 5.1 Field Interviewer (FI) Experience with Touch Screen Devices before Questionnaire Field Test (QFT) Training



As noted in *Section 2.3.2 of Chapter 2*, the QFT FIs were not selected randomly from the set of all NSDUH FIs, but were selected based on their experience on the project, history of reliable performance, and proximity to the QFT segments. Therefore, results from the equipment surveys might not represent the full range of opinions among more recently hired FIs. Given the popularity and increasing prevalence of tablet devices, it seems likely that the tablet would be similarly well-received among NSDUH FIs who did not work on the QFT data collection. Unlike more experienced FIs, those who were hired more recently have not been accustomed to using the iPAQ device for several years on NSDUH.

5.4.4 FI Comments on the Tablet, Screening Program, and Tablet Accessories

The equipment surveys included one open-ended question that allowed FIs to comment on any aspect of the tablet, screening program, or accessories, such as the carrying case. In the first survey, 102 FIs made comments, while 91 FIs made comments on the second survey. Comments were loosely grouped based on their content into the following areas: (a) general comments about the tablet or screening program, (b) specific features and functions of the screening, (c) accessories (stylus and carrying case), and (d) training. The comments were diverse and individualized, and it was not possible to identify any recurrent or pervasive themes shared by significant numbers of FIs. Issues raised by a small number of FIs for each category are summarized in this section. The complete set of raw comments from each survey is included in *Appendix F*.

FIs provided the following general comments on using the tablet devices:

- **Tablet Size and Maneuverability.** While 78 percent of FIs agreed the weight of the tablet was sufficient for screening at the door, some FIs commented that the tablet was larger and more cumbersome than the iPAQ, which fits easily in the hand. This made it more difficult to wear around the neck, protect in the rain, or see in bright sun. On the other hand, a number of FIs emphasized they "loved" the larger display, buttons, and font size, which made the tablet easier to read and navigate in the field. Additionally, some FIs mentioned that the larger display size made it easier to show the screen to respondents, who could easily see what they were doing, and that they felt more "professional."
- **Touch Screen Sensitivity.** In the second equipment survey, some FIs remarked that the touch screen was highly sensitive, which made it too easy to tap inadvertently and enter something they did not intend or move to a different screen. Others liked that the tablet was more "responsive" and "efficient" than the iPAQ.

FIs provided the following comments on specific features or functions of the screening program:

- **Select Case Screen.** A few FIs stated that they wanted to highlight cases, and a couple of others noted that they preferred the table format used on the iPAQ. For the 2013 DR, cases will remain highlighted for a period after being selected. One FI noted there was "too much information" on each line, making it "hard to distinguish" between cases, and another suggested bolding the address rather than the case ID. Two FIs suggested that finalized cases should be removed from the select case screen. FIs can remove final cases from the select case screen display by setting the view function on the tablet to show only "pending cases."
- **Selection Screen and ROC Screen.** Two FIs noted they would like to see the full case ID displayed on the respondent selection and ROC screens as it is on the iPAQ. For the 2013 DR, the screening program will display the full case ID on the respondent selection and ROC screens.
- **Call Distribution.** Two FIs noted it would be useful to have the call distribution feature available on the tablet so that they could review the different days and times they had visited households. Because of time constraints in the development of the QFT screening program, the call distribution feature that is currently on the iPAQ was not implemented. The same is true for the appointment calendar function. These functions will be implemented in the 2013 2013 DR tablet screening program.
- **View Letters.** A few FIs mentioned they would like the ability to view when their field supervisor (FS) sends the unable-to-contact or refusal conversion letters as they can on the iPAQ screening program. This function was implemented in the QFT screening program. It only appears as an option once the letter has been sent by the FS, so some FIs did not recognize that it had been implemented. The view letters function will be implemented in the 2013 DR version of the screening program, and the 2013 DR FI handbook and training sessions will clarify how to use it.
- **Transmission Feedback.** Some FIs mentioned that they would like to receive feedback regarding the number of cases added and removed on their tablet when they

transmit. This information will be integrated into the 2013 DR screening program and will be displayed after each transmission.

- **Debriefing Questions.** One FI remarked that he or she "loved" completing the interview debriefing questions on the tablet rather than on the laptop. These questions will continue to be included on the tablet during the 2013 DR.

FIs provided the following comments on two tablet accessories—the carrying case and the stylus:

- **Carrying Case.** Several FIs indicated that the carrying case could be improved by adding a pen holder in addition to the stylus holder so that they could have easy access to a pen for writing on appointment cards. Although a couple of FIs indicated that the neck strap was too wide on the case and that the snap was hard to use, a number of FIs commented that they were happy the Velcro[®] closure had been removed. Because the carrying case was customized for the tablet used in the QFT, which will also be used in the 2013 DR, no changes will be made to the carrying case for the 2013 DR data collection. Adjustments to the design of the carrying case—such as adding a pen holder and a thinner neck strap—will be considered as part of the new equipment purchase for the 2015 main survey.
- **Stylus.** Two FIs indicated that the stylus was too short and would prefer a longer pen-sized stylus.

5.4.5 FI Feedback on the QFT Handbook

In addition to the questions about the satisfaction with the tablet, the survey also included several questions about the QFT handbook that described QFT procedures and protocols and the QFT training program. *Table 5.40* (shown earlier) provides the FIs' responses to questions on their anticipated use of the QFT handbook before data collection from the August 2012 survey and their actual use of the QFT handbook during data collection from the October 2012 survey.

5.5 Focus Groups with QFT Field Interviewers

5.5.1 Purpose of the Focus Groups

The purpose of the three QFT focus group discussions was to obtain direct feedback from FIs on their experiences collecting data using the redesigned NSDUH interview protocol and tablet computer for screening. The complete set of protocol and equipment changes is presented in *Section 2.4.1*. The goal of the focus groups was to gather feedback from FIs on the following topics:

- significant questions or concerns raised by members of sampled households about the redesigned contact materials;
- challenges encountered using the tablet computer to conduct household screenings;
- challenges encountered in administering the redesigned questionnaire or protocol; and

- significant questions or concerns that respondents raised about specific aspects of the redesigned questionnaire or protocol, specifically the prescription drug modules and the overall length and burden of the interview.

The results of the three focus groups were used to inform potential changes to the preparations, protocol, and procedures for the 2013 DR.

5.5.2 Sites and Participants

Focus groups were conducted in three regional locations—Washington, DC; Chicago, Illinois; and Irvine, California. RTI identified up to 15 QFT FIs who would be most able to attend the group discussion for each of the three locations, based on proximity to each focus group location. Up to 12 of the QFT FIs identified for each site were invited to attend the group discussion (see *Table 5.41*).

Table 5.41 Sites and Number of Participants for QFT Focus Groups

Site	Number of Participants
Washington, DC	11
Chicago, IL	8
Irvine, CA	12

NOTE: Each focus group discussion was video recorded, and a note-taker was present to capture key points from the group.

5.5.3 Focus Group Protocol and Procedures

Moderators began each focus group with an introduction that lasted about 5 minutes and was intended to set up the discussion rules and familiarize the participants in each group. Discussion about the redesigned contact materials was allotted 15 minutes and covered how respondents reacted to the lead letter and Q&A brochure. The next 15 to 20 minutes of each session were devoted to discussion about using the tablet to administer household screenings. Topics included features of the tablet, training on the tablet computer, respondent reactions to the naming of the "U.S. Department of Health and Human Services (DHHS)" as the study sponsor (vs. the "U.S. Public Health Service"), and other materials, such as the new tablet carrying case and portfolio. Over 30 minutes were devoted to topics surrounding questionnaire administration using the redesigned methods and protocol. These topics included respondent comments about the electronic reference date calendar, whether respondents asked questions about specific modules within the instrument, and the experience of proxy respondents. The penultimate section called for a discussion about the prescription drug modules specifically. The moderator asked questions about the length of administration time, electronic pill cards, and the questions designed to capture misuse. The last section asked FIs to share general comments or concerns about the partially redesigned questionnaire, including interview length and burden. The concluding section was intended to give both participants and observers a final opportunity to ask questions or make comments. The moderator's guide for the QFT focus group is included in *Appendix G*.

5.5.4 Focus Group Results by Topic

5.5.4.1 Reactions to the Redesigned Contact Materials

FIs nearly all responded positively to the changes to the lead letter and the Q&A brochure. When discussing the lead letter, some mentioned that they appreciated that the letter was addressed to "[NAME County/Parish/District] Resident at:" and did not just say "Resident." Others mentioned that they liked the color picture on the letter and that overall the letter looked more professional. A few FIs felt that the letter gave too much information, such as details about the study topics, to respondents before the FI had an opportunity to speak to them, while most FIs felt that the additional information increased the odds that a respondent would choose to participate. One FI felt that not featuring a date on the letter made it feel generic.

Respondents who indicated they had read the letter responded positively. FIs agreed that the proportion of respondents recalling the letter was about the same as in the main study. Respondents did not go so far as to comment on any other aspects of the letter, with one exception. FIs reported that respondents mentioned the incentive that was explained in the letter. One FI said that, similar to the main study, respondents had an expectation of receiving an incentive for completing the screening. FIs felt that the sooner they visited an address after sending the letter, the more likely the respondent was able to recall the letter.

FIs were also asked about reactions to the Q&A brochure. FIs reported that respondents did not make comments or have questions about the brochure more often than main study respondents. One FI thought that respondents, while not commenting, spent more time with the brochure and reviewed it more thoroughly. All FIs agreed that the brochure looked more professional, expensive, and official, which lent more legitimacy to the study and possibly contributed to higher levels of cooperation. During the main study, respondents commented that the FI could have printed the brochure at home.

One FI reported the wording inside the brochure is more convincing, and she used this verbiage to convert potential refusals. Other FIs had a positive reaction to the way the project Web site is listed. FIs thought that more respondents reported visiting the Web site than recent respondents in the main survey. No respondent questions about the brochure were reported.

When discussing the study sponsor change from the "U.S. Public Health Service" to the "U.S. Department of Health and Human Services," FIs had a number of reactions. Many thought this change did not have an impact, while others reported some respondents thought that "DHHS" was social services. When announcing the visit, respondents would say, "Social services is here." Or they would refer to it as "child protective services." Some FIs mentioned that the DHHS title was more official. One FI noted that, in a graphic in the redesigned Q&A brochure, a respondent is pictured using a paper reference date calendar. Based on this observation, this picture was removed from the Q&A brochure and replaced with another picture that does not show the paper reference date calendar. This revised brochure will be used in the 2013 DR.

5.5.4.2 Reactions to Using the Tablet to Administer Household Screenings

FIs confirmed that the QFT training program adequately discussed the goals of the field test. They agreed that the training agenda provided enough time and instruction to ensure

competent use of the tablet in the field. FIs pointed out the pros and cons of the new portfolio that was provided at training. Some said they disliked the portfolio enough to revert to using the old one, which they viewed as sturdy and professional. The new portfolio was characterized by some FI as being slippery and difficult to hold. These FIs also noted that the tablet, when placed on the portfolio, fell off and the materials fell out of it. FIs also indicated that the closure is flimsy. These FIs would have preferred a zip closure similar to the main study portfolio. Further comments indicated that the portfolio was difficult to write on, such as when filling out the quality control letters. FIs did, however, like the number of slots in the portfolio and the clear pockets for easier access to materials. The features and costs of other portfolios with multiple pockets that are sturdier will be investigated for use in the 2013 DR.

FIs also provided feedback on the tablet computer. They reported that the training on how to use the tablet was effective and that from the beginning of their fieldwork they felt comfortable using the tablets. Some FIs would have preferred more training on administrative and troubleshooting issues before entering the field. These FIs reported getting into programs or onto screens early in their fieldwork that they had not seen in training and did not know how to return to the screening program. Although they felt comfortable conducting the screening with the tablet, they would have preferred more hands-on training on how to deal with these unexpected FI navigational problems. The training agenda developed for the 2013 DR will address this issue. However, overall, they thought the tablet was easier to use than the iPAQ. It is faster, easier to tap out the letters, and readable without the use of glasses. Many liked the size and weight of the tablet. At first it felt big, but the size turned into an advantage once FIs became accustomed to it. They appreciated the clear visibility and larger text. They also liked that more information fit on the screen. In the iPAQ, only the first part of the address with the case ID is shown on the screen. On the tablet, FIs can see all of the information, including case status.

An unexpected benefit of the size of the equipment was also noted. Because of the size of the tablet, screening respondents were more engaged in the screening. They looked at the screen and did not remove their gaze throughout the screening. It is easier to show respondents the screen, and respondents reacted well when looking at it. FIs shared tips to respond to the challenge of keeping the select case information from their view. Only one FI reported disliking the tablet and would have preferred a smaller device, such as a smart phone for screenings.

FIs also liked the case that was designed for the tablet. It was easy to flip the cover open to charge. Many FIs reported disliking the strap for the tablet, felt that it was too bulky and thick, and indicated that it interfered with badges and necklaces. Some reported they would like a pen holder on the side of the case opposite the stylus. Several FIs preferred the magnetic snap closure to the Velcro® closure on the current iPAQ case. As noted in *Section 5.4.4*, the carrying case was customized for the tablet used in the QFT, and the same tablet will be used in the 2013 DR. For this reason, no changes will be made to the carrying case for the 2013 DR data collection. Adjustments to the design of the carrying case—such as adding a pen holder and a thinner neck strap—will be considered as part of the new equipment purchase for the 2015 main survey.

FIs noted a few issues with the screening program that were problematic. FIs would like to be able to edit a status code. They reported that they could delete a code and add a new one, but did not have the capability to change an existing code. All FIs agreed that they did not like this feature. This capability would be helpful, for example, to change a screening result code 10 (vacant) to a 13 (not a primary residence). The screening program will be modified for the 2013

DR to include the ability to edit existing ROC codes. Also, FIs stated that it was tricky to navigate back to the verification screen for the vacant dwelling units. Navigating to the verification screen for a vacant unit is achieved by selecting the case on the select case screen and selecting "View Verification Information" from the pop-up actions menu. It seems likely that some FIs did not clearly understand these steps. Therefore, the 2013 DR training program will provide clearer instructions about how to view verification information for any case. **Table 5.42** provides a list of modifications to the screening program/tablet functionality mentioned by FIs in the focus groups. The screening program will be modified for the 2013 DR to address some of these issues, such as enabling edits to the screening ROC code and adding the call distribution. However, other items, such as revising the tablet keypad layout, changing the default tablet calendar, or continuously highlighting selected cases, are not possible on the Android platform. **Appendix X** provides a complete summary of potential changes to tablet functions that were identified during the QFT and indicates which changes will be implemented for the 2013 DR.

Table 5.42 QFT FIs' "Wish List" for Modifications to Tablet Functions

<ul style="list-style-type: none"> • Revisions to symbols available on the primary keyboard • Improve calendar usability 	<ul style="list-style-type: none"> • Ability to continuously highlight the selected case on the select case screen
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NOTE: The item in boldface will be implemented for the 2013 DR data collection.

FIs also provided feedback on the keypad. FIs noted that they would like to have the apostrophe and quotation marks available and would like unnecessary symbols removed from the keypad. They also said that the question mark was hard to find and requested that the period should be placed on the same keypad as the letters and should also be available if a user inserts two spaces after a sentence. Given that the layout and design of the default keypad on the tablet cannot be altered, other keypad options have been investigated for use in the 2013 DR. In addition to training 2013 DR FIs on using the default tablet keypad, a second keypad (called the "hacker's" keypad) will be loaded onto tablets as an alternative for the 2013 DR.

The debriefing items were not challenging to complete, and FIs reported preferring to answer these questions on the tablet rather than on the laptop at the end of the interview. FIs who work in rural segments had some difficulty finding a place to complete these questions after leaving a respondent's home. Some FIs suggested adding a field to record comments about the case. This open-ended field has been added to the 2013 DR debriefing questions.

FIs strongly wished they had access to the call distribution feature and felt that this was the primary capability that was missing compared with the iPAQ. FIs were happy with the ability to pull up the refusal letters that have been sent to households, but not all were aware of these capabilities. More detail will be provided on this feature in the 2013 DR FI training and handbook. The development schedule leading up to the QFT did not allow for the addition of the call distribution feature. This will be added to the 2013 DR program.

The stylus received mixed reviews. Some liked it and used it. Others did not use the stylus, saying it was hard to insert into the holder on the case, was slippery, and caused the holder on the case to tear.

Moderators also asked about instances where FIs called NSDUH technical support staff for help with equipment problems. One FI in the Washington, DC, focus group reported a glitch where ROCs were not transferred along with cases. This was corrected during the QFT. Several FIs mentioned that a car charger would be appreciated because the battery did not last all day. Because car chargers for the iPAQ are provided for the main study, the addition of a car charger is being considered for the 2013 DR.

FIs were asked whether they would benefit from a more expansive suite of features with the tablet, such as predictive typing or alternating between landscape and portrait orientation. A couple of FIs wanted predictive typing. Others were not as enthusiastic. Several FIs would like a larger calendar on the tablet to record future appointments. They would also like several of the iPAQ features to be transferred to the tablet (e.g., the case ID remains at the top of the screen during a screening, and a selected line remains highlighted on the select case screen). One FI said that it was better to not make the devices sophisticated. Larger calendars will be implemented for the 2013 DR. Although it is not possible to have a selected case remain highlighted, the highlighting will remain for a longer time.

5.5.4.3 Administering the Redesigned Questionnaire and Protocol

A discussion about respondent feedback on the electronic reference date calendar opened this section. Although FIs reported that respondents did not have any comments or questions on the reference date calendar, the FIs themselves reported liking it. They said that no one looks at the paper calendar, so it is an improvement that it is now on screen. An FI did suggest a darker color to highlight dates because the current colors are difficult to see in sunlight.

Respondents did have questions while completing the computer tutorial. Some did not understand how to enter the answer after the F2 box closes. Others asked what potatoes have to do with the study, and if this was related to targeting McDonalds regarding nutrition issues. Some FIs suggested that the tutorial be clearly labeled as a practice session or that the introduction be emphasized. They reported that respondents struggled with providing accurate answers to questions and were confused by the lack of concordance with the question topics and the NSDUH study description. In response, each question in the ACASI tutorial has been labeled as a practice question in the 2013 DR questionnaire.

In general, respondents asked about the same number of questions and had a similar volume of comments compared with the main study. Some FIs expected fewer comments from respondents, while others expected more.

FIs reported that the interview felt longer because it was not broken up by the computer-assisted personal interviewing (CAPI) as in the main study. They recognized this could be their perception, as opposed to the respondent's.

There were no comments about the proxy introduction. Some proxy respondents reported the sound had been turned off, or the FI was able to pick up on cues that the volume was not playing. In these cases, FIs turned the volume on using F7. Others used Fn+Page Up or the sound dial on the headphones.

FIs reported on issues that respondents had with questions, not all of which were redesigned or new questions. A bulleted list of comments or issues follows:

- One respondent said, "I didn't drink in the past year; why is it asking me about the past 30 days?"
- Seniors did not know what "enrolled in school" means.
- Some had questions about what the word "kicks" means.
- One child asked questions about what "h-e-r-o-i-n" means.
- Minor respondents (i.e., adolescents) often asked about the meaning of "seldom."
- In response to the question "How many times have you moved?" a 12-year-old respondent said, "I move all of the time."
- Many respondents had questions and problems with the self-help group questions.
- Three respondents wanted to know about the 95 response option in the prescription drug modules.

5.5.4.4 Reactions to the Redesigned Prescription Drug Modules

In general, very few comments about the prescription drug modules were reported. FIs mentioned that some respondents said there were missing pills or asked about pills not referenced in the interview. Others thought there were more comments about the length of the interview as compared with the main study, but it was not apparent that these comments related specifically to the prescription drug questions. Only one FI expected the respondents to react to the length of time for the prescription drug modules. Others did not share this same expectation.

When asked whether the respondents had comments about the electronic pill images in the questionnaire, FIs responded they did not. FIs believed the electronic images felt more private. Others said they received more comments on the main study showcards as compared with the electronic images.

One focus group participant noted that a 13-year-old respondent asked him if Tylenol[®] was a prescription drug. Another asked a lot of questions about what class of drugs particular pills were. One respondent was angry about the detailed information asked in this section because he was suspicious that it would be used to help the pharmaceutical industry.

5.5.4.5 Overall Reactions to the Redesigned Questionnaire

FIs who participated in the focus groups had some additional feedback on the QFT procedures. They recommended adding more language prior to the FI-administered household roster to inform the respondents that they or another household member would be given the computer to complete another part of the interview. This may help respondents manage their expectations about the remainder of the interview.

No respondents reacted strongly to switching back and forth between ACASI and CAPI, and FIs acknowledged this could be their perception. For households with only one resident, FIs felt that switching the laptop back was awkward and would like the second ACASI portion to be

combined with the first in these cases. Also, FIs do a good job of warning proxies or parents that they may be called upon later to assist. This discussion led to an additional topic. FIs were concerned about the availability of the parent who may best serve as a proxy. They mentioned challenges associated with making sure that the parent does not leave the household or become unavailable before the child reaches the back end of the instrument. They recommended moving the proxy section to the beginning of the interview. The proxy section will remain in the same part of the interview for the 2013 DR as the QFT, but FIs will be reminded in FI training to confirm that the parent will remain in the house or be available for the entirety of the interview.

In general, FIs had mixed experiences with interview timing. Some thought it seemed longer than the main study, while others reported it was shorter. One FI noted there appeared to be timing differences between younger and older youths. Younger youth respondents took the interview quite seriously and seemed to take longer to complete it, while older teenagers seemed to move through the interview quickly.

When asked about their expectations about the interview, several FIs mentioned expecting more comments and questions about the interview than what were received. One FI expected the interview to be longer than it was.

The moderator asked FIs how they would feel about having an additional tool available to help with doorstep screenings. This tool would consist of a 20- to 30-second video clip of the NSDUH press conference, would be available on the tablet, and could help with gaining cooperation. FIs were enthusiastic about this idea, if the video was optional and not a required part of the screening. One FI suggested having multiple videos designed to address common respondent concerns, such as confidentiality, or targeted to specific populations, such as parents or elderly persons. They said respondents would think that if it is on television, it is true. It would also help with legitimacy and would be short enough to use at the doorstep. Addition of this video will be revisited during planning for the 2015 survey.

5.5.4.6 Other General Feedback

FIs had some other general comments about features of the new protocols. FIs liked that the income questions are now in the ACASI portion of the interview because they thought this mitigated social desirability concerns and ensured better data quality. FIs would prefer not to be privy to this information and reported that some parents clearly do not want their child to know. Overall, FIs shared fewer ideas for improving the questionnaire as opposed to improving the functionality of the tablet. They indicated that they would like to do away with the showcards and rearrange the demographic questions to be self-administered. Despite this feedback, these changes will not be made for the 2013 DR.

6. QFT Estimates Compared with NSDUH Estimates: Substance Use Items Other than Methamphetamine and Prescription Drugs

6.1 Overview of QFT Estimates Compared with NSDUH Estimates for Substance Use Items Other than Methamphetamine and Prescription Drugs

This chapter presents findings for core substance use estimates from the 2011 National Survey on Drug Use and Health (NSDUH) comparison data, the 2012 NSDUH quarters 3 and 4 comparison data, and the 2012 Questionnaire Field Test (QFT) data for substances other than methamphetamine and prescription drugs. The tables in *Appendix I* provide lifetime, past year, and past month estimates for use of these substances for all persons aged 12 or older and for three separate age groups of interest. *Section 6.2* provides estimates for marijuana, cocaine, and heroin for all three datasets. *Section 6.3* presents results for hallucinogens and inhalants. Estimates for multiple definitions of use of "any illicit drug" are discussed in *Section 6.4*. *Section 6.5* presents results for tobacco use, focusing on cigarette use and smokeless tobacco use. Finally, *Section 6.6* provides findings on alcohol use, including binge alcohol use, as defined in that section.

6.2 Marijuana, Cocaine, and Heroin

This section presents findings on marijuana, cocaine, and heroin use from the 2011 comparison data and 2012 quarters 3 and 4, as well as the QFT data. *Tables I-1* through *I-4* in *Appendix I* provide estimates for lifetime use of these substances for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older. Likewise, *Tables I-5* through *I-8* provide estimates for past year use of these substances, and *Tables I-9* through *I-12* provide estimates for past month use of these substances. No changes were made in the QFT instrument for the questions on marijuana, cocaine (including crack), and heroin use. However, these estimates are examined in this report because changes were made to other elements of the survey design, including changes to the contact materials and interview protocol, that have some potential to affect these estimates in ways that are difficult to predict and cannot easily be addressed by other analyses.

- There were no statistically significant differences in estimates of marijuana use across all three reporting periods (lifetime, past year, and past month) and over all age groups between the QFT data and both the 2011 and 2012 comparison data.
- For cocaine, there were statistically significant differences for adolescents aged 12 to 17 for lifetime use between the QFT and both sets of comparison data. Statistically significant differences also were shown in *Table I-6* for past year cocaine use and *Table I-10* for past month cocaine use among adolescents. However, both of the QFT estimates of 0.0 percent would be suppressed. Therefore, these QFT estimates would

not be shown in published estimates, nor would any statistically significant differences be presented.

- Among young adults aged 18 to 25, the rate of past month cocaine use in the 2011 comparison data was higher than the rate in the QFT (1.3 vs. 0.4 percent) (*Table I-11*).
- For crack, there were statistically significant differences for adolescents aged 12 to 17 for past year use between the QFT and 2011 comparison data (0.0 vs. 0.1 percent, but with the QFT estimate suppressed) (*Table I-6*). The difference between the QFT estimate and the estimate for the 2012 comparison data approached statistical significance (0.0 vs. 0.1 percent; $p = 0.055$).
- Also for crack, there were statistically significant differences for persons aged 12 or older for past month use between the QFT (0.0 percent) and both the 2011 (0.1 percent) and 2012 (0.1 percent) comparison data (*Table I-9*), as well as for persons aged 26 or older for past month use between the QFT (0.0 percent) and both the 2011 (0.1 percent) and 2012 (0.1 percent) comparison data (QFT estimate suppressed for adults aged 26 or older) (*Table I-12*).
- For heroin, there were statistically significant differences for both past year and past month use for persons aged 26 or older, although the QFT estimates would be suppressed (*Tables I-8 and I-12*).

As noted in this section, some differences between the estimates for cocaine and heroin use were statistically significant between the QFT and comparison data despite the content of these modules not changing for the QFT. However, many of the relevant QFT estimates would be suppressed, such that these apparent differences would not be published in a summary of findings from the QFT. Nevertheless, further examination of estimates of cocaine and heroin use in the 2013 Dress Rehearsal (DR) will be important for assessing the likelihood that the trend data for these drugs will not be disrupted in 2015.

6.3 Hallucinogens and Inhalants

As noted in *Section 2.4.1*, questions currently in the special drugs module for the hallucinogens ketamine, tryptamines (dimethyltryptamine [DMT], alpha-methyltryptamine [AMT], and N, N-diisopropyl-5-methoxytryptamine [5-MeO-DIPT], also known as "Foxy"), and *Salvia divinorum* were moved to the core hallucinogens module for the QFT. These included questions about lifetime and most recent use of these additional hallucinogens. For inhalants, questions about lifetime use of markers and computer keyboard cleaner (also known as "air duster") were added to the QFT questionnaire. Questions did not differ between the main study and the QFT for respondents who reported lifetime use of one or more inhalants (e.g., first use, most recent use).

6.3.1 Hallucinogens

- Estimates of lifetime use of any hallucinogen, lysergic acid diethylamide (LSD), phencyclidine (PCP), and Ecstasy did not differ between the QFT and the 2011 or 2012 comparison data for persons aged 12 or older (*Table I-1*). For example, the

estimates of lifetime use of any hallucinogen among persons aged 12 or older were 16.2 percent for the QFT, 14.8 percent for the 2011 comparison data, and 15.0 percent for the 2012 comparison data.

- Among adolescents aged 12 to 17, the estimate of lifetime use of hallucinogens was greater in the QFT (6.5 percent) than in the 2011 and 2012 comparison data (3.7 and 3.2 percent, respectively) (**Table I-2**). However, lifetime estimates of use of LSD, PCP, or Ecstasy among adolescents were not significantly different between the QFT and the comparison data.
- Lifetime estimates of hallucinogen use—including LSD, PCP, and Ecstasy—did not differ for adults aged 18 to 25 (**Table I-3**) or those aged 26 and older (**Table I-4**) between the QFT and the comparison data.
- Most estimates of use of hallucinogens, LSD, PCP, or Ecstasy in the past year or past month did not differ between the QFT and comparison data for persons aged 12 or older or within the age groups. For example, the estimates of past year use of any hallucinogen among persons aged 12 or older were 2.1 percent for the QFT and 1.6 percent in both the 2011 and 2012 comparison data (**Table I-5**).
- Among adolescents, the QFT estimate of past year LSD use (0.2 percent) was lower than the estimates of 0.6 percent for both the 2011 and 2012 comparison data (**Table I-6**). Also, the estimate of past month use of Ecstasy among persons aged 12 or older was lower in the QFT than in the 2011 comparison data (0.1 vs. 0.2 percent), but the estimate for the 2012 comparison data (also 0.2 percent) was not significantly different from the QFT estimate (**Table I-9**). In addition, the estimate of past month use of Ecstasy among adults aged 26 or older was lower in the QFT (0.0 percent) than in the comparison data (0.1 percent in each year), but the QFT estimate would be suppressed (**Table I-12**).

The estimates for hallucinogen use in the comparison data that were described previously were based only on reports of use from the core module. These estimates did not include data on the use of ketamine, tryptamines, and *Salvia divinorum* that were in the supplemental (i.e., noncore) special drugs module. Therefore, core-plus-noncore (CPN) measures of hallucinogen use that included data from these three additional hallucinogens also were created for the 2011 and 2012 comparison data. These CPN estimates were compared with the QFT estimates based on core data and are included in **Tables I-18 to I-20** in **Appendix I**.

- Inclusion of noncore hallucinogens data did not affect most patterns of differences between the QFT and comparison data for lifetime, past year, or past month estimates of any hallucinogen use among persons aged 12 or older and within the age groups. For example, the estimate of lifetime hallucinogen use among persons aged 12 or older was 16.2 percent for the QFT. Corresponding CPN estimates were 15.4 percent for the 2011 comparison data and 15.5 percent for the 2012 comparison data. The QFT and CPN estimates of past year hallucinogen use were 2.1 percent for the QFT, 1.9 percent for the 2011 comparison data, and 1.8 percent for the 2012 comparison data.
- Among adolescents aged 12 to 17, the CPN estimate of lifetime use in the 2011 comparison data (4.5 percent) was no longer significantly different from the QFT

core estimate of 6.5 percent. However, the CPN estimate of lifetime use in the 2012 comparison data (3.6 percent) continued to be lower than the QFT estimate.

In addition, respondents in the main survey and the QFT were asked about lifetime use of "any other" hallucinogen besides the ones they had seen in the preceding questions. Respondents who reported use of other hallucinogens could specify use of up to five other hallucinogens that they had ever used (subsequently referred to in this section as "OTHER, Specify" data). The questions about ketamine, tryptamines, and *Salvia divinorum* had been included in the main survey since 2006 because of evidence from their "OTHER, Specify" data that these could be additional important substances for understanding hallucinogen use, especially among adolescents and young adults aged 18 to 25 (Kroutil, Vorburger, & Aldworth, 2007). Consequently, moving the questions about these hallucinogens from the special drugs module in the main survey to the core hallucinogens module in the QFT could reduce the reporting of use of "other" hallucinogens. Also, moving the questions for these three hallucinogens from the special drugs module to the core hallucinogens module could affect lifetime reporting because of their earlier placement in the QFT.

Therefore, estimates of lifetime use of ketamine, tryptamines, *Salvia divinorum*, and other hallucinogens were compared for the QFT and the data from 2011 and quarters 3 and 4 of 2012. Estimates are shown in **Table I-13** in **Appendix I**.

- Estimates of lifetime use of ketamine, tryptamines, and *Salvia divinorum* were not significantly different between the QFT and the comparison data for persons aged 12 or older or within the age groups.
- Estimates of lifetime use of other hallucinogens were lower in the QFT than in the 2011 or 2012 comparison data for persons aged 12 or older, young adults aged 18 to 25, and adults aged 26 or older. For persons aged 12 or older, the estimate of lifetime use of other hallucinogens was 0.6 percent for the QFT and 1.6 percent for both the 2011 and 2012 comparison data. Among young adults, the estimate of other hallucinogen use decreased from 3.8 percent in the 2011 comparison data and 3.4 percent in the 2012 comparison data to 1.7 percent in the QFT.

At least for adults, moving the additional hallucinogen questions from the special drugs module to the core hallucinogens module in the QFT appears to have affected the reporting for the residual "other" hallucinogen category. Benefits of this change are that analysts have more information about the specific hallucinogens that persons have used, whereas the category for other hallucinogens can be a "catchall" for a wide variety of possible substances. Furthermore, this change could reduce the amount of data review and coding of "OTHER, Specify" data that is needed for hallucinogens when the redesigned questionnaire is fielded in 2015. An additional noteworthy finding from these analyses is that moving the questions for these three hallucinogens from the special drugs module to the core hallucinogens module did not appear to affect lifetime reporting because of their earlier placement in the QFT. However, the effect of this change in the placement of these questions could warrant further investigation in the 2013 DR and in preliminary data from the 2015 survey (e.g., from the first two quarters).

6.3.2 Inhalants

Questions about lifetime use of felt-tip pens and computer keyboard cleaner (air duster) were added to the inhalants module for the QFT because review of "OTHER, Specify" data suggested that these could be other important inhalants that persons used to get high. Furthermore, prior research has shown that NSDUH respondents are more likely to report use of a substance if they are asked a direct "yes/no" question about the substance than if they need to type in its name as part of "OTHER, Specify" questions (Kroutil, Vorburger, Aldworth, & Colliver, 2010). Therefore, even though the only change to the inhalants module for the QFT was the addition of the questions about lifetime use of these two inhalants, increased reporting of lifetime use could translate to increased reporting of use in more recent periods.

- Estimates of lifetime use of inhalants were greater in the QFT than in the 2011 and 2012 comparison data for persons aged 12 or older, adolescents aged 12 to 17, and adults aged 26 or older (*Tables I-1, I-2, and I-4*). For example, 11.1 percent of persons aged 12 or older in the QFT were lifetime users of inhalants compared with 8.2 percent for the 2011 comparison data and 8.3 percent for the 2012 comparison data (*Table I-1*).
- For adolescents aged 12 to 17, the QFT estimate of lifetime use of inhalants was 11.7 percent (*Table I-2*). In comparison, 7.5 of adolescents in the 2011 comparison data and 5.7 percent of those in the 2012 comparison data were estimated to be lifetime users. For young adults aged 18 to 25, the estimate of lifetime inhalant use in the QFT also was greater than the estimate in the 2012 comparison data (11.7 vs. 7.9 percent) (*Table I-3*).
- Estimates of past year and past month use of inhalants did not differ significantly between the QFT and comparison data for persons aged 12 or older, adults aged 18 to 25, and those aged 26 or older (*Tables I-5, I-7, and I-8*, respectively, for the past year and *Tables I-9, I-11, and I-12* for the past month). For example, the estimates of use of inhalants in the past year among persons aged 12 or older were 0.9 percent for the QFT, 0.7 percent for the 2011 comparison data, and 0.6 percent for the 2012 comparison data (*Table I-5*).
- For adolescents aged 12 to 17, the QFT estimate of past year use of inhalants was greater than the estimate for the 2012 comparison data (4.1 vs. 2.1 percent) (*Table I-6*). However, the estimate for the 2011 comparison data (3.0 percent) was not significantly different from the QFT estimate. Estimates of use of inhalants in the past month among adolescents did not differ between the QFT and comparison data (*Table I-10*).

As for the hallucinogen data described previously, adding the questions to the QFT about lifetime use of felt-tip pens or computer keyboard cleaner could affect reporting of the lifetime use of "other" inhalants. Also, computer keyboard cleaner is an aerosol product. Therefore, asking about lifetime use of computer keyboard cleaner could affect estimates for lifetime use of other aerosol sprays (i.e., other than spray paint in the main study and other than spray paint or computer keyboard cleaner in the QFT).

Estimates of lifetime use of felt-tip pens and computer keyboard cleaner were made for the QFT. Estimates of lifetime use of other aerosol sprays and other inhalants also were compared for the QFT and the data from 2011 and quarters 3 and 4 of 2012. These estimates are shown in **Table I-14** in **Appendix I**.

- The prevalence of lifetime use of felt-tip pens based on the QFT data was 3.3 percent for persons aged 12 or older, 9.4 percent for adolescents aged 12 to 17, 5.8 percent for young adults aged 18 to 25, and 2.0 percent for adults aged 26 or older.
- Relative to the estimate of 11.7 percent for lifetime use of any inhalant among adolescents (**Table I-2**), the 9.4 percent who ever inhaled felt-tip pens appeared to comprise a substantial portion of the adolescent lifetime inhalant users. The 5.8 percent of young adults who ever inhaled felt-tip pens (**Table I-14**) appeared to comprise about half of the 11.7 percent of lifetime users of inhalants in this age group (**Table I-3**).
- The prevalence of lifetime use of computer keyboard cleaner based on the QFT data was 1.2 percent for persons aged 12 or older, 1.1 percent for adolescents, 2.4 percent for young adults, and 1.0 percent for adults aged 26 or older.
- Among young adults aged 18 to 25, the QFT estimate for lifetime use of other aerosol sprays (0.7 percent) was lower than the estimates in the 2011 and 2012 comparison data (1.8 and 1.5 percent, respectively). The QFT estimate for other inhalants (0.1 percent) also was lower than the comparison data estimates for 2011 (0.8 percent) and 2012 (0.7 percent) for this age group.

To further understand the estimates in **Table I-14** and in anticipation of effects on estimates of inhalant use in 2015, further analyses of the QFT data were conducted that categorized users into two groups: (1) lifetime users of felt-tip pens or computer keyboard cleaner (which could include persons who used other inhalants in addition to these two); and (2) lifetime users of other inhalants, excluding use of felt-tip pens and computer keyboard cleaner. Estimates for these two groups of lifetime users were made for persons aged 12 or older and for each age group. Estimates of persons aged 12 or older who reported past year use also were made for these two groups of lifetime users; corresponding past year estimates were not made by age group because of small sample sizes.

Estimates for these further analyses are shown in **Table I-17** in **Appendix I**. Statistical testing was not conducted to identify any age group differences in the estimates presented in this table or differences in the past year estimates. Also, the QFT questions did not allow determination of the specific inhalants that were used in the past year.

- An estimated 4.1 percent of persons aged 12 or older were lifetime users of felt-tip pens or computer keyboard cleaner, and 7.0 percent were lifetime users of inhalants but not these two.
- Percentages of persons who were lifetime users of felt-tip pens or computer keyboard cleaners were 10.0 percent for 12 to 17 year olds, 7.4 percent for 18 to 25 year olds, and 2.8 percent for adults aged 26 or older. Percentages of persons who were lifetime users of other inhalants (but not these two) were 1.8 percent for 12 to 17 year olds, 4.3 percent for 18 to 25 year olds, and 8.1 percent for adults aged 26 or older.

- Among persons aged 12 or older who were lifetime users of felt-tip pens or computer keyboard cleaners, 12.8 percent used some inhalant in the past year. For lifetime users of other inhalants excluding these two, 5.0 percent used inhalants in the past year.

Although age group differences were not tested, lifetime use of felt-tip pens or computer keyboard cleaner *appears* to be more common among adolescents and young adults than among adults aged 26 or older. In addition, the findings for past year use of inhalants among lifetime users of felt-tip pens or computer keyboard cleaner and among lifetime users of inhalants (but not these two) may be affected by age-related differences in reporting of lifetime use of specific inhalants and also age-related differences in the proportions of lifetime users who also used in the past year. For example, QFT estimates in **Tables I-2** and **I-6** indicate that 11.7 percent of 12 to 17 year olds were lifetime users of inhalants, and 4.1 percent were past year users. Corresponding QFT estimates in **Tables I-4** and **I-8** for persons aged 26 or older were 10.9 percent for lifetime use and 0.4 percent for past year use.

Taken together, these findings suggest that adding the questions about lifetime use of felt-tip pens and computer keyboard cleaner may affect data trends in lifetime use of inhalants once the new questionnaire is fielded for the 2015 survey, including trends for adults aged 26 or older. These findings also suggest that this questionnaire change could affect trends for past year use of inhalants among adolescents aged 12 to 17. However, estimates for past month use of inhalants appeared unlikely to be affected by this change. Because NSDUH national reports tend to focus on estimates of past month use (i.e., current use), inclusion of these two additional inhalants in the 2015 survey might have a small impact on trends in the past month use of inhalants. Because long-term trends in lifetime use and past year use of inhalants are typically included in annual NSDUH detailed tables and reports of findings, it will be important for the Substance Abuse and Mental Health Services Administration to consider how to handle any disruption in the trends for lifetime and past year use of inhalants in the 2015 detailed tables.

6.4 Illicit Drug Summary Measures

This section presents comparisons of estimates between the QFT and comparison data for 2011 and 2012 for several summary measures of illicit drug use. The standard definition of any illicit drug use captures use of any of one of nine categories of illicit drugs: marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and misuse of any one of four classes of psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives). The standard definition of any illicit drug use also includes use of methamphetamine reported in the noncore questions added in 2005 and 2006 and the new methamphetamine module in the QFT. In addition, because marijuana use has historically been the most prevalent form of illicit drug use, a summary measure of illicit drug use other than marijuana is a standard NSDUH measure that allows for the detection of trends in any illicit drug use that may be masked by trends in marijuana use.

Because of extensive changes to questions asking about prescription drug misuse (including the addition of a new methamphetamine module), the standard definitions of any illicit drug use (and any illicit drug use other than marijuana) were modified for this analysis to exclude the use of methamphetamine and the misuse of any prescription drugs. Alternate Definition 1 of any illicit drug use covers any use of marijuana, cocaine (including crack),

heroin, hallucinogens, and inhalants. Comparisons between the QFT sample and the 2011 and 2012 samples for this measure are free of any measurable differences in the use of methamphetamine and the misuse of psychotherapeutics. Alternate Definition 3 for any illicit drug use includes use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine. Similarly, the Alternate Definition of any illicit drug use other than marijuana covers any use of cocaine (including crack), heroin, hallucinogens, and inhalants.²⁴

In addition, as noted in *Sections 6.3.1* and *6.3.2*, the modules for hallucinogens and inhalants were modified by explicitly asking respondents about hallucinogens that had previously been asked about in the special drugs module and asking direct questions about specific additional inhalants. Thus, Alternate Definition 2 of any illicit drug use is similar to Alternate Definition 1 except that the use of hallucinogens and inhalants is ignored. Similarly, ignoring any reported use of hallucinogens and inhalants leads to a measure of any illicit drug use other than marijuana that only contains two categories of drugs: cocaine (including crack) and heroin.

Table 6.1 summarizes these measures, which were all were constructed for the lifetime, past year, and past month reporting periods. These estimates are shown in *Tables I-1* to *I-12* in *Appendix I* and *Tables J-1* to *J-12* in *Appendix J*. Estimates from the tables in *Appendix I* are discussed in this section and focus on the effects on summary estimates of illicit drug use that could be attributed to changes to the hallucinogens and inhalants modules in the QFT (or other differences), separate from any effects on these estimates that could be attributed to changes to questions for methamphetamine and prescription drugs. Estimates from the tables in *Appendix J* are discussed in *Chapter 7* in the context of a discussion of the changes to the QFT questions for these substances and the effects of these changes on estimates.

Table 6.1 Substances Included in Definitions of Illicit Drugs and Illicit Drugs Other than Marijuana

Substance	Illicit Drugs				Illicit Drugs Other than Marijuana		
	Standard Definition	Alternate Definition 1	Alternate Definition 2	Alternate Definition 3	Standard Definition	Alternate Definition	Cocaine or Heroin
Marijuana	✓	✓	✓	✓			
Cocaine (including Crack)	✓	✓	✓	✓	✓	✓	✓
Heroin	✓	✓	✓	✓	✓	✓	✓
Hallucinogens	✓	✓		✓	✓	✓	
Inhalants	✓	✓		✓	✓	✓	
Prescription Drug Misuse	✓				✓		
Methamphetamine	✓			✓	✓		
Estimates Shown in:	Appendix J	Appendix I	Appendix I	Appendix J	Appendix J	Appendix I	Appendix I

✓ = Use of this substance is included in the summary measure.

²⁴ Note that a respondent who is considered a user of illicit drugs other than marijuana may have used marijuana, but he or she would have used one of the other substances to be considered a user of illicit drugs other than marijuana. Similarly, information on the use of methamphetamine and the misuse of psychotherapeutics is ignored in creating these measures.

6.4.1 Any Illicit Drug

- Summary estimates of lifetime use of illicit drugs based on Alternate Definition 1 (i.e., including hallucinogens and inhalants but not methamphetamine or prescription drugs) and Alternate Definition 2 (i.e., excluding hallucinogens and inhalants in addition to methamphetamine and prescription drugs) did not differ between the QFT and comparison data for persons aged 12 or older (*Table I-1*), adults aged 18 to 25 (*Table I-3*), or adults aged 26 or older (*Table I-4*). Among persons aged 18 to 25, for example, lifetime estimates based on Alternate Definition 1 were 56.0 percent in the QFT, 54.5 percent in the 2011 comparison data, and 54.2 percent in the 2012 comparison data (*Table I-3*). Corresponding estimates based on Alternate Definition 2 were 52.2 percent in the QFT, 53.1 percent in the 2011 comparison data, and 53.0 percent in the 2012 comparison data.
- Among adolescents aged 12 to 17, the summary estimate of lifetime use of illicit drugs based on Alternate Definition 1 was higher in the QFT (26.7 percent) than in the 2011 and 2012 comparison data (22.3 and 20.0 percent, respectively) (*Table I-2*). When hallucinogens and inhalants were removed for Alternate Definition 2, however, the estimates of lifetime use of illicit drugs among adolescents no longer differed between the QFT and comparison data.
- Consistent with the pattern observed for lifetime use, the prevalence of past year and past month use of illicit drugs based on Alternate Definition 1 and Alternate Definition 2 did not differ between the QFT and comparison data for persons aged 12 or older (*Tables I-5* and *I-9*), adults aged 18 to 25 (*Tables I-7* and *I-11*), or adults aged 26 or older (*Tables I-8* and *I-12*). Among persons aged 12 or older, estimates of past year illicit drug use based on Alternate Definition 1 ranged from 12.8 to 13.5 percent (*Table I-5*). Past year estimates for persons aged 12 or older based on Alternate Definition 2 ranged from 12.3 to 12.7 percent.
- Among adolescents aged 12 to 17, the estimate of past year use of illicit drugs based on Alternate Definition 1 in the QFT (18.2 percent) was greater than the estimate in the 2012 comparison data (14.2 percent), but it was not significantly different from the estimate in the 2011 comparison data (15.8 percent) (*Table I-6*). Estimates of past year use of illicit drugs for adolescents based on Alternate Definition 2 did not differ between the QFT and comparison data.
- Estimates of past month use of illicit drugs among adolescents aged 12 to 17 did not differ between the QFT and comparison data for Alternate Definition 1 or Alternate Definition 2 (*Table I-10*). For example, estimates of past month use among adolescents based on Alternate Definition 1 ranged from 7.2 to 8.5 percent in these three datasets.

6.4.2 Illicit Drugs Other than Marijuana

As noted previously, marijuana historically has been the most commonly used illicit drug. Consequently, similar estimates of any illicit drug use in the QFT and comparison data for Alternate Definitions 1 and 2 could be explained by a corresponding lack of significant differences for marijuana use. Changes to the QFT questions for hallucinogens and inhalants

could have more of an effect on estimates of use of illicit drugs other than marijuana (or even more of an effect on these estimates for adolescents aged 12 to 17). Higher rates of use of cocaine, crack, and heroin in the QFT that were reported in **Section 6.2** also affect estimates for use of illicit drugs other than marijuana, independent of the changes to the modules for hallucinogens and inhalants.

- Rates of lifetime use of illicit drugs other than marijuana based on the Alternate Definition that included hallucinogens and inhalants but not methamphetamine or prescription drugs were not significantly different between the QFT and comparison data (**Table I-1**). However, the differences approached statistical significance for the QFT (25.0 percent) and the 2011 comparison data (22.4 percent; $p = 0.077$) and for the QFT and 2012 comparison data (22.3 percent; $p = 0.066$). Estimates of lifetime use of illicit drugs other than marijuana that were limited to cocaine (including crack) and heroin among persons aged 12 or older ranged from 14.3 to 14.9 percent and did not differ between the QFT and comparison data.
- Among adolescents aged 12 to 17, the rate of lifetime use of illicit drugs other than marijuana based on the Alternate Definition that included hallucinogens and inhalants was greater in the QFT (16.3 percent) than in the 2011 or 2012 comparison data (10.3 and 8.2 percent, respectively) (**Table I-2**). In contrast, the QFT estimate of lifetime use of cocaine or heroin among adolescents (0.5 percent) was *lower* than the corresponding estimates in the comparison data for 2011 (1.4 percent) and 2012 (1.3 percent).
- For young adults aged 18 to 25, the lifetime estimate for the Alternate Definition of any illicit drugs other than marijuana in the QFT (28.8 percent) was higher than that in the 2012 comparison data (23.6 percent) (**Table I-3**). The difference in estimates between the QFT and 2011 comparison data (24.0 percent) approached statistical significance ($p = 0.060$).
- Lifetime estimates of use of cocaine or heroin among 18 to 25 year olds did not differ between the QFT and comparison data and ranged from 10.5 to 12.7 percent (**Table I-3**).
- Estimates of lifetime use of illicit drugs other than marijuana based on the Alternate Definition or for cocaine or heroin did not differ between the QFT and comparison data for adults aged 26 or older (**Table I-4**). For example, the Alternate Definition estimates ranged from 23.7 to 25.5 percent.
- Estimates of past year use of illicit drugs other than marijuana based on the Alternate Definition or for cocaine or heroin did not differ between the QFT and comparison data for persons aged 12 or older (**Table I-5**), adults aged 18 to 25 (**Table I-7**), or adults aged 26 or older (**Table I-8**). Among persons aged 12 or older, the Alternate Definition estimates ranged from 3.2 to 3.5 percent.
- Among adolescents aged 12 to 17, the QFT estimate of past year use based on the Alternate Definition was greater than the estimate for the 2012 comparison data (7.0 vs. 4.2 percent), but it did not differ from the estimate of 5.3 percent for the 2011 comparison data (**Table I-6**). In contrast, the QFT estimate of past year use of cocaine or heroin among adolescents (0.2 percent) was lower than the estimate from the 2011

- comparison data (1.0 percent), and the difference between the QFT and 2012 comparison data (0.8 percent) approached statistical significance ($p = 0.072$).
- Estimates of past month use of illicit drugs other than marijuana based on the Alternate Definition did not differ between the QFT and comparison data for persons aged 12 or older (**Table I-9**) or among any age groups (**Tables I-10 to I-12**). Estimates of past month use of cocaine or heroin also did not differ between the QFT and comparison data for persons aged 12 or older and adults aged 26 or older.
 - There were some significant differences in estimates of past month use of cocaine or heroin between the QFT and comparison data for adolescents aged 12 to 17 (**Table I-10**) and young adults aged 18 to 25 (**Table I-11**). Although the QFT estimate for adolescents (0.0 percent) was lower than the estimates in the comparison data for 2011 (0.3 percent) and 2012 (0.1 percent), the QFT estimate would be suppressed. For young adults, the QFT estimate was lower than the estimate in the 2011 comparison data (0.7 vs. 1.5 percent), but it was not significantly different from the estimate in the 2012 comparison data (1.2 percent).

Taken together, these findings suggest that changes to the modules for hallucinogens and inhalants could affect trend data for the use of illicit drugs and illicit drugs other than marijuana in 2015, especially for adolescents. Effects on these illicit drug use estimates because of the changes for hallucinogens and inhalants will warrant further investigation in the 2013 DR and in preliminary data for 2015. Although the cocaine and heroin modules did not change for the QFT, some significant differences also were observed for aggregate estimates of use of cocaine or heroin. As noted previously, further examination of estimates of cocaine and heroin use in the 2013 DR will be useful for assessing the likelihood that data for these two substances also will not disrupt the trends in 2015.

6.5 Tobacco

This section presents findings on tobacco use from the 2011 comparison data and 2012 quarters 3 and 4 comparison data, as well as the QFT data. Estimates for use of cigarettes and smokeless tobacco are presented in **Appendix I** for each of the three datasets. **Tables I-1** through **I-4** provide estimates for lifetime use of these tobacco products for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older, respectively. Likewise, **Tables I-5** through **I-8** provide estimates for past year use, and **Tables I-9** through **I-12** provide estimates for past month use.

Questions on cigarette use were not changed for the QFT instrument, so the expectation was that the QFT estimate would be very similar to the estimates for the 2011 comparison data and 2012 quarters 3 and 4 comparison data. In the main survey, however, respondents are asked separate sets of questions about their use of snuff and about their use of chewing tobacco. In the QFT, respondents were asked a single set of questions about use of any smokeless tobacco product. Smokeless tobacco for the QFT also was defined somewhat differently than in the main

survey and included use of snuff, dip, chewing tobacco, or "snus."²⁵ These changes could affect estimates of smokeless tobacco use.

6.5.1 Cigarettes

Consistent with expectations, the QFT estimates for cigarette use were similar to the 2011 comparison estimates and 2012 quarters 3 and 4 comparison data estimates. None of the small differences in cigarette use across the three samples was statistically significant. This pattern held for lifetime, past year, and past month cigarette use estimates and held for estimates across all age groups.

- For all persons aged 12 or older, the prevalence of lifetime cigarette use was 62.5 percent for the QFT sample, 63.9 percent for the 2011 comparison data, and 63.2 percent for the 2012 quarters 3 and 4 comparison data (*Table I-1*). Estimates for lifetime cigarette use ranged from less than 20 percent for adolescents aged 12 to 17 in all three samples (*Table I-2*) to about 70 percent for adults aged 26 or older for all three samples (*Table I-4*).
- The estimate of past year cigarette use for all persons aged 12 or older was 28.0 percent for the QFT sample, 26.5 percent in the 2011 comparison data, and 26.1 percent for the 2012 comparison data (*Table I-5*). Estimates for past year cigarette use ranged from less than 13 percent for adolescents aged 12 to 17 in all three samples (*Table I-6*) to more than 40 percent for young adults aged 18 to 25 in all three samples (*Table I-7*).
- The rate of past month cigarette use for all persons aged 12 or older was 24.2 percent for the QFT sample, 22.5 percent for the 2011 comparison data, and 22.2 percent for the 2012 comparison data (*Table I-9*). Estimates for past month cigarette use among adolescents aged 12 to 17 (*Table I-10*) appeared to be higher in the 2011 comparison data (7.8 percent) than in the QFT data (6.1 percent), but as previously noted, this difference was not statistically significant. Estimates of past month cigarette use among young adults aged 18 to 25 ranged from 31.8 to 34.0 percent in all three samples (*Table I-11*).

Given the lack of changes to questions on cigarette use and the similarity of estimates across all three datasets, these results do not suggest any changes to these questions are warranted for the 2013 DR. Based on these findings, it seems likely that the trend for estimates of cigarette use will continue when the partially redesigned instrument and protocol are implemented in 2015.

6.5.2 Smokeless Tobacco

Lifetime estimates of smokeless tobacco use did not differ between the QFT and comparison data for persons aged 12 or older or within any of the three age groups. However, estimates of past year and past month use were greater in the QFT than in the comparison data for persons aged 12 or older and adults aged 26 or older. For adolescents aged 12 to 17 and

²⁵ "Snus" is a type of Swedish snuff. The question in the QFT is as follows: "The next questions are about your use of 'smokeless' tobacco such as snuff, dip, chewing tobacco, or 'snus.'"

young adults aged 18 to 25, the estimates of past year and past month smokeless tobacco use did not differ between the QFT and comparison data. Thus, the higher estimates among adults aged 26 or older appear to be driving the higher past year and past month estimates for persons aged 12 or older in the QFT.

- Estimates of lifetime smokeless tobacco use among persons aged 12 or older were 17.4 percent in the QFT, 18.8 percent in the 2011 comparison data, and 18.4 percent in the 2012 comparison data (*Table I-1*). Lifetime estimates ranged from 6.4 to 8.3 percent among adolescents aged 12 to 17 (*Table I-2*). Among adults aged 26 or older, estimates ranged from 18.0 to 20.0 percent (*Table I-4*).
- The estimate of past year use of smokeless tobacco for persons aged 12 or older in the QFT was 6.8 percent compared with estimates of 4.7 percent in each of the comparison samples (*Table I-5*). Among adults aged 26 or older, the rate of past year use was 6.6 percent in the QFT compared with 3.9 percent in the 2011 comparison data and 4.0 percent in the 2012 comparison data (*Table I-8*).
- The estimate of past month use of smokeless tobacco for persons aged 12 or older in the QFT was 5.2 percent compared with estimates of 3.4 to 3.5 percent in the comparison samples (*Table I-9*). Among adults aged 26 or older, the rate of past month use was 5.5 percent in the QFT compared with rates of 3.1 to 3.3 percent in the comparison data (*Table I-12*).

These findings suggest that trends could be disrupted for past year and past month use of smokeless tobacco for all persons aged 12 or older and among adults aged 26 or older in 2015. Given that respondents had two opportunities to report past year or past month use of smokeless tobacco in the comparison data, it also is noteworthy that the QFT estimates of past year and past month use (which were based only on one set of questions) were higher than the comparison estimates for persons aged 12 or older and adults aged 26 or older. All other things being equal, providing respondents with multiple opportunities to report use would be expected to yield higher estimates than questions that allow respondents only a single opportunity to report use in a given period.²⁶

One possible explanation for these findings is that it may be less of a challenge for some respondents to determine that they used some type of "smokeless tobacco" in the past year or past month than to determine whether the product specifically was "snuff" or "chewing tobacco." This explanation is consistent with main survey data for the brand of snuff or chewing tobacco that respondents reported using most often in the past 30 days. Specifically, respondents could specify a brand of snuff as some "other" brand of "chewing tobacco" they used most often, or vice versa (Kroutil et al., 2012a). Although respondent difficulties in distinguishing between snuff and chewing tobacco in the main survey can be identified only for the past 30 days, they also are likely to be occurring for reports of these types of smokeless tobacco use that occurred less recently than the past 30 days but within 12 months of the interview.

²⁶ Although estimates of past year use also include reports of use in the past month, QFT respondents had only a single opportunity to report that they used smokeless tobacco in the past 30 days or more than 30 days ago but within the past 12 months.

6.6 Alcohol

Tables I-1 through *I-4* provide estimates for lifetime alcohol use for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older, respectively. Likewise, *Tables I-5* through *I-8* provide estimates for past year alcohol use, and *Tables I-9* through *I-12* provide estimates for past month alcohol use. In addition, *Table I-15* provides estimates for past month alcohol use by age and gender, and *Table I-16* presents estimates for binge alcohol use in the past month by age and gender. All of these tables provide estimates for the 2011 comparison data and 2012 quarters 3 and 4 comparison data, as well as the QFT data.

Because the primary questions for lifetime, past year, and past month alcohol use were not changed for the QFT instrument, QFT estimates for these items were expected to be very similar to the 2011 comparison data and 2012 quarters 3 and 4 comparison data. One notable change in the QFT instrument involved the definition of binge alcohol use. In the 2011 and 2012 quarters 3 and 4 instruments, binge alcohol use is defined as drinking five or more drinks on one occasion for both male and female respondents. In the QFT instrument, the definition of binge alcohol use was changed to drinking four or more drinks on one occasion for female respondents. This change had the potential to increase reports of binge alcohol use by lowering the threshold for the minimum number of drinks for females.

6.6.1 Any Alcohol Use

Consistent with expectations, the QFT estimates for alcohol use were very similar to the 2011 comparison estimates and 2012 quarters 3 and 4 comparison estimates across all age groups within the lifetime, past year, and past month periods. Similarly, no significant differences were observed for any alcohol use in the past month among males and females (*Table I-15*).

- For all persons aged 12 or older, the rate of lifetime alcohol use was 81.8 percent for the QFT sample, 83.2 percent for the 2011 comparison data, and 83.4 percent for the 2012 quarters 3 and 4 comparison data (*Table I-1*). Estimates for lifetime alcohol use ranged from about 33 percent for adolescents aged 12 to 17 in all three samples (*Table I-2*) to nearly 90 percent for adults aged 26 or older in all three samples (*Table I-4*).
- The estimate of past year alcohol use for all persons aged 12 or older was 66.8 percent for the QFT sample, 67.1 percent in the 2011 comparison data, and 67.6 percent for the 2012 comparison data (*Table I-5*). Estimates for past year alcohol use ranged from about one fourth of adolescents aged 12 to 17 in all three samples (*Table I-6*) to about three fourths of young adults aged 18 to 25 in all three samples (*Table I-7*).
- Rates of past month alcohol use for all persons aged 12 or older were 51.6 percent for the QFT sample, 53.0 percent for the 2011 comparison data, and 53.4 percent for the 2012 comparison data (*Table I-9*). The estimate for past month alcohol use among adolescents aged 12 to 17 was higher in the 2011 comparison data (13.4 percent) than in the QFT data (10.3 percent) (*Table I-10*).

The lack of significant differences in most rates of any alcohol use between the QFT and comparison data suggests that trends in any alcohol use generally will be maintained in 2015. However, examination of estimates of past month alcohol use among adolescents aged 12 to 17 will warrant further attention in the 2013 DR to assess whether the significant difference between the QFT and 2011 comparison data is repeated for other comparisons in the 2013 DR, or if this difference was an anomaly.

6.6.2 Past Month Binge Alcohol Use

There were no significant differences in estimates of binge alcohol use in the past month regardless of gender for persons aged 12 or older or in any of the three age groups (*Tables I-9 to I-12*). However, differences approached statistical significance for adults aged 26 or older (*Table I-12*).

- Rates of binge alcohol use in the past month among all persons aged 12 or older were 23.9 percent for the QFT sample, 22.3 percent for the 2011 comparison data, and 22.9 percent for the 2012 comparison data (*Table I-9*).
- Among adults aged 26 or older, the differences in estimates of binge alcohol use approached statistical significance for the QFT and both comparison samples (QFT and 2011 comparison: 23.2 and 21.4 percent; $p = 0.074$; QFT and 2011 comparison: 23.2 and 22.1 percent; $p = 0.084$) (*Table I-12*).

Table I-16 contains two sets of estimates of binge alcohol use by age group and gender. The first set of estimates is based only on core data. As noted previously, binge alcohol use in the comparison data was defined for males and females as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days based on their reports in the core alcohol module. For the QFT, binge alcohol use was defined for males in the same manner as in the comparison data. For females, binge alcohol use in the QFT was defined as drinking four or more drinks on the same occasion based on their reports in the core alcohol module.

Table I-16 also contains core-plus-noncore (CPN) estimates for the 2011 and 2012 comparison data. In addition to reports of consumption of five or more drinks on a single occasion on at least 1 day in the past 30 days, these CPN measures took into account females' reports of usual consumption of four or more drinks on the days that they drank alcohol in the past 30 days (from the core alcohol module) or their consumption of four or more drinks on the same occasion on at least 1 day in the past 30 days (from the noncore consumption of alcohol module). These CPN measures were created to further gauge the potential effects on estimates of binge alcohol use because of the change to the threshold for females. For males in the comparison data, the CPN measure was the same as the measure based only on core data. QFT estimates based on core alcohol use data (i.e., including the "four or more" criterion for females) are repeated for comparison with the CPN estimates.

- Among all persons aged 12 or older in the QFT, the rates of binge alcohol use in the past month were 30.1 percent for males and 18.2 percent for females.

- Estimates of binge alcohol use among males aged 12 or older were similar between the QFT (30.1 percent) and the comparison data for 2011 (29.3 percent) and 2012 (30.4 percent).
- The estimate of binge alcohol use in the past month for females aged 12 or older in the QFT (18.2 percent) was in the direction of being higher than the core-only estimates for the 2011 comparison sample and the 2012 quarters 3 and 4 comparison sample (15.8 percent in each sample). However, differences between the QFT and comparison data were not statistically significant.
- Although the measure of binge alcohol use in the past month for males was the same in the QFT and comparison data, the difference between the estimates for males aged 12 to 17 in the QFT and the 2011 comparison data approached statistical significance (23.9 and 22.3 percent, respectively; $p = 0.097$).
- Among females aged 26 or older, the difference between the QFT estimate of binge alcohol use (16.8 percent) and the core estimate in the 2011 comparison data (14.0 percent) approached statistical significance ($p = 0.085$).
- The CPN estimates of binge alcohol use for females aged 12 or older in the 2011 and 2012 comparison data (20.7 and 20.8 percent, respectively) that took into account reports of consumption of four or more drinks on an occasion were not significantly different from the QFT estimate from the core alcohol module (18.2 percent). However, these differences between the QFT and comparison data approached statistical significance (QFT vs. 2011 comparison: $p = 0.067$; QFT vs. 2012 comparison: $p = 0.060$).
- The difference between the QFT and CPN estimate of binge alcohol use in the 2011 comparison data also approached statistical significance for all adolescents aged 12 to 17, regardless of gender (5.6 and 7.5 percent, respectively; $p = 0.061$).

These findings suggest that lowering the threshold for binge alcohol use among females to consumption of four or more drinks on an occasion may not affect the trends in binge alcohol use among all persons aged 12 or older or among all persons within most age groups (i.e., regardless of gender). Although statistical testing was not conducted to identify whether rates of binge alcohol use in the QFT were higher among males than among females even with the lower threshold for females, the *relatively* higher (but not necessarily significant) rate of binge alcohol use among males aged 12 or older in the QFT than among females suggests that binge alcohol use among males will continue to drive the overall rates of binge alcohol use in 2015.

Adults aged 26 or older may provide an exception to this general conclusion. If the QFT sample size of adults in this age group had been similar to the sample sizes in the comparison data, the apparently higher rate in the QFT may have been statistically significant. The finding that the differences in core-only estimates of binge alcohol use among females aged 26 or older approached statistical significance between the QFT and both comparison samples also suggests that the planned change in the definition of binge alcohol use among females in 2015 may affect trends for females in this age group. The lower threshold for binge alcohol use among females may be more important for estimating binge alcohol use among adults aged 26 or older (both overall and for females) than it is for other age groups.

7. QFT Estimates Compared with Current NSDUH Estimates: Methamphetamine and Prescription Drug Items

7.1 Overview of QFT Estimates Compared with NSDUH Estimates for Methamphetamine and Prescription Drug Items

As noted in *Sections 2.4.1* and *3.3.3*, the following changes to the questions for methamphetamine and prescription drugs were made for the Questionnaire Field Test (QFT):

- A new methamphetamine module was added instead of questions about methamphetamine use being included as part of the stimulants module.
- The definition, approach, and terminology for measuring misuse of prescription drugs were revised.
- Modules were added that asked respondents about any use of pain relievers, tranquilizers, stimulants, and sedatives, as opposed to just misuse.
- The focus of the prescription drug modules was on a 12-month reference period rather than the lifetime reference period used in the current questionnaire.
- Electronic images of prescription drugs replaced the current hard-copy pill card versions, and the images included more than just pills.
- Questions about discontinued prescription drugs were deleted, and questions were added for other prescription drugs not previously included in the questionnaire.
- Questions about prescription drugs that were included in supplemental sections of the current questionnaire were moved to the appropriate prescription drug module.

These changes are planned for implementation in the redesigned National Survey on Drug Use and Health (NSDUH) questionnaire in 2015 and are likely to affect estimates of methamphetamine use and misuse of prescription drugs starting in 2015.

This chapter presents findings on methamphetamine use and prescription drug misuse from the comparison data for 2011 and quarters 3 and 4 of 2012 and from the QFT. Detailed tables containing these estimates are included in *Appendix J*. For each relevant measure, data are presented in the detailed tables for use or misuse in the lifetime, past year, and past month periods, as well as for the following age groups: 12 or older, 12 to 17, 18 to 25, and 26 or older. Variables for all drug use estimates presented in this chapter were edited according to the procedures described in *Section 3.3* and were imputed according to the procedures described in *Section 3.4*. Consequently, these drug use measures had no missing data.

Findings also note whether differences in estimates between the QFT and the comparison data were statistically significant at the 0.05 level of significance (see *Section 3.7*). In addition, some differences are presented that approached but did not attain statistical significance

(i.e., $0.05 < p < 0.1$). Because of the smaller sample sizes for the QFT, differences that approached statistical significance in these comparisons could become significant with a sample size of approximately 67,000 respondents in 2015. Otherwise, statements in this chapter such as "estimates did not differ significantly between the QFT and comparison data" indicate differences in which $p > 0.1$.

7.2 Estimates for Methamphetamine Items

A consequence of the placement of questions about methamphetamine use within the current NSDUH module for misuse of prescription stimulants is that misuse of any stimulant always will be as recent as or more recent than the last use of methamphetamine in the edited and imputed data. Furthermore, as noted in *Section 3.3.4.5*, a consistency check is triggered in the core stimulants module in the main survey if respondents report more recent use of methamphetamine than they reported for most recent use of any prescription stimulant. Some respondents in these consistency checks may change their answer for methamphetamine to indicate less recent use than they had originally reported. Because the methamphetamine questions in the QFT were in a module separate from the questions about misuse of prescription stimulants, respondents could report lifetime use or more recent use of methamphetamine without needing to report lifetime misuse of stimulants or misuse of stimulants as recently or more recently than when they last used methamphetamine.

Also, respondents who receive the current NSDUH questionnaire may fail to report methamphetamine use when questions about this drug are asked in the context of questions about misuse of prescription stimulants. Therefore, the methamphetamine use measures for the comparison data (i.e., 2011 and quarters 3 and 4 of 2012) were based on reports of methamphetamine use in the core stimulants module plus reports of use from the supplemental (or noncore) special drugs module (i.e., core plus noncore, or CPN). However, additional respondents who reported lifetime use of methamphetamine in the special drugs module were included in the CPN measures only if their reason for not previously reporting methamphetamine use was that they did not think of methamphetamine as a prescription drug; respondents who reported use in the special drugs module were not counted as users if they reported that they did not previously report methamphetamine use because they "made a mistake" when answering the methamphetamine questions in the stimulants module or for reasons other than not thinking of this as a prescription drug (Kroutil, Handley, Bradshaw, Chien, & Felts, 2012b). Consequently, these CPN measures of methamphetamine use in the comparison data still might underestimate the prevalence of use.

For the QFT, the methamphetamine use measures were based only on data from the new methamphetamine module in the core section of the QFT questionnaire. Although QFT respondents did not have the same multiple opportunities to report methamphetamine use as in the comparison data, there also was no question (and no need) to check for the reason that some respondents did not previously report methamphetamine use.

- The estimate of lifetime methamphetamine use among persons aged 12 or older was greater in the QFT than in the 2012 comparison data (6.5 vs. 4.8 percent) (*Table J-1*). The estimate for 2011 (also 4.8 percent) was not significantly different from the QFT estimate but approached statistical significance ($p = 0.062$).

- Among persons in the three age groups, estimates of lifetime methamphetamine use did not differ significantly between the QFT and comparison data. Estimates for adults aged 26 or older were 5.6 percent in 2011 and in the 2012 comparison data and 7.7 percent in the QFT (**Table J-4**). Again, these differences approached statistical significance ($p = 0.069$ for QFT vs. 2011; $p = 0.052$ for QFT vs. 2012).
- Estimates of methamphetamine use in the past year among persons aged 12 or older and in each of the three age groups did not differ significantly between the QFT and comparison data. Estimates for persons aged 12 or older were 0.4 percent in 2011 and in the 2012 comparison data and 0.5 percent in the QFT (**Table J-5**). However, the difference between the estimates of past year use for adolescents aged 12 to 17 in the QFT (0.2 percent) and the 2011 comparison data (0.4 percent) approached statistical significance ($p = 0.095$) (**Table J-6**).
- Estimates of methamphetamine use in the past month among persons aged 12 or older and in each of the three age groups did not differ significantly between the QFT and comparison data. Among persons aged 12 or older, the difference between the QFT estimate (0.4 percent) and the estimate for the 2012 comparison data (0.1 percent) approached statistical significance ($p = 0.077$) (**Table J-9**).

7.3 Estimates for Prescription Drug Items

The shift in focus of questions about the misuse of specific prescription drugs from the lifetime reference period in the current questionnaire to a 12-month reference period and the deletion of questions about discontinued prescription drugs in the QFT could decrease the estimates of lifetime misuse in the QFT relative to the comparison data. Comparison data respondents had multiple opportunities to report lifetime misuse of prescription drugs, including misuse of drugs that currently are no longer available by prescription in the United States. In contrast, QFT respondents who did not report past year use or misuse of any prescription drugs in a given category were asked only a single question about misuse of *any* prescription drugs in that category in their lifetime. For pain relievers, for example, this question was worded as follows: "Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it?" However, QFT respondents were not given any additional cues or aids to remind them of the types of drugs that qualify as "prescription pain relievers." QFT respondents would need to depend largely on their ability to remember the examples of specific pain relievers that they saw in the screener section. In light of regular changes in the prescription drug market in the United States, QFT respondents also would need to consider not only lifetime misuse of prescription drugs that currently are available, but also any past misuse of prescription drugs that previously were but no longer are available. Because of the structure and content of the QFT questions, therefore, QFT respondents who last misused prescription drugs more than 12 months ago might underreport their misuse.

Conversely, the expansion of the number of questions in the QFT about past year misuse of specific prescription drugs could be expected to increase the estimates of past year misuse in the QFT relative to estimates in the comparison data. For example, QFT respondents would be classified as having misused prescription pain relievers in the past 12 months if they reported misuse in that period of any of 40 possible pain relievers, including "any other" pain reliever. In the comparison data, respondents are defined as having misused pain relievers in the past year

principally through their response to the question, "How long has it been since you last used any prescription pain reliever that was not prescribed for you or that you took only for the experience or feeling it caused?" Only those respondents in the comparison data who reported lifetime misuse of the pain reliever OxyContin[®] have an additional opportunity to report past year misuse through a corresponding question about the last time they used OxyContin[®] that was not prescribed for them or that they took only for the experience or feeling the drug caused.

As noted previously, the definition of misuse also was changed for the QFT. The definition of misuse in the main survey combines a *behavior* (use of a prescription drug that was not prescribed for the respondent) and a *motivation* for misuse (use of a prescription drug only for the experience or feeling that it caused). In the QFT, the definition of misuse "in any way a doctor did not direct you to use it" focuses on behaviors. The following examples are given to QFT respondents for behaviors that constitute misuse:

- (use) without a prescription of your own;
- (use) in greater amounts, more often, or longer than you were told to take it; or
- (use) in any other way a doctor did not direct you to use it.

Especially for misuse of prescription pain relievers, alerting QFT respondents that overuse of prescribed medication (e.g., use in greater amounts or more often than prescribed) constitutes misuse also could increase reporting of misuse in the QFT.

7.3.1 Any Prescription Psychotherapeutic Drug

- The estimate of lifetime misuse of any prescription psychotherapeutic drug (i.e., pain relievers, tranquilizers, stimulants, or sedatives) among persons aged 12 or older was lower in the QFT than in the 2012 comparison data (17.9 vs. 21.0 percent) (**Table J-1**). The estimate for 2011 (20.5 percent) was not significantly different from the QFT estimate but approached statistical significance ($p = 0.062$).
- Adults aged 26 or older had a lower estimate of lifetime misuse of any prescription drug in the QFT than in the 2012 comparison data (17.7 vs. 21.2 percent) (**Table J-4**). Estimates approached statistical significance for adolescents aged 12 to 17 in both the 2011 and 2012 comparison data ($p = 0.057$ for QFT vs. 2011; $p = 0.077$ for QFT vs. 2012) (**Table J-2**) and for adults aged 26 or older in the 2011 comparison data ($p = 0.090$) (**Table J-4**).
- Estimates of misuse of any prescription drug in the past year were greater in the QFT than in the 2011 and 2012 comparison data for persons aged 12 or older (8.1, 5.7, and 5.9 percent, respectively) (**Table J-5**) and young adults aged 18 to 25 (22.8, 13.0, and 13.2 percent, respectively) (**Table J-7**), but not for adolescents aged 12 to 17 or adults aged 26 or older (**Tables J-6** and **J-8**).
- Among persons aged 12 or older, estimates of misuse of any prescription drug in the past month approached statistical significance between the QFT (3.2 percent) and both sets of comparison data (2.4 percent in each comparison dataset; $p = 0.088$ for QFT vs. 2011; $p = 0.096$ for QFT vs. 2012) (**Table J-9**). Estimates also approached statistical significance for adults aged 18 to 25 in the QFT (7.4 percent) and both

comparison datasets (2011: 5.0 percent, $p = 0.064$; 2012: 4.9 percent, $p = 0.063$) (*Table J-11*).

- The estimate of past month misuse of any prescription drug for adolescents in the QFT (1.3 percent) was *lower* than the estimates in the comparison data for 2011 (2.7 percent) and 2012 (2.5 percent) (*Table J-10*).

Given that estimates of past month misuse of any prescription drug were in the direction of being greater in the QFT than in the comparison data (but did not attain statistical significance) for persons aged 12 or older and those aged 18 to 25, the finding of lower estimates in the QFT than in the comparison data for adolescents aged 12 to 17 is counterintuitive. As noted in *Chapter 6*, however, additional illicit drug use estimates in the QFT were lower among adolescents. Therefore, further examination of estimates of prescription drug misuse using data from the 2013 Dress Rehearsal (DR) will be important for adolescents.

7.3.2 Pain Relievers

Estimates for misuse of prescription pain relievers followed the same general pattern as misuse of any prescription drug, with some lower estimates of lifetime misuse in the QFT than in the 2012 comparison data, higher estimates of past year misuse in the QFT than in both comparison datasets for persons aged 12 or older and young adults aged 18 to 25, and lower estimates of past month misuse among adolescents aged 12 to 17 in the QFT than in the two comparison datasets. Highlights are presented in the remainder of this section for past year misuse.

- An estimated 6.0 percent of persons aged 12 or older were past year misusers of pain relievers according to the QFT compared with 4.3 percent for the 2011 comparison data and 4.4 percent for the 2012 comparison data (*Table J-5*). Among young adults aged 18 to 25, 15.2 percent were past year misusers of pain relievers according to the QFT compared with 10.0 percent for 2011 and 9.3 percent for the 2012 comparison data (*Table J-7*).
- The estimate of past year misuse of pain relievers among adults aged 26 or older approached statistical significance for persons aged 12 or older data between the QFT and 2011 comparison data ($p = 0.089$) (*Table J-8*).
- Estimates of past year misuse of OxyContin[®] among persons aged 12 or older were 1.1 percent for the QFT, 0.6 percent for the 2011 comparison data, and 0.5 percent for the 2012 comparison data (*Table J-5*).²⁷
- Estimates of past year misuse of OxyContin[®] among young adults aged 18 to 25 were 2.9 percent for the QFT, 1.9 percent for the 2011 comparison data, and 1.4 percent for the 2012 comparison data (*Table J-7*). The difference between the QFT and 2012 comparison data estimates approached statistical significance ($p = 0.092$).

²⁷ Because of the changes to the prescription drug questions, it was possible to estimate only the past year prevalence of OxyContin[®] misuse for the QFT.

7.3.3 Tranquilizers

- Estimates of lifetime misuse of tranquilizers in the QFT were lower than the corresponding estimates from the 2011 and 2012 comparison data for persons aged 12 or older and all age groups except adolescents aged 12 to 17. Among persons aged 12 or older, the estimate for lifetime tranquilizer misuse was 5.6 percent compared with estimates of 8.8 and 9.3 percent in the 2011 and 2012 comparison data, respectively (*Table J-1*).
- Young adults aged 18 to 25 were more likely to be past year misusers of tranquilizers based on the QFT (7.8 percent) than in the 2011 and 2012 comparison data (4.6 and 4.9 percent, respectively) (*Table J-7*). Rates of past year misuse of tranquilizers did not differ significantly between the QFT and the comparison data for persons aged 12 or older and the other age groups (*Tables J-5 to J-8*).
- The prevalence of misuse of tranquilizers in the past month was similar between the QFT and the comparison data for persons aged 12 or older and all age groups (*Tables J-9 to J-12*).

7.3.4 Sedatives

- Unlike the general pattern for other prescription drugs, the estimate of lifetime misuse of sedatives among young adults aged 18 to 25 in the QFT was *greater* than the estimate in the 2012 comparison data (2.6 vs. 1.1 percent) (*Table J-3*). Otherwise, estimates of lifetime misuse of sedatives were similar between the QFT and the two comparison datasets.
- Estimates of past year sedative misuse in the QFT were greater than corresponding estimates in the 2011 and 2012 comparison data for all groups except adolescents aged 12 to 17 (*Tables J-5 to J-8*).
- The prevalence of misuse of sedatives in the past month was similar between the QFT and the comparison data for persons aged 12 or older and all age groups (*Tables J-9 to J-12*).

However, the estimates for sedative misuse in the comparison data that were described previously were based only on reports of misuse from the core module. These estimates did not include data on the misuse of the sedative Ambien[®] that were in the supplemental (i.e., noncore) special drugs module. In an analysis of data from the 2006 NSDUH, when questions about Ambien[®] were added to the special drugs module, inclusion of these data on Ambien[®] misuse had a major impact on estimates of sedative misuse compared with estimates based on core sedative data alone (Kroutil et al., 2007). Ambien[®] is one of the specific prescription drugs included in the core sedatives module for the QFT. Therefore, CPN measures of sedative misuse that included data on Ambien[®] misuse also were created for the 2011 and 2012 comparison data. These data are included in *Tables J-16 to J-18* in *Appendix J*.

- Inclusion of data for Ambien[®] raised the CPN estimates of lifetime misuse of sedatives in the comparison data to the point that these estimates were now greater than the QFT estimates for all groups except young adults aged 18 to 25. Furthermore, this pattern of differences between the CPN and QFT estimates is consistent with the general pattern elsewhere for prescription drugs, with estimates of lifetime misuse in the QFT tending to be lower than corresponding estimates in the comparison data.
- Among young adults aged 18 to 25, CPN estimates of lifetime misuse of sedatives were 4.1 percent in the 2011 comparison data and 3.7 percent in the 2012 comparison data (**Table J-16**). As noted previously, the corresponding QFT estimate of lifetime misuse in this age group was 2.6 percent.
- Ambien[®] data in the CPN estimates of past year misuse appeared to erase the differences in prevalence between the QFT and comparison data that were observed for comparison data estimates based only on core sedatives module data (or, in some instances, to reverse the direction of the differences). Among persons aged 12 or older, for example, the CPN estimates of past year misuse of sedatives in the 2011 and 2012 comparison data (0.9 and 0.7 percent, respectively) were similar to the QFT estimate (0.8 percent) (**Table J-17**). Without the Ambien[®] data, the estimate of past year misuse of sedatives was 0.2 percent in each comparison dataset. In addition, the CPN estimate of past year sedative misuse among 12 to 17 year olds was greater than the QFT estimate (0.8 vs. 0.3 percent).
- Inclusion of Ambien[®] data in the CPN estimates had little apparent effect on estimates of past month sedative misuse or differences between the QFT and comparison data for past month misuse (**Table J-18**).

Although the estimate of lifetime misuse of sedatives was greater in the QFT than in the comparison data for young adults aged 18 to 25, including the noncore Ambien[®] data in the CPN estimates for sedatives in the comparison data erased this difference. Findings that including reports of Ambien[®] misuse in the CPN estimates of past year misuse appeared to remove the differences in prevalence between the QFT and comparison data also underscore the likely importance of including questions about Ambien[®] for estimating sedative misuse. Given the potential for changes in the prescription drug market and the prescription drug market share, a further implication of these findings for sedatives is the need for regular monitoring of changes in prescription drug availability beyond the redesign of the prescription drug questions in 2015. The Substance Abuse and Mental Health Services Administration (SAMHSA) plans to implement procedures for monitoring prescription drug changes in connection with the redesign.

7.3.5 Stimulants

Because the estimates of methamphetamine use in the 2011 and 2012 comparison data were based on CPN measures of methamphetamine use (see **Section 7.2**), the corresponding estimates of any stimulant misuse in the comparison data included these CPN methamphetamine use data. These CPN measures are referred to as the "Standard Definition" of stimulant misuse in the **Appendix J** tables. To produce estimates of stimulant misuse for the QFT that were as analogous as possible to these estimates in the comparison data, the "standard definition" estimates of stimulant misuse were based on data from the core methamphetamine and

prescription stimulants modules. A "QFT definition" of stimulant misuse also was created for the QFT based on data in the core stimulants module but not including data on methamphetamine use. Because it is not possible to disentangle methamphetamine use from misuse of other stimulants in the comparison data, however, this QFT definition measure was not created for the comparison data.

- Estimates of lifetime stimulant misuse based on the standard definition including methamphetamine were similar between the QFT and comparison data. For young adults aged 18 to 25, however, the differences between the QFT estimate (13.1 percent) and the comparison data estimates (9.5 percent in each dataset) approached statistical significance ($p = 0.064$ for QFT vs. 2011; $p = 0.058$ for QFT vs. 2012) (**Table J-3**).
- The standard definition estimates of past year stimulant misuse in the QFT were greater than the corresponding estimates in the comparison data for persons aged 12 or older and young adults aged 18 to 25 (**Tables J-5 and J-7**). Among young adults in particular, the standard definition estimates for past year misuse were 9.1 percent for the QFT, 3.2 percent for the 2011 comparison data, and 3.8 percent for the 2012 comparison data.
- Estimates of stimulant misuse in the past month based on the standard definition were greater in the QFT than in the 2011 comparison data for persons aged 12 or older (0.8 vs. 0.4 percent) (**Table J-9**). The prevalence of stimulant misuse in the past month based on the standard definition also was greater for persons aged 18 to 25 in the QFT (2.7 percent) than in the 2011 or 2012 comparison data (1.0 percent in each year) (**Table J-11**). The difference in the past month prevalence for persons aged 12 or older between the QFT and the 2012 comparison data (0.4 percent) approached statistical significance ($p = 0.053$) (**Table J-9**).

For the QFT, statistical tests were not conducted between estimates of stimulant misuse based on the standard definition that included methamphetamine and the QFT definition that did not include methamphetamine. Nevertheless, these data provide some indication of the potential effect if methamphetamine use is no longer included in estimates of stimulant misuse in 2015 and beyond.

- Estimates of lifetime stimulant misuse in the QFT for persons aged 12 or older were 9.0 percent for the standard definition that included methamphetamine and 3.9 percent for the QFT definition that did not include methamphetamine (**Table J-1**).
- An estimated 9.1 percent of persons aged 26 or older were lifetime misusers of stimulants based on the standard definition, and 2.9 percent were lifetime misusers based on the QFT definition (**Table J-4**). Among young adults aged 18 to 25, estimates of lifetime stimulant misuse based on the standard and QFT definitions were 13.1 and 11.0 percent, respectively (**Table J-3**). Among adolescents aged 12 to 17, the estimates were 2.2 percent for the standard definition and 1.9 percent for the QFT definition (**Table J-2**).
- Among persons aged 12 or older, the standard definition estimate of past year stimulant misuse for the QFT was 2.1 percent, and the QFT definition estimate was

1.8 percent (*Table J-5*). Data for other age groups followed a similar pattern. Among young adults aged 18 to 25, for example, the standard definition estimate for the QFT was 9.1 percent, and the QFT estimate was 8.9 percent (*Table J-7*).

- The standard definition estimate in the QFT for past month stimulant misuse among persons aged 12 or older was 0.8 percent, and the QFT definition estimate was 0.5 percent (*Table J-9*).

As was the case for sedatives, the standard definition estimates for stimulant misuse in the comparison data that were described previously did not include data on the misuse of the stimulant Adderall[®] from the special drugs module. The impact of the Adderall[®] data on estimates of nonmedical stimulant use in the 2006 NSDUH was particularly notable for adolescents aged 12 to 17 and young adults aged 18 to 25 (Kroutil et al., 2007). Adderall[®] is one of the specific prescription drugs included in the core stimulants module for the QFT. Therefore, measures of stimulant misuse based on the standard definition plus noncore data on Adderall[®] misuse were created for the 2011 and 2012 comparison data. These data are included in *Tables J-13 to J-15* in *Appendix J*.

- Inclusion of data for Adderall[®] had relatively little effect on whether differences in lifetime stimulant misuse between the QFT and comparison data were statistically significant (*Table J-13*). Among adolescents aged 12 to 17, the estimates of lifetime stimulant misuse based on the standard definition were not significantly different between the QFT and comparison data. However, the standard definition plus noncore Adderall[®] estimate for this age group in the 2011 comparison data was greater than the QFT standard definition estimate (3.6 vs. 2.2 percent). The difference between the QFT and 2012 estimate that included Adderall[®] (3.5 percent) also approached statistical significance ($p = 0.061$).
- Among young adults aged 18 to 25, differences between the QFT and both the 2011 and 2012 comparison estimates for the standard definition of lifetime stimulant misuse approached statistical significance ($p = 0.064$ and $p = 0.058$, respectively). In contrast, the standard definition estimate of lifetime misuse among young adults in the QFT (13.1 percent) was not significantly different from either estimate in the comparison data that included Adderall[®] (2011: 15.4 percent; 2012: 16.0 percent), nor did these differences approach statistical significance (*Table J-13*).
- For persons aged 12 or older and young adults aged 18 to 25, inclusion of data for Adderall[®] appeared to erase the differences in the prevalence of past year misuse that were observed between the QFT and comparison data for the standard definition estimates (*Table J-14*). Among persons aged 18 to 25, for example, the estimates of past year stimulant misuse in the 2011 and 2012 comparison data that included noncore Adderall[®] data (6.3 and 7.0 percent, respectively) were not significantly different from the QFT estimate based on the standard definition (9.1 percent); however, the difference between the QFT and 2011 comparison data approached statistical significance ($p = 0.097$). Without the Adderall[®] data, the estimates of past year misuse of stimulants in this age group were 3.2 percent in the 2011 comparison data and 3.8 percent in the 2012 comparison data.

- Among persons aged 12 or older, the standard definition estimate of past month stimulant misuse was greater in the QFT (0.8 percent) than in the 2011 comparison data (0.4 percent) and approached statistical significance relative to the estimate of 0.4 percent for the 2012 comparison data ($p = 0.053$) (**Table J-15**). In contrast, the comparison data estimates for 2011 and 2012 that included noncore Adderall[®] data (0.6 percent in each dataset) were similar to the standard definition estimate in the QFT.
- Among young adults aged 18 to 25, the estimates of past month stimulant misuse that included Adderall[®] were 1.9 percent in the 2011 comparison data and 2.0 percent in the 2012 comparison data (**Table J-15**). These estimates were not significantly different from the past month estimate for young adults in the QFT based on the standard definition (2.7 percent). In contrast, the estimates of past month misuse in this age group based on the standard definition were 1.0 percent in each year of the comparison data and were lower than the corresponding QFT estimate.

Although the estimates of past year misuse of stimulants based on the standard definition (i.e., including methamphetamine) were greater in the QFT than in the comparison data for persons aged 12 or older and for young adults aged 18 to 25, these differences no longer remained when noncore Adderall[®] data were included in the CPN estimates for the comparison data. These findings underscore the likely importance of including questions about Adderall[®] for estimating misuse of prescription stimulants.

7.4 Effects of Methamphetamine and Prescription Drugs on Illicit Drug Use Estimates

As noted in **Section 6.4** in **Chapter 6**, the measures of use of any illicit drug and illicit drugs other than marijuana in current published NSDUH estimates include use of methamphetamine and misuse of prescription drugs. The changes to the methamphetamine and prescription drug questions that were summarized in **Section 7.1** for the QFT (and, by extension, for the redesigned questionnaire in 2015) also could affect estimates for these other summary measures of illicit drug use.

Therefore, alternate measures of use of any illicit drug and illicit drugs other than marijuana were created that did not include data for methamphetamine or prescription drugs (see **Appendix H**). Estimates based on these alternate measures are presented in **Chapter 6** and in the detailed tables in **Appendix I**.

A third alternate definition for any illicit drug use was developed that included methamphetamine but did not include prescription drugs (subsequently referred to as Alternate Definition 3). In addition, measures of use of illicit drugs and illicit drugs other than marijuana were created based on the standard NSDUH definitions that included both methamphetamine and prescription drugs. Estimates based on Alternate Definition 3 for illicit drug use and the standard definitions are presented in this section and in the detailed tables in **Appendix J**.

- Estimates of lifetime use were not significantly different between the QFT and the comparison data for persons aged 12 or older, adults aged 18 to 25, and adults aged

- 26 or older for the illicit drug Alternate Definition 3 or for the standard definitions of use of illicit drugs or illicit drugs other than marijuana (*Tables J-1, J-3, and J-4*).
- Among adolescents aged 12 to 17, the Alternate Definition 3 estimate of lifetime use of illicit drugs was greater in the QFT (26.7 percent) than in the 2011 or 2012 comparison data (22.4 and 20.1 percent, respectively) (*Table J-2*). The standard definition estimates in the QFT for lifetime use of illicit drugs (28.5 percent) and illicit drugs other than marijuana (19.1 percent) also were greater than the corresponding estimates in the 2012 comparison data (23.4 and 14.1 percent, respectively).
 - As for the lifetime period, estimates of past year use of illicit drugs based on the standard definition or Alternate Definition 3 were not significantly different between the QFT and comparison data for persons aged 12 or older, but did differ between the QFT and 2012 comparison data for adolescents aged 12 to 17 (*Tables J-5 and J-6*). For adolescents, the standard definition estimate of past year illicit drug use was 20.6 percent, and the Alternate Definition 3 estimate was 18.2 percent. Corresponding estimates in the 2012 comparison data were 16.6 and 14.2 percent, respectively.
 - The estimates of use of illicit drugs other than marijuana in the past year based on the standard definition were greater in the QFT than in the 2011 or 2012 comparison data for persons aged 12 or older and young adults aged 18 to 25 (*Tables J-5 and J-7*). Among young adults, the estimates were 25.3 percent for the QFT, 17.7 percent for the 2011 comparison data, and 17.9 percent for the 2012 comparison data. The difference between the estimates for illicit drugs other than marijuana among 12 to 17 year olds in the QFT (11.6 percent) and the 2012 comparison data (8.3 percent) also approached statistical significance ($p = 0.064$) (*Table J-6*).
 - Most estimates of past month use of illicit drugs or illicit drugs other than marijuana did not differ significantly between the QFT and comparison data, regardless of the definitions. Among adolescents aged 12 to 17, however, the estimate of use of illicit drugs other than marijuana based on the standard definition was lower in the QFT than in the 2011 comparison data (2.5 vs. 4.0 percent) (*Table J-10*). The difference in standard definition estimates for past month use of illicit drugs other than marijuana among young adults aged 18 to 25 in the QFT (9.0 percent) and 2012 comparison data (6.6 percent) also approached statistical significance ($p = 0.072$) (*Table J-11*).

7.5 Methamphetamine, Prescription Drug, and Illicit Drug Estimation Issues to Consider for the 2013 Dress Rehearsal and 2015 Redesign

This section highlights findings from *Sections 7.2 to 7.4*. Particular attention is given to findings that have implications for the 2013 DR in 2013 and estimates from the redesigned questionnaire for the 2015 survey, including implications for reporting trends in drug use or misuse.

7.5.1 Methamphetamine

Although past year and past month estimates of methamphetamine use did not differ significantly between the QFT and comparison data, the estimate of lifetime use for persons aged

12 or older was greater in the QFT than in the comparison data. Estimates by age group suggest that this difference was largely being driven by patterns of lifetime use among adults aged 26 or older.

In contrast, published NSDUH trend data indicate that the prevalence of lifetime methamphetamine use among persons aged 12 or older decreased from 6.5 percent in 2002 to 4.6 percent in 2011 (Center for Behavioral Statistics and Quality [CBHSQ], 2012e). The estimate of lifetime use from the 2012 QFT for persons aged 12 or older was the same as the point estimate in 2002. As was noted in *Section 7.2*, inclusion of additional questions about methamphetamine in a supplemental section of the main survey since 2005 may not fully capture reports of methamphetamine use from respondents who do not think of this drug in the context of questions about prescription stimulants.

If the prevalence of lifetime methamphetamine use is higher than in recent years for persons aged 12 or older or within different age groups because of changes to the questionnaire in 2015, SAMHSA will need to decide how to handle the reporting of trends in lifetime use. One option would be not to report trend data for lifetime methamphetamine use between 2015 and earlier years or to discontinue the reporting of lifetime trend data for methamphetamine altogether from 2015 onward. Alternatively, SAMHSA could start a new baseline for lifetime methamphetamine use beginning in 2015. Other, more sophisticated options could involve statistical procedures to adjust the trend data for 2002 to 2014.

Although data on trends in lifetime prevalence may be of interest for examining historical changes in the popularity of different drugs, data on trends in the prevalence of methamphetamine use in the past year and past month are likely to be of more importance to policymakers, the public health sector, the criminal justice sector, and others because of the demands that methamphetamine users may place on the criminal justice system, the health care delivery system (including substance abuse treatment), and systems for providing social services (including services to dependents of adult substance users). The prevalence of methamphetamine use in the past year among persons aged 12 or older has remained fairly stable since 2008, at 0.3 to 0.5 percent. The prevalence of past month methamphetamine use among persons aged 12 or older also has remained fairly stable since 2007, at 0.1 to 0.2 percent. Similar trends for past year and past month use are observed for most age groups (CBHSQ, 2012e).

If trends in past year and past month use of methamphetamine continue to remain fairly stable based on NSDUH data for 2012 to 2014, then moving the methamphetamine questions to a separate module in 2015 may not disrupt the trend data for past year and past month use. Because of the relatively small number of QFT respondents, however, it cannot be established conclusively that these findings from the QFT will translate to similar relationships between estimates in 2014 and 2015. Advance monitoring of estimates of methamphetamine use from the 2015 survey (e.g., based on the first two quarters of data) will be important for anticipating potential disruptions in the trend data because of the changes to the methamphetamine questions in 2015.

7.5.2 Prescription Drugs

The general findings of lower estimates of *lifetime* misuse of prescription drugs but higher *past year* estimates in the QFT relative to the comparison data are expected, given the changes to the prescription drug questions for the QFT. The structure of the current questionnaire provides respondents with multiple opportunities to report lifetime misuse of specific prescription drugs but less opportunity to report past year misuse. This situation was reversed for the QFT, with respondents having more opportunity to report past year misuse of specific prescription drugs and limited opportunity to report misuse of any prescription drugs that occurred more than 12 months prior to the interview—including misuse of prescription drugs that are no longer available by prescription in the United States.

A notable finding for the lifetime estimates was that most estimates of lifetime misuse of tranquilizers were lower in the QFT than in both sets of comparison data. Some lifetime estimates of misuse in the QFT were lower than in the comparison data for other prescription drug categories, but not to the extent of the differences that were observed for tranquilizers. As noted in **Section 7.3**, however, estimates of lifetime misuse for other prescription drug categories were in the direction of being lower in the QFT than in the comparison data but did not meet the criteria for statistical significance. The QFT sample of only 2,044 respondents may not have allowed sufficient statistical power to detect additional differences in lifetime misuse. If the prescription drug modules for the 2013 DR undergo minimal or no change relative to the modules in the QFT, then the prescription drug data from the 2012 QFT and 2013 DR could be combined to increase the sample size for further analysis.

Nevertheless, these findings support the conclusion to start a new baseline in 2015 for trends in prescription drug misuse. It also may be useful for SAMHSA to consider whether to discontinue reporting trend data for lifetime misuse of prescription drugs after 2014 because of questions about the accuracy of respondent self-reports of misuse of prescription drugs more than 12 months prior to the interview.

Principally because of scheduling issues for analyzing and reporting of QFT data to inform SAMHSA's decision making for the 2013 DR, QFT data on initiation of misuse in the past year were not analyzed. As noted in **Section 4.6.5.4**, however, changes to the questions in the QFT for initiation of misuse of prescription drugs have important implications for measuring and estimating initiation for prescription drugs in 2015 and beyond. These changes also may have implications for measuring and estimating initiation of illicit drug use in general. In the QFT, the following numbers of respondents provided valid data for their age at first misuse of at least one prescription drug in the overall category: 144 for pain relievers, 71 for tranquilizers, 56 for stimulants, and 18 for sedatives. Therefore, the QFT sample size would be adequate for conducting further analysis of the initiation data for pain relievers. SAMHSA could investigate the initiation data in the 2012 QFT and 2013 DR for pain relievers, tranquilizers, stimulants, and any prescription drug to examine this issue further. If similar numbers of 2012 QFT and 2013 DR respondents provide initiation data for the misuse of sedatives, the number of respondents in the combined 2012 QFT and 2013 DR data still would not be adequate for analyzing the initiation data for sedatives.

7.5.3 Illicit Drugs

Many estimates of the use of illicit drugs or the use of illicit drugs other than marijuana were not significantly different between the QFT and comparison data when data for methamphetamine or prescription drugs (or both) were included in the QFT estimates. Nevertheless, some estimates *were* affected, especially for adolescents aged 12 to 17 and young adults aged 18 to 25. However, changes to the methamphetamine and prescription drug use questions were not the only changes made to the questionnaire for the QFT. In particular, changes also were made to the hallucinogens and inhalants modules in the QFT that could affect estimates of the use of illicit drugs and illicit drugs other than marijuana (see **Section 2.4.1** and **Chapter 6**). Therefore, additional analysis of 2012 QFT and 2013 DR data (including combined 2012 QFT and 2013 DR data, where applicable) will be important for assisting SAMHSA in deciding how to create these summary illicit drug use measures in 2015 and how to report trends for these measures.

8. QFT Estimates Compared with NSDUH Estimates: Noncore Items

8.1 Overview of QFT Estimates Compared with NSDUH Estimates for Noncore Items

This chapter summarizes Questionnaire Field Test (QFT) estimates compared with the 2011 comparison estimates and the 2012 quarters 3 and 4 comparison estimates for selected noncore items. *Section 8.2* describes the estimates for substance dependence and abuse. *Section 8.3* presents estimates for the needle use items. *Section 8.4* examines comparisons of medical marijuana reports by State in reference to the current laws in each State. *Section 8.5* describes selected estimates for the noncore demographic and household items. *Section 8.6* presents estimates for selected items subject to context effects due to the questionnaire redesign. *Section 8.7* discusses estimates for new, revised, and moved items in the QFT instrument, including how QFT estimates for moved items align with the 2011 and 2012 quarters 3 and 4 comparison estimates. The chapter concludes with *Section 8.8*, which provides a comparison of the distribution of relationships for proxy respondents and estimates for selected items based on the proxy report status.

8.2 Estimates for Substance Dependence and Abuse

Estimates of substance dependence and abuse were examined for the QFT and comparison data for 2011 and 2012 based on the following changes to the QFT questionnaire that had the potential to affect estimation:

- The focus of the prescription drug modules shifted to use and misuse of specific prescription drugs in the past 12 months rather than the lifetime period.
- The introductions to questions for prescription drugs in the substance dependence and abuse module were changed to reflect the revised definition of misuse in the QFT.
- Additional questions that captured information about specific past year use or misuse of hallucinogens (e.g., Ecstasy), prescription stimulants (e.g., Adderall[®]), and prescription sedatives (e.g., Ambien[®]) that were in a supplemental section of the interview in the main survey were moved to the respective core modules.
- A new methamphetamine module was added to the core drug modules, and separate questions about methamphetamine dependence or abuse were included in the substance dependence and abuse module. The redesigned stimulants module no longer includes questions related to the use of methamphetamine.
- Respondents who reported past year use of methamphetamine but not past year misuse of prescription stimulants were not asked questions about stimulant dependence or abuse.
- Although the question for most recent use of inhalants was not changed for the QFT, new questions were included about lifetime use of two additional inhalants.

In particular, as noted in *Section 7.3* in *Chapter 7*, the shift in emphasis in the QFT from a lifetime to a past year period for capturing data on misuse of specific prescription drugs resulted in many estimates of prescription drug misuse in the past year being higher in the QFT than in the comparison data for 2011 and 2012. In turn, the increased reporting of past year misuse of prescription drugs in the QFT could yield higher estimates of dependence or abuse for prescription drugs. Estimates of dependence or abuse for prescription stimulants could be affected because QFT respondents who reported past year use of methamphetamine but not past year misuse of prescription stimulants were not asked these questions for stimulants.

This section presents findings on substance dependence and abuse from the comparison data for 2011 and quarters 3 and 4 of 2012 and from the QFT. Detailed tables containing these estimates are included in *Tables K-1* to *K-4* in *Appendix K*.

The computer-assisted interviewing (CAI) instrumentation for both the main survey and the QFT for the National Survey on Drug Use and Health (NSDUH) included questions that were designed to measure alcohol and illicit drug dependence and abuse. Dependence and abuse questions were based on the criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994). Additional details about measurement of substance dependence and abuse in NSDUH are provided in the public use file codebook for the 2011 NSDUH and in the 2011 report on national findings (Center for Behavioral Health Statistics and Quality [CBHSQ], 2012c, 2012e). Information on measures of dependence and abuse used in this report also is included in *Appendix H* of this report, particularly for the development of measures for methamphetamine dependence and abuse.

In both the main study and the QFT, persons are defined as having abuse if they met one or more of the four criteria for abuse included in the DSM-IV, and the definition of dependence was not met for that substance. For measurement of abuse that encompasses multiple drug categories (e.g., prescription drugs), respondents who were defined as having abuse met the criteria for abuse for at least one drug (or drug category) but did not meet the criteria for dependence for *any* of the drugs or categories that were included. For example, a respondent who met one or more criteria for prescription pain reliever abuse but did not meet the criteria for pain reliever dependence would be defined as having pain reliever abuse. However, if this respondent with pain reliever abuse but not dependence met the criteria for dependence for another prescription drug category (e.g., tranquilizers), then he or she would be defined as having dependence for any prescription drug and by definition would not be defined as having abuse for any prescription psychotherapeutic drug. Consequently, this respondent would be defined as having abuse for pain relievers but also as having dependence for prescription drugs as a whole. Therefore, estimates of abuse for some drugs (or groups of drugs) *within* a broader category (e.g., pain relievers within the broader category of prescription drugs as a whole) could be larger than the estimate for abuse for the more aggregated category (e.g., prescription drugs).

- For persons aged 12 or older in *Table K-1* and for each of the age groups in *Tables K-2* to *K-4*, there were no significant differences in estimates of illicit drug dependence, illicit drug abuse, or illicit drug dependence or abuse between the QFT and corresponding estimates from the 2011 or 2012 comparison data. There also were no significant differences in estimates of dependence, abuse, or dependence or abuse

between the QFT and comparison samples for marijuana, prescription drugs, prescription pain relievers, illicit drugs other than marijuana, or illicit drugs *excluding* marijuana²⁸ among persons aged 12 or older. Although differences between the QFT and the 2011 or 2012 comparison data for these estimates were not statistically significant by age group, some differences approached conventional significance levels.

- The estimate of hallucinogen dependence among persons aged 12 or older was less than 0.05 percent based on the QFT data and was significantly different from the corresponding estimate of 0.1 percent in the 2011 comparison data (**Table K-1**). However, the estimate of hallucinogen dependence in the 2012 comparison data also was less than 0.05 percent and was not significantly different from the QFT estimate.
- Estimates for adolescents aged 12 to 17 were lower in the QFT than in the 2011 comparison data for prescription drug dependence or abuse (0.2 vs. 1.2 percent), pain reliever dependence or abuse (0.2 vs. 1.0 percent), and dependence or abuse for illicit drugs other than marijuana (0.8 vs. 1.7 percent) (**Table K-2**). In addition, the difference between the estimates for prescription drug dependence or abuse among adolescents in the QFT (0.2 percent) and the 2012 comparison data (0.5 percent) approached statistical significance ($p = 0.086$). No adolescents in the QFT were defined as having dependence for pain relievers or abuse for prescription drugs.
- Among adults aged 26 or older, estimates were lower in the QFT than in the 2012 comparison data for prescription drug dependence (0.2 vs. 0.6 percent), dependence for illicit drugs other than marijuana (0.4 vs. 0.9 percent), and dependence or abuse for illicit drugs other than marijuana (0.6 vs. 1.2 percent) (**Table K-4**).
- For the QFT and 2011 comparison data, the difference between the estimate of prescription drug dependence among adults aged 26 or older approached statistical significance (0.2 and 0.5 percent, respectively; $p = 0.078$). The following differences between the QFT and 2012 comparison data for adults aged 26 or older also approached statistical significance: illicit drug dependence (0.9 and 1.1 percent; $p = 0.087$); pain reliever dependence (0.2 and 0.5 percent; $p = 0.077$); dependence for illicit drugs *excluding* marijuana (0.4 and 0.8 percent; $p = 0.055$); and dependence or abuse for illicit drugs excluding marijuana (0.6 and 1.0 percent; $p = 0.088$).
- Additional estimates for dependence, abuse, or dependence or abuse in the QFT would have been suppressed but were lower than in one or both comparison datasets for persons aged 12 to 17 (**Table K-2**), those aged 18 to 25 (**Table K-3**), or those aged 26 or older (**Table K-4**). For example, suppressed QFT estimates for adolescents aged 12 to 17 were significantly different from estimates in the 2011 or 2012 comparison data for pain reliever dependence, hallucinogen abuse, and prescription drug abuse. However, statistically significant differences typically are not reported if one or both estimates is suppressed.

²⁸ Estimates for illicit drugs excluding marijuana included dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription psychotherapeutic drugs but also required persons not to have dependence or abuse for marijuana.

- Only 12 QFT respondents were asked questions about methamphetamine dependence or abuse because they reported past year use in the core methamphetamine module. Consequently, no QFT respondents were defined as having methamphetamine dependence.

Lower QFT dependence and abuse estimates discussed in this section for any prescription drug and pain relievers for some age groups relative to estimates in the comparison data are counterintuitive, given the higher estimates of past year misuse in the QFT (see *Chapter 7* and *Appendix J*). That is, respondents who reported past year misuse of any prescription drug within a given category (e.g., past year misuse of any pain reliever) were routed into the corresponding questions for dependence or abuse in both the QFT and main survey. Therefore, higher estimates of past year misuse in the QFT could correspond to more respondents reporting misuse in the QFT than in the comparison data. If that is the case, more respondents in the QFT than in the comparison data would have had the opportunity to report symptoms of dependence or abuse attributable to their past year misuse of prescription drugs within a given category. Furthermore, the dependence and abuse estimates for prescription drugs and pain relievers were not significantly different between the QFT and comparison data. These findings suggest that the smaller QFT sample size and its effect on the numbers of respondents who reported sufficient numbers of problems to be classified with dependence or abuse for prescription drugs could have contributed to the observed differences within age groups.

However, an alternative explanation for these dependence or abuse findings for prescription drugs is that the respondent burden involved in answering the questions about past year misuse of prescription drugs in the QFT could have suppressed reporting of dependence or abuse symptoms for prescription drugs. As noted in *Section 4.5.1* in *Chapter 4*, when respondents reported use and misuse of prescription drugs, the QFT timings exceeded those for the 2011 and 2012 comparison samples, with the greatest difference occurring among adults aged 26 or older. Consequently, some QFT respondents who reported past year misuse of one or more prescription drugs could have been prone to answer the dependence and abuse questions as "no" to reduce the number of additional questions they were asked. These findings for prescription drug dependence or abuse will be examined further in the analysis of data from the Dress Rehearsal (DR), including analysis of combined data from the QFT and the DR, where applicable.

Findings of no significant differences between the estimates in the QFT and comparison data for any illicit drug dependence, illicit drug abuse, and illicit drug dependence or abuse may be driven by the contributions of marijuana dependence or abuse to these estimates. The marijuana module for the QFT did not change relative to the module in the main study, and no changes to this module are planned as part of the redesign of the questionnaire in 2015. If similar findings for illicit drug dependence or abuse estimates are observed once the DR data are available, then these findings could suggest that questionnaire changes in 2015 will not appreciably affect substance use disorder (i.e., dependence or abuse) trends for any illicit drug. However, if substance use disorders for prescription drugs—especially prescription pain relievers—contribute more substantially to estimates of substance use disorders for illicit drugs other than marijuana, then changes to the prescription drug modules in 2015 could affect dependence or abuse trends for illicit drugs other than marijuana. The relatively small QFT sample size and the corresponding lack of statistical significance for most comparisons do not

ensure that no differences will be observed for dependence and abuse estimates in 2015. Again, analysis of DR data will provide further opportunity to explore potential effects of the redesign on these estimates for illicit drugs other than marijuana. Analysis of data from the first two quarters of 2015 also can assist the Substance Abuse and Mental Health Services Administration (SAMHSA) in anticipating any effects on dependence or abuse trends for illicit drugs other than marijuana and for prescription drugs.

8.3 Estimates for Needle Use Items

Specific questions about use of a needle to inject heroin and to inject cocaine in the QFT were unchanged relative to the main survey. However, the addition of the new methamphetamine module to the core drug modules in the QFT could affect the number of respondents who were asked questions about use of methamphetamine with a needle. Also, QFT questions about use of prescription stimulants with a needle were moved from the supplemental special drugs module to the core stimulants module and focused on use of stimulants with a needle in the past year or past month, but not lifetime use of stimulants with a needle.

In addition, the order and context for questions about needle use differed between the QFT and the main survey, although the question wordings were the same for use of heroin or cocaine with a needle. In the QFT, all respondents first were asked questions in the noncore special drugs module about use of over-the-counter (OTC) cough and cold medicines to get high. QFT respondents who reported lifetime use of OTC cough and cold medicines to get high were asked to report their most recent use, and those who reported use at some point in the past 12 months were asked to specify the names of up to five OTC medicines that they used in the past 12 months to get high. Following the question(s) about OTC cough and cold medicines, QFT respondents were asked about their lifetime use of gamma hydroxybutyrate (GHB), and if applicable, their most recent use of GHB. Depending on whether they reported lifetime use, QFT respondents then were asked questions about needle use or other drug use behaviors in the following order: (a) use of cocaine with a needle;²⁹ (b) smoking heroin; (c) sniffing or "snorting" heroin; (d) use of heroin with a needle;³⁰ (e) use of methamphetamine with a needle; (f) use of any other drug with a needle (or any drug with a needle if respondents did not report use of cocaine, heroin, or methamphetamine with a needle); and (g) if applicable, needle use behaviors the last time that respondents injected drugs (e.g., reuse of a needle they had used before, sharing of needles).

In the main survey, depending on reports of lifetime use or misuse in the corresponding core modules, respondents first were asked about their behaviors associated with (a) heroin use (i.e., smoking, sniffing, or injection); (b) use of methamphetamine with a needle (i.e., if respondents had previously reported methamphetamine use in the core stimulants module) or methamphetamine use in general (i.e., if respondents had *not* reported methamphetamine use in the core stimulants module); (c) use of (other) stimulants with a needle, and (d) use of cocaine with a needle. All main survey respondents then were asked whether they ever used a needle to inject any drug (or any other drug), and needle users were asked about their needle use the last

²⁹ Respondents also were asked questions about the most recent time they engaged in a particular behavior (e.g., use of cocaine with a needle) if they reported engaging in that behavior in their lifetime.

³⁰ Respondents in both the QFT and main survey who reported lifetime use of heroin but did not report smoking, sniffing, or injecting it were asked follow-up questions to determine how they used heroin.

time they injected drugs. Questions about use of GHB and use of cough and cold medicines to get high were asked later in the special drugs module (i.e., after the questions about needle use).

Because of these differences, this section presents findings on injection drug use (i.e., use of a needle to inject drugs) from the comparison data for 2011 and quarters 3 and 4 of 2012 and from the QFT. Estimates for persons aged 12 or older are shown in **Table K-5** in **Appendix K**. Estimates of needle use by age group are not presented because of the low prevalence of needle use in the general population. In 2011, for example, 0.7 percent of persons aged 12 or older had ever used a needle to inject heroin, 0.8 percent had ever used a needle to inject cocaine, and 0.5 percent had ever used a needle to inject methamphetamine; among adolescents aged 12 to 17, the lifetime needle use estimates for these three drugs were 0.1 percent or less (CBHSQ, 2012e). Therefore, the QFT sample could not support estimates of needle use by age group, especially for the past year and past month periods. Because of the changes to the questions for use of stimulants with a needle that were described previously, estimates for use of prescription stimulants with a needle and use of heroin, cocaine, methamphetamine, or prescription stimulants with a needle are presented in **Table K-5** only for the past year and past month.

- Lifetime estimates of needle use among persons aged 12 or older were similar between the QFT and the 2011 and 2012 comparison data. Lifetime estimates for use of heroin with a needle were 0.7 percent for the QFT and 0.8 percent in the 2011 and 2012 comparison data. Estimates for use of cocaine with a needle were 1.0 percent for the QFT and 0.8 percent in each comparison dataset. Lifetime estimates of methamphetamine use with a needle ranged from 0.6 to 0.8 percent in the QFT and comparison data.
- Percentages of persons in the 2011 and 2012 comparison data who used a needle to inject heroin, cocaine, methamphetamine, prescription stimulants, or any of these drugs in the past year or past month were 0.1 percent or less. No QFT respondents reported past year or past month use of cocaine or prescription stimulants with a needle.
- Estimates of use of a needle to inject any of these four drugs (i.e., heroin, cocaine, methamphetamine, or prescription stimulants) with a needle were similar between the QFT and the 2011 and 2012 comparison data. Past year estimates for use of any of these drugs with a needle were 0.2 percent in the QFT and both comparison datasets, and past month estimates were 0.1 percent in each of these three datasets.

Two-year trends (e.g., 2010 and 2011) in the lifetime prevalence of needle use are presented in the NSDUH detailed tables (CBHSQ, 2012d). On the one hand, findings from **Table K-5** suggest that planned changes to the questionnaire in 2015 will not affect the 2-year trends for heroin, cocaine, or methamphetamine between 2014 and 2015. However, continued investigation of needle use estimates with data from the DR will be useful using the combined QFT and DR data. Also, changes to the questions for injection of stimulants could require creation of new trend data for 2002 to 2015 for lifetime use of a needle to inject cocaine, heroin, or methamphetamine (i.e., without data on use of stimulants with a needle). Because of the decision to ask about use of stimulants with a needle only for the past year or past month periods in the redesigned questionnaire, estimates for injection of stimulants that are presented in NSDUH detailed tables would require establishment of a new baseline in 2015.

8.4 Comparisons of Medical Marijuana Reports by State in Reference to Current State Laws

To examine how reports of using marijuana for medical purposes aligned with the current State laws where respondents reported use, responses to question MJMM on the medical use of marijuana, which was added to the blunts module of the QFT questionnaire, were examined by State. Overall, a total of 15 QFT respondents answered question MJMM affirmatively, indicating that at least some of their marijuana use in the past year was allegedly recommended by a doctor. Of these 15 respondents, 7 respondents reported living in a State that had a medical marijuana law in effect in 2012 (not counting Massachusetts).³¹ The remaining 8 respondents did not live in States that had a medical marijuana law in effect in 2012.

Because question MJMM asks about use in the past 12 months, some or all of the 8 respondents who reported use of marijuana for medical purposes in States that did not have a medical marijuana law in effect in 2012 could have been referring to prior use in the past year in a different State with a medical marijuana law in effect. For this reason, question QD13a in the back-end demographics about moves in the past year was examined to determine whether any of these 8 respondents had lived 1 year prior to the interview date in a State with a medical marijuana law. Adding this check to the analysis did not identify any additional respondents who were living in a State with a medical marijuana law 1 year prior to their QFT interview.

One further possibility is that the reports of using marijuana for medical purposes from the 8 respondents who did not live in States that had a medical marijuana law in effect in 2012 reflected access to marijuana in neighboring States that had a medical marijuana law. Each of these 8 respondents lived in States that border at least one State that had a medical marijuana law in effect in 2012. **Table 8.1** shows the current State of residence for each of these respondents and the current or former bordering States with a medical marijuana law in effect in 2012.

Table 8.1 Current State of Residence without a Medical Marijuana Law in Effect and Current or Former Bordering States with Medical Marijuana Laws in Effect for Eight QFT Respondents Reporting Medical Use of Marijuana

Respondent Reporting Medical Use of Marijuana	Respondent's Current State of Residence without Medical Marijuana Laws	Bordering States to Respondent's Current or Prior State of Residence with Medical Marijuana Laws
1	Indiana	Michigan
2	Maryland	Delaware, District of Columbia
3	New York	Connecticut, New Jersey, Vermont
4	North Carolina	Michigan ¹
5	Ohio	Michigan
6	Oklahoma	New Mexico, Colorado
7	Pennsylvania	Delaware, Maryland, New Jersey
8	Wisconsin	Michigan

¹ This respondent reported in question QD13 residing in Indiana 1 year prior to the QFT interview.

³¹ A ballot initiative allowing use of marijuana for medical reasons was approved in Massachusetts in November 2012 but did not take effect until January 2013.

Overall estimates for the medical use of marijuana are presented in **Table M-1** in **Appendix M**. Given that question MMJM was included in the 2013 main study instrument, early review of the 2013 data (including analysis of data from the first two quarters of 2013) will allow for an examination of the alignment between reports of using marijuana for medical purposes with the current State laws where respondents report use for a larger number of respondents and States.

8.5 Estimates for Noncore Demographic and Household Items

This section examines whether QFT estimates of selected demographic and household items differed from the 2011 and 2012 quarters 3 and 4 comparison estimates. A notable change in the QFT instrument was moving questions on health insurance coverage and family income from interviewer administration using computer-assisted personal interviewing (CAPI) to self-administration using audio computer-assisted self-interviewing (ACASI). As a result, some differences could be observed on these demographic items between the QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates if QFT respondents systematically answered these items differently in ACASI mode.

Estimates for selected demographic and household items for each of the three datasets are presented in **Appendix K**. **Tables K-6** through **K-13** provide estimates for demographic and household items for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older, respectively. Demographic questions that were not asked for specific age groups are indicated by "N/A" ("not applicable") in these tables. For example, in **Table K-7**, education is indicated to be "N/A." NSDUH national estimates by education are limited to adults aged 18 or older because most adolescents aged 12 to 17 would not have finished high school based on their age.

For most demographic and household items, the estimates from the QFT data were similar to the 2011 and 2012 quarters 3 and 4 comparison estimates. The majority of differences observed indicated that the QFT sample members were associated with lower socioeconomic status. For example, the QFT estimates for participating in government programs such as food stamps were significantly higher than those for the 2011 and 2012 quarters 3 and 4 comparison data. Differences in missingness rates and estimates for items that were most highly correlated with socioeconomic status could have been affected by these observed differences in socioeconomic status between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples. Given that the noncore demographic and household questions were administered via ACASI for QFT respondents and via CAPI for 2011 and 2012 quarters 3 and 4 respondents, the effects of this mode difference cannot be disentangled from the effects of differences in socioeconomic status. It is also not clear how much these differences can be attributed to differences in the samples, such as those produced by the differential response rates, which were not accounted for by the QFT weighting process.

- For all persons aged 12 or older (**Table K-6**), the estimate for participation in government assistance programs was 32.2 percent for the QFT sample compared with 25.4 percent for the 2011 comparison sample and 26.4 percent for the 2012 quarters 3 and 4 comparison sample. The differences between the QFT estimate and the estimates for the two comparison samples were statistically significant.

This difference between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples was also observed across all three age groups (*Tables K-7 through K-9*).

- No differences were observed among the three datasets on receiving income from social security or welfare payments for all persons aged 12 or older. However, QFT estimates for receiving supplemental security income (SSI) and participating in food stamp programs were higher than estimates from the 2011 comparison sample, but not the 2012 quarters 3 and 4 comparison sample. For all persons aged 12 or older, the QFT estimate of 68.6 percent for receiving income from wages was significantly less than the estimate of about 82 percent for both the 2011 and 2012 quarters 3 and 4 comparison samples. This pattern of differences between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples was also repeated for the three age groups.
- One further difference for all persons aged 12 or older was that QFT respondents were more likely than 2011 and 2012 quarters 3 and 4 respondents to use a proxy reporter for demographic and household items. Among QFT respondents, 15.7 percent reported using a proxy compared with 13.7 percent among 2011 comparison sample respondents and 13.9 percent among 2012 quarters 3 and 4 comparison sample respondents.
- Among adult respondents aged 18 or older, the QFT estimate for education level differed significantly from the 2011 and 2012 quarters 3 and 4 samples. *Table K-10* provides unweighted and weighted estimates for the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples for (1) a four-category education variable, (2) a four-category employment status variable, (3) four geographic regions, and (4) three county types. This table was produced to provide a clearer sense of differences between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples and how such differences could have affected key estimates. Consistent with the results presented in *Table K-6*, *Table K-10* shows that the QFT estimates produced higher proportions for the less than high school and some college categories, a lower proportion for the high school graduate category, and a slightly lower proportion for the college graduate category. These differences were observed both among the unweighted and weighted estimates.
- Estimates for the four-category employment variable showed significantly different employment patterns for the QFT sample versus the 2011 and 2012 quarters 3 and 4 samples, but only for the unweighted data. The two main differences observed in the unweighted estimates were that the QFT sample produced a slightly higher proportion for being employed full time (as opposed to part time) and a slightly lower proportion for being unemployed. Weighting the estimates for employment status eliminated statistically significant differences among the three samples.
- Similar to the estimates for employment status, estimates of unweighted proportions in one of four geographic regions—Northeast, Midwest, South, and West—differed between the QFT sample versus the 2011 and 2012 quarters 3 and 4 samples. Specifically, the QFT sample produced a slightly higher proportion for the South region and a slightly lower proportion for the West region. Weighting the estimates

for geographic region eliminated statistically significant differences among the three samples.

- No significant differences among the unweighted or weighted data were observed between the QFT sample versus the 2011 and 2012 quarters 3 and 4 samples with respect to the distribution of proportions across large metropolitan, small metropolitan, and nonmetropolitan counties.

The smaller sample size for the QFT makes it difficult to conclude whether estimates of participation in government programs and receipt of specific types of income will change significantly when the partially redesigned instrument and protocol are implemented in 2015. The results for the demographic and household items discussed in this section suggested that the following changes be made to some of these questions for the DR:

- editing the ranges for height in feet and inches for accuracy in the height question;
- increasing the upper weight limit in the weight question;
- moving the definition of "immediate family" from the "Help" screen to the question text in the military family questions, making other minor wording changes to these questions for clarity, and adding an "Other, Specify" item to this series of questions;
- removing the "Help" instructions in item QHI06 on private health insurance, and moving key terms into the question itself;
- deleting item QI05N on income from wages or pay, and adding this to the list of potential sources of household income in the introductory item INTRTINN;
- editing the wording of item QI03N on the receipt of SSI for accuracy;
- editing the wording of item QI07N on the receipt of food stamps for accuracy; and
- reordering the list of income sources in INTRTINN.

Regardless of whether any changes are made to the demographic and household questions for the DR, differences noted between the QFT versus the 2011 and 2012 quarters 3 and 4 samples will be reexamined for all of these estimates with the DR and 2012 and 2013 comparison data.

8.6 Estimates for Selected Items Potentially Subject to Context Effects Due to Questionnaire Redesign

The introduction of new items in the questionnaire may lead to changes in estimates that follow the new items due to context effects. Context effects may be said to take place between two survey questions when a change introduced to the first (or contextual) item affects the response process for the subsequent (target) item, which in turn may lead to a different response than if the change had not been made. The potential presence of such effects cannot be distinguished from changes in estimates due to the complete set of changes made to the QFT survey protocol and questionnaire. Nevertheless, estimates for data collected in the QFT were compared with data from the comparison samples for the following variables (shown in parentheses).

- The first variables of the risk availability module may be affected by changes to items in the special drugs module (RK01a, RK01b, RK01c).
- Change to the stimulant questions in the substance dependence and abuse module may affect responses to the prior substance use items. The questions administered in this module are also dependent upon earlier reports of use. This analysis focused on age of last use reports of all substances reported.
- Changes to the prior substance use questions may affect responses to the substance treatment module (TX01, TX02, TX03).
- Extensive changes to the health module may affect answers in the adult mental health service utilization module (ADMT01, ADMT02, ADMT04) and the youth mental health service utilization module (YSU01, YSU02, YSU04, YSU05).
- Items from the mental health, adult depression, and adolescent depression modules are crucial outcomes in the survey. Estimates were compared for key measures, such as Kessler-6 (K6) scores, serious psychological distress (SPD), limitation of activities because of psychological distress (as measured by World Health Organization Disability Assessment Schedule [WHODAS] scores), suicide (ideation, plans, and attempts), and major depressive episode (MDE).
- Initial items in the special topics module on being arrested and booked in the lifetime and past 12 months were compared.

Comparisons between the QFT sample and the 2011 and 2012 quarters 3 and 4 samples are shown in **Tables K-14 to K-21**. Overall, very few differences were observed between the QFT and main study samples for the items examined.

One notable difference was the average number of years since last use for hallucinogens between the 2011 comparison sample (11.3 years) and the QFT sample (9.6 years). One explanation for this difference is that the 2011 comparison data do not take into account reports of lifetime use of ketamine, DMT/AMT/"Foxy," or *Salvia divinorum* from the noncore special drugs module.³² That is, respondents in the 2011 comparison data who did not report lifetime use of hallucinogens in the core but who reported lifetime use of one or more of these drugs in the special drugs module were not asked the prior substance use questions for hallucinogens. In short, the universes of respondents being asked the prior substance use questions differed between the two samples. Also, comparison data respondents could report less recent use of hallucinogens in the core than they reported for the three hallucinogens in the special drugs module.

In the QFT, the logic for asking the prior substance use questions for hallucinogens would appear on the surface to be the same as in the main survey. However, the three hallucinogens mentioned previously were moved from the noncore special drugs module to the core hallucinogens module in the QFT. Also, years since last use was defined as zero (0) for past year and past month users. Consequently, users of these hallucinogens that previously were "noncore" were eligible in the QFT to be administered the prior substance use questions for

³² DMT is an abbreviation for dimethyltryptamine, and AMT is an abbreviation for alpha-methyltryptamine.

hallucinogens. Reports of past year or past month use of these previous noncore hallucinogens could further decrease the mean in the QFT.

Another contributing factor to the difference between reports of years since last use of hallucinogens between the QFT and the 2011 comparison sample is that the largest increase in lifetime hallucinogen use was for adolescents aged 12 to 17 (2011: 3.7 percent; 2012 quarters 3 and 4: 3.2 percent; 2012 QFT: 6.5 percent). For young adults aged 18 to 25, the difference was 18.1 versus 19.4 percent, and the difference was 15.7 versus 16.9 percent for adults aged 26 or older. By definition, younger people have a smaller range of answers for years since last use than older persons. Some of the decline in "years since last use" may be due to a higher relative proportion of lifetime users within the younger ages than previously observed. Overall, the reasons for the decrease in average years since last use of hallucinogens appear to be due to factors other than context effects.

There were also differences in several statistically significant mental health measures between both the 2011 and 2012 comparison samples and the QFT sample. Past month SPD among adults 18 years or older was lower in the QFT sample (3.6 percent) than in either the 2011 comparison sample (4.7 percent) or the 2012 comparison sample (5.3 percent). Similar differences were found for past year SPD. At this point, it is unclear why such differences could emerge due to context effects. Context effects have been suspected of producing differences in responses to the K6 mental health items (which are used to measure SPD) in previous years, most notably in the 2004 survey in which changes in the content of questions prior to the K6 items were thought to have affected respondent interpretation of the K6 items (Aldworth, Chromy, Foster, Heller, & Novak, 2005). It is not clear how changes in question items preceding the K6 items in the QFT sample might have led respondents to interpret the K6 items differently from those in the 2012 and 2011 comparison samples. Demographic differences noted in *Section 8.5* between the QFT sample and the 2012 and 2011 comparison samples may have contributed to differences in responses to the K6 items, but such an inference may require an additional analysis. These findings for past year and past month SPD will be examined further in the analysis of DR data, including analysis of combined QFT and DR data, where applicable.

8.7 Estimates for New, Revised, and Moved Items in the QFT Instrument

As noted in *Section 4.4.1* in *Chapter 4*, the QFT instrument included items that differed from the 2011 and 2012 quarters 3 and 4 instrument in one of three ways:

- the question was new to the instrument,
- the question or response options were significantly revised, or
- the question was moved from one part of the questionnaire to another, including either being moved to a different module or moved from CAPI to ACASI administration.

This section provides estimates for questionnaire items that fall under one of these categories—new items and moved items. For items moved in the QFT questionnaire, but otherwise unchanged, this section also provides comparisons of the QFT estimates to the 2011 and 2012 quarters 3 and 4 comparison estimates. As presented in *Table 4.8* in *Chapter 4*, missingness rates

for some of the moved items were significantly higher in the QFT data than in the 2011 and 2012 quarters 3 and 4 comparison data. For this reason, in addition to comparisons of QFT estimates for moved items with the 2011 and 2012 quarters 3 and 4 comparison estimates, further analyses of selected moved items included examining the role of proxy reports in generating these estimates (see *Section 8.8*) and benchmarking the QFT estimates for these items against other survey data (see *Sections 9.3* and *9.4* in *Chapter 9*).

Table M-1 in *Appendix M* presents weighted estimates, standard errors, and unweighted number of respondents for the new questionnaire items in the QFT that were also added to the 2013 main study questionnaire. Because the QFT was the first data collection to field these items, these results provide an initial look at the estimates for these items and how they might look in the 2013 data. Given that these items were new additions to the questionnaire, no comparisons of these QFT estimates could be made to the 2011 and 2012 quarters 3 and 4 comparison data. To determine how well the QFT results match current estimates for other national surveys collecting the same data, estimates for some of these new items were benchmarked to other survey estimates including height and weight (see *Section 9.3*) and receipt of social security or railroad retirement payments (see *Section 9.4*).

For items that were moved in the QFT questionnaire, *Table N-1* in *Appendix N* presents estimates and standard errors for the QFT data, the 2011 comparison data, and the 2012 quarters 3 and 4 comparison data. These results highlight a few more items that were moved from CAPI to ACASI administration in the QFT questionnaire and produced significantly different QFT estimates compared with the 2011 and 2012 quarters 3 and 4 comparison data:

- The QFT estimate (15.6 percent) for persons not having at least one job or business during the past 12 months (item QD37) was significantly higher than the 2011 comparison estimate (12.4 percent) and the 2012 quarters 3 and 4 comparison estimate (12.3 percent).
- The QFT estimate (13.8 percent) for the average number of weeks during the past 12 months persons did not have at least one job or business (item QD38) was significantly lower than the 2011 comparison estimate (17.1 percent) and the 2012 quarters 3 and 4 comparison estimate (17.9 percent).
- The QFT estimate (18.6 percent) for persons working for an employer with 25 to 99 employees (item QD42) was significantly lower than the 2011 comparison estimate (22.3 percent) and the 2012 quarters 3 and 4 comparison estimate (21.4 percent). No differences were observed between the QFT and the 2011 and 2012 quarters 3 and 4 comparison data for the other four categories of number of employees, indicating that overall differences were small in the distribution of employer size between the QFT data and the 2011 and 2012 quarters 3 and 4 comparison data.
- The QFT estimate (2.3 percent) for persons working for an employer that has a written policy about employee use of alcohol or drugs that only covers drugs (item QD44) was significantly lower than the 2012 quarters 3 and 4 comparison estimate (3.5 percent). The QFT estimate was not significantly different from the 2011 comparison estimate (3.0 percent).

Without additional corroborating estimates for these questions, it is not possible to determine whether moving these items from CAPI to ACASI administration in the QFT questionnaire played any role in these observed differences or whether the differences made the estimates more accurate or less accurate. Given that many more items used to produce these estimates had higher missingness rates in the QFT data than in the 2011 or 2012 comparison data, differential missingness rates could have contributed to observed differences in estimates. Even though some of these items did not have missingness rates that were significantly higher in the QFT than in the 2011 or 2012 comparison data, the overall pattern that was observed was that greater missingness rates occurred in the ACASI mode versus the CAPI mode for these items. (See *Section 4.4* and *Appendix R* for more details on data quality issues for items moved from CAPI to ACASI administration for the QFT.) These differences are highlighted to provide some indication of how estimates for these items moved from CAPI to ACASI administration might look different than current CAPI estimates when the partially redesigned questionnaire is implemented in 2015, assuming further changes are not made to these items.

Table O-1 in *Appendix O* presents estimates and standard errors for all new, revised, or moved items from the QFT data only among persons aged 12 or older. This complete set of estimates for all new, revised, or moved items includes the smaller subsets of new items presented in *Table M-1* and moved items presented in *Table N-1*. These estimates provide a comprehensive sense of how the data might look for all of these items when the partially redesigned instrument and protocol are implemented in 2015, assuming further changes are not made to these items.

8.8 Comparison of the Distribution of Relationships for Proxy Respondents and Estimates for Selected Items Based on Proxy Report Status

Two sets of questionnaire items that were moved from CAPI to administration in the QFT questionnaire—health insurance and income—allowed for a proxy respondent to answer these questions in lieu of the primary respondent. For example, about 75 percent of youth respondents aged 12 to 17 nominate a parent or other adult in their household to answer these questions instead of them. As noted in *Section 8.5* and presented in *Table K-6*, QFT respondents were significantly more likely to use a proxy reporter for these questions than 2011 and 2012 quarters 3 and 4 comparison respondents. Given this difference, reporting patterns among proxies could be one possible source of observed differences between QFT estimates and 2011 and 2012 quarters 3 and 4 comparison estimates for these items. This section presents and discusses two types of data on proxy reports in the QFT data compared with the 2011 and 2012 quarters 3 and 4 comparison data:

- the distribution of proxy relationships to the primary respondent and
- estimates for proxy reports versus respondent reports for these items.

These analyses will provide some insight on whether the greater use of proxy reporters in the QFT appeared to have any impact on differences observed QFT estimates and 2011 and 2012 quarters 3 and 4 comparison estimates for these items.

Table P-1 in *Appendix P* shows the distribution of respondents' relationships with their proxy reporters for youths aged 12 to 17 and adults aged 18 or older, or whether for the QFT sample, the 2011 comparison sample, and the 2012 quarters 3 and 4 comparison sample. Overall, the distributions of proxy relationships across 11 types of relationships were very similar across all three datasets for both youths and adults. For youths aged 12 to 17 in all three samples, a little over two thirds of proxies were mothers of the primary respondents, and about one quarter were fathers. For adults aged 18 or older in all three samples, about 60 percent of proxies were spouses, and about 23 percent were mothers. Proportions for other relationship categories for both youths and adults were relatively small. Only one difference among all relationship categories was statistically significant. For adult respondents, the QFT sample proportion (0.2 percent) for using another adult relative as a proxy was significantly lower than the 2011 comparison sample proportion (1.5 percent). This proportion was 1.0 percent for the 2012 quarters 3 and 4 comparison sample, but the difference between the QFT and the 2012 quarters 3 and 4 proportions was not statistically significant. The lack of significant differences in the distribution of respondents' relationships with their proxy reporters across the three datasets indicates that proxy relationships to those respondents who used proxies were not a factor in explaining differences in estimates between the samples for items where proxy reporting was allowed.

Although the relationship of proxy reporters to primary respondents was not a factor in observed differences in relevant estimates among the three datasets, the higher overall use of proxy reporters could have been a contributor to these observed differences. To explore this possibility, *Tables P-2* through *P-4* in *Appendix P* compare estimates from proxy reports versus primary respondent reports for three age group categories: all respondents aged 12 or older, youth respondents aged 12 to 17, and adult respondents aged 18 or older. If the greater use of proxy reporters in the QFT was at least partly responsible for differences in estimates between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples, significant differences in the relevant estimates would be expected among the proxy reports and small or no differences would be expected among the primary respondent reports. These results revealed two important patterns among estimates that differed significantly between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples.

One pattern observed for several estimates was differences between the QFT and the 2011 and 2012 quarters 3 and 4 comparison samples being of similar magnitude for both proxy and nonproxy reports. For example, the QFT estimate among all respondents aged 12 or older (*Table P-2*) for having private health insurance that includes coverage for treatment of alcohol abuse or alcoholism (item QH108) was 73.7 percent for data reported by proxies. The QFT proportion was significantly lower than the proxy-reported estimates for the 2011 comparison sample (84.7 percent) and the 2012 quarters 3 and 4 comparison sample (85.1 percent). Looking at the same estimates for data reported by the primary respondents, the QFT estimate (76.8 percent) was similarly lower than the 2011 comparison sample (84.0 percent) and the 2012 quarters 3 and 4 comparison sample (84.2 percent). The greater use of proxies among QFT respondents was clearly not a significant factor in explaining differences between the three datasets for items where this pattern of results was observed.

A second pattern observed for some items was QFT proxy and nonproxy estimates being different from each other, but still significantly different from the parallel 2011 comparison and

2012 quarters 3 and 4 comparison estimates. For example, **Table P-2** shows that the QFT proportion for receiving income from wages or pay earned from working at a job or business (item QI05N) was 63.8 percent for data reported by proxies. The QFT proportion was significantly lower than the proxy-reported estimates for the 2011 comparison sample (84.9 percent) and 2012 quarters 3 and 4 comparison sample (86.3 percent). For the same estimates for data reported by the primary respondents, the QFT estimate (71.6 percent) was significantly higher than the QFT proxy estimates, but still significantly lower than the 2011 comparison sample (87.2 percent) and the 2012 quarters 3 and 4 comparison sample (87.5 percent). A similar pattern was observed for receipt of food stamps (item QI07N), where the difference between QFT estimates for proxy reports compared with the 2011 and 2012 quarters 3 and 4 comparison estimates was significantly greater than the difference in estimates for nonproxy reports, but still significantly different. The greater use of proxies among QFT respondents appeared to be a factor in explaining differences between the three datasets for items where this pattern of results was observed. For these items, proxy reports exacerbated differences between QFT estimates versus 2011 and 2012 quarters 3 and 4 comparison estimates, but did not fully account for these differences.

Another important conclusion from **Tables P-2** through **P-4** is that the two patterns identified above appeared to hold for both youth respondents aged 12 to 17 than among adult respondents. Estimates for nonproxy reports for several of these items for respondents aged 12 to 17 were of low precision due to low numbers of respondents in this category (**Table P-3**). These low precision estimates prohibited conclusions to be reached on the statistical significance of observed differences for youth respondents, but the proportions for both proxy and nonproxy reports appeared to fit the two main patterns.

9. Selected QFT Estimates Compared with Other Survey Estimates

9.1 Overview of Selected QFT Estimates Compared with Other Survey Data

This chapter presents comparisons of estimates from the 2012 Questionnaire Field Test (QFT) with estimates from other data sources. Comparable statistics from other surveys can be used as benchmark tools for evaluating the validity of estimates from the QFT. Such comparisons take into consideration that the external data used in the comparisons have their own error properties and influences, such as mode of administration (e.g., self-administration vs. interviewer administration, or paper-and-pencil questionnaires vs. computer-assisted interviewing). These differences must be considered regardless of how similar or dissimilar the estimates are from the compared data sources. *Section 9.2* presents comparisons between data from the QFT with estimates from the National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) on prescription drug use. This section also presents comparisons of estimates from the QFT with those from Monitoring the Future (MTF), a school-based survey on drug use. In *Section 9.3*, selected health and demographic estimates from the National Health Interview Survey (NHIS) are compared with estimates from the 2012 QFT. *Section 9.4* presents additional comparisons for five sets of QFT demographic and household estimates with parallel estimates from the 2011 and 2012 quarters 3 and 4 comparison sample and from other national surveys.

9.2 Estimates for Prescription Drug Misuse

Estimates from data sources other than National Survey on Drug Use and Health (NSDUH) can provide external checks of the validity of the QFT estimates for prescription drug use and misuse. As noted in *Section 3.7.3* in *Chapter 3*, comparisons with other data sources can pose challenges when there are methodological or other differences between NSDUH and these external data sources. A further challenge is whether suitable data on prescription drug use or misuse are available from other sources for comparison with the QFT estimates. For example, commercial market data on drug sales or prescriptions dispensed in the United States would provide market share information for prescription drugs of interest. However, these data may not be publicly available, or only limited information may be accessible. The National Center for Health Statistics (NCHS) within the Centers for Disease Control and Prevention (CDC) makes public use data available for two health care surveys: the NAMCS and the NHAMCS. Although NAMCS and NHAMCS data are publicly available for analysis, prescription drug data from these two sources do not allow direct estimates to be made of the prevalence of actual prescription drug use or estimates of the numbers of prescriptions for different medications that were dispensed.

Similarly, limited data on prescription drug misuse are available at the national level for comparison with QFT data (e.g., as opposed to surveys within a single school district, university, or State). The MTF is principally a school-based survey that collects national data on

prescription drug misuse through surveys of 8th, 10th, and 12th graders. It also includes a longitudinal component in which samples of respondents who completed the survey as 12th graders are administered follow-up surveys into adulthood. However, the MTF does not survey dropouts or include students who were absent from school on the day of the survey. NSDUH has shown dropouts to have higher rates of illicit drug use (Gfroerer, Wright, & Kopstein, 1997). Therefore, the population of inference for the MTF school-based data collection is adolescents who were in the 8th, 10th, and 12th grades. Depending on the effects of the exclusion of dropouts and frequent absentees, data from the MTF may not generalize to the population of adolescents as a whole, especially for older adolescents. Similarly, because the longitudinal component of the MTF is drawn from 12th graders who were still in school when the survey was administered, adolescents who had already dropped out of school are not eligible to be included for longitudinal follow-up. Even among adolescents at the 12th grade level (i.e., including dropouts who would be at this grade level if they had remained in school), dropouts are likely to raise the estimated percentages of substance use only modestly compared with estimates based on 12th graders who were in school. Excluding data from dropouts may have a more notable effect on estimates of the *numbers* of adolescent substance users, especially for less prevalent substances such as cocaine (Center for Behavioral Health Statistics and Quality [CBHSQ], 2012a).

Although the Drug Abuse Warning Network (DAWN) provides population estimates through 2010 of visits to hospital emergency departments (EDs) that are attributable to misuse of prescription drugs, DAWN does not directly measure the prevalence of prescription drug misuse. Depending on the levels of risk of adverse events associated with misuse, estimated numbers and rates of ED visits in DAWN for misuse of certain prescription drugs also may be disproportionately high relative to their actual prevalence of misuse in the general population.

The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) conducted by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) also provides data on the misuse of prescription drugs among adults in the civilian, noninstitutionalized population of the United States. However, NESARC data were not examined because the data are less current. Specifically, the first wave was conducted in 2001 and 2002, and the second wave was conducted in 2004 and 2005 (Grant & Dawson, 2006). Although a 1-year data collection period for the next wave of the survey (NESARC-III) began in 2012, these data were not available.

Therefore, despite these limitations and considerations, NAMCS and NHAMCS were chosen for estimating mentions of prescription drugs for comparison with QFT data on past year use because of the availability of public use data for these two surveys. The MTF was chosen for comparison with QFT data because the survey provides national estimates.

9.2.1 NAMCS and NHAMCS

NAMCS and NHAMCS are national probability sample surveys. For NAMCS, a national sample of office-based and community health center-based physicians provide data on patients' outpatient visits. In 2010, a total of 31,229 patient record forms (PRFs) were received from the physicians who participated in NAMCS (NCHS, 2012a). The 2010 NHAMCS included 34,718 PRFs from samples of patient records at hospital outpatient departments (NCHS,

2012b).³³ These datasets provide information on medications mentioned in outpatient office visits (for NAMCS) or hospital outpatient records (for NHAMCS). Data are available for specific medications mentioned and for therapeutic categories of medications (e.g., benzodiazepines) based on the Multum Lexicon classifications. As noted previously, NAMCS and NHAMCS allow weighted estimates to be created for numbers of mentions of specific drugs or categories of drugs rather than estimates of the prevalence of actual use. These data also may not directly translate to patients actually being prescribed or filling a prescription for a particular medication. However, the *relative* order of mentions of prescription drugs in these datasets can be compared with the relative order of prevalence estimates of any past year use in the QFT.

9.2.2 Prescription Drug Use and Misuse in the QFT and Prescription Drug Mentions in NAMCS and NHAMCS

Tables L-1 to L-3 in Appendix L show QFT estimates for any past year use, past year use without misuse, and past year misuse. These tables also show estimates of the numbers of mentions of these drugs in the 2010 NAMCS data and NHAMCS outpatient hospital data (subsequently referred to as NHAMCS).³⁴

Because NAMCS and NHAMCS data are expressed as numbers of mentions, QFT estimates in these tables represent the estimated numbers of *persons* aged 12 or older (in thousands) in the civilian, noninstitutionalized population of the United States who were past year users or misusers. Data in these tables include estimates for all of the specific prescription drugs in the QFT questionnaire. Because of the small numbers of QFT respondents (or no respondents) reporting any past year use for some prescription drugs, estimates were limited to the overall NSDUH sample of persons aged 12 or older. Estimated numbers in the QFT and standard errors that are indicated with "0 (0)*" represent situations where no respondents reported use or misuse of that particular prescription drug; as indicated by the asterisk, these estimates would be suppressed (i.e., not published) under standard NSDUH suppression rules for unreliable estimates. Estimated numbers that are shown as zero with a standard error of zero but would not be suppressed represent situations where a very small number of QFT respondents reported use or misuse; in these situations, the estimated number and standard error were less than 500 and rounded to zero when shown to the nearest 1,000 persons.

NAMCS and NHAMCS estimates in these tables are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits in the United States for persons aged 12 or older.³⁵ Data for a given drug or drug category in these tables represent the estimated number of times that a particular drug (or category) was *mentioned* in all outpatient office visits or hospital outpatient department visits in the United States in 2010. NCHS considers an estimate in NAMCS or NHAMCS to be unreliable if it has a relative standard error (RSE, or the standard

³³ NHAMCS also collects data on patient visits to hospital EDs, but these ED data were not included in the analysis.

³⁴ The weighted number of mentions in NAMCS and NHAMCS could include duplicate counts if a drug (or related drugs, such as pain relievers containing the same active ingredient) was mentioned more than once in an outpatient visit. However, most drugs or related drugs were mentioned only once in an outpatient visit.

³⁵ The NAMCS and NHAMCS also include data for patients younger than age 12. Outpatient visits were restricted to those for persons aged 12 or older to match the NSDUH target population.

error divided by the estimate) greater than 0.3 or if it was based on fewer than 30 records, regardless of the magnitude of the RSE. As for the QFT, NAMCS and NHAMCS estimates that did not meet these standards for reliability are shown but are indicated with an asterisk (*).

Although QFT respondents were asked separate questions about their use or misuse of tranquilizers and sedatives, **Table L-2** in **Appendix L** includes data for both of these prescription drug categories. This was done because anxiolytics, sedatives, and hypnotics are classified together in NAMCS and NHAMCS. The aggregate benzodiazepine category in these two datasets also does not differentiate between benzodiazepines that are indicated for use as tranquilizers (e.g., Xanax[®] or alprazolam) and those that are indicated for use as sedatives (e.g., Restoril[®] or temazepam).

In this section, terms such as "highest," "second highest," "greater than," "less than," or other similar terms are used to indicate the relative magnitude of the estimates. However, testing was not conducted for these estimates to identify statistically significant differences. Unlike other sections of this report where weighted prevalence estimates are presented, therefore, these terms do not indicate statistical significance. Readers are advised not to infer that any differences or relative order of estimates described in this section are statistically significant.

Given the numbers of estimates presented in these tables (many of which are very small, particularly for the QFT), the discussion of findings also is not intended to be exhaustive. Rather, the focus is on overarching themes and highlights from these data, with examples being given as needed for illustration.

9.2.2.1 Creation of QFT Measures

Estimates in **Tables L-1** to **L-3** for past year misuse of any prescription drug in a category for the QFT (e.g., any prescription pain reliever) used the same imputed data for past year misuse (see **Section 3.4** in **Chapter 3**) that were used for the prescription drug estimates presented in **Chapter 7** and **Appendix J**. However, data were not imputed for past year *use* of any prescription drug in a given category, past year use of specific prescription drugs, or past year misuse of most specific prescription drugs.³⁶ Rather, the prescription drug estimates for the QFT that are shown in **Tables L-1** to **L-3** used data that had been edited but had not been imputed (see **Section 3.3** in **Chapter 3**).

Measures of "no past year misuse" were created from reports of past year use and past year misuse. These measures were created because past year use of prescription drugs as directed by the person for whom the medications were prescribed and past year misuse are not mutually exclusive, such as if a person usually took the medication as prescribed but sometimes took more than the prescribed dosage. The measures of past year misuse and no past year misuse among

³⁶ The exception is that an imputed measure was created in the QFT for past year misuse of the pain reliever OxyContin[®] because analogous measures were available for 2011 and the quarter 3 and quarter 4 data in 2012. For consistency with the data for other individual prescription drugs, however, edited (but not imputed) data were used for the estimate of OxyContin[®] misuse in **Table L-1** in **Appendix L**. Consequently, the estimate for past year misuse of OxyContin[®] in **Table L-1** (0.8 percent) is not identical to the corresponding estimate in **Table J-5** in **Appendix J** that was based on the imputed measure (1.1 percent).

past year users were mutually exclusive.³⁷ However, the sum of the estimated numbers for past year misuse and no past year misuse could differ from the overall estimated number for any past year use because of rounding.

The edited variables from which these QFT estimates were made could have missing data because most data had not been imputed (see *Sections 3.3* and *3.4* in *Chapter 3*). If respondents reported any past year use of a given drug but had missing data for past year misuse, they also were treated as having missing data for no past year misuse. Respondents with missing data for a given drug use measure were excluded from the estimate.

9.2.2.2 Creation of NAMCS and NHAMCS Measures

For a given outpatient visit reported on a PRF, the physician could record the names of up to eight drugs mentioned in the visit; the drugs mentioned could be brand-name drugs (e.g., Vicodin[®]) or the generic equivalent of a brand-name drug (e.g., hydrocodone plus acetaminophen). These variables were used to identify specific drugs mentioned in the NAMCS and NHAMCS that corresponded to the specific drugs included in the QFT. These variables also were used for creating aggregate measures of use of any of the specific "named" drugs (e.g., Vicodin[®], Lortab[®], Lorcet[®], or hydrocodone) to correspond to the specific drugs that QFT respondents were asked about. Other variables in these datasets were used for aggregate measures of any drug within a broad therapeutic class (e.g., benzodiazepines).

In some situations, however, the QFT questionnaire included more detail than was available in these other data. For example, QFT respondents were asked about their use and misuse (if applicable) of the brand-name sedative Ambien[®], the generic equivalent zolpidem, the brand-name extended-release formulation Ambien[®] CR, and the generic extended-release zolpidem. The NAMCS and NHAMCS had codes for the first three of these sedatives. When zolpidem was mentioned, however, the codes did not distinguish between whether drug being referred to was the standard formulation or the extended-release formulation. For this reason, *Table L-2* in *Appendix L* shows an entry of "N/A" ("not applicable") for mentions of extended-release zolpidem in the NAMCS and NHAMCS.

As noted previously, the NAMCS and NHAMCS also included variables for therapeutic categories of medications based on the Multum Lexicon classifications. These therapeutic category variables were used for the following NAMCS and NHAMCS estimates:

- narcotic analgesics (*Table L-1*).
- anxiolytics, sedatives, and hypnotics (*Table L-2*), including the following:
 - benzodiazepines,
 - barbiturates, and
 - miscellaneous anxiolytics, sedatives, and hypnotics.
- muscle relaxants (*Table L-2*), including the following:

³⁷ For brevity, references are made to "no past year misuse" in the remainder of this section rather than to "no past year misuse among past year users."

- neuromuscular blocking agents,
- skeletal muscle relaxants, and
- skeletal muscle relaxant combinations.
- central nervous system (CNS) stimulants (*Table L-3*).

9.2.2.3 Use and Misuse of Specific Prescription Drugs in the QFT

Estimates from the QFT, NAMCS, and NHAMCS for pain relievers (*Table L-1*), tranquilizers and sedatives (*Table L-2*), and stimulants (*Table L-3*) provide the following highlights for the use and misuse of prescriptions drugs:

- For pain relievers, tranquilizers, and sedatives, most past year use was accounted for by use without any misuse. In *Table L-1* in *Appendix L*, for example, an estimated 30.2 million persons aged 12 or older reported any use of OxyContin[®], Percocet[®], Percodan[®], Tylox[®], or oxycodone in the past year, including 25.2 million who did not report misuse and 5.0 million who reported misuse. Thus, more than 80 percent of the past year users of these oxycodone products did not misuse them.
- Misuse appeared to be fairly common among some past year users of stimulants. For example, 5.4 million persons reported past year use of Adderall[®], including 3.1 million who reported past year misuse and 2.3 million who were not misusers (*Table L-3*).
- Because the QFT estimates are based on respondents' self-reports, respondents may report use or misuse of a drug they recognize by name rather than the actual drug they took. For example, 11.5 million persons were estimated to be past year users of Xanax[®], and the estimate for the generic equivalent alprazolam was 3.7 million (*Table L-2*). If the market share for the generic drug is greater than that of the brand-name drug (e.g., because of lower insurance co-pays for generic drugs), then some of the reports for Xanax[®] could reflect use of the generic drug.
- Including multiple opportunities for respondents to report use or misuse of prescription drugs containing a common active ingredient is likely to be important, particularly for estimating the prevalence of misuse. For example, the estimated numbers of persons from the QFT who misused specific pain relievers in the past year that contain hydrocodone were 5.8 million for Vicodin[®], 2.3 million for Lortab[®], 0.6 million for Lorcet[®], and 4.7 million for generic hydrocodone. An estimated 9.2 million persons aged 12 or older misused any of these pain relievers in the past year. Thus, relying on reports of misuse of only a single drug with a given active ingredient could underestimate the prevalence of past year misuse of any prescription drug containing that ingredient. For example, the estimate of 5.8 million persons who reported past year misuse of Vicodin[®] would fail to account for about one third of the estimated 9.2 million persons who misused any of the four hydrocodone products shown in *Table L-1*.
- Including as comprehensive of a list of prescription drugs as possible (within reason) in the QFT and the Dress Rehearsal (DR) can be helpful to the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying the most

important prescription drugs within a category to include in the 2015 partial redesign and which drugs might be less important (at least in the short term). For example, an estimated 14.6 million persons aged 12 or older were past year misusers of any prescription pain reliever, including 9.2 million who misused hydrocodone products, 5.0 million who misused oxycodone products, 4.1 million who misused codeine products, and 2.4 million who misused tramadol products. In contrast, only 310,000 persons misused pain relievers containing propoxyphene (which has since been withdrawn from the market), about 170,000 misused products containing fentanyl, and only about 60,000 persons misused pain relievers containing pentazocine (i.e., Talacen[®], Talwin[®], or Talwin[®] NX) (*Table L-1*).

- Estimates of the numbers of persons who misused prescription drugs in an overall category or with specific active ingredients may be important for documenting the magnitude of problems in a way that percentages might not. For example, the QFT estimate of 6.0 percent of persons who were past year misusers of prescription pain relievers (*Table J-5*) corresponds to nearly 15 million persons. The estimate of 4.1 million persons who misused codeine products in the past year represents less than 2 percent of the population aged 12 or older but is larger than the population of the city of Los Angeles (U.S. Census Bureau, 2013).

On the one hand, low estimates for specific prescription drugs in the QFT—particularly for past year misuse—could be informative to SAMHSA for identifying prescription drugs that could be dropped for the 2015 partial redesign without seriously sacrificing the validity of prevalence estimates. Doing so could reduce respondent burden and fatigue while still obtaining sufficiently complete data for valid estimates.

However, the finding that *any* of the 2,044 QFT respondents reported use or misuse of some of these prescription drugs also is an issue for consideration. Small numbers of respondents reporting use or misuse of some of these individual drugs in the QFT could translate to larger numbers in 2015. Additional analysis of data from the DR will be useful for assessing whether additional reports of use or misuse are obtained for some of these less commonly reported prescription drugs and (to the extent possible) whether there are notable changes in reports for these drugs. Furthermore, low prevalence estimates for use or misuse could reflect the length of time that a particular drug has been on the market. For example, the U.S. Food and Drug Administration approved the pain reliever Opana[®] in 2006 and the extended-release formulation Opana[®] ER in 2011 (U.S. Food and Drug Administration, 2013). Including pain relievers such as oxymorphone products in NSDUH *before* they start becoming more commonly misused prescription drugs could be important to SAMHSA for staying "ahead of the curve" in terms of the content of the prescription drug questions. Furthermore, prescription drugs with a lower prevalence of misuse still could contribute cumulatively to overall estimates of misuse.

An additional consideration is that a drug with an apparent low prevalence could pose a more serious public health threat than a drug with a higher prevalence. For example, of the approximately 360,000 estimated ED visits in 2010 involving misuse of narcotic pain relievers, approximately 66,000 involved misuse of methadone, or nearly 20 percent of these ED visits (CBHSQ, 2012b). In comparison, of the estimated 14.6 million persons who misused prescription pain relievers in the past year based on the QFT data, only 636,000 misused

methadone (**Table L-1** in **Appendix L**), or less than 5 percent of the number who misused any pain reliever. Furthermore, capturing information on the misuse of extended-release formulations is important, especially for pain relievers, where tampering with the extended-release mechanism of drug delivery (e.g., crushing, chewing) to release a higher dosage of the drug more quickly can result in a life-threatening or fatal overdose. Thus, having as comprehensive a list of prescription drugs as possible (within reason) can be important for ensuring that reports of prescription drug misuse in NSDUH are as complete and accurate as possible and for ensuring that the survey captures information about misuse for the prescription drugs that are especially important from a public health standpoint.

Although misusers appeared to account for a notable proportion of the past year users of some stimulants (e.g., Adderall[®], Adderall[®] XR; see **Table L-3** in **Appendix L**), these findings need to be interpreted with caution. In particular, the QFT definition of misuse includes both use without a prescription and use of prescribed medications in ways other than directed. Some users of these stimulants may have used these drugs as prescribed and also may have misused them on occasion in the past year. Thus, for example, the estimate of approximately 3.1 million persons who misused Adderall[®] in the past year ought not to be interpreted to mean that all of these persons used Adderall[®] without a prescription.

As noted previously, respondents may report the name of a drug they recognize despite it not being the actual drug that they took. This issue may be particularly relevant for persons attempting to recall which prescription drugs they misused. Based on respondent self-reports in the QFT, for example, about 3.1 million of the 5.4 million past year users of Adderall[®] misused it and 2.3 million did not. In comparison, an estimated 1.8 million persons reported using the generic equivalent of Adderall[®] (i.e., mixed amphetamine-dextroamphetamine combinations) in the past year, including about 600,000 who reported misuse and 1.2 million who reported no misuse (**Table L-3**). Some of the QFT respondents who reported past year misuse of Adderall[®] may have chosen to report misuse of this drug because of name recognition or because its name is simpler than that of the generic equivalent,³⁸ even if they actually may have misused the generic. In addition, estimates for use or misuse of related stimulants containing amphetamine or dextroamphetamine (i.e., Adderall[®], Adderall[®] XR, Dexedrine[®], dextroamphetamine, or amphetamine-dextroamphetamine combinations) rounded to the nearest 0.1 million were 7.9 million persons who used at least one of these stimulants in the past year, 4.0 million who used but did not misuse any of them, and 3.8 million who misused any of them (**Table L-3**). This summary measure may more accurately reflect the relative prevalence of use without misuse and past year misuse compared with the prevalence estimates for individual drugs in this category (e.g., Adderall[®]).

Even if QFT respondents misreported the exact drug they used or misused in the past year, however, estimates for any drug containing a given active ingredient may still be reliable for reporting purposes. For the example of misuse of amphetamine or dextroamphetamine stimulants, the important issue for analysis and reporting is more likely to be whether respondents can correctly recall if they used or misused some kind of amphetamine or

³⁸ In the screening questions for any past year of prescription stimulants, for example, the generic equivalent of Adderall[®] is presented in the response choice as "Mixed amphetamine-dextroamphetamine pills other than Adderall (generic)."

dextroamphetamine stimulant, even if they do not perfectly recall which exact stimulant it was (e.g., Adderall[®] or the generic drug).

9.2.2.4 Relative Order of Past Year Use in the QFT and Mentions in the NAMCS and NHAMCS

Tables 9.1 through *9.3* summarize the data presented in *Tables L-1* to *L-3* in *Appendix L*. These summary tables present data according to common active ingredients (e.g., pain relievers containing hydrocodone, such as Vicodin[®], Lortab[®], Lorcet[®], or hydrocodone in *Table 9.1*) or other chemically related drugs (e.g., benzodiazepines in *Table 9.2*). These summary tables also are designed to facilitate comparison of the relative order of any past year use of prescription drugs in the QFT data with the relative order of mentions of these drugs in outpatient visits in the NAMCS and NHAMCS data.

Summary data from the QFT, NAMCS, and NHAMCS for pain relievers (*Table 9.1*), tranquilizers and sedatives (*Table 9.2*), and stimulants (*Table 9.3*) provide the following highlights on the prevalence of use or misuse (NSDUH) or the number of mentions (NAMCS and NHAMCS) of each type of prescription drug:

- Prescription pain relievers were the most commonly used category of psychotherapeutic drugs in the QFT. Estimated numbers of persons in the QFT who were past year users of any drugs in the general prescription drug categories were 94.0 million persons aged 12 or older who used pain relievers (*Table 9.1*); 46.6 million persons who used any tranquilizer or sedative³⁹ (*Table 9.2*); and 14.5 million persons who used stimulants (*Table 9.3*).
- Estimated numbers of mentions of tranquilizers, sedatives, or similar drugs were the most commonly mentioned category of psychotherapeutic drugs in outpatient visits in 2010 for the NAMCS and NHAMCS. Estimated numbers for the NAMCS were 77.2 million for narcotic analgesics (*Table 9.1*); 114.2 million for tranquilizers, sedatives, hypnotics, or muscle relaxants (*Table 9.2*); and 17.1 million for CNS stimulants (*Table 9.3*). Estimated numbers of mentions in outpatient hospital clinic visits in 2010 for the NHAMCS were 8.7 million for narcotic analgesics; 13.1 million for tranquilizers, sedatives, hypnotics, or muscle relaxants; and 1.4 million for CNS stimulants. The numbers of mentions of tranquilizers, sedatives, or similar drugs in the 2010 NAMCS and NHAMCS were somewhat greater than the numbers of mentions for narcotic analgesics.
- The four most commonly used groups of prescription pain relievers in the past year for the QFT in *Table 9.1* were Vicodin[®], Lortab[®], Lorcet[®] or hydrocodone (61.1 million persons); OxyContin[®], Percocet[®], Percodan[®], Tylox[®], or oxycodone (30.2 million persons); Tylenol[®] with codeine 3 or 4 or codeine pills (27.7 million persons); and Ultram[®], Ultram[®] ER, Ultracet[®], Ryzolt[®], or tramadol (15.3 million persons).

³⁹ The QFT estimate for any tranquilizer or sedative is presented because the NAMCS and NHAMCS do not allow estimation for these drug categories separately.

Table 9.1 Comparison of Summary Data for Pain Relievers from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT, ¹ Number in Thousands (SE) Any Past Year Use ²	NSDUH QFT, ¹ Number in Thousands (SE) Past Year Use But Not Misuse ³	NSDUH QFT, ¹ Number in Thousands (SE) Past Year Misuse ²	NAMCS, Number of Mentions in Thousands (SE) ⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE) ⁴
Any Prescription Pain Reliever⁵/Any Narcotic Analgesic⁶					
Vicodin [®] , Lortab [®] , Lorcet [®] , or Hydrocodone ⁷	94,036 (5,617)	79,423 (4,800)	14,613 (1,894)	77,194 (6,493)	8,744 (1,161)
OxyContin [®] , Percocet [®] , Percodan [®] , Tylox [®] , or Oxycodone ⁸	61,084 (4,412)	51,839 (3,807)	9,174 (1,313)	35,868 (3,520)	2,890 (378)
Darvocet [®] , Darvon [®] , or Propoxyphene ⁷	30,249 (2,884)	25,192 (2,622)	4,986 (811)	13,517 (1,543)	1,957 (284)
Ultram [®] , Ultram [®] ER, Ultracet [®] , Ryzolt [®] , or Tramadol ⁷	5,074 (1,092)	4,765 (1,059)	310 (181)	7,944 (1,158)	600 (142)
Tylenol [®] with Codeine 3 or 4, or Codeine Pills ⁷	15,332 (2,037)	12,873 (1,777)	2,388 (631)	11,690 (1,563)	1,548 (198)
Avinza [®] , Kadian [®] , MS Contin [®] , Oramorph [®] SR, or Morphine	27,734 (2,653)	23,547 (2,426)	4,117 (728)	3,185 (476)	444 (86)
Actiq [®] , Duragesic [®] , Fentora [®] , or Fentanyl	9,562 (1,472)	8,564 (1,409)	998 (347)	1,408 (272)	405 (120)
Suboxone [®] , Subutex [®] , or Buprenorphine	2,203 (645)	2,033 (649)	169 (120)	1,848 (325)	1,026* (372)
Demerol [®]	2,354 (588)	1,391 (513)	963 (305)	1,535* (650)	88* (32)
Dilaudid [®]	1,660 (363)	1,540 (351)	120 (90)	310* (154)	343* (251)
Methadone	2,113 (536)	1,486 (494)	627 (190)	858 (218)	106* (36)
Opana [®] or Opana [®] ER	1,453 (413)	817 (304)	636 (262)	1,518 (341)	146 (38)
Talacen [®] , Talwin [®] , or Talwin [®] NX	675 (211)	199 (121)	475 (173)	39* (25)	5* (4)
Any Other Prescription Pain Reliever	142 (101)	81 (81)	60 (60)	117* (93)	0* (0)
	21,019 (2,079)	20,433 (2,065)	527 (202)	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

N/A = not applicable (NSDUH) or not available (NAMCS/NHAMCS); NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Care Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

² Persons with unknown data are excluded.

³ Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴ Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

⁵ NSDUH QFT measure.

⁶ NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.

⁷ For NAMCS/NHAMCS: generic or generic with acetaminophen.

⁸ For NAMCS/NHAMCS: generic, generic with acetaminophen, or generic with aspirin.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; National Ambulatory Medical Care Survey (NAMCS), 2010; National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

Table 9.2 Comparison of Summary Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,¹ Number in Thousands (SE) Any Past Year Use²	NSDUH QFT,¹ Number in Thousands (SE) Past Year Use But Not Misuse³	NSDUH QFT,¹ Number in Thousands (SE) Past Year Misuse²	NAMCS, Number of Mentions in Thousands (SE)⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)⁴
Any Tranquilizer⁵	36,934 (3,494)	31,212 (3,147)	5,722 (917)	N/A	N/A
Any Sedative⁵	17,610 (1,993)	15,724 (1,782)	1,886 (535)	N/A	N/A
Any Tranquilizer or Any Sedative⁶/Any Anxiolytic, Sedative, Hypnotic, or Muscle Relaxant⁷	46,607 (3,857)	41,019 (3,470)	6,819 (1,021)	114,180 (8,913)	13,078 (1,745)
Any Benzodiazepine	27,943 (2,950)	22,883 (2,672)	5,060 (876)	54,334 (4,534)	6,906 (1,139)
Xanax [®] , Xanax [®] XR, Alprazolam, or Extended-Release Alprazolam ⁸	15,157 (2,040)	11,489 (1,784)	3,668 (676)	18,498 (1,808)	1,711 (289)
Ativan [®] or Lorazepam ⁸	6,513 (1,018)	5,277 (907)	1,237 (361)	13,022 (1,447)	1,716 (368)
Klonopin [®] or Clonazepam ⁸	6,586 (1,138)	5,307 (1,019)	1,279 (445)	11,814 (1,578)	1,455 (241)
Valium [®] or Diazepam ⁸	6,194 (1,221)	4,761 (1,077)	1,433 (403)	6,096 (841)	461 (100)
Librium ^{®8}	254 (161)	207 (154)	47 (47)	430* (212)	18* (12)
Tranxene ^{®8}	107 (76)	107 (76)	0* (0)	201* (99)	5* (5)
Oxazepam (also known as Serax [®]) ⁸	203 (131)	203 (131)	0* (0)	164* (61)	17* (17)
Dalmane [®] or Flurazepam ⁹	0* (0)	0* (0)	0* (0)	12* (12)	32* (26)
Halcion [®] or Triazolam ⁹	852 (505)	852 (505)	0* (0)	97* (60)	9* (5)
Restoril [®] or Temazepam ⁹	1,766 (636)	1,573 (615)	193 (160)	2,333 (368)	313* (97)
Flexeril [®] or Soma [®]	12,967 (1,816)	11,417 (1,681)	1,550 (393)	11,442 (1,373)	1,318 (188)
Bupirone (also known as BuSpar [®])	1,044 (496)	984 (493)	60 (60)	2,330 (365)	312 (64)
Hydroxyzine (also known as Atarax [®] or Vistaril [®])	1,486 (576)	1,417 (572)	69 (69)	3,649 (700)	676 (123)
Meprobamate (also known as Equanil [®] or Miltown [®])	60 (60)	0* (0)	60 (60)	114* (61)	0* (0)

See notes at end of table.

(continued)

Table 9.2 Comparison of Summary Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,¹ Number in Thousands (SE) Any Past Year Use²	NSDUH QFT,¹ Number in Thousands (SE) Past Year Use But Not Misuse³	NSDUH QFT,¹ Number in Thousands (SE) Past Year Misuse²	NAMCS, Number of Mentions in Thousands (SE)⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)⁴
Ambien [®] , Ambien [®] CR, Zolpidem, or Extended-Release Zolpidem	14,080 (1,949)	12,351 (1,690)	1,729 (528)	17,051 (1,757)	1,312 (192)
Lunesta [®]	2,555 (746)	2,263 (709)	292 (230)	2,365 (519)	119* (47)
Sonata [®] or Zaleplon	1,186 (597)	1,029 (577)	156 (156)	125* (53)	42* (20)
Butisol [®] , Seconal [®] , or Phenobarbital/Barbiturates ¹⁰	705 (401)	599 (394)	105 (77)	673 (177)	72 (16)
Any Other Prescription Tranquilizer	4,206 (863)	4,206 (863)	0* (0)	N/A	N/A
Any Other Prescription Sedative	2,898 (666)	2,845 (665)	47 (47)	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

N/A = not applicable (NSDUH) or not available (NAMCS/NHAMCS); NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Care Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

² Persons with unknown data are excluded.

³ Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴ Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

⁵ NSDUH QFT measure.

⁶ Created from NSDUH QFT summary measures for any tranquilizer and any sedative use or misuse.

⁷ NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.

⁸ Benzodiazepine that is included in the NSDUH tranquilizers module.

⁹ Benzodiazepine that is included in the NSDUH sedatives module.

¹⁰ NSDUH asks specifically about Butisol[®], Seconal[®], and phenobarbital. NAMCS and NHAMCS include a category for any barbiturates.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; National Ambulatory Medical Care Survey (NAMCS), 2010; National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

Table 9.3 Comparison of Summary Data for Stimulants from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT, ¹ Number in Thousands (SE) Any Past Year Use ²	NSDUH QFT, ¹ Number in Thousands (SE) Past Year Use But Not Misuse ³	NSDUH QFT, ¹ Number in Thousands (SE) Past Year Misuse ²	NAMCS, Number of Mentions in Thousands (SE) ⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE) ⁴
Any Prescription Stimulant⁵/Any Central Nervous System Stimulant⁶	14,512 (1,548)	9,332 (1,180)	5,180 (936)	17,054 (2,731)	1,437 (240)
Adderall [®] , Adderall [®] XR, Dexedrine [®] , Dextroamphetamine, or Amphetamine- Dextroamphetamine Combinations	7,908 (1,115)	4,039 (750)	3,828 (748)	4,860 (762)	351 (60)
Ritalin [®] , Ritalin [®] SR, Ritalin [®] LA, Concerta [®] , Daytrana [®] , Metadate [®] CD, Metadate [®] ER, Focalin [®] , Focalin [®] XR, Methylphenidate, or Dexmethylphenidate	3,676 (635)	2,242 (485)	1,434 (364)	3,637 (664)	521 (120)
Didrex [®] or Benzphetamine	123 (87)	123 (87)	0* (0)	3* (3)	6* (5)
Diethylpropion	60 (60)	0* (0)	60 (60)	0* (0)	0* (0)
Phendimetrazine	374 (374)	374 (374)	0* (0)	48* (48)	6* (6)
Phentermine	1,882 (562)	1,775 (527)	107 (76)	1,157* (515)	111* (36)
Provigil [®]	181 (145)	181 (145)	0* (0)	792 (209)	73* (24)
Tenuate [®]	0* (0)	0* (0)	0* (0)	389* (279)	19* (13)
Vyvanse [®]	1,794 (562)	1,164 (500)	589 (222)	1,142 (279)	130* (41)
Any Other Prescription Stimulant	2,569 (620)	2,391 (594)	177 (177)	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

N/A = not applicable (NSDUH) or not available (NAMCS/NHAMCS); NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Care Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

² Persons with unknown data are excluded.

³ Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴ Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

⁵ NSDUH QFT measure.

⁶ NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; National Ambulatory Medical Care Survey (NAMCS), 2010; National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

- The four most commonly reported groups of prescription pain relievers in outpatient clinic visits in 2010 in **Table 9.1** for the NAMCS were Vicodin[®], Lortab[®], Lorcet[®] or hydrocodone (35.9 million mentions); OxyContin[®], Percocet[®], Percodan[®], Tylox[®], or oxycodone (13.5 million mentions); Ultram[®], Ultram[®] ER, Ultracet[®], Ryzolt[®], or tramadol (11.7 million mentions); and Darvocet[®], Darvon, or propoxyphene (7.9 million mentions). The first three of these also were the three most commonly reported groups of pain relievers in the NHAMCS.
- The two most commonly used groups of prescription tranquilizers or sedatives in the past year for the QFT in **Table 9.2** were Xanax[®], Xanax[®] XR, alprazolam, or extended-release alprazolam (15.2 million persons); and Ambien[®], Ambien[®] CR, zolpidem, or extended-release zolpidem (14.1 million persons). These were the same two most commonly reported groups of prescription tranquilizers or sedatives in outpatient clinic visits in 2010 for the NAMCS (18.5 million and 17.1 million mentions, respectively). In the NHAMCS, however, there were more mentions of Ativan[®] or lorazepam and Klonopin[®] or clonazepam than for sedatives containing zolpidem. Differences in the characteristics and medical needs of patients in a general outpatient clinic setting and those in outpatient hospital clinics could explain these results.

One possible explanation for the difference in order of the mentions for the broader categories in the QFT and in the NAMCS and NHAMCS data is that the estimates for the outpatient datasets were specifically for narcotic analgesics such as those explicitly included in the QFT. In contrast, the estimate of past year use in the QFT was for prescription *pain relievers*, including past year use of "any other prescription pain reliever" besides the specific drugs included in the pain relievers screener. As shown in **Tables 9.1** and **L-1**, an estimated 21.0 million persons aged 12 or older in the QFT (8.7 percent) were past year users of any other prescription pain reliever, which was greater than most of the estimates for pain relievers. However, other pain relievers could include drugs such as ibuprofen (e.g., Motrin[®]) that may be available in dosages that require a prescription but are not psychoactive. Only about 500,000 persons aged 12 or older (0.2 percent) reported past year misuse of other pain relievers. Relative to the estimated 21.0 million persons who were past year users of other pain relievers, this number who misused other pain relievers comprised about 3 percent of those who reported any use of other pain relievers. This estimate for past year misuse of other pain relievers also was lower than the most commonly reported pain relievers that were misused.

An additional issue to consider for these comparisons is that the prescription drug reports in the NAMCS and NHAMCS are roughly 2 years older than the estimates for the QFT. For example, one of the most commonly mentioned groups of pain relievers in these 2010 data was the group containing propoxyphene, which has since been removed from the market in the United States. Although the mentions of drugs in these datasets do not correspond directly to actual use or numbers of prescriptions, it could be worthwhile to see how these estimates look when the NAMCS and NHAMCS data become available for 2012.

These findings also may suggest analytic limitations in presenting estimates of any past year use in NSDUH reports following the 2015 partial redesign. Asking about past year use may aid respondents in the cognitive tasks of identifying which prescription drugs they used and then

identifying which ones of those they misused. Data on any past year use also provide a denominator for estimating the percentages of past year misusers among persons who have used prescription drugs in the past year. However, issues such as which prescription drugs respondents are thinking of when they report past year use of "any other" pain reliever suggest that it also will be important to consider any limitations in measurement of any past year use before these estimates are included as a regular component of national reports, along with estimates of misuse.

9.2.3 Monitoring the Future

MTF includes questions for 8th, 10th, and 12th graders about their misuse in the past 12 months of the pain relievers Vicodin[®] and OxyContin[®], prescription tranquilizers, amphetamines, and the stimulants Adderall[®] and Ritalin[®]. Misuse of prescription drugs is defined as use "not under a doctor's orders." Where drug use measures have been similar between NSDUH and MTF, MTF estimates historically have been higher than corresponding NSDUH estimates. Despite differences in the sizes of estimates, both surveys show similar trends for substance use (CBHSQ, 2012e).

Published MTF data from the survey that was administered to 8th, 10th, and 12th graders in the spring of 2011 were available for comparison with QFT estimates (Johnston, O'Malley, Bachman, & Schulenberg, 2012a). Combined data for adolescents in these three grades are shown in **Table L-4** in **Appendix L**, along with QFT estimates for adolescents aged 12 to 20 who reported that they were in the 8th, 10th, or 12th grades.

Published MTF estimates from 2011 also were available for young adults aged 19 to 24 (Johnston, O'Malley, Bachman, & Schulenberg, 2012b). These data and corresponding QFT estimates are shown in **Table L-5**. In addition to the prescription drug estimates described previously for adolescents, MTF data in **Table L-5** for young adults include estimates for misuse of narcotics other than heroin (corresponding to the QFT measure for pain relievers), the stimulant Provigil[®], and sedatives (barbiturates). Since 2002, questions in MTF about narcotics other than heroin have included Vicodin[®], OxyContin[®], and Percocet[®] as examples of these types of drugs (Johnston et al., 2012b).⁴⁰

Standard errors are not included for these published MTF estimates. Consequently, testing was not conducted to identify statistically significant differences between the QFT and MTF estimates. Terms in this section such as "greater than," "less than," "more likely," or "less likely" are used to indicate the relative magnitude of the estimates but do not indicate statistical significance. Readers are advised not to infer that any differences in estimates described in this section are statistically significant.

⁴⁰ Examples of narcotics other than heroin in the MTF questions prior to 2002 were Talwin[®], laudanum, and paregoric, each of which had negligible rates of use by 2001 (Johnston et al., 2012b).

9.2.4 Prescription Drug Misuse in the QFT and Monitoring the Future

9.2.4.1 8th, 10th, and 12th Graders

Highlights of QFT and MTF estimates for 8th, 10th, and 12th graders include the following:

- The QFT estimates for past year misuse of Vicodin[®] and OxyContin[®] among 8th, 10th, and 12th graders (1.5 and 0.8 percent, respectively) were lower than corresponding MTF estimates for the specific drugs (5.1 and 3.4 percent). However, the QFT estimates for past year misuse of Vicodin[®], Lortab[®], Lorcet[®], or hydrocodone (3.0 percent) and for OxyContin[®], Percocet[®], Percodan[®], Tylox[®], or oxycodone (1.4 percent) were closer to the MTF estimates for the single prescription drugs.
- QFT and MTF estimates for past year misuse of tranquilizers were similar for adolescents in these three grades (2.8 and 3.9 percent), given the size of the standard error for the QFT estimate (1.12 percent).
- The QFT estimate for past year misuse of prescription stimulants (0.7 percent) was considerably lower than the MTF estimate for amphetamines (5.9 percent). However, there were no QFT respondents in the 8th, 10th, or 12th grades who reported past year misuse of Ritalin[®]. In comparison, the MTF estimate for past year misuse of Ritalin[®] was 2.1 percent.

9.2.4.2 Young Adults

Highlights of QFT and MTF estimates for young adults include the following:

- The QFT estimates for past year misuse of prescription pain relievers among young adults were in the direction of being greater than the MTF estimates for misuse of narcotics other than heroin. For example, the QFT estimate of past year misuse of pain relievers among young adults aged 19 to 20 was 15.9 percent, and the MTF estimate for narcotics other than heroin was 7.7 percent.
- Estimates for past year misuse of OxyContin[®] among young adults were similar for the QFT and MTF. Among young adults aged 19 to 20, for example, the QFT estimate was 3.6 percent, and the MTF estimate was 3.3 percent.
- The QFT estimate of past year misuse of Vicodin[®] among young adults aged 21 to 22 (2.9 percent) was lower than corresponding MTF estimate (7.1 percent). As for adolescents, however, the QFT estimate among adults aged 21 to 22 for any misuse of Vicodin[®], Lortab[®], Lorcet[®], or hydrocodone (7.4 percent) was similar to the MTF estimate.
- Based on the sizes of the standard errors for the QFT estimates, the QFT and MTF estimates for young adults were similar for past year misuse of tranquilizers and prescription stimulants/amphetamines. Among adults aged 23 to 24, estimates of past year misuse of sedatives/barbiturates also were similar between the QFT (3.7 percent) and MTF (3.5 percent).

- Estimates of past year misuse of Adderall[®] were similar for the QFT and MTF, based on the sizes of the standard errors for the QFT. For adults aged 21 to 22, the QFT estimate was 7.6 percent, and the MTF estimate was 9.4 percent.

On the one hand, findings of higher estimates of prescription drug misuse among 8th, 10th, and 12th graders in MTF than in the QFT are consistent with patterns for NSDUH and MTF that have been observed for other drugs (CBHSQ, 2012a, 2012e). However, these estimates of misuse tended to converge when QFT data included misuse of any drugs with the same active ingredient as these two specific drugs. This result could indicate that reports of misuse of "Vicodin" and "OxyContin" in the MTF refer to misuse of any drugs that MTF respondents recognize by these brand names, such as pain relievers other than Vicodin[®] that contain hydrocodone.

The generally higher QFT estimates among young adults for past year misuse of any pain relievers compared with MTF estimates for narcotics other than heroin is consistent with the different structure and content of these questionnaires. Specifically, QFT respondents can report use and then subsequent misuse in the past year of up to 40 possible pain relievers. In contrast, MTF respondents are provided with only three examples of narcotics other than heroin: Vicodin[®], OxyContin[®], and Percocet[®]. Furthermore, as shown in *Table L-1* in *Appendix L*, QFT estimates of past year misuse among persons aged 12 or older for generic hydrocodone, generic oxycodone, Tylenol[®] with codeine 3 or 4, and any pain relievers containing tramadol were similar to or greater than the estimates for some of these pain relievers that are provided to MTF respondents as examples of narcotics other than heroin.

Limitations of these comparisons include the small QFT sample size, especially when the sample sizes are reduced further to limit the estimates to 8th, 10th, and 12th graders or to young adults in 2-year age groupings, and the unavailability of exact information on the precision of estimates in MTF based on combined data for 8th, 10th, and 12th graders or for young adults. However, the combined MTF sample in 2011 consisted of nearly 47,000 students from these three grades. In addition, 95 percent confidence intervals for past year prevalence estimates among adolescents in the individual grades provide some indication of the potential precision of estimates when data from all three grades are combined (Johnston et al., 2012a). For the follow-up surveys of young adults, a cohort of approximately 2,400 persons who participated in the survey as 12th graders is followed longitudinally at 2-year intervals (Johnston et al., 2012b).⁴¹

Because of the smaller QFT sample sizes when the data were further subdivided for comparison with the MTF estimates, the estimate of Adderall[®] misuse in the QFT for 8th, 10th, and 12th graders was unreliable. No QFT respondents were estimated to be past year misusers of Ritalin[®] for 8th, 10th, and 12th graders or for young adults aged 19 or 20. Similarly, no young adults aged 19 to 24 in the QFT reported past year misuse of Provigil[®]. Combining data from the QFT and DR would be expected to improve the precision of these estimates.

⁴¹ More detailed information about the design for the longitudinal follow-up is provided in the 2011 MTF report for college students and adults aged 19 to 50 (Johnston et al., 2012b). A *weighted* sample size of approximately 5,500 adults aged 19 to 30 was reported for the 2011 data collection. The unweighted number of respondents was not specified but will be larger because the stratum of drug users from high school is oversampled for follow-up and therefore contributes less to the weighted number.

9.3 Estimates for Selected Health and Demographic Items

The National Health Interview Survey (NHIS) was chosen as a benchmark survey for evaluating two new NSDUH survey measures—persons living in households with no telephone or only cellular telephone service and the number of visits to health care professionals in the past year. In addition, NHIS estimates on family income and highest level of education for adults were compared with estimates from NSDUH. Although the question text for education (item QD11) remained the same, the response categories were changed to reflect the concept of educational attainment rather than years of education. For example, response categories with types of degrees have replaced years of college and there are separate categories for a high school diploma versus "12TH GRADE, NO DIPLOMA." Although the NSDUH questions on family income will remain mostly unchanged in the redesigned questionnaire, the questions will be administered in audio computer-assisted self-interviewing (ACASI) rather than through computer-assisted personal interviewing (CAPI), and the change in mode could produce differences in estimates.

The purpose of the NHIS is to monitor the health of the U.S. population through data collection and analysis on a broad range of health topics. The NHIS covers the civilian, noninstitutionalized population residing in the United States at the time of the interview. Excluded populations include patients in long-term care facilities; persons on active duty with the armed forces (though their dependents are included); persons incarcerated in the prison system; and U.S. nationals living in foreign countries. As such, the population covered by the NHIS is similar to the NSDUH population. For these comparisons, only data from NHIS interviews that were conducted in English have been included. However, NHIS public use files do not contain geographic identifiers that would allow for excluding data from Alaska and Hawaii. In addition, the most recent NHIS data files were only from 2011. NHIS estimates in **Table L-6** in **Appendix L** were calculated using SUDAAN (RTI International, 2008) and by following the procedures described in the NHIS documentation of variance estimation procedures (NCHS, 2012c).

Comparisons of estimates between the QFT and the 2011 NHIS for selected health and demographic items are shown in **Table L-6** in **Appendix L**. Except for education, all of the estimates shown in this table are for persons aged 12 or older.

- The QFT estimate of 1.4 percent for persons living in a household without any telephone service is very similar to the 2011 NHIS estimate of 1.2 percent. Trend data from the NHIS has shown that the percentage of persons living in a household with only wireless service has been steadily increasing since 2003 (Blumberg & Luke, 2013). The QFT estimate for the proportion of adults living in a household either without phone service or only with cellular telephone service was 35.9 percent, which was slightly higher than the NHIS estimate of 31.5 percent. The NHIS estimate increased from 32.0 to 38.4 percent between the first 6 months of 2011 and the last 6 months of 2012. For children over the same time period, the percentage increased from 38.1 to 46.9 percent. Given that trajectory, some of the difference between the QFT estimate and the NHIS estimate could have resulted from this trend. Consistent with this explanation, the QFT estimate for having at least one telephone at the address that was not a cellular telephone was 64.1 percent, which was lower than the

NHIS estimate of 68.1 percent. Likewise, for anyone at the address having a working cellular telephone, the QFT estimate of 92.3 percent was slightly higher than the NHIS estimate of 90.4 percent.

- Compared with the NHIS, the QFT sample had lower proportions of persons 12 or older who had no visits to a health care professional in the past 12 months (15.5 percent in the QFT vs. 17.2 percent in the NHIS) and also lower percentages of persons with 10 or more visits (10.6 vs. 13.1 percent). Differences between the QFT and NHIS questions on visits to doctors or other health care professionals may contribute to differences in the estimates. The NHIS question asks respondents to exclude certain types of visits that may be reported in other questions, such as hospital visits, emergency room visits, and dental visits, while the QFT item does not. This difference would presumably lead to higher estimates of visits for the QFT than the NHIS. Also, the QFT question refers to more types of health care professionals ("a doctor, nurse, physician assistant or nurse practitioner") than the NHIS question ("doctor or other health care professional").
- The QFT data estimate of 9.7 percent of persons who stayed overnight in a hospital in the past year was higher than the NHIS estimate of 8.3 percent. This was consistent with results from a comparison of reports on overnight hospital visits for persons 18 or older between the 2006 NSDUH and the 2006 NHIS reported in a NSDUH data review (Pemberton, Bose, Kilmer, Kroutil, Forman-Hoffman, & Gfroerer, 2013). The NSDUH estimate was 11.1 percent, while the NHIS estimate was 8.8 percent.
- The QFT estimate of 26.5 percent for persons aged 12 or older who made an emergency room visit in the past year was higher than the estimate from the 2011 NHIS (20.3 percent). The NSDUH data review reported a similarly large difference for persons aged 18 or older (28.8 vs. 20.4 percent) and for persons aged 12 to 17 (31.9 vs. 17.8 percent) (Pemberton et al., 2013). The NSDUH data review also noted that the NHIS question mentions "hospitals," while the NSDUH question does not specifically mention "hospitals"; it may be that NSDUH respondents are including emergency visits to trauma or urgent care centers that are not associated with hospital emergency rooms.
- A new series of questions added to the QFT questionnaire asked respondents whether a doctor or other health care professional had ever told them whether they had one or more of nine health conditions, as shown in **Table L-6** in **Appendix L**. The QFT and 2011 NHIS estimates were generally similar for most of these health conditions, but significant differences were observed for a few conditions with QFT estimates being lower than NHIS estimates. Estimates from the QFT and 2011 NHIS were very similar for any kind of heart condition or heart disease, diabetes or sugar diabetes, and kidney disease.⁴² For hepatitis and asthma, the QFT estimates appeared to be slightly lower than the 2011 NHIS estimates. QFT estimates were significantly lower than the comparable 2011 NHIS estimates for the following conditions: chronic bronchitis,

⁴² The NHIS does not contain a question on ever having been told by a doctor or health professional about kidney disease. The estimate for the QFT response category of "Kidney disease, not including bladder infection or incontinence" was compared with the estimate from the NHIS item that asked about "Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence (past 12 months)."

emphysema, or chronic obstructive pulmonary disease (COPD)⁴³; cirrhosis of the liver; cancer or a malignancy of any kind; and hypertension or high blood pressure. In relative terms, hypertension or high blood pressure had the greatest difference between the QFT estimate (17.8 percent) and the 2011 NHIS estimate (30.3 percent) among all conditions. One key difference between the QFT and NHIS instruments could have contributed to these observed differences in estimates for health conditions. In the QFT instrument, the health conditions were treated as response categories in a "code all that apply" format, whereas in the NHIS instrument the parallel categories were administered as separate, individual items.

- Another new series of questions added to the QFT instrument asked respondents whether they had any of six types of disabilities or physical limitations. The QFT and 2011 NHIS estimates were similar for three types of disabilities or physical limitations, but slightly different for the other three types. Estimates from the QFT and 2011 NHIS were very similar for being deaf or having serious hearing difficulty, being blind or having serious difficulty seeing, and having serious difficulty concentrating, remembering, or making decisions. QFT estimates appeared to be significantly lower than the comparable 2011 NHIS estimates for the following disabilities or physical limitations: having serious difficulty walking or climbing stairs, having difficulty dressing or bathing, and having difficulty doing errands alone, such as visiting a doctor's office or shopping. In relative terms, having serious difficulty walking or climbing stairs had the greatest difference between the QFT estimate (6.4 percent) and the 2011 NHIS estimate (9.0 percent) among all conditions.
- Relative to the NHIS sample, family incomes in the QFT sample were generally lower. In the QFT data, 31.0 percent of persons aged 12 or older had a family income of greater than or equal to \$75,000 compared with 35.6 percent in the NHIS sample. With respect to education, the QFT distribution for adults aged 18 or older was similar to the distribution from the 2011 NHIS. The observed differences in income levels for the QFT sample could have been a factor in explaining differences between the QFT versus other data sources, such as the 2011 and 2012 quarters 3 and 4 comparisons samples, for items that were the most highly correlated with income. *Section 9.4.3* provides a more detailed discussion of benchmarking QFT estimates for income levels to other surveys, and *Section 9.4.5* provides a more detailed discussion of benchmarking QFT estimates for education levels to other surveys.

The QFT questionnaire included questions on height and weight, which was the first time these questions have been fielded in a NSDUH data collection since the mid-1990s. QFT estimates for height and weight were compared with three sources:

- 2011 NHIS estimates,
- 2009-2010 National Health and Nutrition Examination Survey (NHANES) self-reported estimates, and

⁴³ The estimate based on the QFT response category "Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD" was compared with an NHIS estimate based on lifetime reports of emphysema and past 12 month reports of chronic bronchitis.

- 2009-2010 NHANES directly measured estimates.

In addition, because coding of NHIS height and weight data includes specific lower and upper bounds, the QFT estimates for height and weight were calculated both unbounded and bounded following NHIS criteria. The second calculation provided a more equivalent comparison between the QFT and 2011 NHIS data. The summary statistics for height presented in *Table L-7* and the summary statistics for weight presented in *Table L-8* in *Appendix L* provided some sense of how the QFT statistics for these new questionnaire items compared with other national surveys.

- Both the unbounded QFT mean height estimate (66.8 inches) and the NHIS-bounded QFT mean height estimate (66.4 inches) were very similar to the NHIS mean height estimate (66.8 inches) and the NHANES directly measured mean height estimate (66.5 inches). The NHANES self-reported mean height estimate (67.1 inches) appeared to be slightly higher than the other four estimates, but not appreciably so. Additional summary statistics revealed some anomalies in height reports that were allowed in the QFT questionnaire. For example, implausible minimum and maximum unbounded height values were accidentally provided by some QFT respondents, and the computer-assisted interviewing program allowed these values to be entered.
- Both the unbounded QFT mean weight estimate (179.0 pounds) and the NHIS-bounded QFT mean weight estimate (178.1 pounds) were very similar to the NHANES directly measured mean weight estimate (179.2 pounds) and the NHANES self-reported mean weight estimate (177.8 pounds). The NHIS mean weight estimate (171 pounds) was somewhat lower than the other four estimates. Anomalous reporting of weight data in the QFT appeared to be less common than for the height reports, and minimum and maximum weight reports were fairly similar to the NHIS and NHANES data. One possible explanation for this is that height appeared first in the questionnaire, so QFT respondent could have learned from the height screens how to more accurately enter their data on the weight screens.

Overall, the QFT height and weight estimates aligned closely to estimates from the 2011 NHIS and 2009-2010 NHANES, both self-reported and directly measured. Some observed anomalies among QFT respondents in reporting height figures suggests range checks could be applied to these questions and editing rules developed for these items to avoid having implausible values in the NSDUH data. For the DR, the ranges for height data in feet and inches will be edited for accuracy for the height question, and the upper limit for the weight question will be increased.

9.4 Estimates for Additional Demographic and Household Items

Based on results showing significant differences between QFT estimates and 2011 and 2012 quarters 3 and 4 estimates, benchmarking further demographic and household items to other national surveys was undertaken. This benchmarking was intended to determine whether the QFT estimates also differed from other national survey estimates with the same target population and comparable survey items. The following QFT items were benchmarked to other national surveys:

- received income and participation in government assistance programs,

- health insurance coverage,
- income,
- employment status and unemployment rates, and
- education.

Given that all of these items were moved from CAPI to ACASI administration in the QFT and two sets of these items—health insurance and income—allow for proxy reports, this section highlights the implications of the benchmarking results for the DR and 2015 partial redesign.

9.4.1 Received Income and Participation in Government Assistance Programs

In *Tables L-9* through *L-12* in *Appendix L*, QFT estimates for five types of received income or participation in government assistance programs for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, the 2011 American Community Survey (ACS), and the 2011 NHIS. The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. Estimates for all data sources are provided in both percentages and thousands of persons, with standard errors in parentheses. Several notable comparisons can be observed from these tables:

- For all persons aged 12 or older (*Table L-9*), estimates for receipt of social security were very similar across all five survey data sources at about 27 percent. Estimates for social security were also similar across these data sources for the three separate age groups (*Tables L-10* through *L-12*).
- The QFT estimate for receipt of wages for all persons aged 12 and older (68.6 percent) was significantly lower than the estimates from the four other data sources, which were all close to 80 percent. This pattern held for receipt of wages across all three separate age groups.
- For supplemental security income (SSI), the QFT estimate for all persons aged 12 or older (9.4 percent) was generally higher than the estimates from most of the other data sources. Estimates for SSI from the other surveys ranged from 5.0 percent in the 2011 NHIS to 7.6 percent in the 2012 quarters 3 and 4 comparison sample. This pattern for receipt of SSI was very similar across the three separate age groups.
- The QFT estimate for participation in food stamp⁴⁴ programs for all persons aged 12 or older (17.6 percent) was also generally higher than the estimates from the four other data sources. Estimates for food stamp receipt from the other surveys ranged from 13.0 percent in the 2011 NHIS to 15.6 percent in the 2012 quarters 3 and 4 comparison sample. This pattern for receipt of food stamps was very similar across the three separate age groups.
- For receipt of welfare payments, such as those from Temporary Assistance for Needy Families (TANF), the QFT estimate for all persons aged 12 or older (3.6 percent) was

⁴⁴ Food stamp programs are now more commonly known as the Supplemental Nutrition Assistance Program (SNAP).

higher than the estimates from the 2011 comparison sample (2.5 percent) and the 2012 quarters 3 and 4 comparison sample (2.3 percent), but it was similar to the 2011 ACS estimate (3.3 percent) and the 2011 NHIS estimate (3.2 percent). The pattern for receipt of welfare payments generally held across the three separate age groups, with the QFT estimates being somewhat higher than the 2011 and 2012 quarters 3 and 4 comparison estimates, but similar to the 2011 ACS and 2011 NHIS estimates.

Benchmarking QFT estimates for five types of received income or participation in government assistance programs to both recent NSDUH data and other national survey data revealed mixed results. Estimates for receipt of social security payments were quite similar across all five surveys. The QFT estimate for receipt of wages was substantially lower than the estimates from the other four survey sources. For receipt of welfare payments, QFT estimates were generally similar to the 2011 ACS and 2011 NHIS estimates, but higher than the 2011 and 2012 quarters 3 and 4 comparison estimates.

Estimates of participation in two programs—SSI and food stamps—appeared to be clearly greater for the QFT sample than in the other four surveys. This finding suggests that QFT respondents were either somewhat lower overall in socioeconomic status or that QFT respondents were more likely to report participation in these programs in ACASI mode than other survey respondents were in an interviewer-administered mode. Similar to the discussion in *Section 9.3* on lower income and education levels among the QFT sample, these findings suggest that QFT respondents had a somewhat lower socioeconomic status than the 2011 and 2012 quarters 3 and 4 comparisons samples. This difference could have accounted for some of the observed differences between the QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates for those items that were the most highly correlated with socioeconomic status.

9.4.2 Health Insurance Coverage

In *Tables L-13* through *L-16* in *Appendix L*, QFT estimates for four types of health insurance coverage for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, the 2011 ACS, and the 2011 NHIS. The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 12 or older (*Table L-13*), estimates for the first three types of health insurance coverage—Medicare, Medicaid, and TRICARE, CHAMPUS, or other military health care sources—were generally similar across all five survey data sources. This pattern generally held for these three types of health insurance coverage across the three separate age groups (*Tables L-14* through *L-16*).
- Two exceptions to the general pattern noted above were observed. First, the QFT estimate for Medicaid coverage for all persons aged 12 or older (13.4 percent) was slightly higher than the parallel estimates from the 2011 comparison sample (11.6 percent), the 2012 quarters 3 and 4 comparison sample (11.5 percent), and the 2011 NHIS (10.6 percent), but it was similar to the 2011 ACS estimate (12.9 percent). This difference appeared to be driven mostly by the estimate for persons aged 12 to

17 (*Table L-14*), where the QFT estimate was at least 5 percent higher than the estimates from the other four data sources.

- In addition, the 2011 NHIS estimate for health insurance coverage via TRICARE, CHAMPUS, or other military health care sources for all persons aged 12 or older (3.5 percent) was lower than the estimates from the other four data sources, which were all close to 5 percent. This difference appeared to be driven mostly by the estimate for persons aged 12 to 17 (*Table L-14*), where the 2011 NHIS estimate of 3.9 percent was higher than the estimates from the other four data sources, which ranged from 5.2 to 5.6 percent.
- For all persons aged 12 or older, the QFT estimate (62.1 percent) for private health insurance was lower than the estimates from the other four data sources, which ranged from 67.1 to 68.7 percent. Although this pattern generally held for private health insurance across the three separate age groups, differences in estimates between the QFT and the other four surveys were somewhat more pronounced for persons aged 12 to 17 (*Table L-14*) and persons aged 18 to 25 (*Table L-15*).

Benchmarking QFT estimates for four types of health insurance coverage to both recent NSDUH data and other national survey data revealed mixed results. Across all age groups, the largest and most consistent differences between QFT estimates and estimates from the other four data sources were observed for private health insurance. Differences between QFT estimates and estimates from the other four data sources for the other three types of health insurance coverage were generally smaller and less consistent across age groups.

9.4.3 Family Income

In *Tables L-17* through *L-20*, QFT estimates for three income categories for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. Two notable comparisons can be observed from these tables:

- For all persons aged 12 or older (*Table L-17*), the QFT estimate for family income of \$49,999 (52.1 percent) or less was only slightly higher than the 2011 and 2012 quarters 3 and 4 comparison estimate, but it was significantly higher than the 2011 NHIS estimate (46.5 percent). Correspondingly, the QFT estimates for a family income of \$50,000 to \$74,999 and a family income of \$75,000 or greater were lower than estimates for the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. QFT estimates for these two income categories were somewhat closer to the 2011 and 2012 quarters 3 and 4 comparison estimates than to the 2011 NHIS estimates.
- This pattern generally held for the three separate age groups (*Tables L-14* through *L-16*), although the differences between the QFT estimates and the other three sources were most pronounced for persons aged 12 to 17 (*Table L-18*). This finding suggests that proxy and self-reports of income from QFT respondents aged 12 to 17 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.

Overall, the QFT estimates resulted in higher proportions of persons at lower income levels and lower proportions at higher income levels, compared to three other sources of survey data. This difference could have accounted for some of the observed differences between QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates for those items that were the most highly correlated with income level.

9.4.4 Employment Status and Unemployment Rates

In *Tables L-21* through *L-23*, QFT estimates for four employment categories for all persons aged 18 or older and two separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2012 quarters 3 and 4 Current Population Survey (CPS). The two separate age groups are persons aged 18 to 25 and those aged 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 18 or older (*Table L-21*), the QFT estimate of persons employed full time (52.0 percent) was slightly higher than the 2011 comparison estimate (49.7 percent) and the 2012 quarters 3 and 4 CPS estimate (49.2 percent), but it was similar to the 2012 quarters 3 and 4 comparison estimate (51.3 percent). A similar pattern was observed for adults aged 26 or older (*Table L-23*), but the differences between the QFT and three other survey estimates of full-time employment were more pronounced for adults aged 18 to 25 (*Table L-22*). This finding suggest that reports of full-time employment from QFT respondents aged 18 to 25 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.
- For all persons aged 18 or older, the QFT estimate of persons employed part time (14.2 percent) was slightly higher than the 2012 quarters 3 and 4 CPS estimate (11.2 percent), but it was similar to the 2011 comparison estimate (14.1 percent) and the 2012 quarters 3 and 4 comparison estimate (13.9 percent). A similar pattern was observed for both adults aged 18 to 25 and for adults aged 26 or older.
- The QFT estimate for being unemployed for all persons aged 18 or older (5.5 percent) was slightly higher than the 2012 quarters 3 and 4 CPS estimate (4.9 percent), but it was similar to the 2011 comparison estimate (5.8 percent) and the 2012 quarters 3 and 4 comparison estimate (5.5 percent). A similar pattern was observed for both adults aged 18 to 25 and for adults aged 26 or older, although the difference between the QFT and the 2012 quarters 3 and 4 CPS estimate for being unemployed among adults aged 18 to 25 was larger than the difference among adults aged 26 or older.
- For all persons aged 18 or older, the QFT estimate of persons with an employment status of other (28.3 percent), such as being retired or otherwise not in the labor force, was lower than the 2012 quarters 3 and 4 CPS estimate (34.7 percent), but it was similar to the 2011 comparison estimate (30.4 percent) and the 2012 quarters 3 and 4 comparison estimate (29.3 percent). A similar pattern was observed for adults aged 26 or older, but the differences between the QFT and three other survey estimates for persons with an employment status of other were more pronounced for adults aged 18 to 25. This finding suggest that reports of an employment status of other from QFT

respondents aged 18 to 25 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.

In addition, *Table L-24* provides calculated unemployment rate estimates among persons aged 18 or older for three age groups for the QFT, the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2012 quarters 3 and 4 CPS. QFT unemployment rate estimates were similar to the 2012 quarters 3 and 4 comparison sample and the 2012 quarters 3 and 4 CPS for all persons aged 18 or older and for persons aged 18 to 25. Unemployment rate estimates for the 2011 comparison sample were higher than the other three surveys for all persons aged 18 or older and for persons aged 18 to 25. These differences in estimates from the lone 2011 source and the three 2012 sources could simply reflect a trend of declining unemployment rates for adults aged 18 to 25. For adults aged 26 or older, unemployment rate estimates were similar across all four surveys.

Overall, comparisons between the QFT and three other sources of survey data on employment status and unemployment rates showed significant differences mostly for adults aged 18 to 25. Observed differences for all adults and adults aged 26 or older were relatively small. These results could be attributable to either differences in reporting employment status among respondents aged 18 to 25 in the QFT sample or the impact of actual trends in employment for adults aged 18 to 25 from 2011 to 2012.

9.4.5 Education

In *Tables L-25* through *L-27*, QFT estimates for four education categories for all persons aged 18 or older and two separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. The two separate age groups are persons aged 18 to 25 and those aged 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 18 or older (*Table L-25*), estimates for less than a high school education and having a college degree were similar across the four surveys.
- QFT estimates differed from the three other survey data sources for the two education categories—high school graduate and some college. The QFT estimate for persons aged 18 or older being high school graduates (26.6 percent) was lower than the estimates for the 2011 comparison sample (30.3 percent) and the 2012 quarters 3 and 4 comparison sample (30.1 percent), but it was similar to the 2011 NHIS estimate (27.8 percent). Similarly, the QFT estimate for persons aged 18 or older having some college (32.1 percent) was higher than the estimates for the 2011 comparison sample (27.4 percent) and the 2012 quarters 3 and 4 comparison sample (27.7 percent), but it was similar to the 2011 NHIS estimate (31.3 percent).
- Differences in estimates between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples for the high school graduate and some college categories were more pronounced among adults aged 26 or older (*Table L-27*). Among adults aged 18 to 25, QFT estimates for the high school graduate and some college categories were actually very similar to the 2011 and 2012 quarters 3 and 4 comparison estimates.

- In contrast, differences in estimates between the QFT sample and the 2011 NHIS for the high school graduate and some college categories were more pronounced among adults aged 18 to 25 (*Table L-26*). Among adults aged 26 or older, QFT estimates for the high school graduate and some college categories were similar the 2011 NHIS estimates.

Overall, comparisons between the QFT and three other data sources of survey data on education level differed for two categories—high school graduate and some college. Although for all adults aged 18 or older the QFT estimates were more similar to the 2011 NHIS estimates than to the 2011 and 2012 quarters 3 and 4 comparison samples, differences among the four data sources for the high school graduate and some college categories varied across the two age groups of adults aged 18 to 25 and adults aged 26 or older. These mixed results suggest that differences in the education level of QFT respondents versus the 2011 and 2012 quarters 3 and 4 comparison samples likely had a minimal impact, if any, on observed differences between estimates for items correlated with education.

Based partly on the results for the demographic and household items discussed in *Section 9.4*, the following changes to these questions will be made for the DR:

- reordering the list of potential sources of household income in the introductory item INTRTINN;
- editing the wording of item QI03N on the receipt of SSI for accuracy;
- deleting item QI05N on income from wages or pay, and adding this to the list of potential sources of household income in the introductory item INTRTINN;
- editing the wording of item QI07N on the receipt of food stamps for accuracy;
- removing the "Help" instructions in item QHI06 on private health insurance, and moving key terms into the question itself;
- editing the "Help" instructions for several employment questions;
- deleting the question about size of workplace; and
- further revising of the consistency check questions to be consistent with the categories in item QD11 on educational attainment.

In addition, see *Appendix R* for more details on data quality issues for the demographic and household items discussed in this section that were moved from CAPI to ACASI administration for the QFT.

10. Summary and Implications

As noted in *Chapter 1*, the primary goal of the 2012 Questionnaire Field Test (QFT) was to measure, using multiple indicators, the total effect on National Survey on Drug Use and Health (NSDUH) estimates from the full set of changes to the protocol planned for the 2015 partial redesign. This chapter summarizes key findings from the various indicators examined in *Chapters 4* through *9* to inform the likely impact on the protocol planned for both the 2013 Dress Rehearsal (DR) and 2015 partial redesign. Two kinds of implications of the QFT results are discussed for the DR and the partial redesign:

- areas where the QFT findings suggest changes to the field test protocol should be considered for the DR data collection, or
- areas where the QFT findings suggest further scrutiny is warranted in the DR analysis to determine the full implications of these findings for the partial redesign.

Where appropriate, decisions made on changes to the field test protocol for the DR are noted.

Section 10.1 highlights key outcomes of the QFT data collection related to data quality (*Chapter 4*), including screening and interview response rates, variable imputation rates and item missingness rates, interview timing results, and other data quality indicators. Conclusions from specific assessments of the redesigned protocol in *Chapter 5*—including field observations, responses to field interviewer (FI) debriefing questions, new equipment surveys, and focus groups with FIs—are summarized in *Section 10.2*. *Section 10.3* discusses key findings from comparing QFT estimates with main study estimates for substance use items other than methamphetamine and prescription drugs (*Chapter 6*); *Section 10.4* focuses on key findings from comparing QFT estimates only for methamphetamine and prescription drug with main study estimates for these two set of items (*Chapter 7*); and *Section 10.5* presents key findings from comparing QFT estimates for noncore survey items with the parallel main study estimates (*Chapter 8*). Key findings from comparisons of selected QFT estimates with other survey estimates, as presented in *Chapter 9*, are summarized in *Section 10.6*. Finally, *Section 10.7* provides a summary list of QFT questionnaire items identified as needing careful reexamination in the DR analysis because the item missingness rate was significantly higher than the rates for the comparison data, the estimate produced from the item differed significantly from comparison estimates, or both types of outcomes occurred.

10.1 Data Collection Outcomes and Data Quality Assessment

As detailed in *Chapter 4*, data quality for the QFT was examined through the following four types of indicators, which were compared with the 2011 and 2012 quarters 3 and 4 comparison samples where appropriate:

- *Screening and interview response rates*. The overall response rates were lower for the QFT than for the 2011 and 2012 quarters 3 and 4 comparison samples, primarily due to lower interview response rates and a shorter data collection period. The lack of ability to complete screenings and interviews in Spanish and reduced flexibility in

assigning cases among available interviewers appeared to limit QFT response rates. QFT interviews were also less likely to be completed on the first interview visit to a dwelling unit. Nonetheless, the distribution of visits made for completing QFT screenings and interviews was similar overall to the 2011 and 2012 quarters 3 and 4 comparison samples. The available evidence indicates that the lower QFT response rate had a minimal impact on most estimates in comparison with the 2011 and 2012 quarters 3 and 4 comparison samples.

- ***Variable imputation rates and item missingness rates.*** Comparing imputation rates for QFT data with the 2011 and 2012 quarters 3 and 4 comparison data generally indicated similarly low rates of imputation for most items. For some variables, including several substance use estimates and health insurance items, QFT imputation rates were significantly higher than the 2011 and 2012 quarters 3 and 4 comparison data because of higher item missingness rates. Missingness rates for QFT items (including those that were new, revised, or moved in the QFT questionnaire) were generally low and followed similar patterns as the 2011 and 2012 quarters 3 and 4 comparison data. For example, certain health insurance and income items that had relatively high missingness rates in the QFT data had similarly high missingness rates in the 2011 and 2012 quarters 3 and 4 comparison data. Despite this general pattern, a number of notable differences in missingness rates were observed between the QFT data and the 2011 and 2012 quarters 3 and 4 comparison data. Although QFT missingness rates were actually lower for two sets of items—workplace alcohol and drug use policies and health insurance coverage for treatment of alcohol abuse, substance abuse, or mental health—the most notable differences in QFT rates were those that were significantly higher than the 2011 and 2012 quarters 3 and 4 comparison data. Several sets of items that were moved to audio computer-assisted self-interviewing (ACASI) administration in the QFT questionnaire produced significantly higher missingness rates than the 2011 and 2012 quarters 3 and 4 comparison data administered via computer-assisted personal interviewing (CAPI), including the following:
 - marital status, moves home in the past year, and State of residence 1 year ago;
 - full-time or part-time student status, missing school due to illness or injury, and skipping school days;
 - work at a job or business at any time in the past week;
 - recent employment history, missing workdays, and size of employing organization;
 - private health insurance coverage;
 - receipt of various sources of income and participation in government assistance programs; and
 - two of the items on family income.

An investigation of the data quality for items moved to ACASI administration with relatively high missingness rates is first discussed in **Section 4.4.1** in **Chapter 4** and is elaborated on in **Section 9.4** in **Chapter 9**. In addition, a detailed analysis of the impact of the higher item

missingness rates observed for several items that were moved from CAPI to ACASI administration in the QFT instrument is included in *Appendix R* of this report.

- ***Interview timing results.*** The overall mean interview time for the QFT interviews was actually lower than the mean times for the 2011 and 2012 quarters 3 and 4 comparison interviews. Despite these lower mean interview times for the full QFT interviews, additions and revisions to the hallucinogens, inhalants, and prescription drug sections in the partially redesigned QFT questionnaire contributed to higher administration times for the core substance use modules compared with the 2011 and 2012 quarters 3 and 4 comparison interviews. As expected, the redesigned prescription drug modules led to greater QFT administration times for these modules, but this difference was primarily attributable to the pain relievers module. Lower mean times for several back-end demographic sections (including employment, income, and administrative residual times) for the QFT interviews contributed significantly to the lower overall interview times compared with the 2011 and 2012 quarters 3 and 4 comparison interviews.

Similar to the 2011 and 2012 quarters 3 and 4 comparison interviews, higher interview administration times were observed in the QFT for respondents aged 12 to 17, 50 to 64, and 65 or older. In addition, more extreme overall interview times of less than 30 minutes or more than 240 minutes were observed in the QFT data than in the 2011 and 2012 quarters 3 and 4 comparison interviews. The overall mean interview time for QFT respondents aged 65 or older was higher than the time recorded for those aged 65 or older in the 2011 and 2012 quarters 3 and 4 interviews. Average time to complete the redesigned prescription drug modules contributed significantly to the higher administration times among QFT respondents aged 65 or older. As a result, the impact for respondents aged 65 or older was an increase of 8 minutes in mean interview timing in the QFT compared with the current instrument.

- ***Other data quality indicators, including hard errors and patterned responses.*** These outcomes observed in the QFT data raised the possibility that two steps could be considered to improve the interview for the DR or the 2015 partial redesign:
 - alerting respondents that responses of "1" or "2" in the prescription drug screening questions do not necessarily mean "yes" or "no," and
 - capturing information about potential initiation of prescription drug misuse more than 12 months ago for those respondents who reported past year initiation of all prescription drugs in a category that they misused in the past year.

The first change will not be made for the DR, but the second change will be made in the DR questionnaire. Results from the DR data collection could lead to further examination of these changes for the 2015 partial redesign.

10.2 Assessments of the Redesigned Protocol

As described in *Chapter 5*, four field-related efforts were used to assess the partially redesigned questionnaire and protocol used in the QFT. Overall, these assessments provided some assurance that the revised questionnaire and protocol will facilitate continued high quality and efficiency in NSDUH data collection when the partial redesign is implemented in 2015.

Based on these assessments and discussions between the Substance Abuse and Mental Health Services Administration (SAMHSA) and RTI, several protocol changes will be implemented for the DR for the screening, the computer-assisted interview, the interviewer training and field materials, and the data collection equipment and tools. *Appendix Q* provides a comprehensive list of protocol changes considered for the DR and indicates whether the change will be implemented.

Key results from the four field-related assessments are highlighted below, with comparisons to the 2011 and 2012 quarters 3 and 4 comparison data where appropriate:

- ***Observations of QFT interviewers.*** The majority of FIs displayed positive behaviors when conducting QFT screenings and interviews. The types and pattern of errors observed among QFT interviewers were not specifically related to the QFT protocol and could have been observed on the main study. Overall, the results from QFT field observations suggested that relatively few specific changes to the protocol are needed for the DR or the 2015 partial redesign.
- ***FI debriefing items.*** Responses to the QFT FI debriefing items provided some evidence of how respondents reacted to the partially redesigned protocol. One important finding was that recall of the redesigned lead letter appeared to be associated with willingness to do the interview, although it cannot be determined whether this can be attributed to the fact that the letter increases cooperation or that recall of the letter is a reflection of the respondent's willingness to cooperate. No problems were revealed regarding several changes in the data collection protocol, including the use of electronic calendars and having proxy respondents reply through ACASI rather than CAPI. FI responses to the debriefing items indicated that a majority of respondents who were selected in households and completed the interview recalled seeing the lead letter. Data from the debriefing items also corroborated findings that respondents aged 65 or older—who generally took longer to complete the QFT interview—were more likely to report that the interview took too much time to complete. In addition, QFT respondents with less than a high school education compared with respondents with higher levels of education also reported that the interview was too long. These results suggest that these two subgroups of respondents might face greater cognitive burdens than other respondents. The finding that QFT respondents aged 65 or older had significantly longer overall interview times was consistent with timing data from the 2011 and 2012 quarters 3 and 4 comparison interviews. Data on interview timing by education level was not produced for the QFT interviews, the 2011 comparison interviews, and the 2012 quarters 3 and 4 comparison interviews. The results from QFT FI debriefing items do not suggest any specific changes to the protocol that could be implemented for the DR or the 2015 partial redesign.
- ***New equipment surveys of QFT interviewers.*** To assess a new tablet device that is planned to be implemented for the 2015 NSDUH and was used for the QFT household screening, surveys of QFT FIs were conducted before data collection began and as data collection was ending. The results of these surveys indicated that the tablet was generally well received by FIs for use as a screening device. Comments from FIs suggested enhancements to specific features and additional

functionality, which were considered for implementation in the DR, including the following:

- revisions to symbols available on the primary keyboard,
- improve calendar usability, and
- ability to continuously highlight the selected case on the select case screen.

Only the calendar usability item will be implemented for the DR.

- ***Focus groups conducted with QFT interviewers.*** Three focus groups were conducted with QFT FIs at locations where relatively high numbers of FIs worked. In general, FIs expressed mostly positive sentiments about the QFT training program, the revisions made to the lead letter and the question and answer (Q&A) brochure, and using the tablet device for screenings. As indicated in **Table 5.42** in **Chapter 5**, participants in these focus groups echoed comments made in the equipment surveys about additional functionality they would like to have on the tablet device. FIs also noted the following concerns about using the QFT protocol, the first two of which led to changes for the DR protocol:
 - a number of FIs indicated they did not like the portfolio, which resulted in a new portfolio being selected for the DR;
 - FIs noticed that the Q&A brochure included a picture of an interview taking place with the paper version of the reference calendar visible, which led to replacement of this image in the Q&A brochure to be used in the DR;
 - FIs noted that some members of sampled households mistakenly thought they represented social services when the Department of Health and Human Services was mentioned; and
 - some FIs expressed concerns about including county/parish/district in the salutation of the lead letter.

10.3 QFT Estimates Compared with NSDUH Estimates: Substance Use Items Other than Methamphetamine and Prescription Drugs

Findings from the QFT data and the 2011 and 2012 quarters 3 and 4 comparison datasets detailed in **Chapter 6** indicate that most prevalence rates for core substances appeared to remain similar for most of these substances, including the use of cigarettes, alcohol, marijuana, cocaine, and heroin. These results generally held for recency of use and age groups, with some notable exceptions.

- Estimates of lifetime use for persons aged 12 or older of any hallucinogen, lysergic acid diethylamide (LSD), phencyclidine (PCP), and Ecstasy did not differ between the QFT and the 2011 or 2012 comparison data. However, use of hallucinogens was greater for 12 to 17 year olds in the QFT data compared with the 2011 and 2012 quarters 3 and 4 comparison data. Including noncore hallucinogens data produced estimates for any hallucinogen among 12 to 17 year olds that were more similar

across the QFT, 2011 comparison data, and 2012 quarters 3 and 4 comparison datasets and were not statistically different.

- Addition of new types of inhalants in the QFT instrument, including felt-tip markers and computer cleaners, led to an expected increase in reported lifetime use of inhalants, overall and across the age groups for most comparisons. Past year and past month use of inhalants did not differ between the QFT and the 2011 and 2012 quarters 3 and 4 comparison data for all respondents aged 12 or older, although for adolescents aged 12 to 17 the QFT estimate of past year use of inhalants was greater than the estimate for the 2012 comparison data.
- Among female respondents in the QFT, estimates of binge alcohol drinking were greater than in the 2011 and 2012 quarters 3 and 4 comparison datasets. Lowering the threshold for females from five to four drinks per occasion appeared to affect the QFT estimates in the expected direction.

An additional noteworthy finding from these analyses is that moving the questions for the hallucinogens called ketamine, tryptamines,⁴⁵ and *Salvia divinorum* from the special drugs module to the core hallucinogens module did not appear to affect lifetime reporting because of their earlier placement in the QFT. Specifically, earlier placement of these questions in the QFT could yield increased reports of lifetime use. In the main survey, later placement of these questions could result in some lifetime users of these substances reporting nonuse if they have learned by that point in the interview that answering questions about lifetime drug use as "yes" leads to additional questions and that answering these questions as "no" leads to fewer questions. However, the effect of this change in the placement of these questions could warrant further investigation in the DR and in preliminary data from the 2015 survey (e.g., from the first two quarters) to verify that these results from the QFT are not simply a function of the smaller sample size that received the QFT questionnaire. Given that most estimates for use of substances other than methamphetamine and prescription drugs did not differ between the QFT and corresponding main study data (except where noted), the results did not suggest specific changes to the instrument or protocol for the DR or the 2015 partial redesign for these core drug modules.

10.4 QFT Estimates Compared with NSDUH Estimates: Methamphetamine and Prescription Drug Items

Chapter 7 presented findings on methamphetamine use and prescription drug misuse from the comparison data for 2011 and 2012 quarters 3 and 4 and from the QFT data. As noted at the beginning of this chapter, considerable changes were made to the methamphetamine and prescription drug modules for the QFT. These changes are planned for implementation in the partially redesigned NSDUH questionnaire in 2015 and seem likely to affect estimates of methamphetamine use and misuse of prescription drugs starting in 2015. Comparing QFT data with the 2011 and 2012 quarters 3 and 4 data revealed significant differences for the following substances:

⁴⁵ Tryptamines include dimethyltryptamine (DMT), alpha-methyltryptamine (AMT), and N, N-diisopropyl-5-methoxytryptamine (5-MeO-DIPT) or "Foxy."

- The lifetime estimate for methamphetamine use among persons aged 12 or older was higher (or in the direction of being higher) in the QFT than in the comparison data. This difference appeared to be driven by higher prevalence rates among adults aged 18 or older in the QFT than in the 2011 and 2012 quarters 3 and 4 comparison data.
- Prescription drug estimates for lifetime misuse among all persons aged 12 or older were lower in the QFT data than in the 2011 and 2012 quarters 3 and 4 comparison data for pain relievers and tranquilizers. These differences were not statistically significant for every age group.
- Estimates of past year misuse for pain relievers, OxyContin[®], and sedatives among persons aged 12 or older were higher for the QFT than for the 2011 and 2012 quarters 3 and 4 comparison data.
- For stimulants, past year misuse and past month misuse among persons aged 12 or older typically were higher in the QFT data than in the 2011 and 2012 quarters 3 and 4 comparison datasets. These differences between the QFT and main study estimates were essentially eliminated when data from noncore questions on the misuse of Adderall[®] were included in estimates from the main study comparison data.

If trends in past year and past month use of methamphetamine continue to remain fairly stable based on NSDUH data for 2012 to 2014, then moving the methamphetamine questions to a separate module in 2015 might not disrupt the trend data for past year and past month use. Advance monitoring of estimates of methamphetamine use from the 2015 survey (e.g., based on the first two quarters of data) will be important for anticipating potential disruptions in the trend data because of the changes to the methamphetamine questions in 2015.

For prescription drugs, the QFT findings support starting a new baseline in 2015 for trends in prescription drug misuse. It might also be useful to consider whether to discontinue reporting trend data for lifetime misuse of prescription drugs after 2014 because of questions about the accuracy of respondent self-reports of misuse of prescription drugs more than 12 months prior to the interview.

10.5 QFT Estimates Compared with NSDUH Estimates: Noncore Items

Comparisons between QFT estimates and the 2011 comparison estimates and the 2012 quarters 3 and 4 comparison estimates for several types of noncore items were presented in *Chapter 8*. These estimates included substance dependence and abuse (*Section 8.2*), needle use (*Section 8.3*), medical marijuana reports (*Section 8.4*), demographic and household items (*Section 8.5*), and QFT items potentially subject to context effects due to the redesigned questionnaire (*Section 8.6*).

10.5.1 Substance Dependence and Abuse

QFT estimates of dependence, abuse, or dependence or abuse for persons aged 12 or older (as shown in *Table K-1* in *Appendix K*) were not significantly different from corresponding estimates in the 2011 or 2012 comparison data. No significant differences in estimates of illicit drug dependence, illicit drug abuse, or illicit drug dependence or abuse were observed among persons in each of the age groups. Some notable differences were observed for specific age

groups, however. Estimates for adolescents aged 12 to 17 were lower in the QFT than in the 2011 comparison data for prescription drug dependence or abuse, pain reliever dependence or abuse, and dependence or abuse for illicit drugs other than marijuana. In addition, for adults aged 26 or older, estimates were lower in the QFT than in the 2012 comparison data for prescription drug dependence, dependence for illicit drugs other than marijuana, and dependence or abuse for illicit drugs other than marijuana. Given the higher estimates of past year misuse of these substances in the QFT, these lower QFT estimates for any prescription drug and pain relievers for some age groups relative to estimates in the comparison data can be viewed as counterintuitive. Two possible explanations of these findings are as follows:

- The smaller QFT sample size and its effect on the numbers of respondents who reported sufficient numbers of problems to be classified with dependence or abuse for prescription drugs could have contributed to the observed differences within age groups.
- The respondent burden involved in answering the questions about past year misuse of prescription drugs in the QFT could have suppressed reporting of dependence or abuse symptoms for prescription drugs.

If similar findings for illicit drug dependence or abuse estimates are observed in the DR data, then these findings would suggest that questionnaire changes for 2015 will not appreciably affect substance use dependence or abuse trends for any illicit drug. However, if substance use disorders for prescription drugs—especially prescription pain relievers—contribute more substantially to estimates of substance use disorders for illicit drugs other than marijuana, then changes to the prescription drug module in 2015 could affect dependence or abuse trends for illicit drugs other than marijuana. In addition to the DR data, analysis of data from the first two quarters of 2015 could also assist in anticipating any effects on dependence or abuse trends for illicit drugs other than marijuana and for prescription drugs.

10.5.2 Needle Use

As shown in *Table K-5* in *Appendix K*, lifetime estimates of needle use among persons aged 12 or older were similar between the QFT and the 2011 and 2012 comparison data. The findings for needle use suggest that planned changes to the questionnaire in 2015 will not affect the 2-year trends for heroin, cocaine, or methamphetamine between 2014 and 2015. However, changes to the questions for injection of stimulants could require creation of new trend data for 2002 to 2015 for lifetime use of a needle to inject cocaine, heroin, or methamphetamine. If prevalence estimates for past year injection of stimulants are presented in NSDUH detailed tables based on the redesigned questionnaire, a new baseline would need to be established in 2015.

10.5.3 Medical Marijuana

QFT responses to a new question on the medical use of marijuana (added to the blunts module) were used to examine how reports of using marijuana for medical purposes aligned with the current State laws. The data for this examination were quite limited because only 15 QFT respondents reported that at least some of their marijuana use in the past year was allegedly recommended by a doctor. Of these 15 respondents, 7 respondents reported living in a State that

had a medical marijuana law in effect in 2012; the other 8 respondents did not live in States that had a medical marijuana law in effect in 2012. These inconsistencies in reports could have been explained by either (1) respondents referring to prior use in the past year in a different State with a medical marijuana law in effect, or (2) respondents referring to past year use where they accessed marijuana in neighboring States that had a medical marijuana law. Early review of the 2013 main study data will examine the alignment between reports of using marijuana for medical purposes with the current State laws where respondents report use for a larger number of respondents and States.

10.5.4 Demographic and Household Items

A notable change in the QFT instrument was moving questions on health insurance coverage and family income from interviewer administration using CAPI to self-administration using ACASI. As presented in *Appendix K* in *Tables K-6* through *K-9*, the primary pattern of differences for demographic and household items between the QFT and the 2011 or 2012 comparison datasets were higher estimates for the following items:

- participation in government assistance programs,
- receiving supplemental security income, and
- participating in food stamp programs.

These observed differences in estimates indicated a pattern tending toward lower socioeconomic status among the QFT sample, although this result cannot be disentangled from the impact of moving these questions to ACASI administration on how QFT respondents answered these questions. In addition, the relatively smaller sample size for the QFT makes it difficult to predict whether estimates of participation in government programs and receipt of specific types of income will change significantly when the partially redesigned instrument and protocol are implemented in 2015. If similar patterns in demographic and household characteristics are observed in the 2015 data, the QFT findings suggest some estimates that are most strongly correlated with these demographic and household characteristics could be affected.

10.5.5 Selected Items Potentially Subject to Context Effects

The introduction of new items in the questionnaire may lead to changes in estimates because of context effects. As noted in *Section 8.6* in *Chapter 8*, items were selected for analysis of context effects where a change introduced to the first (or contextual) item could affect the response process for the subsequent (target) item. The potential presence of such effects could not be distinguished from changes in estimates because of the full set of changes made to the QFT survey protocol and questionnaire. Comparisons between the QFT sample and the 2011 and 2012 quarters 3 and 4 samples for relevant items are shown in *Tables K-11* to *K-18*. Overall, few differences were observed between the QFT and the 2011 or 2012 comparison samples for the items examined.

One notable difference was that the average number of years since last use for hallucinogens in the QFT sample was lower than in the 2011 comparison sample. One explanation for this difference is that the 2011 comparison data did not take into account reports

of lifetime use of ketamine, DMT/AMT/"Foxy," or *Salvia divinorum* from the noncore special drugs module.

Statistically significant differences were also observed for some mental health measures. For example, past month serious psychological distress (SPD) among adults 18 years or older was lower in the QFT sample than in both the 2011 and the 2012 comparison samples. Given that the QFT questionnaire did not include any new items or substantial changes to the items immediately preceding the Kessler-6 (K6) items, it is not clear why some QFT respondents would have interpreted the K6 items differently compared with respondents in the 2011 and 2012 quarters 3 and 4 comparison samples. For the DR and the 2015 partial redesign, further monitoring of these estimates seems warranted to understand whether estimates of SPD might change with the redesigned questionnaire and protocol. Additional analysis could examine which demographic and other variables might contribute to changes in SPD between the QFT data and the two comparison datasets.

10.6 Selected QFT Estimates Compared with Other Survey Estimates

Section 9.2 in *Chapter 9* presented comparisons of QFT estimates of prescription drug use and misuse with estimates of prescription drugs that were mentioned in outpatient visits in the 2010 National Ambulatory Medical Care Survey (NAMCS) and the 2010 National Hospital Ambulatory Medical Care Survey (NHAMCS). In addition, this section and *Tables L-1* to *L-3* in *Appendix L* presented data on past year use and misuse for all of the individual prescription drugs that were included in the QFT. *Section 9.2* also presented comparisons of QFT estimates of prescription drug misuse with estimates from Monitoring the Future (MTF) for adolescents in the 8th, 10th, and 12th grades and for young adults aged 19 to 24. Notable findings included the following:

- For pain relievers, tranquilizers, and sedatives in the QFT, most past year use was accounted for by use that did not involve misuse. In comparison, misuse appeared to be fairly common among some past year users of stimulants.
- The two most commonly used groups of prescription pain relievers in the past year for the QFT (Vicodin[®], Lortab[®], Lorcet[®] or hydrocodone; and OxyContin[®], Percocet[®], Percodan[®], Tylox[®], or oxycodone) also were the two most commonly mentioned groups of narcotic analgesics in the 2010 NAMCS and the 2010 NHAMCS.
- The two most commonly used groups of prescription tranquilizers or sedatives in the past year for the QFT (Xanax[®], Xanax[®] XR, alprazolam, or extended-release alprazolam; and Ambien[®], Ambien[®] CR, zolpidem, or extended-release zolpidem) also were the two most commonly mentioned groups of prescription tranquilizers or sedatives in outpatient clinic visits for the 2010 NAMCS.
- Among adolescents in the 8th, 10th, and 12th grades, QFT estimates for past year misuse of prescription drugs tended to be lower than corresponding estimates from the MTF. This pattern was consistent with prior comparisons of substance use estimates in NSDUH and MTF for adolescents. However, some QFT estimates that were based on the misuse of any prescription drug with the same active ingredient

started to converge with MTF estimates that were based on questions about misuse of a specific drug.

- Among young adults, QFT estimates of past year use of prescription pain relievers tended to be higher than MTF estimates for misuse of narcotics other than heroin. This was consistent with the differences between the two questionnaires, particularly the much greater number of examples of prescription pain relievers in the QFT.

On the one hand, low estimates in the QFT—particularly for past year misuse—could be informative to SAMHSA for identifying prescription drugs that could be dropped for the 2015 partial redesign without seriously sacrificing the validity of prevalence estimates and while also helping to reduce respondent burden and fatigue. However, other considerations besides prevalence in deciding whether to keep or drop a particular prescription drug for the partial redesign include (a) the potential number of respondents who would report misuse of that drug in the larger sample for the redesign; (b) the length of time that a prescription drug has been on the market; and (c) public health considerations for misuse of certain prescription drugs, such as extended-release drugs with higher overall dosages. Furthermore, data in *Tables L-1 to L-3* in *Appendix L* for specific prescription drugs and patterns for estimates of past year misuse of pain relievers among young adults suggest that the number of examples of individual prescription drugs that are presented to respondents can encourage more complete reporting of misuse.

Although respondents may report the name of a drug they recognize despite it not being the actual drug that they took, misreporting of the exact drug that they used or misused in the past year may be less critical for analysis and reporting purposes. If respondents can correctly recall that they used or misused a prescription drug that had a particular active ingredient, then these self-reports and the associated estimates still would be accurate, even if respondents cannot perfectly recall exactly which prescription drug it was.

These issues will not affect the content of questions about the use or misuse of specific prescription drugs in the DR questionnaire. Changing the content of the DR questions in this manner would affect the comparability of the DR data for prescription drugs relative to the QFT data and could affect the ability to analyze combined QFT and DR data for English-language interviews to improve the precision of estimates. Analyzing combined QFT and DR data for the prescription drug modules also would be useful for evaluating whether to change the content of questions about specific prescription drugs for the 2015 partial redesign. For example, observing a low prevalence of use or misuse for certain prescription drugs in combined QFT and DR data could provide further justification for dropping these drugs from the questionnaire for 2015. DR data also will be useful for examining whether issues of name recognition for brand-name drugs instead of the generic equivalent that were observed in the QFT for certain prescription drugs continue to be observed in the DR. In addition, a plan will be developed for identifying important changes in prescription drugs in the United States for application in the 2015 NSDUH and later years.

10.7 Summary of QFT Questionnaire Items Identified as Needing Reexamination in the DR Analysis

As detailed in *Chapters 4, 8, and 9*, and noted in previous sections of *Chapter 10*, the QFT analysis identified a number of questionnaire items that will be need to reexamined carefully as part of the DR analysis. For these items, either minor changes or no changes will be made in the DR questionnaire, so DR results could lead to consideration of changes to these items in the 2015 main study instrument. For example, some sets of items moved from CAPI to ACASI administration in the QFT instrument could be administered in CAPI in 2015. These questionnaire items will be reexamined in the DR analysis for one or both of the following two criteria:

- the item missingness rate was significantly higher than the rates for the 2011 and 2012 quarters 3 and 4 comparison samples, and/or
- the estimate produced from the item differed significantly from the estimates from the 2011 comparison data, the 2012 quarters 3 and 4 comparison data, or comparison data from other surveys.

Table 10.1 provides lists of QFT estimates and questionnaire items and indicates which of the two criteria were observed in the analysis. A few important points are worth noting about the estimates and items listed in this table:

- Although differences were observed for QFT estimates and the 2011 comparison data, the 2012 quarters 3 and 4 comparison data, or comparison data from other surveys, some of these observed differences were based on relatively small sample sizes. Combining the QFT data with the DR data might improve the statistical power for some of these estimates, but for other estimates statistical power might remain limited in the DR analysis.
- In addition, some differences observed between the QFT data and comparison data were found only among specific age groups. *Table 10.1* does not note each of the specific age groups where differences were observed for each estimate or item because the observed differences were considered sufficient to add the estimate to this list. Detailed findings for item missingness rates were presented in *Chapter 4*, and comparisons of estimates were presented in *Chapters 6 through 9*. However, some of these significant differences between the QFT and comparison data occurred because no QFT respondents in these age groups reported the characteristic of interest (e.g., past year or past month cocaine use); such estimates typically would be suppressed because of low precision. If the DR sample also yields no English-language respondents in these subgroups who reported the characteristic of interest, then apparent significant differences between the combined QFT and DR data and the comparison datasets could be an artifact of the small sample sizes in both field tests.
- A number of the questionnaire items on this list were new in the QFT instrument, significantly revised in the QFT instrument, or moved from one part of the instrument to another (either being moved to a different module or moved from CAPI to ACASI administration). For reference, *Table C-1* in *Appendix C* indicates the type of change for new, revised, or moved items and provides a brief description of each change.

Table 10.1 Questionnaire Items Identified from the QFT Analysis as Needing Reexamination in the DR Analysis

QFT Estimate or Questionnaire Item^{1,2}	Item Missingness Rate Was Significantly Higher than Comparison Data^{3,4}	Estimate Was Significantly Different from Comparison Data^{5,6}
Past year cocaine use	No	Yes
Past month cocaine use	No	Yes
Past year heroin use	No	Yes
Past month heroin use	No	Yes
Lifetime inhalants use	No	Yes
Past year smokeless tobacco use	No	Yes
Past month smokeless tobacco use	No	Yes
Lifetime use of any prescription drug	No	Yes
Past year use of any prescription drug	No	Yes
Past month serious psychological distress (SPD)	No	Yes
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	Yes	No
Is anyone in your immediate family currently serving in the U.S. military? (QD10d)	Yes ⁷	N/A
How many times in the past 12 months have you moved? (QD13)	Yes	No
In what State did you live in 1 year ago today? (QD13a)	Yes	N/A
Are you a full-time student or a part-time student? (QD19)	Yes	No
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	Yes	No
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	Yes	No
Did you work at a job or business at any time last week? (QD26)	Yes	No
Did you work at a job or business at any time during the past 12 months? (QD33)	Yes	No
How many different employers have you had in the past 12 months? (QD36)	Yes	No
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	No	Yes
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	Yes	Yes
In what year did you last work at a job or business? (QD39a)	Yes	N/A
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	Yes	No

See notes at end of table.

(continued)

Table 10.1 Questionnaire Items Identified from the QFT Analysis as Needing Reexamination in the DR Analysis (continued)

QFT Estimate or Questionnaire Item ^{1,2}	Item Missingness Rate Was Significantly Higher than Comparison Data ^{3,4}	Estimate Was Significantly Different from Comparison Data ^{5,6}
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	Yes	No
How many people work for your employer out of this office, store, etc.? (QD42)	Yes	Yes
Currently covered by private health insurance? (QHI06)	Yes	Yes
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	Yes	Yes
In [YEAR], did you receive food stamps? (QI07N)	Yes	Yes
At any time during [YEAR], even for 1 month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	Yes	No
In [YEAR], because of low income, did you receive any other kind of nonmonetary welfare or public assistance? (QI10N)	Yes	No
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than \$20,000? (QI20N)	Yes	Yes
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (QI21A)	Yes	Yes

DR = dress rehearsal; N/A = not applicable; Q = question; QFT = Questionnaire Field Test.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Missing data include selection of responses of either "don't know" or "refused" for the question.

⁴ Item missingness rates for QFT questionnaire items were compared only with the 2011 main study data and the 2012 quarters 3 and 4 main study comparison data.

⁵ QFT estimates were compared with estimates from other survey data sources based on the comparability of the survey design and questions. As detailed in *Chapter 9*, the other data sources used for comparing estimates included the 2011 National Survey on Drug Use and Health (NSDUH) main study, the 2012 quarters 3 and 4 NSDUH main study, the 2010 National Ambulatory Medical Care Survey (NAMCS), the 2010 National Hospital Ambulatory Medical Care Survey (NHAMCS), the 2011 Monitoring the Future (MTF), the 2011 National Health Interview Survey (NHIS), the 2009-2010 National Health and Nutrition Examination Survey (NHANES), the 2011 American Community Survey (ACS), and the 2012 quarters 3 and 4 Current Population Survey (CPS).

⁶ Items marked N/A in this column indicate those for which the estimate from the item was not compared with any of the other data sources listed in footnote 5. Item QD10 was a new question in the QFT; therefore, no estimates are available from the 2011 NSDUH main study or the 2012 quarters 3 and 4 NSDUH main study for comparison. Given the units of analysis reported for items QD13a and QD39a, indicators were not developed to compare QFT estimates with any of the other data sources.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

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**Appendix A: Redesigned NSDUH Questionnaire and
Redesigned Contact Materials for the 2015 Partial Redesign**

Overview of Changes in the Redesigned NSDUH Questionnaire

Module	Design 2015 Changes
Core Demographics	<ul style="list-style-type: none"> • New military veterans questions added • Detailed education categories added
Beginning ACASI Section	No changes
Tutorial	<ul style="list-style-type: none"> • Combined and deleted variables to streamline the module
Calendar	<ul style="list-style-type: none"> • New electronic version introduced after ACASI Tutorial.
Tobacco	<ul style="list-style-type: none"> • Combined smokeless sections
Alcohol	<ul style="list-style-type: none"> • Changed binge definition to 4 or more drinks for females
Marijuana	No changes
Cocaine	No changes
Crack	No changes
Heroin	No changes
Hallucinogens	<ul style="list-style-type: none"> • Added Ketamine/Special K, DMT/AMT/Foxy, and <i>Salvia divinorum</i>
Inhalants	<ul style="list-style-type: none"> • Added markers and air duster
*Methamphetamine	<ul style="list-style-type: none"> • New Methamphetamine module modeled after cocaine
Pain Relievers	<ul style="list-style-type: none"> • New prescription drug modules created, including screeners
Tranquilizers	<ul style="list-style-type: none"> • New prescription drug modules created, including screeners
Stimulants	<ul style="list-style-type: none"> • New prescription drug modules created, including screeners
Sedatives	<ul style="list-style-type: none"> • New prescription drug modules created, including screeners
Special Drugs	<ul style="list-style-type: none"> • Removed all Meth questions except SD10a and SD10b • Removed "Desoxyn, or Methedrine" from SD10a and SD10b • Removed Ketamine/Special K, DMT/AMT/Foxy, and Salvia Divinorum, Ambien, Adderall • Included GHB • Changed SD10c to "any other drug" • Replaced all instances of "not prescribed for you or that you took only for the experience or feeling it caused" with "not prescribed for you" • Added an introduction to SD05: "The computer recorded that you have used a needle ..."
Risk/Availability	No changes
Blunts	<ul style="list-style-type: none"> • Added medical marijuana questions
Substance Dependence and Abuse	<ul style="list-style-type: none"> • Revised stimulant questions to reflect separate methamphetamine and prescription stimulant modules
Special Topics	No changes
Market Information for Marijuana	<ul style="list-style-type: none"> • Dropped entire module
Prior Substance Use	<ul style="list-style-type: none"> • Dropped all PD questions. • Revised methamphetamine questions to refer to stand-alone methamphetamine module. • Dropped "which came first" questions
Drug Treatment	No changes
Health Care	<ul style="list-style-type: none"> • Added new extended module • Note – overall health question remained in Core Demographics.
Adult Mental Health Service Utilization	No changes
Social Environment	<ul style="list-style-type: none"> • Dropped SEN04 - # of times moved in past 5 years

Module	Design 2015 Changes
Parenting Experiences	No changes
Youth Experiences	<ul style="list-style-type: none"> • Dropped YE04 - # of times moved in past 5 years
Mental Health	No changes
Adult Depression	No changes
Youth Mental Health Service Utilization	No changes
Adolescent Depression	No changes
Consumption of Alcohol	<ul style="list-style-type: none"> • Dropped all prescription drugs (Meth should remain) from "used with alcohol" question (CA09) • Dropped 4+ binge questions for females
Back-End Demographics:	No changes
Education	<ul style="list-style-type: none"> • New disability items added before the education items and module • Moved to ACASI section
Employment	<ul style="list-style-type: none"> • Moved to ACASI section • Dropped I&O questions
*New: Back End ACASI	
Household Roster	<ul style="list-style-type: none"> • Dropped step relationships item
Proxy information/decision	No changes
*Proxy Tutorial	<ul style="list-style-type: none"> • Created new module to introduce proxy respondent to CAI program
Health Insurance	<ul style="list-style-type: none"> • No changes, but moved to ACASI section
Income	<ul style="list-style-type: none"> • Moved to ACASI section • Top response category revised • New cell phone/land line question added
Verification	No changes
MHSS Recruitment Screens	<ul style="list-style-type: none"> • Eliminated because no MHSS recruitment occurred as part of the QFT
FI Observation Questions	<ul style="list-style-type: none"> • Moved to tablet screening device

Redesigned NSDUH Lead Letter Questionnaire

UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES

ROCKVILLE, MD 20857

[NAME County/Parish/District] Resident at:
1234 Main Street
Anywhere, XX 12345



Dear [NAME County/Parish/District] Resident:

The U.S. Department of Health and Human Services is conducting a study called the National Survey on Drug Use and Health. This study asks questions about use or non-use of alcohol, tobacco and other substances. The study also asks about mental health and other health-related topics relevant for all people. Since 1971, this information has been used by local, state and national agencies for planning and providing treatment and prevention programs.

Your address was randomly chosen, through scientific methods, along with more than 200,000 others across the country. RTI International, a nonprofit organization, was selected to conduct this study. Soon, an RTI interviewer will be in your neighborhood to give you more information. The interviewer will carry an identification card like the example shown below.

First, the interviewer will ask a few general questions. Then the interviewer may ask one or two members of your household to complete the full interview. It is possible no one will be chosen to be interviewed. **If anyone is chosen and completes the full interview, he or she will receive \$30 in cash.**

By Federal law*, the answers you give will be kept confidential and will be used only for statistical purposes.

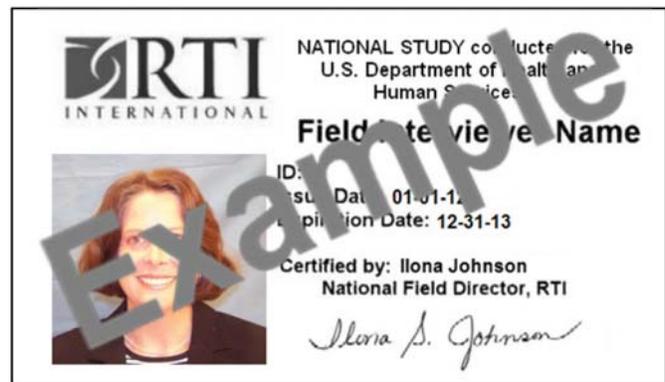
Please share this information with any others in your household. Feel free to ask the interviewer any questions you have about this study. More information is also available on the study website at: <http://nsduhweb.rti.org> or you may contact us at 1-800-848-4079.

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

Sincerely,

Joel Kennet, Ph.D.
National Study Director, DHHS

Ilona S. Johnson
National Field Director, RTI



You will be contacted by: _____
Interviewer Name

*Confidentiality protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347)
Authorized by the U.S. Congress as part of Section 505 of the Public Health Service Act (42 USC 290aa4)
Approved by Office of Management and Budget (OMB Approval No. XXXX-XXXX)

XX10010052

Answers to your questions

If you have more questions
about NSDUH, please call
1-800-848-4079
or visit our Web site at
<http://nsduhweb.rti.org>



For more information on SAMHSA or
RTI International, contact:

NSDUH National Study Director
SAMHSA
1 Choke Cherry Road
Room 7-1009
Rockville, MD 20857
www.samhsa.gov

NSDUH National Field Director
RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709
www.rti.org

National Survey on Drug Use and Health



Sponsored by the U.S. Department of Health and Human
Services and the Substance Abuse and Mental Health Services
Administration. Conducted by RTI International.

RTI International is a trade name of Research Triangle Institute.

What Is the National Survey on Drug Use and Health?

The National Survey on Drug Use and Health (NSDUH) provides up-to-date information on alcohol, tobacco, and drug use, mental health and other health-related issues in the United States. NSDUH is directed by the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (DHHS). The study is being conducted by RTI International, a nonprofit research organization.

NSDUH began in 1971 and is conducted every year. This year almost 70,000 people from across the United States will be interviewed for this important study.

Information from NSDUH is used to support prevention and treatment programs, monitor substance use trends, estimate the need for treatment facilities and assist with the creation of government policy.



Answers to Your Important Questions about the National Survey on Drug Use and Health

Why Should I Participate?

You are important! Your household was one of only a few in this area selected for this study, and no other household or person can take your place.

Every person who is chosen and completes the full interview will receive \$30 in cash at the end of the interview in appreciation for their help.

If chosen for an interview, you will represent the residents of your community and help us gather important information that is needed to make sound policy decisions.

Your participation also provides vital information to researchers and local, state and federal agencies to design education, treatment and prevention programs and receive funding to support these efforts.

What if I Do Not Smoke, Drink or Use Drugs?

In order to know the percentage of people who smoke, drink or use drugs, we also need to know how many people do not.

The responses of people who do not use these substances are just as important as the responses of people who do.

While some questions ask about drug knowledge and experience, other questions ask about a number of health-related topics relevant for all people. You do not need to know anything about drugs to answer the questions.

How Was I Chosen?

Household addresses, not specific people, are randomly selected through scientific methods. Once a household has been selected, it cannot be replaced for any reason. This assures that NSDUH accurately represents the many different types of people in the United States.

A professional RTI interviewer will visit your household to ask several general questions that only take a few minutes to answer. Afterwards, one or possibly two members of your household may be asked to complete the full interview. It is possible that no one in your household will be chosen for the interview.



What Will Happen During the Interview?

An interviewer will conduct the interview with each selected person using a laptop computer. No prior computer skills are necessary.

Participants will answer most of the interview questions in private, entering their responses directly into the computer. For other questions, the interviewer will read the questions aloud and enter the participant's responses into the computer.

The interview takes about one hour to complete. Persons who complete the full interview will receive \$30 at the end of the interview as a token of our appreciation.

All information collected for this study will be kept confidential and used only for statistical purposes, as required by federal law – the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA).

What Is the Substance Abuse and Mental Health Services Administration?

SAMHSA is an agency in the U.S. Department of Health and Human Services (DHHS). SAMHSA was created to improve the lives of people with or at risk for mental and substance use disorders.

NSDUH is used to help this mission by gathering data on substance use, problems related to substance use, and mental health problems in the United States. The numbers of people who use various substances, or have problems related to substance use or mental health, are important for planning treatment and prevention services.

SAMHSA selects a qualified survey research organization to administer NSDUH.

RTI International, a nonprofit research organization, is under contract with SAMHSA to conduct NSDUH.

Your household has been chosen at random, but no one else can take your place. Your participation matters!

Appendix B: Questionnaire Field Test Screening and Interview Response Rates, by Sample Release and Age Group and for Each State

Table B-1 2012 Questionnaire Field Test Weighted Screening and Interview Response Rates, by Sample Release and Age Group

Sample Release/Age Group	Total Selected DUs	Total Eligible DUs	Weighted DU Eligibility Rate	Total Completed Screeners	Weighted DU Screening Response Rate	Total Selected	Total Respondents	Weighted Interview Response Rate	Weighted Overall Response Rate
Overall	5,358	4,623	86.24%	3,837	83.58%	2,823	2,044	69.04%	57.71%
Sample Release									
Wave 1 (9/1/12)	4,902	4,222	86.09%	3,548	84.59%	2,614	1,904	69.46%	58.75%
Wave 2 (9/28/12)	415	368	88.48%	259	71.02%	187	125	63.78%	45.30%
Added DUs	41	33	80.98%	30	91.34%	22	15	65.21%	59.56%
Age Group									
12-17	N/A	N/A	N/A	N/A	N/A	663	544	82.25%	N/A
18-25	N/A	N/A	N/A	N/A	N/A	667	505	75.26%	N/A
26-34	N/A	N/A	N/A	N/A	N/A	451	307	68.91%	N/A
35-49	N/A	N/A	N/A	N/A	N/A	557	369	66.32%	N/A
50+	N/A	N/A	N/A	N/A	N/A	485	319	65.43%	N/A
Sample Release x Age Group									
Wave 1, 12-17	N/A	N/A	N/A	N/A	N/A	616	508	82.62%	N/A
Wave 2, 12-17	N/A	N/A	N/A	N/A	N/A	46	35	77.06%	N/A
Added, 12-17	N/A	N/A	N/A	N/A	N/A	1	1	100.00%	N/A
Wave 1, 18-25	N/A	N/A	N/A	N/A	N/A	620	471	75.34%	N/A
Wave 2, 18-25	N/A	N/A	N/A	N/A	N/A	33	25	78.29%	N/A
Added, 18-25	N/A	N/A	N/A	N/A	N/A	14	9	64.47%	N/A
Wave 1, 26-34	N/A	N/A	N/A	N/A	N/A	417	285	69.06%	N/A
Wave 2, 26-34	N/A	N/A	N/A	N/A	N/A	31	19	63.71%	N/A
Added, 26-34	N/A	N/A	N/A	N/A	N/A	3	3	100.00%	N/A
Wave 1, 35-49	N/A	N/A	N/A	N/A	N/A	513	341	66.38%	N/A
Wave 2, 35-49	N/A	N/A	N/A	N/A	N/A	42	27	66.40%	N/A
Added, 35-49	N/A	N/A	N/A	N/A	N/A	2	1	45.26%	N/A
Wave 1, 50+	N/A	N/A	N/A	N/A	N/A	448	299	66.22%	N/A
Wave 2, 50+	N/A	N/A	N/A	N/A	N/A	35	19	55.89%	N/A
Added, 50+	N/A	N/A	N/A	N/A	N/A	2	1	50.00%	N/A

DU = dwelling unit; N/A = not applicable.

Table B-2 2012 Questionnaire Field Test Unweighted Screening and Interview Response Rates, by Sample Release and Age Group

Sample Release/Age Group	Total Selected DUs	Total Eligible DUs	DU Eligibility Rate	Total Completed Screeners	DU Screening Response Rate	Total Selected	Total Respondents	Interview Response Rate	Overall Response Rate
Overall	5,358	4,623	86.28%	3,837	83.00%	2,823	2,044	72.41%	60.09%
Sample Release									
Wave 1 (9/1/12)	4,902	4,222	86.13%	3,548	84.04%	2,614	1,904	72.84%	61.21%
Wave 2 (9/28/12)	415	368	88.67%	259	70.38%	187	125	66.84%	47.05%
Added DUs	41	33	80.49%	30	90.91%	22	15	68.18%	61.98%
Age Group									
12-17	N/A	N/A	N/A	N/A	N/A	663	544	82.05%	N/A
18-25	N/A	N/A	N/A	N/A	N/A	667	505	75.71%	N/A
26-34	N/A	N/A	N/A	N/A	N/A	451	307	68.07%	N/A
35-49	N/A	N/A	N/A	N/A	N/A	557	369	66.25%	N/A
50+	N/A	N/A	N/A	N/A	N/A	485	319	65.77%	N/A
Sample Release x Age Group									
Wave 1, 12-17	N/A	N/A	N/A	N/A	N/A	616	508	82.47%	N/A
Wave 2, 12-17	N/A	N/A	N/A	N/A	N/A	46	35	76.09%	N/A
Added, 12-17	N/A	N/A	N/A	N/A	N/A	1	1	100.00%	N/A
Wave 1, 18-25	N/A	N/A	N/A	N/A	N/A	620	471	75.97%	N/A
Wave 2, 18-25	N/A	N/A	N/A	N/A	N/A	33	25	75.76%	N/A
Added, 18-25	N/A	N/A	N/A	N/A	N/A	14	9	64.29%	N/A
Wave 1, 26-34	N/A	N/A	N/A	N/A	N/A	417	285	68.35%	N/A
Wave 2, 26-34	N/A	N/A	N/A	N/A	N/A	31	19	61.29%	N/A
Added, 26-34	N/A	N/A	N/A	N/A	N/A	3	3	100.00%	N/A
Wave 1, 35-49	N/A	N/A	N/A	N/A	N/A	513	341	66.47%	N/A
Wave 2, 35-49	N/A	N/A	N/A	N/A	N/A	42	27	64.29%	N/A
Added, 35-49	N/A	N/A	N/A	N/A	N/A	2	1	50.00%	N/A
Wave 1, 50+	N/A	N/A	N/A	N/A	N/A	448	299	66.74%	N/A
Wave 2, 50+	N/A	N/A	N/A	N/A	N/A	35	19	54.29%	N/A
Added, 50+	N/A	N/A	N/A	N/A	N/A	2	1	50.00%	N/A

DU = dwelling unit; N/A = not applicable.

B-2

Table B-3 2012 Questionnaire Field Test Weighted Screening and Interview Response Rates, by State

State	Total Selected DUs	Total Eligible DUs	Weighted DU Eligibility Rate	Total Completed Screeners	Weighted DU Screening Response Rate	Total Selected	Total Respondents	Weighted Interview Response Rate	Weighted Overall Response Rate
Overall	5,358	4,623	86.24%	3,837	83.58%	2,823	2,044	69.04%	57.71%
AL	127	85	66.96%	70	82.32%	60	45	66.68%	54.89%
AZ	72	66	91.66%	48	72.82%	26	14	48.31%	35.18%
CA	533	482	90.56%	347	71.61%	262	170	59.99%	42.96%
CO	124	117	94.34%	73	62.31%	54	33	53.11%	33.09%
CT	108	93	86.43%	78	83.46%	60	41	56.67%	47.29%
FL	450	364	80.31%	288	79.01%	219	169	71.63%	56.60%
GA	137	125	91.23%	105	84.06%	74	60	81.55%	68.55%
IL	230	189	82.15%	136	71.85%	97	72	68.04%	48.88%
IN	170	127	75.42%	110	86.41%	79	63	74.13%	64.05%
KS	30	28	92.75%	26	92.18%	29	19	68.94%	63.55%
KY	85	67	78.77%	63	93.99%	38	28	72.09%	67.76%
LA	140	117	83.66%	104	88.91%	75	66	86.13%	76.58%
MA	107	103	96.58%	82	79.39%	53	33	64.88%	51.51%
MD	75	71	94.67%	56	78.88%	34	32	93.95%	74.11%
ME	46	42	90.99%	39	94.59%	19	12	63.02%	59.61%
MI	207	186	89.85%	154	82.81%	122	86	72.57%	60.09%
MN	72	65	90.27%	61	93.78%	46	36	76.87%	72.09%
MO	47	44	93.56%	39	88.63%	29	16	58.84%	52.15%
MT	22	21	95.45%	19	90.48%	20	16	82.53%	74.67%
NC	102	87	85.30%	77	88.47%	60	50	82.97%	73.40%
NE	84	75	89.25%	69	92.09%	41	25	52.86%	48.68%
NH	28	28	100.00%	23	82.14%	14	11	85.12%	69.92%
NJ	155	134	86.46%	123	91.82%	76	52	72.13%	66.24%
NM	20	16	80.00%	16	100.00%	5	4	79.55%	79.55%
NV	51	45	88.24%	41	91.11%	40	33	85.79%	78.17%
NY	326	277	84.98%	197	71.08%	177	105	57.98%	41.21%
OH	254	210	82.97%	187	89.17%	129	103	73.94%	65.94%
OK	119	100	83.48%	86	86.28%	60	40	67.31%	58.08%
OR	16	15	93.75%	15	100.00%	11	8	69.91%	69.91%
PA	308	278	90.28%	242	87.07%	179	121	65.52%	57.05%
SC	64	53	82.86%	46	86.67%	40	31	82.07%	71.13%
TN	112	99	88.38%	88	88.92%	71	51	65.53%	58.27%
TX	284	260	91.68%	233	89.57%	203	146	65.90%	59.03%
UT	102	85	83.55%	79	92.87%	72	63	84.60%	78.56%
VA	190	185	97.24%	169	91.46%	115	83	69.95%	63.98%
WA	162	139	85.80%	114	82.03%	53	46	87.62%	71.88%
WI	132	98	71.93%	90	91.39%	51	38	70.17%	64.12%
WV	67	47	70.15%	44	93.61%	30	23	71.01%	66.47%

DU = dwelling unit.

Table B-4 2012 Questionnaire Field Test Unweighted Screening and Interview Response Rates, by State

State	Total Selected DUs	Total Eligible DUs	DU Eligibility Rate	Total Completed Screeners	DU Screening Response Rate	Total Selected	Total Respondents	Interview Response Rate	Overall Response Rate
Overall	5,358	4,623	86.28%	3,837	83.00%	2,823	2,044	72.41%	60.09%
AL	127	85	66.93%	70	82.35%	60	45	75.00%	61.76%
AZ	72	66	91.67%	48	72.73%	26	14	53.85%	39.16%
CA	533	482	90.43%	347	71.99%	262	170	64.89%	46.71%
CO	124	117	94.35%	73	62.39%	54	33	61.11%	38.13%
CT	108	93	86.11%	78	83.87%	60	41	68.33%	57.31%
FL	450	364	80.89%	288	79.12%	219	169	77.17%	61.06%
GA	137	125	91.24%	105	84.00%	74	60	81.08%	68.11%
IL	230	189	82.17%	136	71.96%	97	72	74.23%	53.41%
IN	170	127	74.71%	110	86.61%	79	63	79.75%	69.07%
KS	30	28	93.33%	26	92.86%	29	19	65.52%	60.84%
KY	85	67	78.82%	63	94.03%	38	28	73.68%	69.29%
LA	140	117	83.57%	104	88.89%	75	66	88.00%	78.22%
MA	107	103	96.26%	82	79.61%	53	33	62.26%	49.57%
MD	75	71	94.67%	56	78.87%	34	32	94.12%	74.23%
ME	46	42	91.30%	39	92.86%	19	12	63.16%	58.65%
MI	207	186	89.86%	154	82.80%	122	86	70.49%	58.36%
MN	72	65	90.28%	61	93.85%	46	36	78.26%	73.44%
MO	47	44	93.62%	39	88.64%	29	16	55.17%	48.90%
MT	22	21	95.45%	19	90.48%	20	16	80.00%	72.38%
NC	102	87	85.29%	77	88.51%	60	50	83.33%	73.75%
NE	84	75	89.29%	69	92.00%	41	25	60.98%	56.10%
NH	28	28	100.00%	23	82.14%	14	11	78.57%	64.54%
NJ	155	134	86.45%	123	91.79%	76	52	68.42%	62.80%
NM	20	16	80.00%	16	100.00%	5	4	80.00%	80.00%
NV	51	45	88.24%	41	91.11%	40	33	82.50%	75.17%
NY	326	277	84.97%	197	71.12%	177	105	59.32%	42.19%
OH	254	210	82.68%	187	89.05%	129	103	79.84%	71.10%
OK	119	100	84.03%	86	86.00%	60	40	66.67%	57.33%
OR	16	15	93.75%	15	100.00%	11	8	72.73%	72.73%
PA	308	278	90.26%	242	87.05%	179	121	67.60%	58.84%
SC	64	53	82.81%	46	86.79%	40	31	77.50%	67.26%
TN	112	99	88.39%	88	88.89%	71	51	71.83%	63.85%
TX	284	260	91.55%	233	89.62%	203	146	71.92%	64.45%
UT	102	85	83.33%	79	92.94%	72	63	87.50%	81.32%
VA	190	185	97.37%	169	91.35%	115	83	72.17%	65.93%
WA	162	139	85.80%	114	82.01%	53	46	86.79%	71.18%
WI	132	98	74.24%	90	91.84%	51	38	74.51%	68.43%
WV	67	47	70.15%	44	93.62%	30	23	76.67%	71.77%

DU = dwelling unit.

Appendix C: Missing Data Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Instrument

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older

QFT Instrument Item ^{1,2}	Type of Change ³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Race (QD05 ⁵)	R	Added response categories for Guamanian or Chamorro and Samoan.	2,044	4	0.1
Are you currently serving full-time in a Reserve component? (V2b)	N	Added two questions about serving in reserve components.	4	0	0.0*
Have you ever served on active duty in the United States Armed Forces or Reserve components? (QD10a)	N	Added three questions about active-duty U.S. military service.	115	0	0.0
When did you serve on active duty in the United States Armed Forces or Reserve components? (QD10b1 ⁵)	N	Added three questions about active-duty U.S. military service.	83	0	0.0*
Did you ever serve on active duty in the U.S. Armed Forces or Reserve components in a military combat zone or an area where you drew imminent danger pay or hostile fire pay? (QD10c)	N	Added three questions about active-duty U.S. military service.	83	0	0.0*
What is the highest grade or year of school you have completed? (QD11)	R	Changed response categories.	2,044	0	0.0
Previously served as a proxy for another respondent? (PREVCOM)	N	Added two questions to determine if R had previously served as a proxy.	1,351	0	0.0
Previously completed any part of this interview yourself, including answering questions on behalf of a member of your household? (PREVCOM2)	N	Added two questions to determine if R had previously served as a proxy.	3	0	0.0*
Use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." (CG25)	R	Edited to include all forms of smokeless tobacco.	2,044	1	0.0
How old were you the first time you used "smokeless" tobacco? (CG26)	R	Edited to include all forms of smokeless tobacco.	332	0	0.0
Did you first use "smokeless" tobacco in [YEAR] or [YEAR]? CG26a	R	Edited to include all forms of smokeless tobacco.	21	0	0.0*
Did you first use "smokeless" tobacco in [YEAR] ? (CG26b)	R	Edited to include all forms of smokeless tobacco.	7	0	0.0*
In what month in [CURRENT YEAR] did you first use "smokeless" tobacco? (CG26c)	R	Edited to include all forms of smokeless tobacco.	6	0	0.0*
In what month in [YEAR FROM CG26a or CG26b] did you first use "smokeless" tobacco? (CG26d)	R	Edited to include all forms of smokeless tobacco.	28	1	2.2*
During the past 30 days, have you used "smokeless" tobacco? (CG27)	R	Edited to include all forms of smokeless tobacco.	332	0	0.0
How long has it been since you last used "smokeless" tobacco? (CG28)	R	Edited to include all forms of smokeless tobacco.	233	1	0.1

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item ^{1,2}	Type of Change ³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
During the past 30 days, on how many days did you use "smokeless" tobacco? (CG29)	R	Edited to include all forms of smokeless tobacco.	99	2	0.8*
During the past 30 days, on how many days did you have [Insert #] or more drinks on the same occasion? (AL08)	R	Changed question wording for women to "4 or more drinks."	916	11	0.7
Ever used Ketamine (LS01i)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> use.	2,044	2	0.2
Ever used DMT, AMT, or Foxy (LS01j)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> use.	2,044	3	0.2
Ever used <i>Salvia divinorum</i> (LS01k)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> use.	2,044	3	0.3
How long has it been since you last used Ketamine? (LS33)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> .	25	0	0.0*
How long has it been since you last used DMT, AMT, or Foxy? (LS34)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> .	14	1	4.1*
How long has it been since you last used <i>Salvia divinorum</i> ? (LS35)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> .	51	0	0.0*
Have you ever, inhaled felt-tip pens, felt-tip markers, or magic markers for kicks or to get high? (IN01h1)	N	Added question to measure use of felt-tip pens, felt-tip markers, or magic markers.	2,044	3	0.0
Have you ever inhaled computer keyboard cleaner, also known as air duster, for kicks or to get high? (IN01ii)	N	Added question to measure use computer keyboard cleaner, also known as air duster.	2,044	2	0.0
Have you ever used methamphetamine? (ME01)	N	Added to measure use of methamphetamine.	2,044	1	0.1
How old were you the first time you used methamphetamine? (ME02)	N	Added to measure use of methamphetamine.	112	0	0.0
Did you first use methamphetamine in [YEAR]? (ME03a)	N	Added to measure use of methamphetamine.	2	0	0.0*
In what month in [YEAR] did you first use methamphetamine? (ME03c)	N	Added to measure use of methamphetamine.	1	0	0.0*
In what month in [YEAR] did you first use methamphetamine? (ME03d)	N	Added to measure use of methamphetamine.	2	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
How long has it been since you last used methamphetamine? (MELAST3)	N	Added to measure use of methamphetamine.	112	0	0.0
How many days you've used methamphetamine during the past 12 months. (MEFRAME3)	N	Added to measure use of methamphetamine.	12	0	0.0*
How many days in the past 12 months did you use methamphetamine? (MEYRAVE)	N	Added to measure use of methamphetamine.	3	0	0.0*
How many days did you use methamphetamine each month during the past 12 months? (MEMONAVE)	N	Added to measure use of methamphetamine.	5	0	0.0*
How many days did you use methamphetamine each week during the past 12 months? (MEWKAVE)	N	Added to measure use of methamphetamine.	4	0	0.0*
During the past 30 days, on how many days did you use methamphetamine? (ME06)	N	Added to measure use of methamphetamine.	9	0	0.0*
In the past 12 months, which, if any, of these pain relievers have you used? (PR01 ⁵)	N	Added questions to indicate use of prescription pain relievers.	2,044	21	0.6
In the past 12 months, which, if any, of these pain relievers have you used? (PR02 ⁵)	N	Added questions to indicate use of prescription pain relievers.	2,044	19	0.4
In the past 12 months, which, if any, of these pain relievers have you used? (PR03 ⁵)	N	Added questions to indicate use of prescription pain relievers.	2,044	19	0.4
In the past 12 months, which, if any, of these pain relievers have you used? (PR04 ⁵)	N	Added questions to indicate use of prescription pain relievers.	2,044	17	0.4
In the past 12 months, which, if any, of these pain relievers have you used? (PR05 ⁵)	N	Added questions to indicate use of prescription pain relievers.	2,044	23	0.4
In the past 12 months, which, if any, of these pain relievers have you used? (PR06 ⁵)	N	Added questions to indicate use of prescription pain relievers.	2,044	15	0.3
In the past 12 months, which, if any, of these pain relievers have you used? (PR07 ⁵)	N	Added questions to indicate use of prescription pain relievers.	2,044	16	0.3
In the past 12 months, which, if any, of these pain relievers have you used? (PR08 ⁵)	N	Added questions to indicate use of prescription pain relievers.	2,044	16	0.3
In the past 12 months, which, if any, of these pain relievers have you used? (PR09 ⁵)	N	Added questions to indicate use of prescription pain relievers.	2,044	16	0.3
In the past 12 months, which, if any, of these pain relievers have you used? (PR10 ⁵)	N	Added questions to indicate use of prescription pain relievers.	2,044	16	0.3
In the past 12 months, have you used any other prescription pain reliever? (PR11)	N	Added questions to indicate use of prescription pain relievers.	2,044	12	0.3
Have you ever used any prescription pain reliever? (PR12)	N	Added questions to indicate use of prescription pain relievers.	1,311	21	0.9

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In the past 12 months, which, if any, of these tranquilizers have you used? (TR01 ⁵)	N	Added questions to indicate use of prescription tranquilizers.	2,044	11	0.2
In the past 12 months, which, if any, of these tranquilizers have you used? (TR02 ⁵)	N	Added questions to indicate use of prescription tranquilizers.	2,044	10	0.2
In the past 12 months, which, if any, of these tranquilizers have you used? (TR03 ⁵)	N	Added questions to indicate use of prescription tranquilizers.	2,044	10	0.2
In the past 12 months, which, if any, of these tranquilizers have you used? (TR04 ⁵)	N	Added questions to indicate use of prescription tranquilizers.	2,044	10	0.2
In the past 12 months, which, if any, of these tranquilizers have you used? (TR05 ⁵)	N	Added questions to indicate use of prescription tranquilizers.	2,044	11	0.2
In the past 12 months, have you used any other prescription tranquilizer? (TR06)	N	Added questions to indicate use of prescription tranquilizers.	2,044	2	0.3
Have you ever, even once, used any prescription tranquilizer? (TR07)	N	Added questions to indicate use of prescription tranquilizers.	1,763	6	0.2
In the past 12 months, which, if any, of these stimulants have you used? (ST01 ⁵)	N	Added questions to indicate use of prescription stimulants.	2,044	11	0.2
In the past 12 months, which, if any, of these stimulants have you used? (ST02 ⁵)	N	Added questions to indicate use of prescription stimulants.	2,044	11	0.2
In the past 12 months, which, if any, of these stimulants have you used? (ST03 ⁵)	N	Added questions to indicate use of prescription stimulants.	2,044	10	0.2
In the past 12 months, which, if any, of these stimulants have you used? (ST04 ⁵)	N	Added questions to indicate use of prescription stimulants.	2,044	11	0.2
In the past 12 months, which, if any, of these stimulants have you used? (ST05 ⁵)	N	Added questions to indicate use of prescription stimulants.	2,044	12	0.3
In the past 12 months, have you used any other prescription stimulant? (ST06)	N	Added questions to indicate use of prescription stimulants.	2,044	6	0.4
Have you ever, even once, used any prescription stimulant? (ST07)	N	Added questions to indicate use of prescription stimulants.	1,885	4	0.1
In the past 12 months, which, if any, of these sedatives have you used? (SV01 ⁵)	N	Added questions to indicate use of prescription sedatives.	2,044	11	0.2
In the past 12 months, which, if any, of these sedatives have you used? (SV02 ⁵)	N	Added questions to indicate use of prescription sedatives.	2,044	10	0.2
In the past 12 months, which, if any, of these sedatives have you used? (SV03 ⁵)	N	Added questions to indicate use of prescription sedatives.	2,044	10	0.2
In the past 12 months, which, if any, of these sedatives have you used? (SV04 ⁵)	N	Added questions to indicate use of prescription sedatives.	2,044	9	0.2

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In the past 12 months, which, if any, of these sedatives have you used? (SV05 ⁵)	N	Added questions to indicate use of prescription sedatives.	2,044	10	0.2
In the past 12 months, have you used any other prescription sedative? (SV06)	N	Added questions to indicate use of prescription sedatives.	2,044	3	0.3
Have you ever used any prescription sedative? (SV07)	N	Added questions to indicate use of prescription sedatives.	1,913	8	0.2
Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it? (PRL01)	N	Added questions to indicate misuse of prescription pain relievers.	431	0	0.0
In the past 12 months, did you use Vicodin in any way a doctor did not direct you to use it? (PRY01)	N	Added questions to indicate misuse of prescription pain relievers.	243	0	0.0
How old were you when you first used Vicodin in a way a doctor did not direct you to use it? (PRY01a)	N	Added questions to indicate misuse of prescription pain relievers.	59	1	1.6*
Did you first use Vicodin in a way a doctor did not direct you to use it in [YEAR]? (PRY01b)	N	Added questions to indicate misuse of prescription pain relievers.	14	0	0.0*
Did you first use Vicodin in a way a doctor did not direct you to use it in [YEAR? (PRY01c)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
In what month in [PRYFU1] did you first use Vicodin in a way a doctor did not direct you to use it? (PRY01d)	N	Added questions to indicate misuse of prescription pain relievers.	21	0	0.0*
In the past 12 months, did you use Lortab in a way a doctor did not direct you to use it? (PRY02)	N	Added questions to indicate misuse of prescription pain relievers.	107	1	0.5
How old were you when you first used Lortab in a way a doctor did not direct you to use it? (PRY02a)	N	Added questions to indicate misuse of prescription pain relievers.	26	1	1.9*
Did you first use Lortab in a way a doctor did not direct you to use it in [YEAR]? (PRY02b)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
Did you first use Lortab in a way a doctor did not direct you to use it in [YEAR]? (PRY02c)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In what month in [PRYFU2] did you first use Lortab in a way a doctor did not direct you to use it? (PRY02d)	N	Added questions to indicate misuse of prescription pain relievers.	8	0	0.0*
In the past 12 months, did you use Lorcet in any way a doctor did not direct you to use it? (PRY03)	N	Added questions to indicate misuse of prescription pain relievers.	26	0	0.0*
How old were you when you first used Lorcet in a way a doctor did not direct you to use it? (PRY03a)	N	Added questions to indicate misuse of prescription pain relievers.	7	0	0.0*
In what month in [PRYFU3] did you first use Lorcet in a way a doctor did not direct you to use it? (PRY03d)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In the past 12 months, did you use hydrocodone in any way a doctor did not direct you to use it? (PRY04)	N	Added questions to indicate misuse of prescription pain relievers.	265	1	0.2
How old were you when you first used hydrocodone in a way a doctor did not direct you to use it? (PRY04a)	N	Added questions to indicate misuse of prescription pain relievers	49	4	10.3*
Did you first use hydrocodone in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY04b)	N	Added questions to indicate misuse of prescription pain relievers.	15	0	0.0*
Did you first use hydrocodone in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY04c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU4] did you first use hydrocodone in a way a doctor did not direct you to use it? (PRY04d)	N	Added questions to indicate misuse of prescription pain relievers.	18	2	12.8*
In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it? (PRY05)	N	Added questions to indicate misuse of prescription pain relievers.	60	0	0.0*
How old were you when you first used OxyContin in a way a doctor did not direct you to use it? (PRY05a)	N	Added questions to indicate misuse of prescription pain relievers.	24	0	0.0*
Did you first use OxyContin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY05b)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
Did you first use OxyContin in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY05c)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
In what month in [PRYFU5] did you first use OxyContin in a way a doctor did not direct you to use it? (PRY05d)	N	Added questions to indicate misuse of prescription pain relievers.	8	1	13.4*
In the past 12 months, did you use Percocet in any way a doctor did not direct you to use it? (PRY06)	N	Added questions to indicate misuse of prescription pain relievers.	132	1	0.4
How old were you when you first used Percocet in a way a doctor did not direct you to use it? (PRY06a)	N	Added questions to indicate misuse of prescription pain relievers.	29	0	0.0*
Did you first use Percocet in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY06b)	N	Added questions to indicate misuse of prescription pain relievers.	9	0	0.0*
In what month in [PRYFU6] did you first use Percocet in a way a doctor did not direct you to use it? (PRY06d)	N	Added questions to indicate misuse of prescription pain relievers.	11	1	9.2*
In the past 12 months, did you use Percodan in any way a doctor did not direct you to use it? (PRY07)	N	Added questions to indicate misuse of prescription pain relievers.	11	0	0.0*
How old were you when you first used Percodan in a way a doctor did not direct you to use it? (PRY07a)	N	Added questions to indicate misuse of prescription pain relievers.	5	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
Did you first use Percodan in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY07b)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In what month in [PRYFU7] did you first use Percodan in a way a doctor did not direct you to use it? (PRY07d)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In the past 12 months, did you use Tylox in any way a doctor did not direct you to use it? (PRY08)	N	Added questions to indicate misuse of prescription pain relievers.	8	0	0.0*
How old were you when you first used Tylox in a way a doctor did not direct you to use it? (PRY08a)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use oxycodone in any way a doctor did not direct you to use it? (PRY09)	N	Added questions to indicate misuse of prescription pain relievers.	128	1	0.4
How old were you when you first used oxycodone in a way a doctor did not direct you to use it? (PRY09a)	N	Added questions to indicate misuse of prescription pain relievers.	31	0	0.0*
Did you first use oxycodone in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY09b)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
Did you first use oxycodone in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY09c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU9] did you first use oxycodone in a way a doctor did not direct you to use it? (PRY09d)	N	Added questions to indicate misuse of prescription pain relievers.	13	3	24.7*
How old were you when you first used Darvocet in a way a doctor did not direct you to use it? (PRY10)	N	Added questions to indicate misuse of prescription pain relievers.	24	0	0.0*
How old were you when you first used Darvocet in a way a doctor did not direct you to use it? (PRY10a)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use Darvon in any way a doctor did not direct you to use it? (PRY11)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
In the past 12 months, did you use propoxyphene in any way a doctor did not direct you to use it? (PRY12)	N	Added questions to indicate misuse of prescription pain relievers.	8	0	0.0*
How old were you when you first used propoxyphene in a way a doctor did not direct you to use it? (PRY12a)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use Ultram in any way a doctor did not direct you to use it? (PRY13)	N	Added questions to indicate misuse of prescription pain relievers.	40	1	1.3*
How old were you when you first used Ultram in a way a doctor did not direct you to use it? (PRY13a)	N	Added questions to indicate misuse of prescription pain relievers.	9	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
Did you first use Ultram in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY13b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
Did you first use Ultram in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY13c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU13] did you first use Ultram in a way a doctor did not direct you to use it? (PRY13d)	N	Added questions to indicate misuse of prescription pain relievers.	3	1	35.4*
In the past 12 months, did you use Ultram ER in any way a doctor did not direct you to use it? (PRY14)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
In the past 12 months, did you use Ultracet in any way a doctor did not direct you to use it? (PRY15)	N	Added questions to indicate misuse of prescription pain relievers.	5	0	0.0*
How old were you when you first used Ultracet in a way a doctor did not direct you to use it? (PRY15a)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
Did you first use Ultracet in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY15b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU15] did you first use Ultracet in a way a doctor did not direct you to use it? (PRY15d)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use Ryzolt in any way a doctor did not direct you to use it? (PRY16)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use tramadol in any way a doctor did not direct you to use it? (PRY17)	N	Added questions to indicate misuse of prescription pain relievers.	90	0	0.0*
How old were you when you first used tramadol in a way a doctor did not direct you to use it? (PRY17a)	N	Added questions to indicate misuse of prescription pain relievers.	14	0	0.0*
Did you first use tramadol in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY17b)	N	Added questions to indicate misuse of prescription pain relievers.	7	0	0.0*
In what month in [PRYFU17] did you first use tramadol in a way a doctor did not direct you to use it? (PRY17d)	N	Added questions to indicate misuse of prescription pain relievers.	7	1	11.3*
In the past 12 months, did you use Tylenol with codeine 3 or 4 in any way a doctor did not direct you to use it? (PRY18)	N	Added questions to indicate misuse of prescription pain relievers.	234	3	0.9
How old were you when you first used Tylenol with codeine 3 or 4 in a way a doctor did not direct you to use it? (PRY18a)	N	Added questions to indicate misuse of prescription pain relievers.	43	1	2.4*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
Did you first use Tylenol with codeine 3 or 4 in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY18b)	N	Added questions to indicate misuse of prescription pain relievers.	12	0	0.0*
Did you first use Tylenol with codeine in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY18c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU18] did you first use Tylenol with codeine in a way a doctor did not direct you to use it? (PRY18d)	N	Added questions to indicate misuse of prescription pain relievers.	14	2	12.1*
In the past 12 months, did you use codeine pills in any way a doctor did not direct you to use them? (PRY19)	N	Added questions to indicate misuse of prescription pain relievers.	47	0	0.0*
How old were you when you first used codeine pills in a way a doctor did not direct you to use them? (PRY19a)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
Did you first use codeine pills in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY19b)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In what month in [PRYFU19] did you first use codeine pills in a way a doctor did not direct you to use it? (PRY19d)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use Avinza in any way a doctor did not direct you to use it? (PRY20)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
In the past 12 months, did you use Kadian in any way a doctor did not direct you to use it? (PRY21)	N	Added questions to indicate misuse of prescription pain relievers.	6	0	0.0*
How old were you when you first used Kadian in a way a doctor did not direct you to use it? (PRY21a)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use MS Contin in any way a doctor did not direct you to use it? (PRY22)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use morphine in any way a doctor did not direct you to use it? (PRY24)	N	Added questions to indicate misuse of prescription pain relievers.	74	0	0.0*
How old were you when you first used morphine in a way a doctor did not direct you to use it? (PRY24a)	N	Added questions to indicate misuse of prescription pain relievers.	11	0	0.0*
Did you first use morphine in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY24b)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
In what month in [PRYFU24] did you first use morphine in a way a doctor did not direct you to use it? (PRY24d)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use Actiq in any way a doctor did not direct you to use it? (PRY25)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In the past 12 months, did you use Duragesic in any way a doctor did not direct you to use it? (PRY26)	N	Added questions to indicate misuse of prescription pain relievers.	6	0	0.0*
In the past 12 months, did you use Fentora in any way a doctor did not direct you to use it? (PRY27)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use fentanyl in any way a doctor did not direct you to use it? (PRY28)	N	Added questions to indicate misuse of prescription pain relievers.	13	0	0.0*
How old were you when you first used fentanyl in a way a doctor did not direct you to use it? (PRY28a)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
Did you first use fentanyl in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY28b)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In what month in [PRYFU28] did you first use fentanyl in a way a doctor did not direct you to use it? (PRY28d)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In the past 12 months, did you use Suboxone in any way a doctor did not direct you to use it? (PRY29)	N	Added questions to indicate misuse of prescription pain relievers.	20	0	0.0*
How old were you when you first used Suboxone in a way a doctor did not direct you to use it? (PRY29a)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
Did you first use Suboxone in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY29b)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In what month in [PRYFU29] did you first use Suboxone in a way a doctor did not direct you to use it? (PRY29d)	N	Added questions to indicate misuse of prescription pain relievers.	6	0	0.0*
In the past 12 months, did you use Subutex in any way a doctor did not direct you to use it? (PRY30)	N	Added questions to indicate misuse of prescription pain relievers.	13	0	0.0*
How old were you when you first used Subutex in a way a doctor did not direct you to use it? (PRY30a)	N	Added questions to indicate misuse of prescription pain relievers.	5	0	0.0*
Did you first use Subutex in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY30b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
Did you first use Subutex in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY30c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU30] did you first use Subutex in a way a doctor did not direct you to use it? (PRY30d)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use buprenorphine in any way a doctor did not direct you to use it? (PRY31)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
How old were you when you first used buprenorphine in a way a doctor did not direct you to use it? (PRY31a)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use Demerol in any way a doctor did not direct you to use it? (PRY32)	N	Added questions to indicate misuse of prescription pain relievers.	14	0	0.0*
How old were you when you first used Demerol in a way a doctor did not direct you to use it? (PRY32a)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
Did you first use Demerol in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY32b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU32] did you first use Demerol in a way a doctor did not direct you to use it? (PRY32d)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use Dilaudid in any way a doctor did not direct you to use it? (PRY33)	N	Added questions to indicate misuse of prescription pain relievers.	25	0	0.0*
How old were you when you first used Dilaudid in a way a doctor did not direct you to use it? (PRY33a)	N	Added questions to indicate misuse of prescription pain relievers.	9	0	0.0*
Did you first use Dilaudid in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY33b)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
In what month in [PRYFU33] did you first use Dilaudid in a way a doctor did not direct you to use it? (PRY33d)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use methadone in any way a doctor did not direct you to use it? (PRY34)	N	Added questions to indicate misuse of prescription pain relievers.	18	0	0.0*
How old were you when you first used methadone in a way a doctor did not direct you to use it? (PRY34a)	N	Added questions to indicate misuse of prescription pain relievers.	9	0	0.0*
Did you first use methadone in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY34b)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In what month in [PRYFU34] did you first use methadone in a way a doctor did not direct you to use it? (PRY34d)	N	Added questions to indicate misuse of prescription pain relievers.	5	0	0.0*
In the past 12 months, did you use Opana in any way a doctor did not direct you to use it? (PRY35)	N	Added questions to indicate misuse of prescription pain relievers.	6	0	0.0*
How old were you when you first used Opana in a way a doctor did not direct you to use it? (PRY35a)	N	Added questions to indicate misuse of prescription pain relievers.	5	0	0.0*
Did you first use Opana in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY35b)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In what month in [PRYFU35] did you first use Opana in a way a doctor did not direct you to use it? (PRY35d)	N	Added questions to indicate misuse of prescription pain relievers.	2	1	57.1*
In the past 12 months, did you use Opana ER in any way a doctor did not direct you to use it? (PRY36)	N	Added questions to indicate misuse of prescription pain relievers.	8	0	0.0*
How old were you when you first used Opana ER in a way a doctor did not direct you to use it? (PRY36a)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
Did you first use Opana ER in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY36b)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In what month in [PRYFU36] did you first use Opana ER in a way a doctor did not direct you to use it? (PRY36d)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In the past 12 months, did you use Talwin in any way a doctor did not direct you to use it? (PRY38)	N	Added questions to indicate misuse of prescription pain relievers.	7	0	0.0*
How old were you when you first used Talwin in a way a doctor did not direct you to use it? (PRY38a)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
Did you first use Talwin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY38b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU38] did you first use Talwin in a way a doctor did not direct you to use it? (PRY38d)	N	Added questions to indicate misuse of prescription pain relievers.	1	1	100.0*
In the past 12 months, did you use Talwin NX in any way a doctor did not direct you to use it? (PRY39)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use any prescription pain reliever in a way a doctor did not direct you to use it? (PRY40)	N	Added questions to indicate misuse of prescription pain relievers.	180	2	0.7
How old were you when you first used any prescription pain reliever in a way a doctor did not direct you to use it? (PRY40a)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
Did you first use any prescription pain reliever in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY40b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
Did you first use any prescription pain reliever in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY40c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU40] did you first use any prescription drug in a way a doctor did not direct you to use it? (PRY40d)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
Have you ever used any prescription pain reliever in any way a doctor did not direct you to use it? (PRL02)	N	Added questions to indicate misuse of prescription pain relievers.	577	3	0.2
In the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use? (PRM01)	N	Added questions to indicate misuse of prescription pain relievers.	156	1	0.8
During the past 30 days, on how many days did you use [PRNAMEFILL] in any way a doctor did not direct you to use? (PRM02)	N	Added questions to indicate misuse of prescription pain relievers.	52	0	0.0*
During the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use while you were drinking alcohol or within a couple of hours of drinking?(PRM03)	N	Added questions to indicate misuse of prescription pain relievers.	52	0	0.0*
Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? (PRY41 ⁵)	N	Added questions to indicate misuse of prescription pain relievers.	156	4	3.2
Which of these pain relievers did you use the last time? (PRY42A)	N	Added questions to indicate misuse of prescription pain relievers.	73	2	2.6*
What were the reasons you used [PRLASTFILL2] that time? (PRYMOTIV ⁵)	N	Added questions to indicate misuse of prescription pain relievers.	149	3	1.2
Which was the main reason you used [PRLASTFILL2] that time? (PRYMOT1)	N	Added questions to indicate misuse of prescription pain relievers.	45	0	0.0*
How did you get the [PRLASTFILL]? (PRY42B)	R	Added "fill" and moved from the noncore prior substance use module.	156	4	1.2
How did your friend or relative get the [PRLASTFILL]? (PRY42C)	R	Added "fill" and moved from the noncore prior substance use module.	56	3	5*
Have you ever, even once, used any prescription tranquilizer in any way a doctor did not direct you to use it? (TRL01)	N	Added questions to indicate misuse of prescription tranquilizers.	137	0	0.0
In the past 12 months, did you use Xanax in any way a doctor did not direct you to use it? (TRY01)	N	Added questions to indicate misuse of prescription tranquilizers.	102	0	0.0
How old were you when you first used Xanax in a way a doctor did not direct you to use it? (TRY01a)	N	Added questions to indicate misuse of prescription tranquilizers.	48	0	0.0*
Did you first use Xanax in a way a doctor did not direct you to use it in [YEAR]? (TRY01b)	N	Added questions to indicate misuse of prescription tranquilizers.	7	0	0.0*
In what month in [TRYFU1] did you first use Xanax in a way a doctor did not direct you to use it? (TRY01d)	N	Added questions to indicate misuse of prescription tranquilizers.	16	2	11.1*
In the past 12 months, did you use Xanax XR in a way a doctor did not direct you to use it? (TRY02)	N	Added questions to indicate misuse of prescription tranquilizers.	13	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
How old were you when you first used Xanax XR in a way a doctor did not direct you to use it? (TRY02a)	N	Added questions to indicate misuse of prescription tranquilizers.	5	0	0.0*
In the past 12 months, did you use alprazolam in any way a doctor did not direct you to use it? (TRY03)	N	Added questions to indicate misuse of prescription tranquilizers.	27	0	0.0*
How old were you when you first used alprazolam in a way a doctor did not direct you to use it? (TRY03a)	N	Added questions to indicate misuse of prescription tranquilizers.	10	0	0.0*
Did you first use alprazolam in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY03b)	N	Added questions to indicate misuse of prescription tranquilizers.	3	1	24.7*
In what month in [TRYFU3] did you first use alprazolam in a way a doctor did not direct you to use it? (TRY03d)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In the past 12 months, did you use extended-release alprazolam in any way a doctor did not direct you to use it? (TRY04)	N	Added questions to indicate misuse of prescription tranquilizers.	7	0	0.0*
How old were you when you first used extended-release alprazolam in a way a doctor did not direct you to use it? (TRY04a)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
Did you first use extended-release alprazolam in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY04b)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU4] did you first use extended-release alprazolam in a way a doctor did not direct you to use it? (TRY04d)	N	Added questions to indicate misuse of prescription tranquilizers.	1	1	100*
In the past 12 months, did you use Ativan in any way a doctor did not direct you to use it? (TRY05)	N	Added questions to indicate misuse of prescription tranquilizers.	21	0	0.0*
How old were you when you first used Ativan in a way a doctor did not direct you to use it? (TRY05a)	N	Added questions to indicate misuse of prescription tranquilizers.	8	0	0.0*
In what month in [TRYFU5] did you first use Ativan in a way a doctor did not direct you to use it? (TRY05d)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
In the past 12 months, did you use Klonopin in any way a doctor did not direct you to use it? (TRY06)	N	Added questions to indicate misuse of prescription tranquilizers.	32	0	0.0*
How old were you when you first used Klonopin in a way a doctor did not direct you to use it? (TRY06a)	N	Added questions to indicate misuse of prescription tranquilizers.	12	0	0.0*
Did you first use Klonopin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY06b)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In what month in [TRYFU6] did you first use Klonopin in a way a doctor did not direct you to use it? (TRY06d)	N	Added questions to indicate misuse of prescription tranquilizers.	3	0	0.0*
In the past 12 months, did you use lorazepam in any way a doctor did not direct you to use it? (TRY07)	N	Added questions to indicate misuse of prescription tranquilizers.	38	0	0.0*
How old were you when you first used lorazepam in a way a doctor did not direct you to use it? (TRY07a)	N	Added questions to indicate misuse of prescription tranquilizers.	12	0	0.0*
Did you first use lorazepam in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY07b)	N	Added questions to indicate misuse of prescription tranquilizers.	5	0	0.0*
In what month in [TRYFU7] did you first use lorazepam in a way a doctor did not direct you to use it? (TRY07d)	N	Added questions to indicate misuse of prescription tranquilizers.	6	0	0.0*
In the past 12 months, did you use clonazepam in any way a doctor did not direct you to use it? (TRY08)	N	Added questions to indicate misuse of prescription tranquilizers.	40	0	0.0*
How old were you when you first used clonazepam in a way a doctor did not direct you to use it? (TRY08a)	N	Added questions to indicate misuse of prescription tranquilizers.	7	0	0.0*
Did you first use clonazepam in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY08b)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
In what month in [TRYFU8] did you first use clonazepam in a way a doctor did not direct you to use it? (TRY08d)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
In the past 12 months, did you use Valium in any way a doctor did not direct you to use it? (TRY09)	N	Added questions to indicate misuse of prescription tranquilizers.	43	0	0.0*
How old were you when you first used Valium in a way a doctor did not direct you to use it? (TRY09a)	N	Added questions to indicate misuse of prescription tranquilizers.	16	0	0.0*
Did you first use Valium in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY09b)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
Did you first use Valium in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (TRY09c)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU9] did you first use Valium in a way a doctor did not direct you to use it? (TRY09d)	N	Added questions to indicate misuse of prescription tranquilizers.	4	0	0.0*
In the past 12 months, did you use Librium in any way a doctor did not direct you to use it? (TRY10)	N	Added questions to indicate misuse of prescription tranquilizers.	6	0	0.0*
How old were you when you first used Librium in a way a doctor did not direct you to use it? (TRY10a)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In the past 12 months, did you use Tranxene in any way a doctor did not direct you to use it? (TRY11)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
In the past 12 months, did you use diazepam in any way a doctor did not direct you to use it? (TRY12)	N	Added questions to indicate misuse of prescription tranquilizers.	18	0	0.0*
How old were you when you first used diazepam in a way a doctor did not direct you to use it? (TRY12a)	N	Added questions to indicate misuse of prescription tranquilizers.	5	0	0.0*
Did you first use diazepam in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY12b)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU12] did you first use diazepam in a way a doctor did not direct you to use it? (TRY12d)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In the past 12 months, did you use oxazepam, also known as Serax, in any way a doctor did not direct you to use it? (TRY13)	N	Added questions to indicate misuse of prescription tranquilizers.	3	0	0.0*
In the past 12 months, did you use Flexeril in any way a doctor did not direct you to use it? (TRY14)	N	Added questions to indicate misuse of prescription tranquilizers.	74	0	0.0*
How old were you when you first used Flexeril in a way a doctor did not direct you to use it? (TRY14a)	N	Added questions to indicate misuse of prescription tranquilizers.	10	0	0.0*
Did you first use Flexeril in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY14b)	N	Added questions to indicate misuse of prescription tranquilizers.	4	0	0.0*
Did you first use Flexeril in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (TRY14c)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU14] did you first use Flexeril in a way a doctor did not direct you to use it? (TRY14d)	N	Added questions to indicate misuse of prescription tranquilizers.	7	0	0.0*
In the past 12 months, did you use Soma in any way a doctor did not direct you to use it? (TRY15)	N	Added questions to indicate misuse of prescription tranquilizers.	39	0	0.0*
How old were you when you first used Soma in a way a doctor did not direct you to use it? (TRY15a)	N	Added questions to indicate misuse of prescription tranquilizers.	15	0	0.0*
Did you first use Soma in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY15b)	N	Added questions to indicate misuse of prescription tranquilizers.	7	0	0.0*
In what month in [TRYFU15] did you first use Soma in a way a doctor did not direct you to use it? (TRY15d)	N	Added questions to indicate misuse of prescription tranquilizers.	9	1	13.7*

See notes at end of table

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In the past 12 months, did you use buspirone, also known as BuSpar, in any way a doctor did not direct you to use it? (TRY16)	N	Added questions to indicate misuse of prescription tranquilizers.	6	0	0.0*
How old were you when you first used buspirone, also known as BuSpar, in a way a doctor did not direct you to use it? (TRY16a)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
Did you first use buspirone, also known as BuSpar, in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY16b)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU16] did you first use buspirone, also known as BuSpar, in a way a doctor did not direct you to use it? (TRY16d)	N	Added questions to indicate misuse of prescription tranquilizers.	1	1	100.0*
In the past 12 months, did you use hydroxyzine, also known as Atarax or Vistaril, in any way a doctor did not direct you to use it? (TRY17)	N	Added questions to indicate misuse of prescription tranquilizers.	14	0	0.0*
How old were you when you first used hydroxyzine, also known as Atarax or Vistaril, in a way a doctor did not direct you to use it? (TRY17a)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In the past 12 months, did you use meprobamate, also known as Equanil or Miltown, in any way a doctor did not direct you to use it? (TRY18)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
How old were you when you first used meprobamate, also known as Equanil or Miltown, in a way a doctor did not direct you to use it? (TRY18a)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
Did you first use meprobamate, also known as Equanil or Miltown, in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY18b)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU18] did you first use meprobamate, also known as Equanil or Miltown, in a way a doctor did not direct you to use it? (TRY18d)	N	Added questions to indicate misuse of prescription tranquilizers.	1	1	100.0*
In the past 12 months, did you use any prescription tranquilizer in a way a doctor did not direct you to use it? (TRY19)	N	Added questions to indicate misuse of prescription tranquilizers.	35	0	0.0*
How old were you when you first used any prescription tranquilizer in a way a doctor did not direct you to use it? (TRY19a)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
Have you ever, even once, used any prescription tranquilizer in any way a doctor did not direct you to use it? (TRL02)	N	Added questions to indicate misuse of prescription tranquilizers.	209	0	0.0
In the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use? (TRM01)	N	Added questions to indicate misuse of prescription tranquilizers.	72	0	0.0*
During the past 30 days, on how many days did you use [TRNAMEFILL] in any way a doctor did not direct you to use? (TRM02)	N	Added questions to indicate misuse of prescription tranquilizers.	24	0	0.0*
During the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use while you were drinking alcohol or within a couple of hours of drinking? (TRM03)	N	Added questions to indicate misuse of prescription tranquilizers.	23	0	0.0*
Which of these statements describe your use of [TRNAMEFILL] at any time in the past 12 months? (TRY20 ⁵)	N	Added questions to indicate misuse of prescription tranquilizers.	72	2	2.1*
Which of these tranquilizers did you use the last time? (TRY21A)	N	Added questions to indicate misuse of prescription tranquilizers.	32	1	2.3*
What were the reasons you used [TRLASTFILL2] that time? (TRYMOTIV ⁵)	N	Added questions to indicate misuse of prescription tranquilizers.	72	0	0.0*
Which was the main reason you used [TRLASTFILL2] that time? (TRYMOT1)	N	Added questions to indicate misuse of prescription tranquilizers.	25	0	0.0*
Please type in the other way you got the [TRLASTFILL3] (TRY21B)	R	Added "fill" and moved from the noncore prior substance use module.	72	3	2.8*
How did your friend or relative get the [TRLASTFILL]? (TRY21C)	R	Added "fill" and moved from the noncore prior substance use module.	35	0	0.0*
Have you ever, even once, used any prescription stimulant in any way a doctor did not direct you to use it? (STL01)	N	Added questions to indicate misuse of prescription stimulants.	95	0	0.0*
In the past 12 months, did you use Adderall in any way a doctor did not direct you to use it? (STY01)	N	Added questions to indicate misuse of prescription stimulants.	67	0	0.0*
How old were you when you first used Adderall in a way a doctor did not direct you to use it? (STY01a)	N	Added questions to indicate misuse of prescription stimulants.	41	0	0.0*
Did you first use Adderall in a way a doctor did not direct you to use it in [YEAR]? (STY01b)	N	Added questions to indicate misuse of prescription stimulants.	18	0	0.0*
Did you first use Adderall in a way a doctor did not direct you to use it in [YEAR]? (STY01c)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In what month did you first use Adderall in a way a doctor did not direct you to use it? (STY01d)	N	Added questions to indicate misuse of prescription stimulants.	21	2	6.7*
In the past 12 months, did you use Adderall XR in any way a doctor did not direct you to use it? (STY02)	N	Added questions to indicate misuse of prescription stimulants.	45	1	1.2*
How old were you when you first used Adderall XR in a way a doctor did not direct you to use it? (STY02a)	N	Added questions to indicate misuse of prescription stimulants.	22	0	0.0*
Did you first use Adderall XR in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY02b)	N	Added questions to indicate misuse of prescription stimulants.	8	1	8.6*
Did you first use Adderall XR in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (STY02c)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In what month in [STYFU2] did you first use Adderall XR in a way a doctor did not direct you to use it? (STY02d)	N	Added questions to indicate misuse of prescription stimulants.	8	0	0.0*
In the past 12 months, did you use Dexedrine in any way a doctor did not direct you to use it? (STY03)	N	Added questions to indicate misuse of prescription stimulants.	6	0	0.0*
How old were you when you first used Dexedrine in a way a doctor did not direct you to use it? (STY03a)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
Did you first use Dexedrine in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY03b)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In what month in [STYFU3] did you first use Dexedrine in a way a doctor did not direct you to use it? (STY03d)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In the past 12 months, did you use dextroamphetamine in any way a doctor did not direct you to use it? (STY04)	N	Added questions to indicate misuse of prescription stimulants.	5	0	0.0*
How old were you when you first used dextroamphetamine in a way a doctor did not direct you to use it? (STY04a)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
Did you first use dextroamphetamine in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY04b)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In what month in [STYFU4] did you first use dextroamphetamine in a way a doctor did not direct you to use it? (STY04d)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In the past 12 months, did you use mixed amphetamine dextroamphetamine pills other than Adderall in any way a doctor did not direct you to use them? (STY05)	N	Added questions to indicate misuse of prescription stimulants.	16	0	0.0*
How old were you when you first used mixed amphetamine dextroamphetamine pills other than Adderall in a way a doctor did not direct you to use them? (STY05a)	N	Added questions to indicate misuse of prescription stimulants.	6	0	0.0*
Did you first use mixed amphetamine dextroamphetamine pills other than Adderall in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY05b)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In what month in [STYFU5] did you first use mixed amphetamine dextroamphetamine pills other than Adderall in a way a doctor did not direct you to use it? (STY05d)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In the past 12 months, did you use Ritalin in any way a doctor did not direct you to use it? (STY06)	N	Added questions to indicate misuse of prescription stimulants.	17	0	0.0*
How old were you when you first used Ritalin in a way a doctor did not direct you to use it? (STY06a)	N	Added questions to indicate misuse of prescription stimulants.	9	0	0.0*
Did you first use Ritalin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY06b)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
In what month in [STYFU6] did you first use Ritalin in a way a doctor did not direct you to use it? (STY06d)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
In the past 12 months, did you use Ritalin SR or Ritalin LA in any way a doctor did not direct you to use it? (STY07)	N	Added questions to indicate misuse of prescription stimulants.	15	0	0.0*
How old were you when you first used Ritalin SR or Ritalin LA in a way a doctor did not direct you to use it? (STY07a)	N	Added questions to indicate misuse of prescription stimulants.	7	0	0.0*
In what month in [STYFU7] did you first use Ritalin SR or Ritalin LA in a way a doctor did not direct you to use it? (STY07d)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In the past 12 months, did you use Concerta in any way a doctor did not direct you to use it? (STY08)	N	Added questions to indicate misuse of prescription stimulants.	23	0	0.0*
How old were you when you first used Concerta in a way a doctor did not direct you to use it? (STY08a)	N	Added questions to indicate misuse of prescription stimulants.	10	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
Did you first use Concerta in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY08b)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
In what month in [STYFU8] did you first use Concerta in a way a doctor did not direct you to use it? (STY08d)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
In the past 12 months, did you use Daytrana in any way a doctor did not direct you to use it? (STY09)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
How old were you when you first used Daytrana in a way a doctor did not direct you to use it? (STY09a)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
Did you first use Daytrana in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY09b)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In what month in [STYFU9] did you first use Daytrana in a way a doctor did not direct you to use it? (STY09d)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In the past 12 months, did you use methylphenidate in any way a doctor did not direct you to use it? (STY10)	N	Added questions to indicate misuse of prescription stimulants.	9	0	0.0*
How old were you when you first used methylphenidate in a way a doctor did not direct you to use it? (STY10a)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In what month in [STYFU10] did you first use methylphenidate in a way a doctor did not direct you to use it? (STY10d)	N	Added questions to indicate misuse of prescription stimulants.	1	1	100.0*
In the past 12 months, did you use Metadate CD in any way a doctor did not direct you to use it? (STY11)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In the past 12 months, did you use Metadate ER in any way a doctor did not direct you to use it? (STY12)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In the past 12 months, did you use Focalin in any way a doctor did not direct you to use it? (STY13)	N	Added questions to indicate misuse of prescription stimulants.	9	0	0.0*
How old were you when you first used Focalin in a way a doctor did not direct you to use it? (STY13a)	N	Added questions to indicate misuse of prescription stimulants.	5	0	0.0*
Did you first use Focalin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY13b)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In what month in [STYFU13] did you first use Focalin in a way a doctor did not direct you to use it? (STY13d)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In the past 12 months, did you use Focalin XR in any way a doctor did not direct you to use it? (STY14)	N	Added questions to indicate misuse of prescription stimulants.	8	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
How old were you when you first used Focalin XR in a way a doctor did not direct you to use it? (STY14a)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
Did you first use Focalin XR in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY14b)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In what month in [STYFU14] did you first use Focalin XR in a way a doctor did not direct you to use it? (STY14d)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In the past 12 months, did you use dexmethylphenidate in any way a doctor did not direct you to use it? (STY15)	N	Added questions to indicate misuse of prescription stimulants.	6	0	0.0*
How old were you when you first used dexmethylphenidate in a way a doctor did not direct you to use it? (STY15a)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In what month in [STYFU15] did you first use dexmethylphenidate in a way a doctor did not direct you to use it? (STY15d)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In the past 12 months, did you use benzphetamine in any way a doctor did not direct you to use it? (STY16)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In the past 12 months, did you use Didrex in any way a doctor did not direct you to use it? (STY17)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
In the past 12 months, did you use diethylpropion in any way a doctor did not direct you to use it? (STY18)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
How old were you when you first used diethylpropion in a way a doctor did not direct you to use it? (STY18a)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In the past 12 months, did you use phendimetrazine in any way a doctor did not direct you to use it? (STY19)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In the past 12 months, did you use phentermine in any way a doctor did not direct you to use it? (STY20)	N	Added questions to indicate misuse of prescription stimulants.	17	0	0.0*
How old were you when you first used phentermine in a way a doctor did not direct you to use it? (STY20a)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
Did you first use phentermine in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY20b)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In what month in [STYFU20] did you first use phentermine in a way a doctor did not direct you to use it? (STY20d)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In the past 12 months, did you use Provigil in any way a doctor did not direct you to use it? (STY21)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In the past 12 months, did you use Tenuate in any way a doctor did not direct you to use it? (STY22)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
How old were you when you first used Tenuate in a way a doctor did not direct you to use it? (STY22a)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In the past 12 months, did you use Vyvance in any way a doctor did not direct you to use it? (STY23)	N	Added questions to indicate misuse of prescription stimulants.	20	1	2.4*
How old were you when you first used Vyvance in a way a doctor did not direct you to use it? (STY23a)	N	Added questions to indicate misuse of prescription stimulants.	8	0	0.0*
Did you first use Vyvance in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY23b)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
Did you first use Vyvance in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (STY23c)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In what month in [STYFU23] did you first use Vyvance in a way a doctor did not direct you to use it? (STY23d)	N	Added questions to indicate misuse of prescription stimulants.	5	0	0.0*
In the past 12 months, did you use any prescription stimulant in a way a doctor did not direct you to use it? (STY24)	N	Added questions to indicate misuse of prescription stimulants.	29	0	0.0*
How old were you when you first used any prescription stimulant in a way a doctor did not direct you to use it? (STY24a)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
Have you ever, even once, used any prescription stimulant in any way a doctor did not direct you to use it? (STL02)	N	Added questions to indicate misuse of prescription stimulants.	100	1	0.4
In the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use? (STM01)	N	Added questions to indicate misuse of prescription stimulants.	59	0	0.0*
During the past 30 days, on how many days did you use [STNAMEFILL'] in any way a doctor did not direct you to use? (STM02)	N	Added questions to indicate misuse of prescription stimulants.	18	0	0.0*
During the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use while you were drinking alcohol or within a couple of hours of drinking?(STM03)	N	Added questions to indicate misuse of prescription stimulants.	18	0	0.0*
Which of these statements describe your use of [STNAMEFILL] at any time in the past 12 months? (STY25 ⁵)	N	Added questions to indicate misuse of prescription stimulants.	59	0	0.0*
At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL]? (STY25a)	N	Added questions to indicate misuse of prescription stimulants.	59	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
How long has it been since you last used a needle to inject [STNAMEFILL]? (STY25b)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
Which of these stimulants did you use the last time? (STY26a)	N	Added questions to indicate misuse of prescription stimulants.	33	2	4.4*
What were the reasons you used [STLASTFILL2] that time? (STYMOTIV ⁵)	N	Added questions to indicate misuse of prescription stimulants.	58	0	0.0*
Which was the main reason you used [STLASTFILL2] that time? (STYMOT1)	N	Added questions to indicate misuse of prescription stimulants.	26	0	0.0*
How did you get the [STLASTFILL]? (STY26b)	R	Added "fill" and moved from the noncore prior substance use module.	59	1	1.3*
How did your friend or relative get the [STLASTFILL]? (STY26c)	R	Added "fill" and moved from the noncore prior substance use module.	29	1	1.8*
Have you ever, even once, used any prescription sedative in any way a doctor did not direct you to use it? (SVL01)	N	Added questions to indicate misuse of prescription sedatives.	112	0	0.0
In the past 12 months, did you use Ambien in any way a doctor did not direct you to use it? (SVY01)	N	Added questions to indicate misuse of prescription sedatives.	69	0	0.0*
How old were you when you first used Ambien in a way a doctor did not direct you to use it? (SVY01a)	N	Added questions to indicate misuse of prescription sedatives.	10	0	0.0*
Did you first use Ambien in a way a doctor did not direct you to use it in [YEAR]? (SVY01b)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In what month in did you first use Ambien in a way a doctor did not direct you to use it? (SVY01d)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
In the past 12 months, did you use Ambien CR in a way a doctor did not direct you to use it? (SVY02)	N	Added questions to indicate misuse of prescription sedatives.	12	0	0.0*
How old were you when you first used Ambien CR in a way a doctor did not direct you to use it? (SVY02a)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
Did you first use Ambien CR in a way a doctor did not direct you to use it in [YEAR]? (SVY02b)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
In what month in did you first use Ambien CR in a way a doctor did not direct you to use it? (SVY02d)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
In the past 12 months, did you use zolpidem in any way a doctor did not direct you to use it? (SVY03)	N	Added questions to indicate misuse of prescription sedatives.	21	0	0.0*
How old were you when you first used zolpidem in a way a doctor did not direct you to use it? (SVY03a)	N	Added questions to indicate misuse of prescription sedatives.	5	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
Did you first use zolpidem in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (SVY03b)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In what month in [SVYFU3] did you first use zolpidem in a way a doctor did not direct you to use it? (SVY03d)	N	Added questions to indicate misuse of prescription sedatives.	4	0	0.0*
In the past 12 months, did you use extended-release zolpidem in any way a doctor did not direct you to use it? (SVY04)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*
How old were you when you first used extended-release zolpidem in a way a doctor did not direct you to use it? (SVY04a)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use Lunesta in any way a doctor did not direct you to use it? (SVY05)	N	Added questions to indicate misuse of prescription sedatives.	18	0	0.0*
How old were you when you first used Lunesta in a way a doctor did not direct you to use it? (SVY05a)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
Did you first use Lunesta in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (SVY05c)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In what month in [SVYFU5] did you first use Lunesta in a way a doctor did not direct you to use it? (SVY05d)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
In the past 12 months, did you use Sonata in any way a doctor did not direct you to use it? (SVY06)	N	Added questions to indicate misuse of prescription sedatives.	7	0	0.0*
How old were you when you first used Sonata in a way a doctor did not direct you to use it? (SVY06a)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
In the past 12 months, did you use Dalmane in any way a doctor did not direct you to use it? (SVY08)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use Halcion in any way a doctor did not direct you to use it? (SVY09)	N	Added questions to indicate misuse of prescription sedatives.	4	0	0.0*
How old were you when you first used Halcion in a way a doctor did not direct you to use it? (SVY09a)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use triazolam in any way a doctor did not direct you to use it? (SVY11)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*
In the past 12 months, did you use Restoril in any way a doctor did not direct you to use it? (SVY12)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*
How old were you when you first used Restoril in a way a doctor did not direct you to use it? (SVY12a)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
In what month in [SVYFU12] did you first use Restoril in a way a doctor did not direct you to use it? (SVY12d)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use temazepam in any way a doctor did not direct you to use it? (SVY13)	N	Added questions to indicate misuse of prescription sedatives.	10	0	0.0*
In the past 12 months, did you use Butisol in any way a doctor did not direct you to use it? (SVY14)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
How old were you when you first used Butisol in a way a doctor did not direct you to use it? (SVY14a)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
Did you first use Butisol in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (SVY14b)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In what month in [SVYFU14] did you first use Butisol in a way a doctor did not direct you to use it? (SVY14d)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use Seconal in any way a doctor did not direct you to use it? (SVY15)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*
How old were you when you first used Seconal in a way a doctor did not direct you to use it? (SVY15a)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use phenobarbital in any way a doctor did not direct you to use it? (SVY16)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*
How old were you when you first used phenobarbital in a way a doctor did not direct you to use it? (SVY16a)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use any prescription sedative in a way a doctor did not direct you to use it? (SVY17)	N	Added questions to indicate misuse of prescription sedatives.	31	1	0.2*
How old were you when you first used any prescription sedative in a way a doctor did not direct you to use it? (SVY17a)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
Have you ever, even once, used any prescription sedative in any way a doctor did not direct you to use it? (SVL02)	N	Added questions to indicate misuse of prescription sedatives.	112	0	0.0
In the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use ? (SVM01)	N	Added questions to indicate misuse of prescription sedatives.	19	0	0.0*
During the past 30 days, on how many days did you use [SVNAMEFILL] in any way a doctor did not direct you to use? (SVM02)	N	Added questions to indicate misuse of prescription sedatives.	6	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
During the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use while you were drinking alcohol or within a couple of hours of drinking?(SVM03)	N	Added questions to indicate misuse of prescription sedatives.	6	0	0.0*
Which of these statements describe your use of [SVNAMEFILL] at any time in the past 12 months? (SVY18 ⁵)	N	Added questions to indicate misuse of prescription sedatives.	19	0	0.0*
Which of these sedatives did you use the last time? (SVY19a)	N	Added questions to indicate misuse of prescription sedatives.	7	0	0.0*
What were the reasons you used [SVLASTFILL2] that time? (SVYMOTIV ⁵)	N	Added questions to indicate misuse of prescription sedatives.	18	0	0.0*
Which was the main reason you used [SVLASTFILL] that time? (SVYMOT1)	N	Added questions to indicate misuse of prescription sedatives.	4	0	0.0*
How did you get the [SVLASTFILL]? (SVY19B)	R	Added "fill" and moved from the noncore prior substance use module.	19	1	2.2*
How did your friend or relative get the [SVLASTFILL]? (SVY19C)	R	Added "fill" and moved from the noncore prior substance use module.	7	0	0.0*
Have you ever, even once, used a needle to inject any drug that was not prescribed for you? (SD15)	M	QFT SD15 is similar to 2012 SD10c, with edits to the wording to ask about any other drug and to remove "only for the experience or feeling that it caused."	2,044	0	0.0
Was any of your marijuana use in the past 12 months recommended by a doctor? (MJMM)	N	New medical marijuana questions in blunts module	344	0	0.0
Was all of your marijuana use in the past 12 months recommended by a doctor? (MJMM01)	N	New medical marijuana questions in blunts module	15	0	0.0*
During the past 12 months, was there a month or more when you spent a lot of your time getting or using methamphetamine? (DRME01)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the methamphetamine you used? (DRME02)	N	New questions about dependence and abuse of methamphetamine	7	0	0.0*
During the past 12 months, did you try to set limits on how often or how much methamphetamine you would use? (DRME04)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
Were you able to keep to the limits you set, or did you often use methamphetamine more than you intended to? (DRME05)	N	New questions about dependence and abuse of methamphetamine	4	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
During the past 12 months, did you need to use more methamphetamine than you used to in order to get the effect you wanted? (DRME06)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, did you notice that using the same amount of methamphetamine had less effect on you than it used to? (DRME07)	N	New questions about dependence and abuse of methamphetamine	8	0	0.0*
During the past 12 months, did you want to or try to cut down or stop using methamphetamine? (DRME08)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, were you able to cut down or stop using methamphetamine every time you wanted to or tried to? (DRME09)	N	New questions about dependence and abuse of methamphetamine	5	0	0.0*
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10)	N	New questions about dependence and abuse of methamphetamine	8	0	0.0*
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10a)	N	New questions about dependence and abuse of methamphetamine	6	0	0.0*
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using methamphetamine? (DRME11)	N	New questions about dependence and abuse of methamphetamine	5	0	0.0*
During the past 12 months, did you have 2 or more of these symptoms at the same time that lasted for longer than a day after you cut back or stopped using methamphetamine? (DRME12)	N	New questions about dependence and abuse of methamphetamine	5	0	0.0*
During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of methamphetamine? (DRME13)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
Did you continue to use methamphetamine even though you thought it was causing you to have problems with your emotions, nerves, or mental health? (DRME14)	N	New questions about dependence and abuse of methamphetamine	4	0	0.0*
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of methamphetamine? (DRME15)	N	New questions about dependence and abuse of methamphetamine	9	0	0.0*
During the past 12 months, did using methamphetamine cause you to give up or spend less time doing these types of important activities? (DRME17)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
During the past 12 months, did using methamphetamine cause you to have serious problems either at home, work, or school? (DRME18)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, did you regularly use methamphetamine and then do something where using methamphetamine might have put you in physical danger? (DRME19)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, did using methamphetamine cause you to do things that repeatedly got you in trouble with the law? (DRME20)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of methamphetamine? (DRME21)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
Did you continue to use methamphetamine even though you thought it caused problems with family or friends? (DRME22)	N	New questions about dependence and abuse of methamphetamine	4	0	0.0*
During the past 12 months, was there a month or more when you spent a lot of your time getting or using prescription stimulants? (DRST01)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the prescription stimulants you used? (DRST02)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	51	0	0.0*
During the past 12 months, did you try to set limits on how often or how much prescription stimulants you would use? (DRST04)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
Were you able to keep to the limits you set, or did you often use prescription stimulants more than you intended to? (DRST05)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	19	0	0.0*
During the past 12 months, did you need to use more prescription stimulants than you used to in order to get the effect you wanted? (DRST06)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
During the past 12 months, did you notice that using the same amount of prescription stimulants had less effect on you than it used to? (DRST07)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	47	0	0.0*
During the past 12 months, did you want to or try to cut down or stop using prescription stimulants? (DRST08)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
During the past 12 months, were you able to cut down or stop using prescription stimulants every time you wanted to or tried to? (DRST09)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	19	0	0.0*
During the past 12 months, did you cut down or stop using prescription stimulants at least one time? (DRST10)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	43	0	0.0*
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10a)	N	Question text the same. Universe edited to remove meth users from these stimulant questions.	6	0	0.0*
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using prescription stimulants? (DRST11)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	11	0	0.0*
During the past 12 months, did you have 2 or more of these symptoms at the same time that lasted for longer than a day after you cut back or stopped using prescription stimulants? (DRST12)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	10	0	0.0*
During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of prescription stimulants? (DRST13)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
Did you continue to use prescription stimulants even though you thought this was causing you to have problems with your emotions, nerves, or mental health? (DRST14)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	8	0	0.0*
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of prescription stimulants? (DRST15)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	55	0	0.0*
Did you continue to use prescription stimulants even though this was causing you to have physical problems? (DRST16)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	1	0	0.0*
During the past 12 months, did using prescription stimulants cause you to give up or spend less time doing these types of important activities? (DRST17)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
During the past 12 months, did using prescription stimulants cause you to have serious problems either at home, work, or school? (DRST18)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
During the past 12 months, did you regularly use prescription stimulants and then do something where using prescription stimulants might have put you in physical danger?(DRST19)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
During the past 12 months, did using prescription stimulants cause you to do things that repeatedly got you in trouble with the law? (DRST20)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of prescription stimulants? (DRST21)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
Did you continue to use prescription stimulants even though you thought this caused problems with family or friends? (DRST22)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	2	0	0.0*
How old were you the last time you used any methamphetamine for kicks or to get high? (LU17)	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	103	2	1.3
Did you last use methamphetamine for kicks or to get high in [YEAR]? (LU17a)	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	6	0	0.0*
Did you last use methamphetamine for kicks or to get high in [YEAR]? (LU17b)	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	1	0	0.0*
In what month did you last use methamphetamine for kicks or to get high? (LU17c)	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	1	0	0.0*
In what month in did you last use methamphetamine for kicks or to get high? (LU17d)	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	7	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
Height (HLTH04)	N	New questions about height and weight.	2,043	17	0.5
About how tall are you, without shoes in feet? (HLTH05)	N	New questions about height and weight.	1,926	5	0.1
About how tall are you, without shoes in inches? (HLTH06)	N	New questions about height and weight.	1,991	11	0.3
About how tall are you, without shoes in meters? (HLTH07)	N	New questions about height and weight.	20	1	3.1*
About how tall are you, without shoes in centimeters? (HLTH08)	N	New questions about height and weight.	29	2	3.6*
Weight (HLTH09)	N	New questions about height and weight.	2,043	25	0.9
About how much do you weigh in pounds? (HLTH10)	N	New questions about height and weight.	1,978	16	0.8
About how much do you weigh in kilograms? (HLTH12)	N	New questions about height and weight.	14	1	4.4*
About how much did you weigh before you got pregnant in pounds? (HLTH13)	N	New questions about height and weight.	26	0	0.0*
During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or nurse practitioner about your own health at a doctor's office, a clinic, or some other place? (HLTH19)	N	New questions about health.	2,043	72	2.1
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you smoke cigarettes or use any other tobacco products? (HLTH20a)	N	New questions about health.	1,696	19	0.7
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you drink alcohol? (HLTH20b)	N	New questions about health.	1,696	21	0.8
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you use illegal drugs? (HLTH20c)	N	New questions about health.	1,696	21	1.2
During the past 12 months, did any doctor or other health care professional advise you to quit smoking cigarettes or quit using any other tobacco products? (HLTH21)	N	New questions about health.	996	2	0.1

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Case Asked the Question (unweighted)	Number of Cases with Missing Data (unweighted)	Missing Data⁴ (weighted)
Choose the statement or statements below that describe any discussions you may have had in person with a doctor or other health professional about your alcohol use. (HLTH22 ⁵)	N	New questions about health.	1,053	22	1.5
During the past 12 months, did any doctor or other health care professional talk to you about your use of marijuana, cocaine, crack, Heroin, inhalants, hallucinogens, or methamphetamine? (HLTH23)	N	New questions about health.	297	0	0.0
During the past 12 months, did you have a sexually transmitted disease such as chlamydia, gonorrhea, herpes or syphilis? (HLTH24)	N	New questions about health.	2,043	5	0.2
Conditions that a doctor or other health care professional has ever told you that you had (HLTH25 ⁵)	N	New questions about health.	2,043	16	0.4
What kind of cancer was it? (HLTH26 ⁵)	N	New questions about health.	64	0	0.0*
How old were you when your blood cancer was first diagnosed? (HLTH28a)	N	New questions about health.	2	1	82.1*
How old were you when your bone cancer was first diagnosed? (HLTH28b)	N	New questions about health.	1	0	0.0*
How old were you when your brain cancer was first diagnosed? (HLTH28c)	N	New questions about health.	1	0	0.0*
How old were you when your breast cancer was first diagnosed? (HLTH28d)	N	New questions about health.	13	0	0.0*
How old were you when your cervical cancer was first diagnosed? (HLTH28e)	N	New questions about health.	10	0	0.0*
How old were you when your colon cancer was first diagnosed? (HLTH28f)	N	New questions about health.	5	0	0.0*
How old were you when your esophageal cancer was first diagnosed? (HLTH28g)	N	New questions about health.	3	0	0.0*
How old were you when your kidney cancer was first diagnosed? (HLTH28i)	N	New questions about health.	2	0	0.0*
How old were you when your leukemia was first diagnosed? (HLTH28k)	N	New questions about health.	3	0	0.0*
How old were you when your lung cancer was first diagnosed? (HLTH28m)	N	New questions about health.	2	0	0.0*
How old were you when your lymphoma was first diagnosed? (HLTH28n)	N	New questions about health.	4	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
How old were you when your melanoma was first diagnosed? (HLTH28o)	N	New questions about health.	7	0	0.0*
How old were you when your ovarian cancer was first diagnosed? (HLTH28q)	N	New questions about health.	2	0	0.0*
How old were you when your pancreatic cancer was first diagnosed? (HLTH28r)	N	New questions about health.	1	0	0.0*
How old were you when your prostate cancer was first diagnosed? (HLTH28s)	N	New questions about health.	3	0	0.0*
How old were you when your skin [not melanoma] cancer was first diagnosed? (HLTH28u)	N	New questions about health.	8	0	0.0*
How old were you when your skin cancer was first diagnosed? (HLTH28v)	N	New questions about health.	1	0	0.0*
How old were you when your thyroid cancer was first diagnosed? (HLTH28aa)	N	New questions about health.	3	0	0.0*
How old were you when your uterine cancer was first diagnosed? (HLTH28bb)	N	New questions about health.	1	0	0.0*
How old were you when the type of cancer listed below was first diagnosed? (HLTH28cc)	N	New questions about health.	2	0	0.0*
Did you have cancer during the past 12 months? (HLTH29)	N	New questions about health.	65	0	0.0*
How old were you when your heart condition or heart disease was first diagnosed? (HLTH30)	N	New questions about health.	124	2	1.4
Did you have any kind of heart condition or heart disease in the past 12 months? (HLTH31)	N	New questions about health.	118	2	0.8
How old were you when your diabetes or sugar diabetes was first diagnosed? (HLTH32)	N	New questions about health.	109	2	2.1
How old were you when your chronic bronchitis, emphysema, or chronic obstructive pulmonary disease, also called COPD were first diagnosed? (HLTH33)	N	New questions about health.	52	1	0.4*
How old were you when your cirrhosis of the liver was first diagnosed? (HLTH34)	N	New questions about health.	2	0	0.0*
How old were you when your hepatitis was first diagnosed? (HLTH35)	N	New questions about health.	25	1	3.7*
How old were you when your kidney disease was first diagnosed? (HLTH36)	N	New questions about health.	20	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
How old were you when your asthma was first diagnosed? (HLTH37)	N	New questions about health.	256	24	5.2
Do you still have asthma? (HLTH38)	N	New questions about health.	256	7	1.4
Are you currently taking prescription medicine for your high blood pressure? (HLTH40)	N	New questions about health.	199	0	0.0
How old were you when your high blood pressure was first diagnosed? (HLTH41)	N	New questions about health.	153	6	5.9
How many times in the past 12 months have you moved? (QD13)	M	Administered in ACASI instead of CAPI.	2,043	29	0.8
In what state did you live in one year ago today? (QD13a)	M	Administered in ACASI instead of CAPI.	618	5	0.7
Were you born in the United States? (QD14)	M	Administered in ACASI instead of CAPI.	2,043	1	0.0
Have you lived in the United States for at least one year? (QD16a)	M	Administered in ACASI instead of CAPI.	239	1	0.3
For how many years have you lived in the United States? (QD16b)	M	Administered in ACASI instead of CAPI.	227	0	0.0
For how many months have you lived in the United States? (QD16c)	M	Administered in ACASI instead of CAPI.	11	2	19.7*
Are you now attending or are you currently enrolled in school? (QD17)	M	Administered in ACASI instead of CAPI.	2,043	4	0.1
What grade or year of school are you now attending? (QD18)	M	Administered in ACASI instead of CAPI.	804	2	0.5
Are you a full-time student or a part time student? (QD19)	M	Administered in ACASI instead of CAPI.	804	12	1
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	M	Administered in ACASI instead of CAPI.	690	13	1.4
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	M	Administered in ACASI instead of CAPI.	597	10	1.5
Are you now married, widowed, divorced or separated, or have you never married? (QD07)	M	Administered in ACASI instead of CAPI.	1,778	7	0.4
How many times have you been married? (QD08)	M	Administered in ACASI instead of CAPI.	859	2	0.2
Is anyone in your immediate family currently serving in the United States military? (QD10d)	N	New question on immediate family serving in the military.	2,043	22	0.9

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
Which member or members of your immediate family are currently in the United States military? (QD10e ⁵)	N	New question on immediate family serving in the military.	143	20	8.9
Did you work at a job or business at any time last week? (QD26)	M	Administered in ACASI instead of CAPI.	1,778	6	0.2
Even though you did not work at any time last week, did you have a job or business? (QD27)	M	Administered in ACASI instead of CAPI.	747	4	0.5
How many hours did you work last week at all jobs or businesses?(QD28)	M	Administered in ACASI instead of CAPI.	1,025	5	0.3
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	M	Administered in ACASI instead of CAPI.	1,129	3	0.2
Which one of these reasons best describes why you did not work last week? (QD30)	M	Administered in ACASI instead of CAPI.	104	0	0.0
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	M	Administered in ACASI instead of CAPI.	643	7	0.8
During the past 30 days, did you make specific efforts to find work? (QD32)	M	Administered in ACASI instead of CAPI.	156	0	0.0
Did you work at a job or business at any time during the past 12 months? (QD33)	M	Administered in ACASI instead of CAPI.	649	7	0.6
How many different employers have you had in the past 12 months? (QD36)	M	Administered in ACASI instead of CAPI.	1,066	11	0.8
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	M	Administered in ACASI instead of CAPI.	1,129	3	0.3
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	M	Administered in ACASI instead of CAPI.	249	14	4.3
In what year did you last work at a job or business? (QD39a)	M	Administered in ACASI instead of CAPI.	643	23	5.2
In what month did you last work at a job or business? (QD39b)	M	Administered in ACASI instead of CAPI.	175	1	0.7
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	M	Administered in ACASI instead of CAPI.	1,129	12	0.6
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	M	Administered in ACASI instead of CAPI.	1,129	12	0.5
Thinking about the location where you work, how many people work for your employer out of this office, store, etc.? (QD42)	M	Administered in ACASI instead of CAPI.	1,129	19	1.1

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	M	Administered in ACASI instead of CAPI.	1,129	37	3.0
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	M	Administered in ACASI instead of CAPI.	858	5	0.4
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	M	Administered in ACASI instead of CAPI.	1,129	8	0.4
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	M	Administered in ACASI instead of CAPI.	1,129	89	7.7
Does your workplace ever test its employees for alcohol use? (QD47)	M	Administered in ACASI instead of CAPI.	1,129	46	3.2
Does your workplace ever test its employees for drug use? (QD48)	M	Administered in ACASI instead of CAPI.	1,129	35	3.0
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	M	Administered in ACASI instead of CAPI.	530	5	1.2
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	M	Administered in ACASI instead of CAPI.	530	19	3.7
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	M	Administered in ACASI instead of CAPI.	530	58	11.3
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	M	Administered in ACASI instead of CAPI.	1,129	8	0.5
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	M	Administered in ACASI instead of CAPI.	1,129	7	0.3
How well do you speak English? (QD55)	N	New questions.	2,043	1	0.0
Are you deaf or do you have serious difficulty hearing? (QD56)	N	New questions.	2,043	3	0.1
Are you blind or do you have serious difficulty seeing, even when wearing glasses? (QD57)	N	New questions.	2,043	5	0.1
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (QD58)	N	New questions.	2,043	7	0.2

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
Do you have serious difficulty walking or climbing stairs? (QD59)	N	New questions.	2,043	3	0.1
Do you have difficulty dressing or bathing? (QD60)	N	New questions.	2,043	1	0.0
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping? (QD61)	N	New questions.	1,778	5	0.1
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	M	Administered in ACASI instead of CAPI.	2,042	17	0.6
You have indicated that [SAMPLE MEMBER B] covered by Medicare, which is a health insurance program for persons aged 65 and older and for certain disabled persons. Is this correct? (QHI01v)	M	Administered in ACASI instead of CAPI.	86	1	1.1*
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	M	Administered in ACASI instead of CAPI.	2,042	25	0.8
You have indicated that [SAMPLE MEMBER B] covered by Medicaid, which is a public assistance program that pays for medical care for low income and disabled persons. Is this correct? (QHI02v)	M	Administered in ACASI instead of CAPI.	7	0	0.0*
Is [SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02a)	M	Administered in ACASI instead of CAPI.	663	20	3.8
Is [SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	M	Administered in ACASI instead of CAPI.	2,042	15	0.6
Is [SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	M	Administered in ACASI instead of CAPI.	2,042	30	0.7
Was [MEMBER] private health insurance obtained through work, such as through an employer, union, or professional association? (QHI07)	M	Administered in ACASI instead of CAPI.	1,148	4	0.1
Does [MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	M	Administered in ACASI instead of CAPI.	1,148	322	26.4
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	M	Administered in ACASI instead of CAPI.	1,148	330	27.6
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	M	Administered in ACASI instead of CAPI.	1,148	209	18.2

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item^{1,2}	Type of Change³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data⁴ (unweighted)	Missing Data⁴ (weighted)
[MEMBER] currently covered by any kind of health insurance, including Indian Health Insurance? (QHI11)	M	Administered in ACASI instead of CAPI.	412	0	0.0
During the past 12 months, was there any time when [MEMBER] did not have any kind of health insurance or coverage? (QHI13)	M	Administered in ACASI instead of CAPI.	1,685	8	0.2
During the past 12 months, about how many months without any kind of health insurance or coverage? (QHI14)	M	Administered in ACASI instead of CAPI.	155	2	1.1
About how long has it been since [MEMBER] last had any kind of health care coverage? (QHI15)	M	Administered in ACASI instead of CAPI.	325	6	0.8
Which of these reasons is the main reason why [MEMBER] stopped being covered by health insurance? (QHI17)	M	Administered in ACASI instead of CAPI.	258	7	1.6
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18 ⁵)	M	Administered in ACASI instead of CAPI.	67	1	0.6*
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	N	New item.	2,042	31	1
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	M	Administered in ACASI instead of CAPI.	2,042	52	1.5
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	M	Administered in ACASI instead of CAPI.	2,042	36	1.1
In [YEAR], did you receive food stamps? (QI07N)	M	Administered in ACASI instead of CAPI.	2,042	22	0.5
At any time during [YEAR], did you receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)	M	Administered in ACASI instead of CAPI.	2,042	35	1
In [YEAR], because of low income, did you receive any other kind of non monetary welfare or public assistance? (QI10N)	M	Administered in ACASI instead of CAPI.	2,042	26	0.6
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (QI12AN)	M	Administered in ACASI instead of CAPI.	40	3	3.6*
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12BN)	M	Administered in ACASI instead of CAPI.	114	4	5.1
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	M	Administered in ACASI instead of CAPI.	2,042	84	3.7

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item ^{1,2}	Type of Change ³	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data (unweighted)	Missing Data ⁴ (weighted)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A)	M	Administered in ACASI instead of CAPI.	1,196	46	4.6
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21B)	M	Administered in ACASI instead of CAPI.	769	24	3.6
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)	M	Administered in ACASI instead of CAPI.	1,131	91	9.5
Of these income groups, which category best represents your total combined family income during [YEAR]. (QI23A)	M	Administered in ACASI instead of CAPI.	365	27	9.7
Of these income groups, which category best represents your total combined family income during [YEAR] (QI23B)	M	Administered in ACASI instead of CAPI.	1,328	87	6.1
Is there at least one telephone at this address that is not a cell phone? (CELL1)	N	New item.	2,042	10	0.3
Do you or anyone at this address have a working cell phone? (CELL2)	N	New item.	2,042	5	0.1

* Low precision; estimate would be suppressed due to not meeting the NSDUH sample size ($N < 100$) suppression rule.

ACASI = audio computer-assisted self-interviewing; CAPI = computer-assisted personal interviewing; QFT = Questionnaire Field Test; R = respondent.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Changes to questionnaire items fall under three categories: N = new item, R= revised item, and M= no changes to item but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

⁴ Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

⁵ "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

**Appendix D: QFT Field Observation Materials –
Screening Checklist, QFT Field Observation Interview
Checklist, and Field Observer Reference Sheet**

QFT Screening Observation Checklist

Directions: Complete **one** QFT Screening Observation Checklist for **each** screening you observe that ends in a code 22, 25, 26, 30, 31, or 32. For each screening procedure and summary item listed below, place a mark in the "Correct," "Error," or "N/A" column. For each Error or N/A response, provide a brief description in the space just below that item. If you observe an error that does not fit any of the categories below, describe that error in item 21. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing a screening. Within 24 hours you should enter this information into the QFT Reporting Spreadsheet and email the spreadsheet to Jenna Gasperson.

Screening Case ID:

Date of Observation:

FI Name: _____ FI ID:

Observer Name: _____ Observer Title: _____

SCREENING PROCEDURES OBSERVED	Correct	Error	N/A
1. Displayed ID Badge prominently when knocking on door			
2. On Tablet "Study Introduction" screen when reached door			
3. Included all required information in introduction (Mark each item when spoken by FI) <input type="checkbox"/> FI Name <input type="checkbox"/> RTI International <input type="checkbox"/> U.S. Department of Health and Human Services <input type="checkbox"/> Lead Letter			
4. If R didn't recall Lead Letter, FI offered one to R (gave QFT version of LL)			
5. Confirmed SR was an adult resident of SDU (FI does not need to confirm age when it is obvious SR is 18 or older)			
6. Verified that he/she was at the correct address			
7. Gave QFT Study Description to R			
8. Read Tablet "Informed Consent" screen to R			
9. Checked for missed DUs by reading the correct Tablet screen verbatim (This screen should not be read at apartments/condos)			
10. Asked all roster questions verbatim (Describe each roster question not read verbatim)			
11. Recorded race based on R answer, not FI observation (If the SR refuses to answer for the householder, the FI can record an answer based on his/her observation of the race of the SR)			

SCREENING PROCEDURES OBSERVED	Correct	Error	N/A
12. Obtained all screening information directly from the SR (Not by observation or a proxy)			
13. Confirmed accuracy & completeness of roster data w/ SR			
14. For codes 22, 25, 26, or 30, correctly followed verification procedures			
15. For code 31 or 32, presented project and interview information accurately			
16. For code 31 or 32, demonstrated flexibility in scheduling interview time			
SCREENING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
17. For code 31 or 32, left appropriate information about future interview (If R asks questions or would like more information about the interview)			
18. For code 31 or 32, made attempts to begin interview right away			
19. Provided R with the correct QFT materials (did not substitute main study versions)			
20. Answered R questions correctly and thoroughly, referencing the appropriate QFT details [e.g., RTI International, DHHS, did not mention QFT or field test, sample size, pay or payment (should use give or receive), etc.]			
21. OTHER PROCEDURAL VIOLATION NOT NOTED ON THIS CHECKLIST:			
SCREENING SUMMARY			
22. Did the presentation flow well? If NO, describe:			
23. Was visibility an issue when using the Tablet? If YES, describe:			
24. Were there any issues with the equipment (Tablet, Tablet case)? If YES, describe:			
25. Was there any difficulty using the Tablet keyboard? If YES, describe:			
26. Was there any respondent confusion due to something the FI said or did? If YES, describe:			
27. Was there any respondent confusion due to a procedure OR to the Tablet screening program itself? If YES, describe:			
28. Was there any FI confusion due to the Tablet or screening program itself? If YES, describe:			

SCREENING PROCEDURES OBSERVED	Correct	Error	N/A
29. Were there any respondent comments on the contact materials?			
30. Did the respondent make any comments about specific screening questions?			
ADDITIONAL OBSERVER COMMENTS:			
SEGMENT MAPS AND LISTS PROCEDURES OBSERVED	Correct	Error	N/A
M1. Had segment maps readily available for reference while in the field (Either in the car or located with screening and interviewing materials) NOTE: If you are unsure, wait until the END of the observation and then ask the FI if he/she has the maps			
M2. [IF THIS IS FI's FIRST VISIT TO THE DWELLING UNIT(s)] Used segment maps to locate sample dwelling unit(s)			
M3. [IF THIS IS FI's FIRST VISIT TO THE DWELLING UNIT(s)] Used the segment maps and either the printed list of SDUs or the original list of dwelling units to check for missed DUs in the interval between the SDU and the next listed dwelling unit			
M4. [IF A MISSED DU IS FOUND] Used segment map and original list of dwelling units to make sure the missed DU was not already listed			

QFT Interviewing Observation Checklist

Directions: Complete **one** QFT Interviewing Observation Checklist for **each** interview you observe. For each interview procedure and summary item listed below, place a mark in the "Correct," "Error," or "N/A" column. For each Error or N/A response, provide a brief description in the space just below that item. If you observe an error that does not fit any of the categories below, describe that error in item 14. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing an interview. Within 24 hours you should enter this information into the QFT Reporting Spreadsheet and email the spreadsheet to Jenna Gasperson.

Interview Case ID: — **A / B** (please circle A or B)

Date of Observation:

FI Name: _____ **FI ID:**

Observer Name: _____ **Observer Title:** _____

INTERVIEWING PROCEDURES OBSERVED	Correct	Error	N/A
1. If IR was a minor, FI first obtained consent from parent or legal guardian			
2. If IR was not SR, explained purpose of study and visit thoroughly			
3. If IR was not SR, handed QFT STUDY DESCRIPTION to the respondent			
4. Read INTRO TO CAI from QFT Showcard Booklet verbatim to respondent			
5. Chose the most private available location			
6. Set up equipment efficiently			
7. Explained HEADPHONE usage, offered headphones to IR, and plugged in			
8. Kept ACASI portion private (did not read ACASI), but remained attentive			
9. Read all screens verbatim (Record the ID number of all questions not read verbatim below)			
10. Presented QFT SHOWCARDS when prompted by the CAI			
11. Followed the proper QFT Quality Control Form and Incentive procedures			
12. Answered IR questions correctly and thoroughly, referencing the appropriate QFT details [e.g., RTI International, DHHS, did not mention QFT or field test, sample size, pay or payment (should use give or receive), etc.]			
13. Provided IR with the correct QFT materials (did not substitute main study versions)			

14. OTHER PROCEDURAL VIOLATION NOT NOTED ON THIS CHECKLIST:			
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INTERVIEWING SUMMARY

15. Did the respondent have trouble understanding any questions asked during the interview? If YES, describe:

16. Were there any issues with transition between the screening and the interview? If YES, describe:

17. Were there any issues with transition between the ACASI and CAPI sections of the interview? If YES, describe:

18. Was there any **respondent** confusion due to something the FI said or did? If YES, describe:

19. Was there any **respondent** confusion due to a procedure OR to the CAI instrument itself? If YES, describe:

20. Was there any **FI** confusion due to the CAI instrument? If YES, describe:

21. If a **proxy** was used, was there any confusion regarding their role, the equipment, adjusting the volume, etc.? If YES, describe:

22. If a **proxy** was used, was there any difficulty understanding the ACASI tutorial? If YES, describe:

23. Was there any confusion when the FI was completing the debriefing questions on the Tablet?

24. Did the respondent or proxy make any comments about specific interview questions?

25. Did the respondent or FI make any comments about the length of the interview?

ADDITIONAL OBSERVER COMMENTS

NSDUH QFT Field Observations: Field Observer Reference Sheet

QFT Field Observer Task List (Task number 0211838.102.003.006)

Please follow these steps while planning and conducting field observation trips. It is not necessary to actually complete or submit this form; it is designed as a helpful tool so you do not skip any protocol steps.

Enter a check mark in the space provided as you complete each item.

A. TRAVEL PREPARATION

- ___ 1. Receive Field Observation Assignment.
- ___ 2. Contact the FI's Field Supervisor. Send the FS an email to obtain the FI's contact information and other information that will be pertinent to planning your trip. In the email request the following information:
- ___ a) FI contact information (FI phone numbers can also be found in the FI Lookup form the General Information link on the CMS)
 - ___ b) Location of segment and distance between FI segments
 - ___ c) Any other information the FS feels is significant
- You should also request that the FS send a copy of the QFT FI Field Observations Instructions to the FI and notify him/her that you will soon be in contact.
- ___ 3. Contact the Field Interviewer. Call each FI and make plans for the observation. You will need to discuss the following:
- ___ a) Date most convenient for observation (Must be completed before September 17th)
 - ___ b) Workload – For how long will the FI have work?
 - ___ c) Segment information – Location of segment, type of attire needed
 - ___ d) Other information – Suggested hotels, coordinating transportation to segment
- You should also confirm that the FS has sent a copy of the QFT FI instructions and tell the FI that you will be spending the whole workday in the field with him/her. Let him/her know that it is necessary to observe an interview and encourage him/her to set up an appointment in advance of your arrival.
- ___ 4. Once the date of observation has been determined, email your observation plans to Jenna Gasperson, copying Gretchen McHenry, the managing FS, RS, and your supervisor. In the email, include the dates you will observe each FI and any trip details associated with the observation (dates you will fly, drive, return, etc.).

- 5. Are flight or hotel arrangements necessary?
 YES (flights) continue with 6. YES (hotels) continue with
8. NO Skip to Field Preparation.
- 6. Make flight and rental car arrangements with Carlson Wagonlit Travel (online or by phone) at least 14 days prior to scheduled trip. You will need your Bank of America number and task number (0211838.102.003.006) ready when calling. Before calling Carlson Wagonlit, review flight options on Expedia and select the best and most reasonable flight in terms of costs and time.
- 7. *Immediately* after booking your flight, send completed General Travel Information Form to the NSDUH Secretaries, Jenna Gasperson and Gretchen McHenry, copying your supervisor. A copy of the General Travel Information Form can be found on the Downloadable Project Forms and Report Shells on the CMS.
- 8. Determine the government per diem and lodging rates for the area by clicking the 'US Gov't Per Diems' link on the General Information page of the CMS. Please keep costs in mind when identifying a hotel and when expensing meals.
- 9. Make hotel reservations at or under the given per diem. When looking for a place to stay, search the internet for hotels in the area and/or gather FS and FI suggestions. You cannot pay more than the official government rate. It is imperative that you verify the government rate on the 'US Gov't Per Diems' link after the hotel tells you what their government rate is. You should also try to find a hotel that includes free parking and internet. Call the hotel to confirm these details before booking.
- 10. Update the CMS travel Calendar (with dates of travel, hotel, and contact information), SRD travel calendar, and your Outlook Calendar.

B. FIELD PREPARATION

- ___ 1. Print the QFT forms from the email sent by the FO Manager:
 - ___ a. **QFT Field Observation FI Instructions Form:** You should hand a copy of this form to the FI when you meet him/her in the field. It contains the script the FI is to read to the respondent when introducing you and your role as the observer.
 - ___ b. **QFT Field Observer Reference Sheet:** This form outlines your role and responsibilities as the observer.
 - ___ c. **NSDUH QFT Screening Scripts:** Print and read through this file before going to the field. Use the script while observing an FI conducting a screening so you can check whether he/she reads the tablet screens verbatim. Note that there is an HU script and a GQU script within this file.
 - ___ d. **NSDUH QFT CAI Script:** Print and read through this file before going to the field. Use the script to while observing an FI conducting an interview so you can check whether he/she reads the CAI screens verbatim.
 - ___ e. **QFT Screening Observation Checklist:** One copy of this form must be completed for each screening case you observe than ends in a code 22, 25, 26, 30, 31, or 32. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing a screening. You should print at least 8 of these checklists per FI to be observed.

- _____ f. **QFT Interviewing Observation Checklist: One copy of this form must be completed for each completed interview you observe. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing an interview. You should print at least 4 of these checklists per FI to be observed.**
- _____ 2. **Make sufficient copies of both the screening and interviewing checklists before going into the field (we recommend printing 8 screening checklists and 4 interviewing checklists per FI).**

C. AFTER THE OBSERVATION

- _____ 1. **Enter data from your checklists into the QFT Screening and Interview Report spreadsheets. Please enter the results of all cases observed for all FIs in one screening and one interview spreadsheet and e-mail to the FO Manager, Jenna Gasperson, within 24 hours of completing all QFT FO assignments.**
- _____ 2. **Send an e-mail to the FS, copying the RS, RD, and [NSDUH] QFT Field Observations (QFT-Field-Observation@rti.org), sharing positive feedback about the FI's performance within 24 hours of completing your observation.**
- _____ 3. **As soon as you have completed all of the field observations you will be conducting for the quarter, please ship all completed hardcopy field observation checklists via United States Postal Service or intra-office mail to Jenna Gasperson at RTI.**

Appendix E: QFT Field Interviewer Debriefing Questions

Document Format:

- Screen names bolded
- Screen/question/instructional text designated by black and red text and non-italicized text in parenthesis (Upper-lower black text to be read, red text is instructions to FI)
- Fills designated by parentheses and italics
- Logic designated by brackets
- Text of instructional message boxes provided in bracketed logic
- Response categories underlined

QFTDBF1 [IF SCREENING CALL RECORD = RESULT CODE 30, 31 or 32]

THESE QUESTIONS ARE FOR YOU TO ANSWER. DO NOT READ TO THE R.

Did the respondent remember receiving the Lead Letter?

YES

NO

Next [**QFTDBF2**]

QFTDBF2 [IF QFTDBF1 NE BLANK]

What comments, if any, did the respondent make about the **Lead Letter** or in response to the **Lead Letter**? *Check all that apply*

1. THE RESPONDENT **DID NOT MAKE ANY COMMENTS** ABOUT THE LEAD LETTER
2. R WAS **LOOKING FORWARD** TO YOUR VISIT/**BEEN WAITING** FOR YOU
3. R WAS **INTERESTED** IN THE STUDY
4. R WOULD **LIKE TO PARTICIPATE** IN THE STUDY
5. R DO NOT BELIEVE THE GOVERNMENT IS PAYING \$30/**WASTE OF TAX DOLLARS**
6. THE LETTER **ANSWERED THE R'S QUESTIONS/CONCERNS**
7. R **DID NOT WANT SOMEONE COMING TO MY HOME** WITHOUT MY PERMISSION
8. R WAS **CONFUSED** BY THE LETTER
9. THE LETTER **DID NOT ANSWER ALL OF THE R'S QUESTIONS/CONCERNS**
10. R DOES NOT BELIEVE THE SURVEY IS **CONFIDENTIAL**
11. R THOUGHT THIS WAS A **SCAM**
12. R **DOES NOT OPEN** ANYTHING ADDRESSED TO "RESIDENT"
13. OTHER

Next [**RECORD OF CALLS**]

INTERVIEW DEBRIEFING QUESTIONS:

THESE QUESTIONS ARE FOR YOU TO ANSWER. DO NOT READ TO THE R.

QFTDBF3 [IF INTERVIEW A CALL RECORD OR INTERVIEW B CALL RECORD = RESULT CODE 70]

When did you give the respondent (or parent/guardian of youth respondent) the Q&A Brochure?

1. BEFORE THE INTERVIEW
2. DURING THE INTERVIEW
3. AT THE END OF THE INTERVIEW

Next [QFTDBF3a]

QFTDBF3a [IF QFTDB3 NE BLANK]

What comments, if any, did the respondent (or parent/guardian) make about the Q&A Brochure?
Check all that apply

1. THERE WERE NO COMMENTS ABOUT THE Q&A BROCHURE
2. THE BROCHURE DID NOT ANSWER ALL OF THE RESPONDENT'S QUESTIONS ABOUT THE STUDY.
3. THE BROCHURE ADDRESSED THE RESPONDENT'S QUESTIONS
4. RESPONDENT WAS CONFUSED BY THE BROCHURE.
5. THE BROCHURE ENCOURAGED THE RESPONDENT TO PARTICIPATE.
6. OTHER

Next [QFTDBF4]

QFTDBF4 [IF QFTDBF3a NE BLANK]

Did you conduct this interview at the respondent's home, either inside or outside?

YES

NO

Next [IF QFTDBF4=YES, GO TO QFTDBF6]

QFTDBF5 [IF QFTDBF4=NO]

Where did you conduct this interview?

1. AT THE RESPONDENT'S WORKPLACE
2. AT THE HOME OF THE RESPONDENT'S RELATIVE OR FRIEND
3. IN SOME TYPE OF CONFERENCE ROOM IN A RESIDENCE HALL, SCHOOL OR APARTMENT COMPLEX
4. AT A LIBRARY
5. IN SOME TYPE OF COMMON AREA, SUCH AS A LOBBY, HALLWAY, STAIRWELL, OR LAUNDRY ROOM
6. SOME OTHER PLACE

Next [IF QFTDBF5=6, GO TO QFTDBF5a]

QFTDBF5a [IFQFTDBF5=6]

Where did the interview take place?

ALLOW 140 CHARACTERS

Next [QFTDBF6]

QFTDBF6 [IF QFTDBF4=YES; OR QFTDBF5=1, 2, 3, 4, OR 5; OR QFTDBF5a NE BLANK]

Please indicate how private the interview was. Do not count yourself or a project observer as another person in the room.

1. COMPLETELY PRIVATE – NO ONE WAS IN THE ROOM OR COULD OVERHEAR ANY PART OF THE INTERVIEW
2. MINOR DISTRACTIONS – PERSON(S) IN THE ROOM OR LISTENING LESS THAN 1/3 OF THE TIME
3. PERSON(S) IN THE ROOM OR LISTENING ABOUT 1/3 OF THE TIME
4. SERIOUS INTERRUPTIONS OF PRIVACY MORE THAN HALF THE TIME
5. CONSTANT PRESENCE OF OTHER PERSON(S)

Next [IF QFTDBF6=1, GO TO QFTDBF9; IF QFTDBF6 NE1, GO TO QFTDBF7]

QFTDBF7 [IF QFTDBF6 NE1]

Not including yourself or project observers, other people present or listening to the interview were:
Check all that apply

1. PARENT(S)
2. SPOUSE
3. LIVE-IN PARTNER/BOYFRIEND/GIRLFRIEND
4. OTHER ADULT RELATIVE(S)
5. OTHER ADULT(S)
6. CHILD(REN) UNDER 15
7. OTHER

Next [IF QFTDBF7=1, 2, 3, 4, 5, OR 6, GO TO QFTDBF9]

QFTDBF8 [IF QFTDBF7=7]

Please enter a description of the other person(s) present or listening to the interview. This description may be relationship to the respondent if you have this information, or simply the gender and estimated age.

ALLOW 140 CHARACTERS

Next [QFTDBF9]

QFTDBF9 [IF QFTDBF6=1; OR IF QFTDBF7=1, 2, 3, 4, 5, OR 6; OR IF QFTDBF8 NE BLANK]

Did the respondent make any comments about the interview being too long?

YES

NO

Next [QFTDBF10]

QFTDBF10 [IF QFTDBF9 NE BLANK]

Did the respondent have any questions or comments about the Prescription Drug questions in the ACASI section of the questionnaire?

YES

NO

Next [IF QFTDBF10 =NO, GO TO QFTDBF11]

QFTDBF10a [IF QFTDBF10= YES]

Please describe the respondent's comments about the Prescription Drug questions.

ALLOW 140 CHARACTERS

Next [QFTDBF11]

QFTDBF11 [IF QFTDBF10 = NO OR QFTDBF10a NE BLANK]

Did the respondent have any questions or comments about the on-screen calendars in the ACASI section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."

YES

NO

Next [IF QFTDBF11=NO, GO TO QFTDBF12]

QFTDBF11a [IF QFTDBF11 = YES]

What comments did the respondent make about the on-screen calendars? *Check all that apply*

1. THE RESPONDENT ASKED **HOW TO ACCESS** THE CALENDAR.
2. THE RESPONDENT ASKED **HOW TO CLOSE** THE CALENDAR.
3. THE RESPONDENT **DID NOT SEE** THE REFERENCE DATES ON THE CALENDAR.
4. THE CALENDAR **HELPED** THE RESPONDENT ANSWER THE QUESTION.
5. THE CALENDAR **COVERED** THE QUESTIONS OR THE IMAGES ON THE SCREEN.
6. OTHER

Next [QFTDBF12]

QFTDBF12 [IF QFTDBF11=NO; OR IF QFTDBF11a NE BLANK]

Did the respondent have trouble understanding any **other questions** asked during the interview?

YES

NO

Next [IF QFTDBF12=NO, GO TO QFTDBF13]

QFTDBF12a [IF QFTDBF12=YES]

Enter the screen name and a brief description of what the respondent found confusing. If you do not know the screen name, please provide as much information as possible.

ALLOW 140 CHARACTERS

Next [QFTDBF13]

QFTDBF13 [IF QFTDBF12=NO OR QFTDBF12a NE BLANK]

Was a proxy used for the income and health insurance questions?

YES

NO

Next [IF QFTDBF13=NO, GO TO RECORD OF CALLS]

QFTDBF14 [IF QFTDBF13=YES]

Did the **respondent** have any questions or concerns about his/ her answers being revealed to the proxy?

YES

NO

Next [QFTDBF15]

QFTDBF15 [IF QFTDBF14 NE BLANK]

Did the **respondent** have any other questions or comments about the proxy interview?

YES

NO

Next [IF QFTDBF15 =NO, GO TO QFTDBF16]

QFTDBF15a [IF QFTDBF15=YES]

Please describe the other questions or comments the **respondent** had about the proxy interview.

ALLOW 140 CHARACTERS

Next [QFTDBF16]

QFTDBF16 [IF QFTDBF15 =NO; OR QFTDBF15a NE BLANK]

Were there any problems with the **proxy's** understanding of the ACASI tutorial?

YES

NO

Next [IF QFTDBF16 =NO, GO TO QFTDBF17]

QFTDBF16a [IF QFTDBF16=YES]

Which of the following describes the problems with the **proxy's** understanding of the tutorial?
Check all that apply

1. THE PROXY DID NOT UNDERSTAND HOW TO ANSWER THE QUESTIONS.
2. THE PROXY DID NOT KNOW WHY HE/SHE WAS ASKED TO ANSWER THESE QUESTIONS
3. OTHER

Next [IF QFTDBF16a=1 OR 2, GO TO QFTDBF17]

QFTDBF16b [IF QFTDBF16a=3]

Please describe the other problems with the **proxy's** understanding of the tutorial.

ALLOW 140 CHARACTERS

Next [QFTDBF17]

QFTDBF17 [IF QFTDBF16a=1 OR 2; OR QFTDBF16b NE BLANK]

Were there any problems with the **proxy's** use of ACASI to answer the income and health insurance questions?

YES

NO

Next [IF QFTDBF17= NO, GO TO RECORD OF CALLS]

QFTDBF17a [IF QFTDBF17=YES]

Which of the following describes the problems with the **proxy's** use of ACASI in answering the income and health insurance questions? *Check all that apply.*

1. THE PROXY **DID NOT KNOW THE ANSWERS** TO THE QUESTIONS
2. THE PROXY DID NOT KNOW **HOW TO ENTER HIS/HER ANSWERS** TO THE QUESTIONS
3. THE PROXY **REFUSED** TO ANSWER SOME QUESTIONS
4. THE PROXY DID NOT KNOW **WHY HE/SHE WAS ASKED** TO ANSWER THESE QUESTIONS
5. OTHER

Next [**RECORD OF CALLS**]

**Appendix F: Complete Results from the
QFT New Equipment User Satisfaction Survey**

The following tables provide field interviewer (FI) responses to each of the usability items compared between the August 2012 survey before the Questionnaire Field Test (QFT) data collection and the October 2012 survey after the QFT data collection. Six FIs did not complete the second survey because they did not pass training, dropped out of the QFT after training or did not work any QFT cases in the field. One FI was on medical leave at the time of the second survey administration and was unable to complete the survey.

Q1. I would like using the tablet on a regular basis for my fieldwork.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	58% (93)	26% (42)	14% (23)	1% (1)	1% (1)	160
QFT FI Survey 2	54% (83)	22% (34)	18% (27)	4% (6)	2% (3)	153

Q2. The tablet is easy to use.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	50% (80)	39% (62)	9% (14)	2% (3)	1% (1)	160
QFT FI Survey 2	55% (84)	33% (50)	6% (9)	6% (9)	1% (1)	153

Q3. I can use the tablet without needing technical assistance.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	38% (61)	40% (64)	15% (24)	6% (10)	1% (1)	160
QFT FI Survey 2	56% (85)	32% (49)	8% (12)	4% (6)	1% (1)	153

Q4. I like the layout of the screening program.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	40% (64)	47% (75)	11% (17)	2% (3)	1% (1)	160
QFT FI Survey 2	44% (67)	36% (55)	9% (14)	8% (13)	3% (4)	153

Q5. I learned to use the tablet quickly.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	45% (72)	43% (68)	9% (15)	3% (4)	1% (1)	160
QFT FI Survey 2	62% (95)	31% (48)	4% (6)	2% (3)	1% (1)	153

Q6. I am able to efficiently complete screenings using the tablet.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	49% (79)	42% (67)	8% (13)	1% (1)	0% (0)	160
QFT FI Survey 2	63% (96)	32% (49)	4% (6)	1% (1)	1% (1)	153

Q7. I find the tablet intuitive, in that it's clear what I need to do.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	42% (67)	41% (65)	15% (24)	3% (4)	0% (0)	160
QFT FI Survey 2	49% (75)	35% (54)	12% (18)	3% (5)	1% (1)	153

Q8. I feel confident using the tablet.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	45% (72)	44% (70)	9% (15)	1% (2)	1% (1)	160
QFT FI Survey 2	61% (94)	31% (48)	6% (9)	1% (1)	1% (1)	153

Q9. I think veteran interviewers will be able to use the tablet without much training.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	34% (54)	43% (68)	13% (20)	11% (17)	1% (1)	160
QFT FI Survey 2	47% (72)	37% (57)	10% (16)	4% (6)	1% (2)	153

Q10. I think the tablet will work well in a variety of weather conditions such as sunshine, rain and snow.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	17% (27)	36% (58)	41% (65)	6% (9)	1% (1)	160
QFT FI Survey 2	29% (45)	25% (38)	38% (58)	5% (8)	3% (4)	153

Q11. I can easily type ROC notes or comments using the keyboard on the tablet.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	38% (60)	48% (77)	11% (17)	3% (5)	1% (1)	160
QFT FI Survey 2	46% (71)	34% (52)	9% (14)	7% (11)	3% (5)	153

Q12. I prefer to move through the screening program using swipe gestures rather than the Next or Previous buttons	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	11% (18)	23% (36)	31% (49)	30% (48)	6% (9)	160
QFT FI Survey 2	12% (19)	10% (15)	36% (55)	35% (53)	7% (11)	153

Q13. I prefer to tap the screen with my finger rather than use a stylus.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	14% (22)	13% (21)	23% (37)	41% (66)	9% (14)	160
QFT FI Survey 2	16% (25)	8% (12)	20% (31)	43% (66)	12% (19)	153

Q14. The weight of the tablet is suitable for screening at the door.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	29% (46)	49% (79)	17% (27)	4% (7)	1% (1)	160
QFT FI Survey 2	35% (53)	40% (61)	13% (20)	10% (15)	3% (4)	153

Q15. I am satisfied with the design of the carrying case provided for the tablet.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	36% (57)	44% (70)	17% (24)	5% (8)	1% (1)	160
QFT FI Survey 2	35% (53)	37% (57)	15% (23)	9% (14)	4% (6)	153

The following tables provide FI responses to questions on QFT training from the August 2012 survey before the QFT data collection.

QFT FI Survey 1 (August 2012)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1. Reading the QFT FI Handbook helped me prepare for training.	53% (85)	43% (68)	4% (6)	1% (1)	0% (0)	160
2. Completing the QFT iLearning course helped prepare me for training.	57% (91)	38% (60)	4% (6)	2% (3)	0% (0)	160
3. The overall pace of the QFT Training Session was just right for me.	45% (72)	37% (59)	13% (20)	4% (7)	1% (2)	160
4. I feel ready to properly conduct QFT screenings using the tablet.	60% (96)	36% (58)	4% (6)	0% (0)	0% (0)	160
5. I feel ready to properly conduct QFT interviews using the tablet.	62% (99)	33% (53)	5% (8)	0% (0)	0% (0)	160
6. Overall, the training program has prepared me to properly complete my QFT tasks.	59% (94)	39% (62)	3% (4)	0% (0)	0% (0)	160
7. I enjoyed attending the QFT Training Session.	59% (95)	34% (54)	7% (11)	0% (0)	0% (0)	160
QFT FI Survey 1 (August 2012)						
	Never	Rarely, When Unusual Situations Arise	2-3 Times a Week	Each Day with QFT Work	Total	
8. During the next month as you complete your QFT work, how often do you think you will reference the QFT FI Handbook?	0% (0)	41% (65)	41% (65)	19% (30)	160	

The following tables provide FI responses to questions on QFT training from the October 2012 survey after the QFT data collection.

QFT FI Survey 2 (October 2012)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1. The amount of background information provided about the QFT was just right.	38% (58)	50% (76)	10% (16)	1% (2)	1% (1)	153
2. The amount of training on the tablet was just right.	39% (60)	46% (71)	8% (12)	5% (7)	2% (3)	153
3. The amount of training on transmission was just right.	41% (63)	48% (73)	5% (8)	4% (6)	2% (3)	153
4. The amount of training on equipment troubleshooting was just right.	34% (52)	44% (67)	14% (21)	7% (11)	1% (2)	153
5. The amount of training on administrative tasks (ePTEs, ePTE Summary data in tablet, etc.) was just right.	30% (46)	41% (63)	14% (22)	12% (19)	2% (3)	153
6. Overall, the QFT training program prepared me to conduct my QFT tasks.	50% (77)	41% (62)	8% (13)	1% (1)	0% (0)	153
QFT FI Survey 2 (October 2012)						
	Never	Rarely, When Unusual Situations Arise	2-3 Times a Week	Each Day with QFT Work	Total	
7. During the time since training as you completed your QFT work, how often did you reference the QFT FI Handbook?	20% (31)	65% (99)	12% (18)	3% (5)	153	

The following two tables provide verbatim comments from FIs from the August 2012 survey before the QFT data collection and the October 2012 survey after the QFT data collection.

No.	Comments QFT FI Survey 1 (August 2012)
General Comments about Tablet/Screening Program	
1	I really like the new tablet. It is user friendly & modern equipment material that wil enhance data collection in the field.
2	It seems to be fine, but have to try it out first on real cases
3	very nice, screen is clear
4	I love the new tablet and am looking forward to working with it soon
5	so far it seems to be ok, I will further test it next week
6	Great tool for in field use. Look forward to using it on a regular basis.
7	I feel that is more accurate, it gives feed back that I was not able to see in iPaq, or don't know how
8	Easy to work, more visible sign of cases information
9	Great step forward, seems more efficient.
10	I feel comfortable using the tablet and I feel more efficient.
11	It is about the as large as a screening device should be, any larger and it woulb combersom. connecting to laptop is very easy. with a little more practice would greatly improve the comfort of using
12	User friendly Less likly to make a mistake (- jump to wrong case) no velcro!
13	I like the size of the font. the ipac is way too small
14	Love the larger #'s and print.
15	I like that the text is easier to read due to larger screen area/font. It's easy to use and the case is well designed. I especially appreciate the lack of velcro
16	I like that the tablet is large enough to write ROC's w/o hitting wrong keys. I am not totally comfortable with the tablet yet to feel competant, but am confident that will come with using it.
17	I like the way I can see better because the tablet has larger print.
18	It is easier to read and to enter data because of the large size.
19	love the larger print that you can see the ROC record w/out opening
20	well lit screen, characters are larger, better for myself.
21	I appreciate that it is very easy to read the script on the tablet. The organization of the case listing screens is far friendlier (lines not so close together) than the same on the iPac.
22	i like the tablet a lot and the carrin g case is so light i think this will be a benefit to the program.
23	IPAQ does everything the tablet can do. Should use tablet for both scrn and ivw
24	it seems to be very easy in handling it and better features that other devices
25	i think it will be much easier to see the tablet with the size, however not sure at this time about using it in different weather environments since we have not tested it. I wish we could switch now!!

No.	Comments QFT FI Survey 1 (August 2012)
26	I wish the tablet were a little skinnier, would be easier to enter notes, like on a smartphone - using my thumbs. Its a little too wide. Older or technology challenged FI's will have more trouble.
27	I will need to get used to the size of the tablet, my wrist hurt on the first morning after holding for several hours. The neck strap is too wide for my use. I prefer the width of the IPAQ strap.
28	still undecided about use of touch vs stylus. would prefer touch only, but stylus may prove better on some screens, and i do not want to go back and forth, so may end up using just the stylus.
29	As a lefty my thumb hits the volume button on the rightside even with the case covering it, also there is no way to "teach" the tablet my input style like on the ipaq and newton
30	easy to get to wrong screen.....very sensitive
31	I love it. I think it has smooth transition from scrn to scrn.I like the fact you can use your finger or stylus,so far it seems comfortable to hold.LOVE IT
32	i have none but others have used hem and enjoyed those
33	a little more time consuming switching back and forth letters and numbers on keyboard. should resolve itself with practice :)
34	navagation of the tablet is somewhat confusing but may get less with use, I like most of the features of the tablet
35	Just need some practice on the tablet to know how to move from one screen to next.
36	I will practice a lot to be more comfortable. I believe you can teach an old dog new tricks Old dogs just have to practice over and over
37	I think it will be advantageous to use in the field, and that the IPAQ is becoming obselete.
38	THE TABLET IS A GOOD LEARNING EXPERIENCE FOR ME BECAUSE I HAVE NEVER USED A TOUCH SCREEN BEFORE I USED ONE AT THE TRAINING.
39	I really like it and the fact that the SR can also see the screen as well to know what I am entering when I screen hem and when someone in their household comes up for Interviews.
40	im concerned about tablet in inclimate weather snow/ cover over tablet bulky but will probable get used to it
41	I don't think it's going to be as physically easy to transport and use as the ipaq, but i'm open to the new experience.
42	a bit bulky
43	It's heavier than ipaq; Must memorize the main touch screen conventions for accessing items. The symbols are new (hover descriptions would be helpful for new-to-touch screens) Would like \$,apostophe
44	May be a bit heavy carrying around neck, will have to see.
45	holding tablet for some time hurt my wrist/didn't fit as easily & neatly into plam of my hand. I might have issues w holding the tablet and tryi g to pull paprs out to had to Rs
46	it is a little large (not heavy) to hold. in general though it is much better than the ipaq.
47	Need field exp b4 commenting on case and ease at door. Seems cumbersome compared to ipaq which was quickly at hand when hung frm neck.Tab may b too hvy
48	Tablet is easy to use. Practice is very important

No.	Comments QFT FI Survey 1 (August 2012)
49	somewhat drastic departure from iPaq, so tough for us oldsters to master
50	Just getting acquainted
51	It ws easier than I thought it would be to learn to use the tablet.
52	Changes on interview are really good. Use of tablet will be easier for screening
53	I think the use of a tablet will give a more professional and up to date impressions to the respondant.
54	would love to see interview process done on some similar tool
55	Use of the tablet is great. However, it would be lot better of the interview was also included on the tablet. Maybe a seperate pas-code protected file would allow responses to be kept seperated.
56	was easy to use self explanatory easy to foolow directions
57	excellent choice, the new tablet is great.
58	One bonus of the ipaq was that there was little to no theft risk. Now working in sketchier areas, that becomes more of a concern.
59	tablet - keys are too narrow for fat stylus tip. Also, the shift key acts like a cap lock many times and I have to select it again to get out of cap lock. Need numbers to be on same keyboard screen.
60	like it think it will work well
61	I love the tocuh screen option, it is great to be somewhat current with technology, thank you!
62	easy to use, professional looking
63	I feel it will be a good change but I really will not know until try in field
64	I am so EXCITED about using the tablet!!! Laptops are very heavy and I hope we are moving towards getting away from them and maybe have just one device???
65	I think it is not only helpful to the FI's to have an updated device, but it also appears more professional and clean when screening with up-to-date technology at the selected dwelling units.
66	impressed so far!
67	Tablet is very user friendly. Much improvement over IPAQ
68	Such an improvement over Ipaq...it's early yet, may discover new and better features and usability as I use it more - OR may find problems and issues - seems great at this time.
69	at this time I realy like the way the tablet works, I look foreward to tring it in the field and hope to have the same results
70	I find with a quick tutorial, most people will be abel to use the tablet with ease. People with no exposure to technical gadgets, may need a bit more help
71	I have to exit the screening program and get to the view cases screen to get the case id number. It is not on every screen like the ipaq; a little inconvenient but not a big deal.
72	Typing answers & navigating the keyboard still allows for mistakes & lag time in relation to the lack of sensitivity; the amount of time it takes to press a button, and the time the letters appear.
73	Technelogically advanced, very positive change,
74	It is much easier to use than the ipaq

No.	Comments QFT FI Survey 1 (August 2012)
Specific Screener Functions/Features	
75	Would like to see Case ID at top of ROC w/o going to another screen or tap
76	Should have distribution of calls
77	the way cases are formatted on the screen (being able to view codes) might pose to be a problem with time efficiency ahile in the field.
78	From the main menu we are not able to see the total # of cases. When completing a transmission it is helpful to know # of cases added or removed. This is no longer available.
79	The one thing that is something I'd have to get used to is staying on the R screen if completing an OTS INT Ld ltr debriefing pops up. extra steps to get bk to QID Screen
80	do not like that you must do debriefing questions before the eroc...I like to put in int appointments on spot..defriefing should be AFTER you commit screening or at least after Eroc
81	I would like to see added the the feature in the tablet where you can see if you receive new cases or they were taken away. Also to see the number of cases you have.
82	the done button is on left and commit button is on right, will need to pay attention and hit correct one, and not mistakenly hit the cancel button
83	I have to exit the screening program and get to the view cases screen to get the case id number. It is not on every screen like the ipaq; a little inconvenient but not a big deal.
Accessories - Carrying Case, Stylus	
84	I always have the stylus and a pen handy when using the iPaq using the one holder on the case (yes, both do fit) The holder on this case will only hold the stylus
85	I wish I could get a left handed version of the case
86	I will definitely need a backup stylus because of nails; am able to do very little with finger tips; can only use knuckle on some functions
87	The case doesn't look as sturdy and I worry about the tablet slipping out of the bottomI
88	You should check and see it Otterbox makes a case for the Tablet, I think the provide the best protection for smartphones.
89	istylist rather than fingers- errors using fingers. easier & more consitant to use next button rather than swipping.- this way was too inconsitant. locating added D.U.'s- frustrating..no pen holder
90	concerned that the tablet wont fall out from the bottom after much use/movement. SCRNR: after removing all reference to SR from roster the tablet allowed me to move on and sel an int in a 1 person hh
91	The Flap at the bottom of the case is annoying when open and trying to close the cover
92	stylus holder for left handed FIs..allow screen to rotate when using keyboard, add option to view only one segment, always have entire line number including segment on all screens
93	Stylus has a tiny hole where it could be attached to a cord to hang on FIs neck so it won't disappear if dropped. Would like to have some support in doing this.
94	I find it a little cumberson pointing the stylus and getting the selection screen I need. It seems it appears sometimes fast and sometimes slow.

No.	Comments QFT FI Survey 1 (August 2012)
95	The cover flap on the case is a bit cumbersome. Would like to be able to get a message on the tablet after transmission about added or deleted cases. Like that you can view comments on select case scr
96	carring case is not the most ideal
97	So glad the vel cro is gone!
98	The strap on the tablet case is wide and alittle cumbersome,
99	Strap appears too wide; after using in class, not sure it is going to be comfortable around my neck given the extra weight of the tablet. the actual case is outstanding, no velcro to catch on clothes
Training	
100	Training needs will depend on the abilities of the FIs.
101	use kid gloves when training older fi's. you do not want to lose them as they are respected by community and keep nsduh productivity good. younger fi's walking up the door with the tablet-R will think
102	More instruction should be given regarding double checking of household roster correctly added, or have access to show the entire entry at once

No.	Comments QFT FI Survey #2 (October 2012)
General Comments about Tablet/Screening Program	
1	very easy to use in the field
2	I think the tablet ia great and easy to use.
3	I like the bigger screen. It is easier to read. I like the carrying case because it allows me to wear the tablet around my neck.
4	this is a wonderful tablet, however I noticed that the some of the keyboard symbols like quotations marks,asterisk were not available.there were on the keyboard, just not functioning
5	the respondnets also enjoyed being able to read along with the screener, especially when I asked for verification information they where able to read along.
6	I really enjoyed the experience of using the tablet. It's lighter than the Ipaq,The larger screen and larger addresses are a plus
7	I LOVE the fact that the print is larger on the tablet. It is easier to see & use
8	the tablet was great. was able to see screen better cause it is larger print
9	seems more efficient & responsive than the ipaq. I like that I can see the time always on the screen.
10	There is a need for the \$ sign on the keyboard as I frequently use it. That seems to be the only deficiency I had found. Otherwise it's great!
11	too big. difficult to carry, too easy to open wrong case or press wrong buttons. other functions open accidentally. brightness didnt always adjust correctly
12	very partial to the old ipaq,especially it's size and the way it fits my hand. sometimes have trouble getting the tablet to respond-maybe bcuz i always use syllus.
13	wish tablet was a little smaller/ I worry about snow and rain
14	unfortunately the device is more cumbersom, due to the increased size over the ipaq.
15	rather sensative to touch when holding it, you have to watch where your thump is or it can change the field your in
16	The tablet is very sensitive. It jumps for no reason. It will jump to another screen without touching the tablet. I don't like this.
17	The tablet doesn't fit as easily in my hand as the ipaq did, it's way too wide, and the screen is bright and colorful, but not necessary for just screening. Also the volume button is badly placed
18	The tablet becomes very heavy after a couple of hours. Also very difficult to use when in the rain and sunny days.
19	tablet is too big to fit easily in hand AND allow that hand to be useful for things such as holding/handling papers; once tablet is in hand that hand is completly immobilized from anything else
20	the surface is too sensitive; changes screens at the slightest inadvertant tap. Also, more difficult to type on than ipaq; have to change numeric to alphabeticd screens and bigger isn't better
21	The only problem with the tablet is it is so sensitive. Sometimes you accidently hit something and it goes to a wrong screen. You have to take time to getr back to the correct screen.
22	It's a bit sensative to accidental touch (screen) making you go to a different screen. Have to "back-out" sometimes when transitioning from car to front door, or while waiting for someone to answer
23	virtual keyboard is v poor; much better r (eg, SwiftKey) avail. text entry time consuming, missing/non-working characters. roc comments sometimes dont show up. have to log-in just in order to log out

No.	Comments QFT FI Survey #2 (October 2012)
24	too sensitive, slightest touch, the screen changes.w/ seg info , materials. tablet at door, it can be difficult to manage, esp when you have a du description, tto heavy. traps not useful w/ so much
25	Not sure that it stays charged very long and takes time to charge up.
26	My only issue is that when it is in an air conditioned car and then step out into the heat the screen fogs up. Other than that I love the tablet and it works great. Hope to get to use it all the time
27	Much much better than the iPaq and easy to use it.
28	Learning curve navigating between screens and entering text.Can not swipe all screens so I use stylus and next icon to navigate all screens for screening
29	I found the tablet is easier to use when typing notes vs the IPAC I also like the fact that it didn't have to be reset all the time the fact that when a case is closed is a good feature also
30	I find the tablet to be far more effective than the ipaq, in terms of presenting more information on the select case screen. In severe cold, not sure how it will do, as well as extreme rain.
31	I find the size of the tablet to be difficult for the size of my hands. I prefer the i-Pac but I am sure I will figure out how to use the tablet more efficiently as time passes. Screen changes if bump
32	I feel that it does not keep the charge sufficiently
33	I enjoy using the tablet because it was a learning experience for me. The tablet is cumbersome I wish we could use a tablet that is the same size as our ipaqs!!!
34	I am yet to work on the field uisng new new SG Tablet
35	Having to swtich between using a swiping motion and the next button, means I always use the next button. It's not as hardy or as lightweight as the ipaq and I think it's more of a theft risk.
36	it would be easier to enter notes if the "swype" keypad was installed...when I am at the case screen, it gets confusing because I see a little more than just the case ID, I did not like seeing codes
37	Have not used Tablet in all weather conditions, neutral. The carrying case doesn't have a slot for a pen, just stylus. Tablet is more sensative to touch so we have to be extra careful inputtng info.
38	Either the swipe feature or screen sensitivity cause case migration. You think you're entering a ROC for one case but end up with another. Some method is needed to fix the selected case
39	EASY TO HIT THINGS YOU DO NOT WANT TO.....
40	eaily read;tablet too heavy to have about neck;over shoulder necessary;all pending cases disappeared while infield,reappeared upon re-boot,no calendar,not happy in heat
41	Do not like that tablet does not show incoming transm. info. Laptop says transmitted successfully only some of the time. Stylus tip has partially worn off. Ints have ranged from.50 to 2 hrs.
42	Compared to the IPAQ the Tablet seems to be much more tactile. As well as the bigger screen is much easier to read and clearer. Like can see selected R on ROC records without having to go in case
43	At first it felt heavy, but I got used to it. The only time the weight really bothered me was when my carpal tunnel flared up, as it sometimes does after a lot of driving.

No.	Comments QFT FI Survey #2 (October 2012)
44	Along with the tablet, I suggest a car charger
45	Would like to have punctuation and numbers with the letters on the keyboard but maybe just because that's what I'm used to having.
Specific Screener Functions/Features	
46	Would like to look at finalize more easlily.Got stuck trying to return.
47	Would like final cases taken off main screen rather than have all appear
48	would like call distribution like the ipac had, easier to know wxactly WHEN to visit an area. control costs better, and tells me when NOT to visit an area
49	Wish we would change the case listing to see codes easier-maybe table form. wish case allowed touching of sides without interrupting tablet ops. Lov font size and big buttons
50	When the tablet is ready to go into the field on a regular basis there needs to be a way to see when letters to refusals have been mailed.
51	when screening and a end at verifying screen, you want to change age on a member ,the choice is age range,can that be looked into
52	there were several instances in which the tablet would revert to the case list after I had selected the next DU to screen, even after having selected the physical description of the DU.
53	The tablet does not show when the conversion letters have been sent out. It really is a must have feature when doing refusal conversions. Liked the ability to see who was the IR right at the bottom
54	the commit entry is on top right, and on some screens it is the cancel entry, which i did occasionally tap on cancel by mistake. done and commit should be on same side
55	Tablet should keep HIGHLIGHT on current line (eg., during interview with power off; sometimes stylus activation is slow or delayed; tablet battery seems to have short life—Intv off, 20% power
56	Obtaining the Case ID by tapping the screen is difficult. It requires several taps before appearing. The case ID constantly appearing as on the IPAC is preferred.
57	It would be nice to have the number of cases at the top in a particular segment since only a few cases are shown
58	It would be nice to have the case ID displayed on the selection screen.
59	it would be nice to be able to edit roc codes once they are saved, before they are transmitted to RTI. this was possible using the ipaq, but with the tablet, you can only edit the notes for rocs
60	it would be better if the numbers were on the same screen as the letters so that I wouldn't have to keep switching back and forth between screens when I need to type a number.
61	i have only had a few unsuccessful transmissions and sometime trying to transmit the screen says the screening software is still running, when it clearly is not and on the rainbow screen.
62	learned today about ROC discrepancies due to editing eROC later when at home; fix so both original eroc time plus time of editing (when done later) registers.
63	layout too sparse for large datasets. dislike that i cannot keep placeholder of case i was at last. v hrad to count results,review status of cases. designed 4 1 case at a time, not friendly case mgmt

No.	Comments QFT FI Survey #2 (October 2012)
64	ifinger accidently touched ref on ver screen lost phone number. On ver screen, when put comments, top buttons disappear. must press button to get back, but goes too quickly must try couple times to do
65	HATE!!!: codes aren't lined up to far right. HATE!!!: have to keep switching between keyboards. HATE!!!: cannot switch roc codes (if mistake) Hate: final screen b4 selection doesn't show ALL demog
66	Chooosen line in tablet needs to keep highlighted even after touching it. When opening a line is a lot faster to tap twice than to hold the stylus.
67	Bold address not the case #. sorting combos-keep segments separate. "HUMAN SERVICES" made folks think we're welfare in my state. "International" made some think we're from a foreign country or state.
68	I find the layout difficult to work with because it is hard to distinguish between cases. There is too much information for each line that is not really necessary, such as having city and zip code on
69	you cant amend the code on a roc w/o deleting- then yu must reenter this amends the time of the roc.=there is no way to tell when refusal letters are sent= like help button w definitions of roc codes
70	Can't figure out how to find out when and what type of letter was sent to DU. I love the way we complete the comments to an interview on the tablet instead of the laptop.
Accessories - Carrying Case, Stylus	
71	I like using the stylus, but he stylus is to short making it a little awkward to use. It would be better for me if it were the same size as the old stylus, like a pen
72	the styles is too short & is hadr ti place it in its holder i doped the styles several times. the screen is dificalt to start you can press too hard with the styles the tablet is balkey the screen is
73	the stylus is in the way of the on/off switch can not tell if letters have been sent must call FS she's very busy fs
74	Stylus is in the way when I use the power on button;Problems trying to transmit; much more focus on using the tablet in training and less on the interview -making mistakes and learning to fix them
75	stylus holder for lefties/extra pen-allow screen to rotate for larger keyboard-"sleep mode" faster-
76	stylus does not easily fit into side loop, too slippery also
77	the case is a little hard to hold by design. placing your hand underneath the straps is not comfortable.
78	tablet cover gets in the way a little; stylus holder could use a plastic opening at top to ease replacement of stylus; "other" in lead letter feedback should allow comments; trans'n done ????
79	sun glare difficult to see, strap on carrying case too wide/bulky, would like to be able to go to next line in ROC w/o going to end, car charger?
80	Strap for the carrying case too thick; SRs are much more interested in the tablet vs the iPaq; can't edit codes after committing; cases don't stay highlighted (apartment complex - all addresses same)
81	snap closure difficult to use. constantly moving it around to find the snap. the cover for the cord hook up is annoying.
82	Screen glare is difficult, needs an additional loop for a pen
83	need a pen / pencil at the SR door (appointment cards) carrying case needs a place to put a pen and have it handy. Press and hold to select case keeps screen from moving to wrong line accidently.

No.	Comments QFT FI Survey #2 (October 2012)
84	My tablet doesn't respond quickly to my fingers; so i always use the stylus. the strap is cumbersome. Prefer to put my fore arm through the back holds it securely and is good for me as a lefty.
85	its easiest 2 use stylist rather than finger- its more accurate. i dont swipe-the swipe commands r not consistant. using next button is always consistent. wish there was place to hold pen for apt. x's
86	The tablet could be attached inside a portfolio holding our printed materials. We would only have one thing to carry to the door. It would make us look more professional and less like meter-readers.
87	i think the tablet case should have a stylus holder and a pen holder, one on each side. If I need to fill out the simy or appointment card it would be nice to have a holder for both pen and stylus.
88	I like the carrying case with the snap rather than the velcro closure and the flap that covers the connection.. Screening program was very easy to use and the ability to make corrects extremely easy..
89	carrying case a little cumbersome could enable swpye for typing this would be easier
90	can not close the snap on the screen cover when the tablet is connected to cable when charging or when connected to the laptop. A cover designed for left handed FIs would be nice
91	I think the case is too bulky

**Appendix G: Moderator's Guide for QFT Focus Groups
with Field Interviewers**

SECTION I: Introduction (5 minutes)

MODERATOR: PARTICIPANTS SHOULD BE SITTING AROUND THE TABLE WITH THE SEAT AT THE HEAD OF THE TABLE RESERVED FOR THE MODERATOR. PARTICIPANTS SHOULD BE ASKED TO WRITE THEIR NAMES ON BOTH SIDES OF A "NAME TENT" AND PLACE IT SO IT CAN BE SEEN FROM THE FRONT OF THE ROOM.

INTRODUCTION OF MODERATOR AND NOTE TAKER: Hello, and thank you for attending this group discussion. My name is [MODERATOR'S NAME] from [MODERATOR'S AFFILIATION]. This is [NOTE TAKER'S NAME] from [NOTE TAKER'S AFFILIATION].

This group discussion is intended to gather feedback from all of you on your experiences completing data collection for the 2012 Questionnaire Field Test (QFT). As you know, several changes to the NSDUH questionnaire, procedures, equipment and materials were tested during this field test. We plan to examine the data collected using the QFT interview questionnaire and procedures to assess how well they performed in the field. However, we cannot gather all of the information we need just by analyzing the survey data. Therefore, we are hoping you can share your experiences with administering the QFT interview, including what sorts of feedback you received from respondents, and what types of issues you encountered that could be improved in the future. A summary of the feedback you provide in this discussion will be included in the QFT report provided to SAMHSA and will inform potential changes to the protocol changes in the future. I will be leading today's discussion and [NOTETAKER'S NAME] will be taking notes.

We just have a few ground rules for our discussion:

- We are video recording the session and also have a note taker so we don't miss anything that is said, and so that those who cannot observe this discussion can review the recording.
- Please avoid side conversations among yourselves. Only one person should speak at a time. This serves two purposes. First, it lets the whole group hear the remarks someone makes. Second, it ensures that the recording will be clear.
- To get the best benefit from this group, we want to hear from everyone in the room. Like any group, I imagine some of you like to talk while others may be quieter. So if I haven't heard from you, I may call on you. This allows us to hear from everyone several times throughout the discussion. If you'd rather not answer a particular question, you can just tell me that you would like to "pass."
- There are no right or wrong answers to the questions I will be asking. Everyone's input is equally important and helpful. We are interested in all your ideas, comments, and suggestions. It is OK to disagree with what someone says, but we ask that you do so respectfully.
- Please take a minute now to turn off your cell phones so we aren't interrupted.
- If you need to take a break or use the restroom, please leave the room quietly.

Before we begin, let's briefly introduce ourselves, starting to my left (or right).

SECTION II: Reactions to the Redesigned Contact Materials (15-20 minutes)

1. When you sent **lead letters** to the households in your QFT assignment, did you expect the letter to have a similar impact on cooperation among members of sampled households, a greater impact, or less impact? [PROBES: Tell me more about that. What do others think?]
2. How often did members of sampled QFT households mention to you that they had seen the **lead letter**? Do you think members of sampled QFT households mentioned seeing the letter about as often as main study households you have recently screened, more often, or less often? [PROBES: Tell me more about that. What do others think?]
3. How often did members of QFT households make comments or ask questions about the **lead letter**? Did members of sampled QFT households make comments or ask questions about the letter about as often as main study households you have recently screened, more often, or less often?
4. [IF APPLICABLE] When members of sampled QFT households made comments about the **lead letter**, did they focus on the content of the letter, on the appearance or layout of the letter, or a mix of both? [PROBE: Please provide examples of any comments on the content or appearance of the letter that you can recall.]
5. [IF APPLICABLE] When members of sampled QFT households asked questions referring to the **lead letter**, what kinds of questions did they ask you? [PROBE: Please provide examples of any questions about the letter that you can recall.]
6. How often did members of sampled QFT households make comments or ask questions about the **question and answer brochure**? Did members of sampled QFT households make comments or ask questions about the brochure about as often as main study respondents you have recently interviewed, more often, or less often? [PROBES: Tell me more about that. What do others think?]
7. [IF APPLICABLE] When members of sampled QFT households made comments about the **question and answer brochure**, did they focus on the content of the brochure, the appearance or layout of the brochure, or a mix of both? [PROBE: Please provide examples of any comments on the content or appearance of the brochure that you can recall.]
8. [IF APPLICABLE] When members of sampled QFT households asked questions referring to the **question and answer brochure**, what kinds of questions did they ask you? [PROBE: Please provide examples of any questions about the brochure that you can recall.]
9. Overall, do you think QFT sample members reactions to the **lead letter** and **question and answer brochure** were similar to the reactions you receive to the current main study contact materials, or were they different somehow? [FOR ANY WHO INDICATE REACTIONS THEY RECEIVED WERE DIFFERENT FOR QFT HOUSEHOLDS, ASK: What were the main ways that QFT sample members' reactions to the contact materials were different than the reactions you receive to the main study letter and brochure?]

SECTION III: Administering Household Screenings and Using the Tablet (15-20 minutes)

1. Do you feel the QFT training provided you with a thorough understanding of the **purpose and goals of the QFT**? [FOR ANY WHO INDICATE THE TRAINING DID NOT A THOROUGH UNDERSTANDING OF THE QFT PURPOSE AND GOALS, ASK: What are the main ways you would recommend to improve training about the purpose and goals of the QFT?]
2. Do you feel that the **new portfolio** met your needs for organizing your field materials? [FOR ANY WHO INDICATE THE PORTFOLIO DID NOT MEET THEIR NEEDS, ASK: What kind of portfolio would be more useful to you for organizing field materials?]
3. Do you feel that the QFT training provided **good instruction** on how to use the tablet to conduct household screenings? [FOR ANY WHO DO NOT THINK THE INSTRUCTION WAS GOOD: What are the main ways you would recommend to improve training on using the tablet for household screenings?]
4. Do you feel that the QFT training provided **sufficient time** for you to learn how to use the tablet and get comfortable using it? [FOR ANY WHO DO NOT THINK THE TRAINING TIME WAS SUFFICIENT: How much time do you think would be sufficient to learn how to use the tablet and get comfortable using it?]
5. How long did it take you to feel **fully comfortable** using the tablet computer to conduct QFT screenings? [FOR THOSE WHO INDICATE NOT QUICKLY FEELING COMFORTABLE USING THE TABLET, ASK: What do you think were the greatest challenges you faced in getting comfortable using the tablet to conduct screeners in the QFT?]
6. Do you feel that the **size and weight of the tablet** was appropriate for conducting screeners on doorsteps? [PROBES, ESPECIALLY FOR ANY WHO RAISE CONCERNS: Tell me more about that. What do others think?]
7. Do you feel that the design and usability of the **tablet carrying case** met your needs for transporting and using the tablet in the field? [FOR ANY WHO RAISE CONCERNS ABOUT THE DESIGN OR USABILITY OF THE CARRYING CASE, ASK: How do you think the carrying case could be altered to make it work better for you in the field?]
8. How did respondents react to the use of US Department of Health and Human Services, as opposed to the US Public Health Service? Were reactions positive or negative? Did this cause any confusion among respondents?
9. Did you experience any difficulties **typing in ROC notes or comments** using the keyboard on the tablet? [FOR ANY WHO INDICATE HAVING DIFFICULTY TYPING ROC NOTES OR COMMENTS, ASK: How often did you encounter problems typing in ROC notes or comments using the keyboard on the tablet? How were you able to overcome this challenge?]
10. Did you encounter any problems **completing the observation questions** on the tablet? [FOR ANY WHO INDICATE HAVING PROBLEMS COMPLETING THE OBSERVATION QUESTIONS: Please tell us more about that problem. How were you able to resolve this?]

11. Did you ever ask for **technical assistance** with the tablet at any point during the QFT data collection? [FOR ANY WHO INDICATE REQUESTING TECHNICAL ASSISTANCE WITH THE TABLET, ASK: Can you tell me why you asked for assistance with the tablet? Was assistance provided quickly enough for you to continue with your QFT assignment as planned?]
12. Did you wish that the tablet had **additional capabilities** available to you, such as copy and paste, predictive typing, or rotating between landscape and portrait display? [FOR ANY WHO INDICATE WANTING ADDITIONAL CAPABILITIES, ASK: What capabilities would you like to have on the tablet? How would this improve the usability of the tablet for completing household screenings?]
13. **Compared to the iPAQ** you use for the main study, would you say the tablet was about as easy to use as for screening households, easier to use, or not as easy to use? [FOR ANY WHO INDICATE THE TABLET WAS NOT AS EASY TO USE AS THE IPAQ, ASK: What are the main reasons why you feel the tablet was not as easy to use as the iPAQ?]
14. Compared to the iPAQ, were there any **screening functions** that you would have liked to have had on the tablet for the QFT, such as having finalized cases disappear from the select case screen? [FOR ANY WHO INDICATE WANTING FUNCTIONS CURRENTLY ON THE IPAQ, ASK: What iPAQ functions would you like to have on the tablet? How would this improve the usability of the tablet for completing household screenings?]
15. Please share any comments you had about transmitting your work using the new equipment.

SECTION IV: Administering the Redesigned Questionnaire and Protocol (30-35 minutes)

1. How often did QFT respondents make comments or ask questions about using the **computerized version of the reference date calendar**? Would you say QFT respondents made comments or asked questions about as often as main study respondents using the paper version of the calendar, less often, or more often? [PROBES: Tell me more about that. What do others think?]
2. [IF APPLICABLE] What kinds of feedback or questions did you receive from respondents about the computerized version of the reference date calendar? Please provide examples of any comments or questions that you can recall.
3. Did you expect the **computerized version of the reference date calendar** to be as easy for QFT respondents to use as the paper version of the calendar, easier to use, or harder to use? [PROBES: Tell me more about that. What do others think?]
4. How often did QFT respondents or proxy respondents make comments or ask questions about **specific questions or modules** when completing either the items you administered to them or completing the ACASI portion of the interview protocol themselves? Would you say QFT respondents made comments or asked questions on any specific questions or modules about as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]

5. Did you expect QFT respondents (or proxy respondents) to make comments or ask questions about **specific questions or modules** as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]
6. Did QFT respondents make any comments or ask any questions about the **new module introducing proxy respondents to ACASI**? Please provide examples of any comments or questions that you can recall.
7. How often did QFT **proxy respondents** have trouble hearing the audio for questions in the second ACASI portion of the interview? Did you ever have to adjust the volume for proxy respondents?
8. Did QFT respondents make any comments or ask any questions about **any other specific questions or features of the protocol** when completing any of the modules (except for the prescription drug module)? [PROBE: Please provide examples of any comments or questions on specific questions or features of the protocol that you can recall.]

SECTION V: Reactions to the Redesigned Prescription Drug Module (15-20 minutes)

1. How often did QFT respondents make comments or react specifically to the **burden required** to answer the questions in the prescription drug module? [PROBE: Please provide examples of any comments or reactions to the burden of the prescription drug questions you can recall.]
2. How often did QFT respondents make comments or react specifically to the **length of time required** to complete the prescription drug module? [PROBE: Please provide examples of any comments or reactions to the length of the prescription drug module you can recall.]
3. Did you expect QFT respondents to react specifically to either the **burden or length of time** required to complete the prescription drug module as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]
4. How often did QFT respondents make comments or react specifically to the **electronic pill images** in the prescription drug module? [PROBE: Please provide examples of any comments or reactions to the electronic pill images in the prescription drug module you can recall.]
5. Did you expect QFT respondents to react specifically to the **electronic pill images** as often as main study respondents do to the showcard pill images, less often, or more often? [PROBES: Tell me more about that. What do others think?]
6. How often did QFT respondents make comments or react specifically to the questions designed to **capture misuse of prescription drugs**? [PROBE: Please provide examples of any comments or reactions to the questions on misuse of prescription drugs you can recall.]
7. Did you expect QFT respondents to react specifically to the questions designed to **capture misuse of prescription drugs** as often as main study respondents do with the current questions, less often, or more often? [PROBES: Tell me more about that. What do others think?]

8. Did QFT respondents make any comments or ask any questions about any other specific aspects of the prescription drug module? [PROBE: Please provide examples of any comments or questions about the prescription drug module that you can recall.]

SECTION VI: Overall Reactions to the Redesigned Questionnaire (15-20 minutes)

1. How often did QFT respondents make comments or react specifically to the **burden required to answer any of the other interview questions**? Would you say QFT respondents commented on the burden of the interview questions about as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]
2. [IF APPLICABLE] When QFT respondents made comments or reacted specifically to the **burden of the interview questions**, were the comments or reactions mostly positive, mostly negative, or a mix of both? [PROBE: Please provide examples of any comments or reactions that you can recall.]
3. How often did QFT respondents make comments or react specifically to the **length of time** required to complete the entire interview protocol? Would you say QFT respondents commented on the interview length about as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]
4. [IF APPLICABLE] When members of sampled QFT households made comments or reacted specifically to the **length of time** to complete the entire interview protocol, were the comments or reactions mostly positive, mostly negative, or a mix of both? [PROBE: Please provide examples of any comments or reactions that you can recall.]
5. Did you expect QFT respondents to react specifically to either the **burden or length of time** required to complete the entire interview protocol as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]
6. Did QFT respondents raise **any other specific concerns** when completing the questions you administered to them or completing the ACASI portion of the interview protocol themselves? [PROBE: Please provide examples of any concerns that you can recall.]
7. Did you expect QFT respondents raise **any other specific concerns** when completing the questions you administered to them or completing the ACASI portion of the interview as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]
8. If a video containing a 20-30 second video clip of the annual press conference were added to the tablet, do you think this would be a useful tool for gaining cooperation from respondents at the doorstep? Why or why not?

SECTION VII: Conclusion (5 minutes)

Are there any final comments or any questions on any of the topics we discussed, or other topics on the QFT data collection?

I want to thank you all again for your active participation.

THE RTI NOTETAKER WILL NOW TURN OFF THE VIDEO CAMERA.

Appendix H:
Selected Notes on Analysis Variables for the QFT

1. Key Illicit Drug Measures in Appendices I and J

Measure	Substances Included
Use of Any Illicit Drug, Standard Definition	<ul style="list-style-type: none"> • Marijuana • Cocaine (including crack) • Heroin • Hallucinogens¹ • Inhalants² • Methamphetamine³ • Prescription Drugs³ <ul style="list-style-type: none"> – Pain Relievers – Tranquilizers – Stimulants³ – Sedatives
Use of Any Illicit Drug, Alternate Definition 1	<ul style="list-style-type: none"> • Marijuana • Cocaine (including crack) • Heroin • Hallucinogens¹ • Inhalants
Use of Any Illicit Drug, Alternate Definition 2	<ul style="list-style-type: none"> • Marijuana • Cocaine (including crack) • Heroin
Use of Illicit Drugs Other Than Marijuana, Standard Definition	<ul style="list-style-type: none"> • Cocaine (including crack) • Heroin • Hallucinogens¹ • Inhalants² • Methamphetamine³ • Prescription Drugs³ <ul style="list-style-type: none"> – Pain Relievers – Tranquilizers – Stimulants³ – Sedatives
Use of Illicit Drugs Other Than Marijuana, Alternate Definition	<ul style="list-style-type: none"> • Cocaine • Heroin • Hallucinogens¹ • Inhalants²

¹ For the 2011 and 2012 comparison data, estimates are based on the use of any of the following hallucinogens: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; or "Ecstasy," also called MDMA; or any other hallucinogen. QFT estimates are based on the use of any of the hallucinogens from the 2011 and 2012 comparison data, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*.

² Lifetime estimates of inhalant use for the 2011 and 2012 comparison data are based on the use of any of the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; other aerosol sprays; or any other inhalant. QFT estimates of lifetime use of inhalants are based on the use of any of the inhalants from the 2011 and 2012 comparison data, plus the following: felt-tip pens, felt-tip markers, or magic markers; and computer cleaner, also known as air duster.

³ Estimates of any prescription drug misuse, stimulant misuse, and methamphetamine use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). Estimates of stimulant misuse for the QFT vary according to whether they include data from the separate core methamphetamine module.

2. Stimulant Misuse:

- The standard definition for the 2011 and 2012 comparison data and the QFT includes use of methamphetamine and misuse of prescription stimulants. Estimates for the 2011 and 2012 comparison data also include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).
- The QFT definition includes data only for misuse of prescription stimulants. A corresponding measure is not available for the 2011 and 2012 comparison data.

3. Binge Alcohol Use – For the 2011 and 2012 comparison data, binge alcohol use is defined for both males and females as drinking at least five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. For the QFT, binge alcohol use is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days. Estimates in the QFT for persons aged 12 or older and by age group (i.e., regardless of gender) also take into account the lower threshold for females.

4. Methamphetamine Dependence – For the QFT sample, respondents were classified with past year methamphetamine dependence if they reported three of the following problems in the past year because of their use of methamphetamine:

- spent a great deal of time over a period of a month getting, using, or getting over the effects of methamphetamine (METHLOTTM=1 or METHGTOVR=1, corresponding to questions DRME01 and DRME02);
- used methamphetamine more often than intended or was unable to keep set limits on methamphetamine use (METHKPLMT=2, corresponding to DRME05);
- needed to use methamphetamine more than before to get desired effects or noticed that same amount of methamphetamine use had less effect than before (METHNDMOR=1 or METHLSEFX=1, corresponding to DRME06 and DRME07);
- inability to cut down or stop using methamphetamine every time tried or wanted to (METHCUTEV=2, corresponding to DRME09);
- continued to use methamphetamine even though it was causing problems with emotions, nerves, mental health, or physical problems (METHMCTD=1 or METHPHCTD=1, corresponding to DRME14 and DRME16);
- methamphetamine use reduced or eliminated involvement or participation in important activities (METHLSACT=1, corresponding to DRME17); or
- reported feeling blue or down when trying to stop or cut down using methamphetamine (METHFLBLU=1, corresponding to DRME10a), as well as experiencing two or more additional methamphetamine withdrawal symptoms at the same time that lasted longer than a day after methamphetamine use was cut back or stopped. Symptoms include (i) feeling tired or exhausted, (ii) having bad dreams, (iii) having trouble sleeping or sleeping more than normal, (iv) feeling hungry more often, and (v) feeling either very slowed down or could not sit still (METHWDSMT=1, corresponding to DRME12).

5. Methamphetamine Abuse – For the QFT sample, respondents were classified with past year abuse of methamphetamine if they had not been classified with past year methamphetamine dependence and if they reported one or more of the following problems in the past year because of their use of methamphetamine:

- serious problems at home, work, or school caused by using methamphetamine, such as
 - neglecting their children,
 - missing work or school,
 - doing a poor job at work or school,
 - losing a job or dropping out of school
 (METHSERPB=1, corresponding to DRME18);
- used methamphetamine regularly and then did something that might have put you in physical danger (METHPDANG=1, corresponding to DRME19);
- use of methamphetamine caused you to do things that repeatedly got you in trouble with the law (STMLAWTR=1, corresponding to DRME20); and
- problems with family or friends probably caused by using methamphetamine (METHMFPB=1 corresponding to DRME21) and continued to use methamphetamine even though you thought that using methamphetamine caused these problems (METHFMCTD=1, corresponding to DRME22).

6. In the QFT sample, a respondent was classified as having illicit drug dependence (DEPN DILL) if he or she was classified as having dependence on any of the following: marijuana, hallucinogens, inhalants, tranquilizers, cocaine, heroin, pain relievers, stimulants, sedatives, or methamphetamine.

7. In the QFT sample, a respondent was classified as having illicit drug abuse (ABUSEILL) if he or she was not classified as having illicit drug dependence (DEPN DILL = 0) and met abuse criteria for any of the following: marijuana, hallucinogens, inhalants, tranquilizers, cocaine, heroin, pain relievers, stimulants, sedatives, or methamphetamine.

8. The following measures involving new survey items for comparisons between the QFT sample and the 2011 National Health Interview Survey (NHIS) were based on the raw survey measures, as follows:

Measure	QFT Survey Questions
Living in a household with only cellular or no telephone service	CELL1 = 2
Number of visits to doctor or other health care professional, past 12 months (none; 1; 2 to 3; 4 to 9; 10 or more)	HLTH19, HLTH19a
Has been in a hospital overnight, past 12 months?	HLTH17
Emergency room visit in past 12 months?	HLTH16

**Appendix I: Detailed Tables for Core Substance Use Items
Other than Methamphetamine and Prescription Drugs in the
2011 and 2012 Comparison Data and the QFT**

Table I-1 Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	45.3	45.9	47.5	-2.2 (1.79)	-1.5 (1.84)
Alternate Definition 2⁵	44.0	44.7	45.0	-1.1 (1.78)	-0.3 (1.87)
Marijuana and Hashish	43.6	44.5	44.7	-1.1 (1.76)	-0.2 (1.85)
Cocaine	14.8	14.7	14.2	0.5 (1.20)	0.5 (1.18)
Crack	3.3	3.5	4.1	-0.8 (0.69)	-0.6 (0.67)
Heroin	1.7	1.8	1.9	-0.2 (0.42)	-0.0 (0.42)
Hallucinogens	14.8	15.0	16.2	-1.4 (1.33)	-1.2 (1.34)
LSD	9.4	9.5	10.7	-1.4 (1.10)	-1.2 (1.16)
PCP	2.5	2.6	2.9	-0.4 (0.60)	-0.3 (0.62)
Ecstasy	5.9	6.2	6.4	-0.4 (0.72)	-0.1 (0.74)
Inhalants	8.2 ^a	8.3 ^a	11.1	-2.8 (0.87)	-2.8 (0.84)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	22.4	22.3	25.0	-2.6 (1.46)	-2.7 (1.46)
Cocaine or Heroin⁶	14.9	14.8	14.3	0.5 (1.20)	0.5 (1.18)
CIGARETTES	63.9	63.2	62.5	1.3 (1.55)	0.6 (1.66)
SMOKELESS TOBACCO⁷	18.8	18.4	17.4	1.4 (1.07)	1.0 (1.10)
ALCOHOL	83.2	83.4	81.8	1.4 (1.30)	1.5 (1.25)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-2 Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 22,419) ¹	2012 Comparison (n = 10,465) ^{1,2}	2012 QFT (n = 541) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	22.3 ^a	20.0 ^a	26.7	-4.5 (2.10)	-6.7 (2.14)
Alternate Definition 2⁵	17.6	16.5	19.2	-1.7 (1.80)	-2.8 (1.87)
Marijuana and Hashish	17.5	16.4	19.0	-1.5 (1.75)	-2.6 (1.82)
Cocaine	1.3 ^a	1.2 ^a	0.2	1.1 (0.23)	1.0 (0.24)
Crack	0.3	0.2	0.2	0.1 (0.21)	-0.0 (0.21)
Heroin	0.3	0.3	0.2	0.0 (0.24)	0.1 (0.25)
Hallucinogens	3.7 ^a	3.2 ^a	6.5	-2.7 (1.32)	-3.3 (1.37)
LSD	0.9	1.1	1.0	-0.1 (0.46)	0.1 (0.47)
PCP	0.3	0.4	1.0	-0.7 (0.45)	-0.5 (0.45)
Ecstasy	2.4	1.9	2.9	-0.5 (0.77)	-1.0 (0.78)
Inhalants	7.5 ^a	5.7 ^a	11.7	-4.3 (1.48)	-6.1 (1.46)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	10.3 ^a	8.2 ^a	16.3	-6.0 (1.90)	-8.1 (1.87)
Cocaine or Heroin⁶	1.4 ^a	1.3 ^a	0.5	1.0 (0.33)	0.9 (0.36)
CIGARETTES	19.2	16.4	19.1	0.1 (2.17)	-2.7 (2.23)
SMOKELESS TOBACCO⁷	6.9	6.4	8.3	-1.3 (1.38)	-1.9 (1.47)
ALCOHOL	34.6	31.4	33.5	1.1 (2.09)	-2.1 (2.04)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-3 Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 21,662) ¹	2012 Comparison (n = 10,336) ^{1,2}	2012 QFT (n = 504) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	54.5	54.2	56.0	-1.4 (2.35)	-1.7 (2.58)
Alternate Definition 2⁵	53.1	53.0	52.2	1.0 (2.46)	0.8 (2.63)
Marijuana and Hashish	53.0	52.9	52.2	0.9 (2.46)	0.7 (2.63)
Cocaine	12.6	12.3	10.5	2.0 (1.57)	1.7 (1.52)
Crack	2.1	2.0	1.8	0.3 (0.61)	0.1 (0.63)
Heroin	1.8	2.1	2.4	-0.6 (0.70)	-0.3 (0.69)
Hallucinogens	18.1	18.0	19.4	-1.3 (2.26)	-1.4 (2.32)
LSD	6.2	6.1	7.5	-1.3 (1.67)	-1.3 (1.66)
PCP	1.1	1.0	0.7	0.3 (0.39)	0.2 (0.38)
Ecstasy	12.6	13.1	11.0	1.6 (1.53)	2.1 (1.54)
Inhalants	9.2	7.9 ^a	11.7	-2.5 (1.75)	-3.7 (1.69)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	24.0	23.6 ^a	28.8	-4.8 (2.54)	-5.2 (2.56)
Cocaine or Heroin⁶	12.7	12.4	10.5	2.2 (1.58)	1.9 (1.52)
CIGARETTES	61.4	58.9	61.6	-0.2 (2.98)	-2.7 (3.18)
SMOKELESS TOBACCO⁷	21.0	20.2	20.7	0.3 (2.28)	-0.5 (2.31)
ALCOHOL	84.6	85.2	82.6	2.0 (1.99)	2.6 (2.04)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-4 Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 21,847) ¹	2012 Comparison (n = 10,412) ^{1,2}	2012 QFT (n = 999) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	46.7	47.9	48.7	-2.0 (2.26)	-0.8 (2.37)
Alternate Definition 2⁵	45.8	46.9	47.1	-1.4 (2.23)	-0.2 (2.37)
Marijuana and Hashish	45.3	46.7	46.7	-1.4 (2.22)	-0.1 (2.35)
Cocaine	16.9	16.9	16.7	0.2 (1.55)	0.2 (1.54)
Crack	3.9	4.2	5.0	-1.0 (0.88)	-0.8 (0.86)
Heroin	1.9	2.0	2.0	-0.1 (0.52)	-0.0 (0.53)
Hallucinogens	15.7	16.0	16.9	-1.3 (1.58)	-0.9 (1.58)
LSD	11.0	11.2	12.6	-1.5 (1.40)	-1.3 (1.46)
PCP	3.0	3.2	3.5	-0.5 (0.78)	-0.3 (0.79)
Ecstasy	5.2	5.6	6.0	-0.8 (0.84)	-0.4 (0.86)
Inhalants	8.2 ^a	8.7 ^a	10.9	-2.7 (1.05)	-2.2 (1.03)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	23.7	23.9	25.5	-1.8 (1.71)	-1.6 (1.73)
Cocaine or Heroin⁶	17.0	17.0	16.8	0.2 (1.54)	0.2 (1.53)
CIGARETTES	70.1	70.0	68.4	1.8 (1.78)	1.6 (1.92)
SMOKELESS TOBACCO⁷	20.0	19.6	18.0	1.9 (1.31)	1.6 (1.34)
ALCOHOL	89.3	89.8	88.0	1.3 (1.55)	1.8 (1.51)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-5 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	12.8	12.9	13.5	-0.7 (1.21)	-0.6 (1.18)
Alternate Definition 2⁵	12.3	12.5	12.7	-0.4 (1.14)	-0.2 (1.11)
Marijuana and Hashish	12.0	12.1	12.4	-0.5 (1.10)	-0.4 (1.07)
Cocaine	1.5	1.7	1.5	0.0 (0.34)	0.3 (0.35)
Crack	0.2	0.3	0.4	-0.1 (0.15)	-0.1 (0.16)
Heroin	0.3	0.2	0.2	0.1 (0.07)	0.1 (0.07)
Hallucinogens	1.6	1.6	2.1	-0.5 (0.43)	-0.5 (0.43)
LSD	0.3	0.4	0.5	-0.1 (0.15)	-0.0 (0.16)
PCP	0.0	0.1	0.1	-0.0 (0.04)	-0.0 (0.04)
Ecstasy	1.0	1.0	1.0	-0.0 (0.23)	-0.0 (0.24)
Inhalants	0.7	0.6	0.9	-0.2 (0.19)	-0.3 (0.20)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	3.2	3.3	3.5	-0.4 (0.56)	-0.3 (0.57)
Cocaine or Heroin⁶	1.6	1.8	1.5	0.1 (0.36)	0.3 (0.37)
CIGARETTES	26.5	26.1	28.0	-1.5 (1.73)	-1.9 (1.81)
SMOKELESS TOBACCO⁷	4.7 ^a	4.7 ^a	6.8	-2.1 (0.67)	-2.1 (0.67)
ALCOHOL	67.1	67.6	66.8	0.3 (1.71)	0.8 (1.65)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-6 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 22,419) ¹	2012 Comparison (n = 10,465) ^{1,2}	2012 QFT (n = 541) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	15.8	14.2 ^a	18.2	-2.4 (1.82)	-4.0 (1.89)
Alternate Definition 2⁵	13.9	12.7	15.3	-1.4 (1.61)	-2.6 (1.67)
Marijuana and Hashish	13.8	12.6	15.1	-1.3 (1.55)	-2.4 (1.62)
Cocaine	0.9 ^a	0.7 ^a	0.0*	0.9 (0.09)	0.7 (0.12)
Crack	0.1 ^a	0.1	0.0*	0.1 (0.03)	0.1 (0.05)
Heroin	0.2	0.1	0.2	-0.0 (0.24)	-0.1 (0.24)
Hallucinogens	2.4	2.1	3.6	-1.1 (1.01)	-1.4 (1.04)
LSD	0.6 ^a	0.6 ^a	0.2	0.5 (0.16)	0.5 (0.19)
PCP	0.2	0.2	0.5	-0.3 (0.29)	-0.3 (0.29)
Ecstasy	1.5	1.1	1.6	-0.1 (0.60)	-0.6 (0.62)
Inhalants	3.0	2.1 ^a	4.1	-1.1 (0.93)	-2.0 (0.90)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	5.3	4.2 ^a	7.0	-1.7 (1.35)	-2.8 (1.36)
Cocaine or Heroin⁶	1.0 ^a	0.8	0.2	0.7 (0.25)	0.5 (0.28)
CIGARETTES	12.9	10.6	12.5	0.4 (1.70)	-1.9 (1.77)
SMOKELESS TOBACCO⁷	4.4	3.7	5.6	-1.2 (1.18)	-2.0 (1.25)
ALCOHOL	27.2	24.3	25.7	1.4 (1.82)	-1.4 (1.85)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-7 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 21,662) ¹	2012 Comparison (n = 10,336) ^{1,2}	2012 QFT (n = 504) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	32.6	33.1	32.9	-0.3 (2.60)	0.2 (2.69)
Alternate Definition 2⁵	31.8	32.5	30.3	1.5 (2.53)	2.1 (2.60)
Marijuana and Hashish	31.4	31.9	29.9	1.5 (2.54)	2.0 (2.61)
Cocaine	4.5	4.6	3.5	1.0 (0.97)	1.1 (0.93)
Crack	0.3	0.5	0.4	-0.0 (0.27)	0.1 (0.27)
Heroin	0.7	0.8	1.0	-0.3 (0.45)	-0.1 (0.46)
Hallucinogens	6.8	6.5	7.4	-0.5 (1.59)	-0.8 (1.61)
LSD	1.7	1.8	2.3	-0.6 (0.74)	-0.4 (0.75)
PCP	0.2	0.1	0.2	-0.1 (0.23)	-0.1 (0.24)
Ecstasy	4.1	4.1	4.1	-0.0 (1.03)	-0.0 (1.05)
Inhalants	1.5	1.2	1.4	0.0 (0.62)	-0.2 (0.59)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	9.7	9.7	10.4	-0.6 (1.79)	-0.7 (1.79)
Cocaine or Heroin⁶	4.8	4.8	3.8	1.0 (1.00)	1.0 (0.96)
CIGARETTES	42.7	40.9	42.7	-0.1 (2.93)	-1.8 (2.93)
SMOKELESS TOBACCO⁷	9.5	9.1	8.7	0.8 (1.49)	0.5 (1.50)
ALCOHOL	77.5	78.5	76.9	0.6 (2.20)	1.6 (2.33)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-8 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 21,847) ¹	2012 Comparison (n = 10,412) ^{1,2}	2012 QFT (n = 999) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	8.9	9.1	9.4	-0.6 (1.23)	-0.3 (1.24)
Alternate Definition 2⁵	8.6	8.9	9.2	-0.6 (1.17)	-0.3 (1.18)
Marijuana and Hashish	8.3	8.5	9.0	-0.7 (1.15)	-0.5 (1.16)
Cocaine	1.0	1.4	1.3	-0.3 (0.37)	0.1 (0.39)
Crack	0.3	0.3	0.4	-0.1 (0.20)	-0.1 (0.21)
Heroin	0.2 ^a	0.1 ^a	0.0*	0.2 (0.03)	0.1 (0.03)
Hallucinogens	0.6	0.7	1.0	-0.4 (0.33)	-0.3 (0.33)
LSD	0.1	0.1	0.2	-0.1 (0.13)	-0.0 (0.14)
PCP	0.0	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
Ecstasy	0.3	0.4	0.4	-0.0 (0.18)	0.0 (0.18)
Inhalants	0.3	0.3	0.4	-0.1 (0.21)	-0.1 (0.21)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	1.7	2.0	1.9	-0.2 (0.47)	0.1 (0.50)
Cocaine or Heroin⁶	1.1	1.4	1.3	-0.2 (0.37)	0.1 (0.40)
CIGARETTES	25.4	25.5	27.4	-2.0 (2.10)	-1.9 (2.21)
SMOKELESS TOBACCO⁷	3.9 ^a	4.0 ^a	6.6	-2.7 (0.78)	-2.6 (0.79)
ALCOHOL	70.5	71.3	70.3	0.1 (2.11)	0.9 (2.10)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-9 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	7.7	7.6	7.8	-0.1 (0.86)	-0.2 (0.88)
Alternate Definition 2⁵	7.5	7.4	7.6	-0.1 (0.86)	-0.2 (0.88)
Marijuana and Hashish	7.3	7.2	7.4	-0.1 (0.82)	-0.2 (0.84)
Cocaine	0.5	0.5	0.3	0.2 (0.14)	0.2 (0.15)
Crack	0.1 ^a	0.1 ^a	0.0	0.1 (0.03)	0.1 (0.03)
Heroin	0.1	0.1	0.1	0.1 (0.04)	0.0 (0.05)
Hallucinogens	0.4	0.4	0.4	-0.0 (0.13)	-0.0 (0.14)
LSD	0.1	0.1	0.1	-0.1 (0.07)	-0.0 (0.07)
PCP	0.0	0.0	0.1	-0.1 (0.04)	-0.1 (0.04)
Ecstasy	0.2 ^a	0.2	0.1	0.1 (0.06)	0.1 (0.06)
Inhalants	0.2	0.2	0.3	-0.0 (0.10)	-0.1 (0.10)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	1.1	1.0	1.0	0.2 (0.22)	0.0 (0.23)
Cocaine or Heroin⁶	0.6	0.6	0.4	0.3 (0.16)	0.2 (0.17)
CIGARETTES	22.5	22.2	24.2	-1.8 (1.57)	-2.0 (1.65)
SMOKELESS TOBACCO⁷	3.4 ^a	3.5 ^a	5.2	-1.8 (0.59)	-1.7 (0.58)
ALCOHOL	53.0	53.4	51.6	1.4 (1.79)	1.8 (1.80)
Binge Alcohol Use ⁸	22.3	22.9	23.9	-1.6 (1.24)	-1.1 (1.31)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

⁸ Binge Alcohol Use in the 2011 and 2012 comparison data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the QFT is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-10 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 22,419) ¹	2012 Comparison (n = 10,465) ^{1,2}	2012 QFT (n = 541) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	8.5	7.2	8.1	0.4 (1.23)	-0.9 (1.28)
Alternate Definition 2⁵	7.7	6.6	6.7	1.0 (1.09)	-0.1 (1.12)
Marijuana and Hashish	7.7	6.6	6.7	1.0 (1.08)	-0.1 (1.12)
Cocaine	0.3 ^a	0.1 ^a	0.0*	0.3 (0.05)	0.1 (0.03)
Crack	0.0	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
Heroin	0.1	0.0*	0.0*	0.1 (0.03)	0.0 (0.00)
Hallucinogens	0.8	0.5	1.2	-0.4 (0.50)	-0.7 (0.51)
LSD	0.1	0.1	0.2	-0.0 (0.16)	-0.0 (0.14)
PCP	0.0	0.0*	0.3	-0.3 (0.25)	-0.3 (0.25)
Ecstasy	0.4	0.2	0.3	0.1 (0.25)	-0.1 (0.24)
Inhalants	0.8	0.5	1.0	-0.2 (0.48)	-0.5 (0.48)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	1.7	1.0	1.7	0.1 (0.61)	-0.6 (0.61)
Cocaine or Heroin⁶	0.3 ^a	0.1 ^a	0.0*	0.3 (0.06)	0.1 (0.03)
CIGARETTES	7.8	6.1	6.1	1.7 (1.18)	-0.1 (1.22)
SMOKELESS TOBACCO⁷	2.1	2.2	3.7	-1.6 (1.02)	-1.5 (1.03)
ALCOHOL	13.4 ^a	11.6	10.3	3.1 (1.28)	1.3 (1.22)
Binge Alcohol Use ⁸	6.9	6.2	5.6	1.3 (1.01)	0.6 (0.98)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

⁸ Binge Alcohol Use in the 2011 and 2012 comparison data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the QFT is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-11 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 21,662) ¹	2012 Comparison (n = 10,336) ^{1,2}	2012 QFT (n = 504) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	19.9	19.5	18.2	1.7 (2.18)	1.2 (2.16)
Alternate Definition 2⁵	19.6	19.2	17.8	1.8 (2.19)	1.4 (2.16)
Marijuana and Hashish	19.2	18.9	17.8	1.4 (2.18)	1.1 (2.16)
Cocaine	1.3 ^a	1.0	0.4	0.9 (0.35)	0.6 (0.33)
Crack	0.1	0.1	0.1	-0.1 (0.14)	-0.1 (0.15)
Heroin	0.3	0.3	0.4	-0.1 (0.30)	-0.1 (0.30)
Hallucinogens	1.7	1.6	2.0	-0.3 (0.76)	-0.5 (0.79)
LSD	0.3	0.4	0.5	-0.2 (0.32)	-0.1 (0.35)
PCP	0.0	0.0	0.2	-0.2 (0.23)	-0.2 (0.23)
Ecstasy	0.9	0.9	0.5	0.5 (0.35)	0.4 (0.36)
Inhalants	0.4	0.3	0.6	-0.2 (0.37)	-0.3 (0.37)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	3.1	2.7	3.1	0.0 (0.87)	-0.4 (0.90)
Cocaine or Heroin⁶	1.5 ^a	1.2	0.7	0.9 (0.43)	0.5 (0.42)
CIGARETTES	34.0	31.8	33.7	0.2 (2.63)	-1.9 (2.67)
SMOKELESS TOBACCO⁷	5.6	5.7	4.8	0.8 (1.26)	0.9 (1.26)
ALCOHOL	61.4	61.8	60.9	0.6 (2.82)	0.9 (3.05)
Binge Alcohol Use ⁸	39.3	39.6	41.5	-2.2 (3.15)	-1.8 (3.21)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

⁸ Binge Alcohol Use in the 2011 and 2012 comparison data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the QFT is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-12 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 21,847) ¹	2012 Comparison (n = 10,412) ^{1,2}	2012 QFT (n = 999) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLCIT DRUGS,					
Alternate Definition 1⁴	5.4	5.5	5.9	-0.5 (0.92)	-0.4 (0.96)
Alternate Definition 2⁵	5.3	5.4	5.9	-0.6 (0.92)	-0.4 (0.96)
Marijuana and Hashish	5.1	5.2	5.7	-0.6 (0.88)	-0.5 (0.93)
Cocaine	0.4	0.5	0.3	0.1 (0.18)	0.1 (0.19)
Crack	0.1 ^a	0.1 ^a	0.0*	0.1 (0.02)	0.1 (0.04)
Heroin	0.1 ^a	0.1 ^a	0.0*	0.1 (0.02)	0.1 (0.03)
Hallucinogens	0.1	0.2	0.1	0.0 (0.06)	0.1 (0.07)
LSD	0.0	0.0	0.1	-0.0 (0.06)	-0.0 (0.06)
PCP	0.0	0.0	0.0*	0.0 (0.00)	0.0 (0.01)
Ecstasy	0.1 ^a	0.1 ^a	0.0*	0.1 (0.02)	0.1 (0.04)
Inhalants	0.1	0.1	0.1	0.1 (0.09)	0.0 (0.10)
ILLCIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition⁴	0.7	0.7	0.5	0.2 (0.21)	0.2 (0.22)
Cocaine or Heroin⁶	0.5	0.5	0.3	0.1 (0.18)	0.2 (0.19)
CIGARETTES	22.3	22.6	24.9	-2.6 (1.91)	-2.3 (2.00)
SMOKELESS TOBACCO⁷	3.1 ^a	3.3 ^a	5.5	-2.3 (0.69)	-2.2 (0.70)
ALCOHOL	56.7	57.4	55.4	1.3 (2.16)	2.0 (2.19)
Binge Alcohol Use ⁸	21.4	22.1	23.2	-1.9 (1.37)	-1.2 (1.52)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁶ Cocaine use includes crack.

⁷ Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

⁸ Binge Alcohol Use in the 2011 and 2012 comparison data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the QFT is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-13 Specific Hallucinogen Use in Lifetime, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Hallucinogen/Age Group	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Hallucinogens, Aged 12 or Older	14.8	15.0	16.2	-1.4 (1.33)	-1.2 (1.34)
Ketamine ^{4,5}	1.0	1.1	1.4	-0.4 (0.31)	-0.3 (0.32)
DMT, AMT, or 5-MeO-DIPT ("Foxy") ⁴	0.4	0.7	0.6	-0.2 (0.18)	0.1 (0.20)
<i>Salvia divinorum</i> ⁴	2.1	2.0	2.4	-0.3 (0.46)	-0.4 (0.46)
Other Hallucinogens ⁶	1.6 ^a	1.6 ^a	0.6	1.0 (0.18)	1.1 (0.19)
Hallucinogens, Aged 12 to 17	3.7 ^a	3.2 ^a	6.5	-2.7 (1.32)	-3.3 (1.37)
Ketamine ^{4,5}	0.4	0.2	0.6	-0.2 (0.35)	-0.4 (0.35)
DMT, AMT, or 5-MeO-DIPT ("Foxy") ⁴	0.3	0.4	0.7	-0.4 (0.40)	-0.3 (0.41)
<i>Salvia divinorum</i> ⁴	1.5	0.8	2.0	-0.5 (0.68)	-1.2 (0.67)
Other Hallucinogens ⁶	1.0	1.0	0.8	0.2 (0.39)	0.2 (0.41)
Hallucinogens, Aged 18 to 25	18.1	18.0	19.4	-1.3 (2.26)	-1.4 (2.32)
Ketamine ^{4,5}	1.5	1.7	1.6	-0.1 (0.62)	0.1 (0.62)
DMT, AMT, or 5-MeO-DIPT ("Foxy") ⁴	1.5	2.2	1.2	0.2 (0.49)	0.9 (0.51)
<i>Salvia divinorum</i> ⁴	9.1	7.9	8.0	1.1 (1.78)	-0.1 (1.79)
Other Hallucinogens ⁶	3.8 ^a	3.4 ^a	1.7	2.1 (0.59)	1.8 (0.67)
Hallucinogens, Aged 26 or Older	15.7	16.0	16.9	-1.3 (1.58)	-0.9 (1.58)
Ketamine ^{4,5}	0.9	1.1	1.4	-0.5 (0.38)	-0.3 (0.39)
DMT, AMT, or 5-MeO-DIPT ("Foxy") ⁴	0.3	0.4	0.5	-0.2 (0.21)	-0.0 (0.24)
<i>Salvia divinorum</i> ⁴	1.0	1.1	1.5	-0.5 (0.44)	-0.4 (0.44)
Other Hallucinogens ⁶	1.2 ^a	1.4 ^a	0.3	0.9 (0.19)	1.0 (0.20)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

AMT = alpha-methyltryptamine; DMT = dimethyltryptamine; 5-MeO-DIPT = 5-methoxy-diisopropyltryptamine; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Asked in the hallucinogens module in the QFT and in the special drugs module in the 2011 and 2012 comparison data.

⁵ Ketamine is also known as "Special K" or "Super K."

⁶ For the 2011 and 2012 comparison data, use of any other hallucinogens besides the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; or "Ecstasy," also called MDMA. For the QFT, use of any other hallucinogens besides the ones in the 2011 and 2012 comparison data, plus the following: ketamine; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-14 Specific Inhalant Use in Lifetime, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Inhalant/Age Group	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Inhalants, Aged 12 or Older	8.2 ^a	8.3 ^a	11.1	-2.8 (0.87)	-2.8 (0.84)
Felt-Tip Pens	N/A	N/A	3.3	N/A	N/A
Computer Keyboard Cleaner	N/A	N/A	1.2	N/A	N/A
Other Aerosol Sprays ⁴	0.9	0.8	1.0	-0.1 (0.24)	-0.1 (0.24)
Other Inhalants ⁵	0.5	0.5	0.5	0.0 (0.19)	-0.1 (0.19)
Inhalants, Aged 12 to 17	7.5 ^a	5.7 ^a	11.7	-4.3 (1.48)	-6.1 (1.46)
Felt-Tip Pens	N/A	N/A	9.4	N/A	N/A
Computer Keyboard Cleaner	N/A	N/A	1.1	N/A	N/A
Other Aerosol Sprays ⁴	1.6	1.2	1.0	0.6 (0.48)	0.1 (0.48)
Other Inhalants ⁵	1.6	1.2	0.8	0.8 (0.44)	0.3 (0.45)
Inhalants, Aged 18 to 25	9.2	7.9 ^a	11.7	-2.5 (1.75)	-3.7 (1.69)
Felt-Tip Pens	N/A	N/A	5.8	N/A	N/A
Computer Keyboard Cleaner	N/A	N/A	2.4	N/A	N/A
Other Aerosol Sprays ⁴	1.8 ^a	1.5 ^a	0.7	1.1 (0.37)	0.8 (0.35)
Other Inhalants ⁵	0.8 ^a	0.7 ^a	0.1	0.7 (0.16)	0.6 (0.17)
Inhalants, Aged 26 or Older	8.2 ^a	8.7 ^a	10.9	-2.7 (1.05)	-2.2 (1.03)
Felt-Tip Pens	N/A	N/A	2.0	N/A	N/A
Computer Keyboard Cleaner	N/A	N/A	1.0	N/A	N/A
Other Aerosol Sprays ⁴	0.6	0.7	1.0	-0.4 (0.30)	-0.3 (0.30)
Other Inhalants ⁵	0.4	0.3	0.6	-0.2 (0.24)	-0.2 (0.25)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Aerosol sprays other than computer keyboard cleaner or spray paint (QFT). Aerosol sprays other than spray paint (2011 or 2012 comparison data).

⁵ For the 2011 and 2012 comparison data, use of any other inhalants besides the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; or other aerosol sprays. For the QFT, use of any other inhalants besides the ones in the 2011 and 2012 comparison data, plus the following: felt-tip pens, felt-tip markers, or magic markers; and computer cleaner, also known as air duster.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-15 Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Gender	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older	53.0	53.4	51.6	1.4 (1.79)	1.8 (1.80)
Male	57.3	57.3	55.3	2.0 (2.40)	2.0 (2.30)
Female	49.1	49.8	48.2	0.9 (2.38)	1.6 (2.50)
Aged 12 to 17	13.4 ^a	11.6	10.3	3.1 (1.28)	1.3 (1.22)
Male	13.3	11.5	11.1	2.2 (1.84)	0.4 (1.74)
Female	13.6	11.7	9.5	4.0 (2.09)	2.2 (2.05)
Aged 18 to 25	61.4	61.8	60.9	0.6 (2.82)	0.9 (3.05)
Male	63.9	65.2	67.2	-3.3 (4.23)	-2.1 (4.32)
Female	58.9	58.4	54.6	4.4 (3.09)	3.8 (3.39)
Aged 26 or Older	56.7	57.4	55.4	1.3 (2.16)	2.0 (2.19)
Male	62.2	62.2	59.2	3.0 (2.98)	2.9 (2.85)
Female	51.7	53.0	51.8	-0.1 (2.96)	1.1 (3.14)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-16 Binge Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Gender	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
BINGE ALCOHOL USE, CORE ONLY⁴					
Aged 12 or Older	22.3	22.9	23.9	-1.6 (1.24)	-1.1 (1.31)
Male	29.3	30.4	30.1	-0.8 (2.00)	0.3 (2.07)
Female	15.8	15.8	18.2	-2.4 (1.33)	-2.4 (1.37)
Aged 12 to 17	6.9	6.2	5.6	1.3 (1.01)	0.6 (0.98)
Male	7.3	6.4	5.1	2.2 (1.30)	1.3 (1.23)
Female	6.4	5.9	6.1	0.3 (1.46)	-0.3 (1.40)
Aged 18 to 25	39.3	39.6	41.5	-2.2 (3.15)	-1.8 (3.21)
Male	45.7	46.5	48.1	-2.4 (4.58)	-1.6 (4.46)
Female	33.0	32.8	34.9	-1.9 (3.24)	-2.0 (3.34)
Aged 26 or Older	21.4	22.1	23.2	-1.9 (1.37)	-1.2 (1.52)
Male	29.4	30.7	30.2	-0.9 (2.30)	0.5 (2.48)
Female	14.0	14.1	16.8	-2.8 (1.62)	-2.7 (1.68)
BINGE ALCOHOL USE, CORE PLUS NONCORE⁵					
Aged 12 or Older	24.9	25.4	23.9	0.9 (1.25)	1.5 (1.32)
Male	29.3	30.4	30.1	-0.8 (2.00)	0.3 (2.07)
Female	20.7	20.8	18.2	2.5 (1.36)	2.6 (1.38)
Aged 12 to 17	7.5	6.8	5.6	1.9 (1.02)	1.2 (0.98)
Male	7.3	6.4	5.1	2.2 (1.30)	1.3 (1.23)
Female	7.8	7.1	6.1	1.7 (1.47)	1.0 (1.40)
Aged 18 to 25	42.4	43.0	41.5	1.0 (3.16)	1.5 (3.25)
Male	45.7	46.5	48.1	-2.4 (4.58)	-1.6 (4.46)
Female	39.2	39.5	34.9	4.3 (3.23)	4.6 (3.41)
Aged 26 or Older	24.0	24.8	23.2	0.8 (1.37)	1.5 (1.52)
Male	29.4	30.7	30.2	-0.9 (2.30)	0.5 (2.48)
Female	19.1	19.3	16.8	2.3 (1.64)	2.5 (1.70)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Binge Alcohol Use in the 2011 and 2012 comparison data based on only core alcohol module data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the QFT is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

⁵ Binge Alcohol Use in the 2011 and 2012 comparison data based on core plus noncore data is defined for males as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. The measure for females in the 2011 and 2012 comparison data is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days or usually having four drinks on those days when respondents drank alcohol in the past 30 days based on the core alcohol module data, or drinking four or more drinks on the same occasion on at least 1 day in the past 30 days (including the last occasion of alcohol use) based on the noncore consumption of alcohol module data. QFT data for binge alcohol use based on the core alcohol module data are repeated in these rows.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-17 Lifetime Use of Felt-Tip Pens, Computer Cleaners, or Other Inhalants, by Age Group and Past Year Use of Inhalants according to Types of Inhalants Used in Lifetime among Persons Aged 12 or Older: Percentages, 2012 Questionnaire Field Test

Inhalant/Age Group	Aged 12 or Older (n = 2,044)^{1,2}	Aged 12 to 17 (n = 541)^{1,2}	Aged 18 to 25 (n = 504)^{1,2}	Aged 26 or Older (n = 999)^{1,2}
LIFETIME USE				
Felt-Tip Pens or Computer Keyboard Cleaner ³	4.1	10.0	7.4	2.8
Other Inhalants, Excluding Felt-Tip Pens or Computer Keyboard Cleaner ⁴	7.0	1.8	4.3	8.1
PAST YEAR USE				
Among Lifetime Users of Felt-Tip Pens or Computer Keyboard Cleaner ³	12.8	—	—	—
Among Lifetime Users of Other Inhalants, Excluding Users of Felt-Tip Pens or Computer Keyboard Cleaner ⁴	5.0	—	—	—

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

— Estimate not made because of small sample size.

NOTE: Denominators for lifetime use estimates consist of the total QFT sample for persons aged 12 or older or within the specific age groups. Denominators for past year use estimates among persons aged 12 or older consist of lifetime users of inhalants aged 12 or older who reported use of felt-tip pens or computer keyboard cleaner ($n = 128$) or who reported lifetime use of other inhalants but not these two specific inhalants ($n = 115$).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Estimates could include lifetime use of other inhalants in addition to lifetime use of felt-tip pens, felt-tip markers, or magic markers; or computer cleaner, also known as air duster.

⁴ Other inhalants in the QFT include the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; other aerosol sprays, or other inhalants besides those that were listed.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-18 Use of Hallucinogens in Lifetime among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data) ⁴	14.8	15.0	16.2	-1.4 (1.33)	-1.2 (1.34)
Core Plus Noncore ⁴	15.4	15.5	16.2	-0.9 (1.34)	-0.7 (1.34)
Aged 12 to 17					
Core Only (without Noncore Data) ⁴	3.7 ^a	3.2 ^a	6.5	-2.7 (1.32)	-3.3 (1.37)
Core Plus Noncore ⁴	4.5	3.6 ^a	6.5	-2.0 (1.33)	-2.8 (1.36)
Aged 18 to 25					
Core Only (without Noncore Data) ⁴	18.1	18.0	19.4	-1.3 (2.26)	-1.4 (2.32)
Core Plus Noncore ⁴	20.3	19.8	19.4	0.9 (2.27)	0.4 (2.31)
Aged 26 or Older					
Core Only (without Noncore Data) ⁴	15.7	16.0	16.9	-1.3 (1.58)	-0.9 (1.58)
Core Plus Noncore ⁴	15.9	16.3	16.9	-1.0 (1.58)	-0.7 (1.58)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ For the 2011 and 2012 comparison data, Core-Only estimates are based on use of any of the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; "Ecstasy," also called MDMA; or any other hallucinogen. Core Plus Noncore estimates are based on use of any of the hallucinogens from the core, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*. QFT estimates are based on use of any of the hallucinogens available in the Core Plus Noncore data for the 2011 and 2012 comparison data. The Core-Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-19 Use of Hallucinogens in the Past Year among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data) ⁴	1.6	1.6	2.1	-0.5 (0.43)	-0.5 (0.43)
Core Plus Noncore ⁴	1.9	1.8	2.1	-0.2 (0.43)	-0.3 (0.43)
Aged 12 to 17					
Core Only (without Noncore Data) ⁴	2.4	2.1	3.6	-1.1 (1.01)	-1.4 (1.04)
Core Plus Noncore ⁴	2.9	2.4	3.6	-0.7 (1.02)	-1.2 (1.04)
Aged 18 to 25					
Core Only (without Noncore Data) ⁴	6.8	6.5	7.4	-0.5 (1.59)	-0.8 (1.61)
Core Plus Noncore ⁴	7.9	7.0	7.4	0.5 (1.60)	-0.3 (1.61)
Aged 26 or Older					
Core Only (without Noncore Data) ⁴	0.6	0.7	1.0	-0.4 (0.33)	-0.3 (0.33)
Core Plus Noncore ⁴	0.7	0.8	1.0	-0.3 (0.33)	-0.2 (0.33)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ For the 2011 and 2012 comparison data, Core-Only estimates are based on use of any of the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; "Ecstasy," also called MDMA; or any other hallucinogen. Core Plus Noncore estimates are based on use of any of the hallucinogens from the core, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*. QFT estimates are based on use of any of the hallucinogens available in the Core Plus Noncore data for the 2011 and 2012 comparison data. The Core-Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-20 Use of Hallucinogens in the Past Month among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data) ⁴	0.4	0.4	0.4	-0.0 (0.13)	-0.0 (0.14)
Core Plus Noncore ⁴	0.5	0.4	0.4	0.0 (0.13)	-0.0 (0.14)
Aged 12 to 17					
Core Only (without Noncore Data) ⁴	0.8	0.5	1.2	-0.4 (0.50)	-0.7 (0.51)
Core Plus Noncore ⁴	1.0	0.6	1.2	-0.2 (0.50)	-0.6 (0.51)
Aged 18 to 25					
Core Only (without Noncore Data) ⁴	1.7	1.6	2.0	-0.3 (0.76)	-0.5 (0.79)
Core Plus Noncore ⁴	1.9	1.7	2.0	-0.1 (0.76)	-0.4 (0.79)
Aged 26 or Older					
Core Only (without Noncore Data) ⁴	0.1	0.2	0.1	0.0 (0.06)	0.1 (0.07)
Core Plus Noncore ⁴	0.1	0.2	0.1	0.1 (0.06)	0.1 (0.07)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ For the 2011 and 2012 comparison data, Core-Only estimates are based on use of any of the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; "Ecstasy," also called MDMA; or any other hallucinogen. Core Plus Noncore estimates are based on use of any of the hallucinogens from the core, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*. QFT estimates are based on use of any of the hallucinogens available in the Core Plus Noncore data for the 2011 and 2012 comparison data. The Core-Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

**Appendix J: Detailed Tables for Methamphetamine and
Prescription Drug Items in the 2011 and
2012 Comparison Data and the QFT**

Table J-1 Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	20.5	21.0 ^a	17.9	2.6 (1.37)	3.1 (1.29)
Pain Reliever Misuse	13.6	14.4 ^a	12.0	1.6 (1.05)	2.4 (1.00)
Tranquilizer Misuse	8.8 ^a	9.3 ^a	5.6	3.2 (0.80)	3.8 (0.77)
Sedative Misuse	3.0	3.3	3.4	-0.4 (0.58)	-0.1 (0.56)
Stimulant Misuse, Standard Definition ^{4,6}	8.2	8.3	9.0	-0.7 (1.05)	-0.7 (0.98)
Stimulant Misuse, QFT Definition ⁷	N/A	N/A	3.9	N/A	N/A
Methamphetamine Use ⁴	4.8	4.8 ^a	6.5	-1.7 (0.88)	-1.7 (0.82)
Illicit Drugs, Standard Definition^{4,5,8}	48.6	49.3	50.1	-1.4 (1.72)	-0.8 (1.77)
Alternate Definition 3⁹	45.4	46.0	47.5	-2.1 (1.79)	-1.4 (1.84)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,8}	30.2	30.4	30.9	-0.7 (1.56)	-0.5 (1.55)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁷ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁸ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

⁹ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-2 Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 22,419)¹	2012 Comparison (n = 10,465)^{1,2}	2012 QFT (n = 541)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	10.1	9.8	7.7	2.5 (1.28)	2.2 (1.21)
Pain Reliever Misuse	8.6	8.2	6.4	2.2 (1.11)	1.8 (1.08)
Tranquilizer Misuse	2.8	2.9	2.4	0.5 (0.79)	0.5 (0.81)
Sedative Misuse	0.6	0.7	0.3	0.3 (0.22)	0.3 (0.23)
Stimulant Misuse, Standard Definition ^{4,6}	2.1	2.1	2.2	-0.2 (0.65)	-0.1 (0.68)
Stimulant Misuse, QFT Definition ⁷	N/A	N/A	1.9	N/A	N/A
Methamphetamine Use ⁴	0.8	0.7	0.5	0.3 (0.30)	0.2 (0.30)
Illicit Drugs, Standard Definition^{4,5,8}	25.5	23.4 ^a	28.5	-3.0 (2.14)	-5.1 (2.19)
Alternate Definition 3⁹	22.4 ^a	20.1 ^a	26.7	-4.4 (2.10)	-6.7 (2.14)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,8}	16.0	14.1 ^a	19.1	-3.1 (2.10)	-5.1 (2.05)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁷ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁸ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

⁹ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-3 Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 21,662)¹	2012 Comparison (n = 10,336)^{1,2}	2012 QFT (n = 504)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	27.9	27.9	26.6	1.3 (2.24)	1.2 (2.26)
Pain Reliever Misuse	22.7	22.2	19.9	2.7 (2.14)	2.2 (2.12)
Tranquilizer Misuse	12.7 ^a	12.9 ^a	8.8	3.9 (1.51)	4.1 (1.60)
Sedative Misuse	1.4	1.1 ^a	2.6	-1.2 (0.78)	-1.5 (0.76)
Stimulant Misuse, Standard Definition ^{4,6}	9.5	9.5	13.1	-3.6 (1.94)	-3.6 (1.90)
Stimulant Misuse, QFT Definition ⁷	N/A	N/A	11.0	N/A	N/A
Methamphetamine Use ⁴	3.4	2.9	4.1	-0.7 (0.92)	-1.2 (0.93)
Illicit Drugs, Standard Definition^{4,5,8}	58.0	58.2	58.6	-0.6 (2.37)	-0.4 (2.61)
Alternate Definition 3⁹	54.6	54.3	56.0	-1.4 (2.36)	-1.7 (2.58)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,8}	35.3	35.4	37.0	-1.7 (2.62)	-1.6 (2.66)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁷ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁸ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

⁹ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-4 Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 21,847)¹	2012 Comparison (n = 10,412)^{1,2}	2012 QFT (n = 999)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	20.5	21.2 ^a	17.7	2.8 (1.64)	3.5 (1.59)
Pain Reliever Misuse	12.7	13.8 ^a	11.3	1.4 (1.20)	2.5 (1.18)
Tranquilizer Misuse	8.8 ^a	9.5 ^a	5.4	3.4 (0.91)	4.1 (0.88)
Sedative Misuse	3.6	4.1	3.9	-0.3 (0.74)	0.1 (0.72)
Stimulant Misuse, Standard Definition ^{4,6}	8.8	8.9	9.1	-0.3 (1.25)	-0.2 (1.18)
Stimulant Misuse, QFT Definition ⁷	N/A	N/A	2.9	N/A	N/A
Methamphetamine Use ⁴	5.6	5.6	7.7	-2.1 (1.13)	-2.1 (1.04)
Illicit Drugs, Standard Definition^{4,5,8}	50.0	51.1	51.4	-1.4 (2.22)	-0.3 (2.31)
Alternate Definition 3⁹	46.8	48.0	48.7	-1.9 (2.27)	-0.7 (2.37)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,8}	31.1	31.6	31.4	-0.2 (1.88)	0.2 (1.91)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁷ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁸ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

⁹ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-5 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	5.7 ^a	5.9 ^a	8.1	-2.3 (0.84)	-2.1 (0.82)
Pain Reliever Misuse	4.3 ^a	4.4 ^a	6.0	-1.7 (0.76)	-1.6 (0.76)
OxyContin [®] Misuse ⁶	0.6	0.5	1.1	-0.4 (0.35)	-0.6 (0.36)
Tranquilizer Misuse	2.0	2.3	2.4	-0.3 (0.39)	-0.1 (0.39)
Sedative Misuse	0.2 ^a	0.2 ^a	0.8	-0.6 (0.22)	-0.6 (0.22)
Stimulant Misuse, Standard Definition ^{4,7}	1.1 ^a	1.2 ^a	2.1	-1.0 (0.40)	-0.9 (0.39)
Stimulant Misuse, QFT Definition ⁸	N/A	N/A	1.8	N/A	N/A
Methamphetamine Use ⁴	0.4	0.4	0.5	-0.1 (0.20)	-0.2 (0.20)
Illicit Drugs, Standard Definition^{4,5,9}	15.2	15.6	17.1	-1.9 (1.26)	-1.5 (1.23)
Alternate Definition^{3,10}	12.8	12.9	13.7	-0.8 (1.21)	-0.7 (1.18)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,9}	7.4 ^a	7.8 ^a	9.7	-2.3 (0.95)	-2.0 (0.95)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Lifetime and Past Month misuse of OxyContin[®] are not shown because these estimates cannot be produced from the 2012 QFT.

⁷ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁸ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

¹⁰ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-6 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 22,419)¹	2012 Comparison (n = 10,465)^{1,2}	2012 QFT (n = 541)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	6.8	6.1	6.6	0.3 (1.25)	-0.5 (1.26)
Pain Reliever Misuse	5.8	4.9	5.0	0.8 (1.05)	-0.2 (1.08)
OxyContin [®] Misuse ⁶	0.8	0.5	0.8	0.0 (0.45)	-0.2 (0.45)
Tranquilizer Misuse	1.9	1.7	2.0	-0.2 (0.76)	-0.3 (0.78)
Sedative Misuse	0.3	0.3	0.3	0.0 (0.22)	-0.0 (0.22)
Stimulant Misuse, Standard Definition ^{4,7}	1.2	1.2	1.4	-0.2 (0.50)	-0.2 (0.51)
Stimulant Misuse, QFT Definition ⁸	N/A	N/A	1.2	N/A	N/A
Methamphetamine Use ⁴	0.4	0.3	0.2	0.3 (0.16)	0.2 (0.17)
Illicit Drugs, Standard Definition^{4,5,9}	18.5	16.6 ^a	20.6	-2.1 (1.92)	-4.0 (1.98)
Alternate Definition 3¹⁰	15.9	14.2 ^a	18.2	-2.3 (1.82)	-4.0 (1.89)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,9}	9.9	8.3	11.6	-1.7 (1.74)	-3.3 (1.75)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Lifetime and Past Month misuse of OxyContin[®] are not shown because these estimates cannot be produced from the 2012 QFT.

⁷ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁸ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

¹⁰ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-7 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 21,662)¹	2012 Comparison (n = 10,336)^{1,2}	2012 QFT (n = 504)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	13.0 ^a	13.2 ^a	22.8	-9.8 (2.27)	-9.6 (2.31)
Pain Reliever Misuse	10.0 ^a	9.3 ^a	15.2	-5.2 (1.95)	-5.9 (1.96)
OxyContin [®] Misuse ⁶	1.9	1.4	2.9	-1.0 (0.86)	-1.5 (0.85)
Tranquilizer Misuse	4.6 ^a	4.9 ^a	7.8	-3.2 (1.34)	-2.9 (1.37)
Sedative Misuse	0.4 ^a	0.3 ^a	1.8	-1.5 (0.71)	-1.6 (0.70)
Stimulant Misuse, Standard Definition ^{4,7}	3.2 ^a	3.8 ^a	9.1	-5.9 (1.66)	-5.3 (1.66)
Stimulant Misuse, QFT Definition ⁸	N/A	N/A	8.9	N/A	N/A
Methamphetamine Use ⁴	0.6	0.8	0.7	-0.0 (0.35)	0.2 (0.37)
Illicit Drugs, Standard Definition^{4,5,9}	35.9	36.8	39.1	-3.2 (2.74)	-2.4 (2.87)
Alternate Definition 3¹⁰	32.6	33.2	32.9	-0.2 (2.60)	0.3 (2.69)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,9}	17.7 ^a	17.9 ^a	25.3	-7.6 (2.57)	-7.5 (2.63)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Lifetime and Past Month misuse of OxyContin[®] are not shown because these estimates cannot be produced from the 2012 QFT.

⁷ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁸ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

¹⁰ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-8 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 21,847)¹	2012 Comparison (n = 10,412)^{1,2}	2012 QFT (n = 999)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	4.3	4.6	5.7	-1.4 (0.86)	-1.0 (0.84)
Pain Reliever Misuse	3.1	3.5	4.5	-1.4 (0.80)	-1.0 (0.80)
OxyContin [®] Misuse ⁶	0.4	0.3	0.8	-0.4 (0.42)	-0.5 (0.43)
Tranquilizer Misuse	1.6	1.9	1.4	0.1 (0.37)	0.5 (0.38)
Sedative Misuse	0.1 ^a	0.1 ^a	0.6	-0.5 (0.25)	-0.5 (0.25)
Stimulant Misuse, Standard Definition ^{4,7}	0.7	0.7	1.0	-0.3 (0.34)	-0.3 (0.33)
Stimulant Misuse, QFT Definition ⁸	N/A	N/A	0.6	N/A	N/A
Methamphetamine Use ⁴	0.4	0.3	0.6	-0.2 (0.26)	-0.3 (0.26)
Illicit Drugs, Standard Definition^{4,5,9}	11.1	11.7	12.7	-1.6 (1.31)	-1.0 (1.32)
Alternate Definition 3¹⁰	8.9	9.2	9.7	-0.8 (1.25)	-0.5 (1.25)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,9}	5.3	5.9	6.7	-1.5 (0.94)	-0.8 (0.93)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Lifetime and Past Month misuse of OxyContin[®] are not shown because these estimates cannot be produced from the 2012 QFT.

⁷ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁸ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

¹⁰ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-9 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	2.4	2.4	3.2	-0.8 (0.47)	-0.8 (0.46)
Pain Reliever Misuse	1.7	1.7	2.0	-0.3 (0.37)	-0.4 (0.37)
Tranquilizer Misuse	0.7	0.8	0.9	-0.1 (0.23)	-0.1 (0.24)
Sedative Misuse	0.1	0.1	0.3	-0.2 (0.15)	-0.2 (0.15)
Stimulant Misuse, Standard Definition ^{4,6}	0.4 ^a	0.4	0.8	-0.4 (0.22)	-0.4 (0.21)
Stimulant Misuse, QFT Definition ⁷	N/A	N/A	0.5	N/A	N/A
Methamphetamine Use ⁴	0.2	0.1	0.4	-0.3 (0.17)	-0.3 (0.17)
Illicit Drugs, Standard Definition^{4,5,8}	8.9	8.9	9.8	-0.8 (0.98)	-0.9 (0.98)
Alternate Definition 3⁹	7.7	7.6	8.0	-0.3 (0.87)	-0.4 (0.89)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,8}	3.1	3.1	3.7	-0.6 (0.49)	-0.7 (0.48)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁷ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁸ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

⁹ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-10 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 22,419)¹	2012 Comparison (n = 10,465)^{1,2}	2012 QFT (n = 541)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	2.7 ^a	2.5 ^a	1.3	1.3 (0.48)	1.1 (0.50)
Pain Reliever Misuse	2.2 ^a	2.0 ^a	0.6	1.5 (0.33)	1.4 (0.34)
Tranquilizer Misuse	0.6	0.5	0.4	0.2 (0.28)	0.1 (0.29)
Sedative Misuse	0.1	0.1	0.1	-0.1 (0.15)	-0.0 (0.15)
Stimulant Misuse, Standard Definition ^{4,6}	0.4	0.4	0.5	-0.1 (0.27)	-0.0 (0.27)
Stimulant Misuse, QFT Definition ⁷	N/A	N/A	0.3	N/A	N/A
Methamphetamine Use ⁴	0.1	0.1	0.2	-0.0 (0.16)	-0.0 (0.16)
Illicit Drugs, Standard Definition^{4,5,8}	9.8	8.6	8.5	1.3 (1.23)	0.1 (1.31)
Alternate Definition 3⁹	8.5	7.2	8.1	0.4 (1.23)	-0.9 (1.28)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,8}	4.0 ^a	3.2	2.5	1.5 (0.70)	0.7 (0.71)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁷ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁸ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

⁹ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-11 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 21,662)¹	2012 Comparison (n = 10,336)^{1,2}	2012 QFT (n = 504)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	5.0	4.9	7.4	-2.3 (1.25)	-2.4 (1.29)
Pain Reliever Misuse	3.6	3.4	4.6	-1.1 (1.01)	-1.3 (1.03)
Tranquilizer Misuse	1.6	1.3	2.2	-0.6 (0.67)	-0.8 (0.66)
Sedative Misuse	0.1	0.1	0.1	-0.0 (0.15)	-0.0 (0.15)
Stimulant Misuse, Standard Definition ^{4,6}	1.0 ^a	1.0 ^a	2.7	-1.7 (0.72)	-1.7 (0.72)
Stimulant Misuse, QFT Definition ⁷	N/A	N/A	2.4	N/A	N/A
Methamphetamine Use ⁴	0.2	0.3	0.5	-0.3 (0.31)	-0.2 (0.31)
Illicit Drugs, Standard Definition^{4,5,8}	21.7	21.4	22.7	-0.9 (2.27)	-1.3 (2.24)
Alternate Definition 3⁹	20.0	19.5	18.4	1.6 (2.17)	1.1 (2.15)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,8}	7.0	6.6	9.0	-2.0 (1.32)	-2.4 (1.32)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁷ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁸ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

⁹ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-12 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (n = 21,847)¹	2012 Comparison (n = 10,412)^{1,2}	2012 QFT (n = 999)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse^{4,5}	1.8	1.9	2.7	-0.8 (0.54)	-0.7 (0.53)
Pain Reliever Misuse	1.3	1.3	1.8	-0.4 (0.46)	-0.4 (0.46)
Tranquilizer Misuse	0.6	0.7	0.7	-0.1 (0.25)	0.0 (0.26)
Sedative Misuse	0.1	0.0	0.3	-0.3 (0.19)	-0.3 (0.19)
Stimulant Misuse, Standard Definition ^{4,6}	0.3	0.3	0.5	-0.3 (0.23)	-0.2 (0.23)
Stimulant Misuse, QFT Definition ⁷	N/A	N/A	0.2	N/A	N/A
Methamphetamine Use ⁴	0.2	0.1	0.4	-0.3 (0.22)	-0.3 (0.21)
Illicit Drugs, Standard Definition^{4,5,8}	6.5	6.7	7.7	-1.1 (1.07)	-0.9 (1.10)
Alternate Definition 3⁹	5.4	5.5	6.1	-0.7 (0.94)	-0.6 (0.99)
Illicit Drugs Other Than Marijuana, Standard Definition^{4,5,8}	2.3	2.4	3.0	-0.7 (0.56)	-0.5 (0.55)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

⁶ Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

⁷ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

⁸ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

⁹ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-13 Misuse of Stimulants in Lifetime among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Standard Definition ⁴	8.2	8.3	9.0	-0.7 (1.05)	-0.7 (0.98)
Standard Definition, Plus Noncore Adderall ^{®5}	9.7	9.9	9.0	0.8 (1.05)	1.0 (0.97)
QFT Definition ⁶	N/A	N/A	3.9	N/A	N/A
Aged 12 to 17					
Standard Definition ⁴	2.1	2.1	2.2	-0.2 (0.65)	-0.1 (0.68)
Standard Definition, Plus Noncore Adderall ^{®5}	3.6 ^a	3.5	2.2	1.4 (0.66)	1.3 (0.68)
QFT Definition ⁶	N/A	N/A	1.9	N/A	N/A
Aged 18 to 25					
Standard Definition ⁴	9.5	9.5	13.1	-3.6 (1.94)	-3.6 (1.90)
Standard Definition, Plus Noncore Adderall ^{®5}	15.4	16.0	13.1	2.3 (1.97)	2.9 (1.93)
QFT Definition ⁶	N/A	N/A	11.0	N/A	N/A
Aged 26 or Older					
Standard Definition ⁴	8.8	8.9	9.1	-0.3 (1.25)	-0.2 (1.18)
Standard Definition, Plus Noncore Adderall ^{®5}	9.5	9.7	9.1	0.4 (1.24)	0.6 (1.17)
QFT Definition ⁶	N/A	N/A	2.9	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The Standard Definition for Stimulant Misuse for the 2011 and 2012 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the QFT includes data from the core modules for methamphetamine and stimulants.

⁵ Estimates for the 2011 and 2012 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall[®]. The Standard Definition estimate for the QFT is repeated in the Standard Definition Plus Noncore Adderall[®] row.

⁶ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-14 Misuse of Stimulants in the Past Year among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Standard Definition ⁴	1.1 ^a	1.2 ^a	2.1	-1.0 (0.40)	-0.9 (0.39)
Standard Definition, Plus Noncore Adderall ^{®5}	1.8	1.9	2.1	-0.3 (0.40)	-0.2 (0.40)
QFT Definition ⁶	N/A	N/A	1.8	N/A	N/A
Aged 12 to 17					
Standard Definition ⁴	1.2	1.2	1.4	-0.2 (0.50)	-0.2 (0.51)
Standard Definition, Plus Noncore Adderall ^{®5}	2.2	2.0	1.4	0.8 (0.50)	0.6 (0.51)
QFT Definition ⁶	N/A	N/A	1.2	N/A	N/A
Aged 18 to 25					
Standard Definition ⁴	3.2 ^a	3.8 ^a	9.1	-5.9 (1.66)	-5.3 (1.66)
Standard Definition, Plus Noncore Adderall ^{®5}	6.3	7.0	9.1	-2.8 (1.67)	-2.2 (1.69)
QFT Definition ⁶	N/A	N/A	8.9	N/A	N/A
Aged 26 or Older					
Standard Definition ⁴	0.7	0.7	1.0	-0.3 (0.34)	-0.3 (0.33)
Standard Definition, Plus Noncore Adderall ^{®5}	1.0	1.0	1.0	0.0 (0.34)	-0.0 (0.34)
QFT Definition ⁶	N/A	N/A	0.6	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The Standard Definition for Stimulant Misuse for the 2011 and 2012 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the QFT includes data from the core modules for methamphetamine and stimulants.

⁵ Estimates for the 2011 and 2012 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall[®]. The Standard Definition estimate for the QFT is repeated in the Standard Definition Plus Noncore Adderall[®] row.

⁶ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-15 Misuse of Stimulants in the Past Month among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Standard Definition ⁴	0.4 ^a	0.4	0.8	-0.4 (0.22)	-0.4 (0.21)
Standard Definition, Plus Noncore Adderall ^{®5}	0.6	0.6	0.8	-0.2 (0.22)	-0.2 (0.21)
QFT Definition ⁶	N/A	N/A	0.5	N/A	N/A
Aged 12 to 17					
Standard Definition ⁴	0.4	0.4	0.5	-0.1 (0.27)	-0.0 (0.27)
Standard Definition, Plus Noncore Adderall ^{®5}	0.7	0.7	0.5	0.3 (0.26)	0.2 (0.27)
QFT Definition ⁶	N/A	N/A	0.3	N/A	N/A
Aged 18 to 25					
Standard Definition ⁴	1.0 ^a	1.0 ^a	2.7	-1.7 (0.72)	-1.7 (0.72)
Standard Definition, Plus Noncore Adderall ^{®5}	1.9	2.0	2.7	-0.9 (0.73)	-0.8 (0.76)
QFT Definition ⁶	N/A	N/A	2.4	N/A	N/A
Aged 26 or Older					
Standard Definition ⁴	0.3	0.3	0.5	-0.3 (0.23)	-0.2 (0.23)
Standard Definition, Plus Noncore Adderall ^{®5}	0.3	0.4	0.5	-0.2 (0.24)	-0.1 (0.23)
QFT Definition ⁶	N/A	N/A	0.2	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The Standard Definition for Stimulant Misuse for the 2011 and 2012 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the QFT includes data from the core modules for Methamphetamine and Stimulants.

⁵ Estimates for the 2011 and 2012 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall[®]. The Standard Definition estimate for the QFT is repeated in the Standard Definition Plus Noncore Adderall[®] row.

⁶ Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-16 Misuse of Sedatives in Lifetime among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data) ⁴	3.0	3.3	3.4	-0.4 (0.58)	-0.1 (0.56)
Core Plus Noncore ⁴	5.0 ^a	5.1 ^a	3.4	1.7 (0.58)	1.7 (0.58)
Aged 12 to 17					
Core Only (without Noncore Data) ⁴	0.6	0.7	0.3	0.3 (0.22)	0.3 (0.23)
Core Plus Noncore ⁴	1.5 ^a	1.5 ^a	0.3	1.2 (0.23)	1.2 (0.25)
Aged 18 to 25					
Core Only (without Noncore Data) ⁴	1.4	1.1 ^a	2.6	-1.2 (0.78)	-1.5 (0.76)
Core Plus Noncore ⁴	4.1	3.7	2.6	1.4 (0.77)	1.1 (0.78)
Aged 26 or Older					
Core Only (without Noncore Data) ⁴	3.6	4.1	3.9	-0.3 (0.74)	0.1 (0.72)
Core Plus Noncore ⁴	5.7 ^a	5.8 ^a	3.9	1.7 (0.74)	1.9 (0.75)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2011 and 2012 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core-Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-17 Misuse of Sedatives in the Past Year among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data) ⁴	0.2 ^a	0.2 ^a	0.8	-0.6 (0.22)	-0.6 (0.22)
Core Plus Noncore ⁴	0.9	0.7	0.8	0.1 (0.21)	-0.0 (0.23)
Aged 12 to 17					
Core Only (without Noncore Data) ⁴	0.3	0.3	0.3	0.0 (0.22)	-0.0 (0.22)
Core Plus Noncore ⁴	0.8 ^a	0.7	0.3	0.5 (0.22)	0.4 (0.22)
Aged 18 to 25					
Core Only (without Noncore Data) ⁴	0.4 ^a	0.3 ^a	1.8	-1.5 (0.71)	-1.6 (0.70)
Core Plus Noncore ⁴	1.4	1.1	1.8	-0.5 (0.71)	-0.8 (0.71)
Aged 26 or Older					
Core Only (without Noncore Data) ⁴	0.1 ^a	0.1 ^a	0.6	-0.5 (0.25)	-0.5 (0.25)
Core Plus Noncore ⁴	0.8	0.7	0.6	0.2 (0.25)	0.0 (0.26)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2011 and 2012 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-18 Misuse of Sedatives in the Past Month among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data) ⁴	0.1	0.1	0.3	-0.2 (0.15)	-0.2 (0.15)
Core Plus Noncore ⁴	0.3	0.1	0.3	-0.0 (0.15)	-0.2 (0.15)
Aged 12 to 17					
Core Only (without Noncore Data) ⁴	0.1	0.1	0.1	-0.1 (0.15)	-0.0 (0.15)
Core Plus Noncore ⁴	0.2	0.2	0.1	0.1 (0.15)	0.1 (0.16)
Aged 18 to 25					
Core Only (without Noncore Data) ⁴	0.1	0.1	0.1	-0.0 (0.15)	-0.0 (0.15)
Core Plus Noncore ⁴	0.4	0.3	0.1	0.2 (0.15)	0.1 (0.16)
Aged 26 or Older					
Core Only (without Noncore Data) ⁴	0.1	0.0	0.3	-0.3 (0.19)	-0.3 (0.19)
Core Plus Noncore ⁴	0.2	0.1	0.3	-0.1 (0.19)	-0.2 (0.19)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2011 and 2012 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core-Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

**Appendix K: Detailed Tables for Noncore Estimates in the
2011 and 2012 Comparison Data and the QFT**

Table K-1 Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Dependence or Abuse Measure	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
DEPENDENCE					
Illicit Drugs⁴	1.8	2.0	1.5	0.3 (0.26)	0.4 (0.28)
Marijuana	1.1	1.0	0.9	0.2 (0.20)	0.1 (0.20)
Hallucinogens	0.1 ^a	0.0	0.0	0.0 (0.02)	0.0 (0.02)
Inhalants	0.0	0.0	0.0	0.0 (0.02)	-0.0 (0.02)
Prescription Drugs ⁵	0.6	0.8	0.5	0.1 (0.16)	0.2 (0.18)
Pain Relievers	0.6	0.6	0.4	0.2 (0.13)	0.2 (0.15)
Stimulants Among Methamphetamine Users	0.1	0.1	N/A	N/A	N/A
Methamphetamine	N/A	N/A	0.0	N/A	N/A
Illicit Drugs Other Than Marijuana⁴	0.9	1.1	0.8	0.2 (0.20)	0.3 (0.21)
Illicit Drugs Excluding Marijuana⁶	0.8	1.0	0.7	0.1 (0.19)	0.3 (0.19)
ABUSE					
Illicit Drugs⁴	0.8	0.8	0.9	-0.2 (0.22)	-0.1 (0.22)
Marijuana	0.6	0.6	0.8	-0.2 (0.20)	-0.2 (0.20)
Hallucinogens	0.1	0.1	0.1	-0.0 (0.05)	-0.0 (0.06)
Inhalants	0.0	0.0	0.0	-0.0 (0.03)	-0.0 (0.04)
Prescription Drugs ⁵	0.2	0.2	0.2	-0.0 (0.12)	0.0 (0.12)
Pain Relievers	0.2	0.2	0.2	0.0 (0.09)	0.0 (0.09)
Illicit Drugs Other Than Marijuana⁴	0.3	0.4	0.3	0.0 (0.10)	0.1 (0.11)
Illicit Drugs Excluding Marijuana⁶	0.3	0.3	0.3	0.0 (0.11)	-0.0 (0.11)
DEPENDENCE OR ABUSE					
Illicit Drugs⁴	2.6	2.8	2.5	0.1 (0.35)	0.3 (0.36)
Marijuana	1.7	1.6	1.7	0.0 (0.29)	-0.0 (0.29)
Hallucinogens	0.1	0.1	0.1	0.0 (0.06)	0.0 (0.06)
Inhalants	0.1	0.1	0.1	-0.0 (0.04)	-0.0 (0.04)
Prescription Drugs ⁵	0.9	1.0	0.8	0.1 (0.20)	0.2 (0.23)
Pain Relievers	0.7	0.8	0.5	0.2 (0.16)	0.2 (0.18)
Illicit Drugs Other Than Marijuana⁴	1.3	1.5	1.1	0.2 (0.21)	0.4 (0.23)
Illicit Drugs Excluding Marijuana⁶	1.1	1.3	1.0	0.1 (0.21)	0.3 (0.22)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

⁵ Estimates for Prescription Drugs include misuse of pain relievers, tranquilizers, stimulants, or sedatives. Estimates for the QFT do not include dependence or abuse data for methamphetamine.

⁶ Illicit Drugs Excluding Marijuana include dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics and require respondents not to have corresponding dependence or abuse for marijuana. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-2 Substance Dependence or Abuse in the Past Year among Persons Aged 12 to 17, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Dependence or Abuse Measure	2011 Comparison (n = 22,419) ¹	2012 Comparison (n = 10,465) ^{1,2}	2012 QFT (n = 541) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
DEPENDENCE					
Illicit Drugs⁴	2.5	1.9	1.9	0.6 (0.64)	0.0 (0.63)
Marijuana	1.9	1.6	1.5	0.4 (0.57)	0.0 (0.57)
Hallucinogens	0.1	0.1	0.2	-0.0 (0.16)	-0.1 (0.16)
Inhalants	0.1	0.1	0.2	-0.1 (0.16)	-0.1 (0.16)
Prescription Drugs ⁵	0.6	0.4	0.2	0.4 (0.26)	0.2 (0.25)
Pain Relievers	0.5 ^a	0.3 ^a	0.0*	0.5 (0.05)	0.3 (0.06)
Stimulants Among Methamphetamine Users	0.1	0.1	N/A	N/A	N/A
Methamphetamine	N/A	N/A	0.2	N/A	N/A
Illicit Drugs Other Than Marijuana⁴	0.9	0.5	0.4	0.5 (0.30)	0.1 (0.29)
Illicit Drugs Excluding Marijuana⁶	0.6	0.4	0.4	0.2 (0.29)	-0.0 (0.29)
ABUSE					
Illicit Drugs⁴	2.1	2.0	1.6	0.5 (0.65)	0.3 (0.64)
Marijuana	1.7	1.7	1.4	0.2 (0.61)	0.2 (0.62)
Hallucinogens	0.2 ^a	0.2 ^a	0.0*	0.2 (0.04)	0.2 (0.05)
Inhalants	0.2	0.2	0.4	-0.2 (0.32)	-0.2 (0.32)
Prescription Drugs ⁵	0.6 ^a	0.3 ^a	0.0*	0.6 (0.08)	0.3 (0.07)
Pain Relievers	0.5	0.2	0.2	0.2 (0.26)	-0.0 (0.25)
Illicit Drugs Other Than Marijuana⁴	0.9	0.6	0.4	0.4 (0.33)	0.1 (0.33)
Illicit Drugs Excluding Marijuana⁶	0.8	0.5	0.4	0.4 (0.32)	0.1 (0.33)
DEPENDENCE OR ABUSE					
Illicit Drugs⁴	4.7	3.9	3.5	1.1 (0.92)	0.4 (0.90)
Marijuana	3.6	3.2	3.0	0.6 (0.85)	0.3 (0.84)
Hallucinogens	0.3	0.3	0.2	0.2 (0.17)	0.2 (0.17)
Inhalants	0.3	0.2	0.6	-0.3 (0.35)	-0.3 (0.36)
Prescription Drugs ⁵	1.2 ^a	0.7	0.2	0.9 (0.28)	0.4 (0.26)
Pain Relievers	1.0 ^a	0.5	0.2	0.7 (0.27)	0.3 (0.25)
Illicit Drugs Other Than Marijuana⁴	1.7 ^a	1.1	0.8	0.9 (0.45)	0.3 (0.43)
Illicit Drugs Excluding Marijuana⁶	1.4	0.9	0.8	0.5 (0.43)	0.1 (0.43)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

⁵ Estimates for Prescription Drugs include misuse of pain relievers, tranquilizers, stimulants, or sedatives. Estimates for the QFT do not include dependence or abuse data for methamphetamine.

⁶ Illicit Drugs Excluding Marijuana include dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics and require respondents not to have corresponding dependence or abuse for marijuana. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-3 Substance Dependence or Abuse in the Past Year among Persons Aged 18 to 25, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Dependence or Abuse Measure	2011 Comparison (n = 21,662) ¹	2012 Comparison (n=10,336) ^{1,2}	2012 QFT (n = 504) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
DEPENDENCE					
Illicit Drugs⁴	5.4	5.4	5.1	0.3 (1.05)	0.3 (1.08)
Marijuana	3.8	3.4	2.9	0.9 (0.86)	0.5 (0.87)
Hallucinogens	0.2 ^a	0.2 ^a	0.0*	0.2 (0.05)	0.2 (0.04)
Inhalants	0.0	0.0	0.0*	0.0 (0.01)	0.0 (0.02)
Prescription Drugs ⁵	1.6	1.9	2.5	-0.9 (0.73)	-0.7 (0.77)
Pain Relievers	1.4	1.5	1.6	-0.1 (0.59)	-0.1 (0.60)
Stimulants Among Methamphetamine Users	0.1	0.1	N/A	N/A	N/A
Methamphetamine	N/A	N/A	0.3	N/A	N/A
Illicit Drugs Other Than Marijuana⁴	2.1	2.5	3.0	-0.9 (0.80)	-0.5 (0.83)
Illicit Drugs Excluding Marijuana⁶	1.6	2.0	2.2	-0.6 (0.73)	-0.2 (0.74)
ABUSE					
Illicit Drugs⁴	2.2	2.2	2.1	0.1 (0.70)	0.1 (0.67)
Marijuana	2.0	1.8	2.2	-0.3 (0.76)	-0.4 (0.74)
Hallucinogens	0.3	0.3	0.7	-0.4 (0.39)	-0.4 (0.40)
Inhalants	0.1 ^a	0.0	0.0*	0.1 (0.02)	0.0 (0.02)
Prescription Drugs ⁵	0.5	0.5	0.5	-0.1 (0.30)	0.0 (0.30)
Pain Relievers	0.3	0.4	0.4	-0.1 (0.30)	-0.0 (0.31)
Illicit Drugs Other Than Marijuana⁴	0.7	0.8	0.8	-0.0 (0.38)	0.1 (0.40)
Illicit Drugs Excluding Marijuana⁶	0.7	0.8	0.9	-0.2 (0.41)	-0.1 (0.43)
DEPENDENCE OR ABUSE					
Illicit Drugs⁴	7.7	7.6	7.2	0.4 (1.26)	0.4 (1.26)
Marijuana	5.8	5.2	5.1	0.7 (1.12)	0.1 (1.12)
Hallucinogens	0.5	0.4	0.7	-0.2 (0.39)	-0.3 (0.40)
Inhalants	0.1 ^a	0.1 ^a	0.0*	0.1 (0.02)	0.1 (0.03)
Prescription Drugs ⁵	2.1	2.4	3.0	-1.0 (0.81)	-0.7 (0.83)
Pain Relievers	1.8	1.8	2.0	-0.2 (0.66)	-0.2 (0.66)
Illicit Drugs Other Than Marijuana⁴	2.8	3.3	3.8	-0.9 (0.93)	-0.5 (0.95)
Illicit Drugs Excluding Marijuana⁶	2.3	2.8	3.1	-0.8 (0.86)	-0.3 (0.87)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

⁵ Estimates for Prescription Drugs include misuse of pain relievers, tranquilizers, stimulants, or sedatives. Estimates for the QFT do not include dependence or abuse data for methamphetamine.

⁶ Illicit Drugs Excluding Marijuana include dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics and require respondents not to have corresponding dependence or abuse for marijuana. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-4 Substance Dependence or Abuse in the Past Year among Persons Aged 26 or Older, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Dependence or Abuse Measure	2011 Comparison (n = 21,847) ¹	2012 Comparison (n = 10,412) ^{1,2}	2012 QFT (n = 999) ^{1,3}	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
DEPENDENCE					
Illicit Drugs⁴	1.1	1.3	0.9	0.2 (0.28)	0.5 (0.29)
Marijuana	0.5	0.5	0.4	0.0 (0.19)	0.1 (0.18)
Hallucinogens	0.0 ^a	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
Inhalants	0.0	0.0*	0.0*	0.0 (0.01)	0.0 (0.00)
Prescription Drugs ⁵	0.5	0.6 ^a	0.2	0.2 (0.14)	0.4 (0.17)
Pain Relievers	0.4	0.5	0.2	0.2 (0.13)	0.3 (0.16)
Stimulants Among Methamphetamine Users	0.1	0.0	N/A	N/A	N/A
Methamphetamine	N/A	N/A	0.0*	N/A	N/A
Illicit Drugs Other Than Marijuana⁴	0.7	0.9 ^a	0.4	0.3 (0.21)	0.5 (0.21)
Illicit Drugs Excluding Marijuana⁶	0.6	0.8	0.4	0.2 (0.21)	0.4 (0.21)
ABUSE					
Illicit Drugs⁴	0.3	0.5	0.6	-0.3 (0.24)	-0.2 (0.25)
Marijuana	0.2	0.3	0.4	-0.2 (0.20)	-0.2 (0.20)
Hallucinogens	0.0	0.0 ^a	0.0*	0.0 (0.02)	0.0 (0.02)
Inhalants	0.0*	0.0	0.0*	0.0 (0.00)	0.0 (0.02)
Prescription Drugs ⁵	0.1	0.2	0.2	-0.1 (0.14)	-0.0 (0.15)
Pain Relievers	0.1	0.1	0.1	0.0 (0.09)	0.0 (0.10)
Illicit Drugs Other Than Marijuana⁴	0.2	0.3	0.2	-0.0 (0.14)	0.1 (0.15)
Illicit Drugs Excluding Marijuana⁶	0.2	0.2	0.2	-0.0 (0.14)	0.0 (0.14)
DEPENDENCE OR ABUSE					
Illicit Drugs⁴	1.4	1.8	1.5	-0.0 (0.36)	0.3 (0.38)
Marijuana	0.7	0.8	0.9	-0.2 (0.28)	-0.1 (0.27)
Hallucinogens	0.1 ^a	0.1 ^a	0.0*	0.1 (0.02)	0.1 (0.02)
Inhalants	0.0	0.0	0.0*	0.0 (0.01)	0.0 (0.02)
Prescription Drugs ⁵	0.6	0.8	0.4	0.2 (0.20)	0.3 (0.24)
Pain Relievers	0.5	0.6	0.3	0.2 (0.16)	0.3 (0.19)
Illicit Drugs Other Than Marijuana⁴	0.9	1.2 ^a	0.6	0.3 (0.23)	0.5 (0.24)
Illicit Drugs Excluding Marijuana⁶	0.8	1.0	0.6	0.2 (0.22)	0.4 (0.24)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

⁵ Estimates for Prescription Drugs include misuse of pain relievers, tranquilizers, stimulants, or sedatives. Estimates for the QFT do not include dependence or abuse data for methamphetamine.

⁶ Illicit Drugs Excluding Marijuana include dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics and require respondents not to have corresponding dependence or abuse for marijuana. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-5 Substance Use with a Needle in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance Used with a Needle/Period of Use	2011 Comparison (n = 65,928) ¹	2012 Comparison (n = 31,213) ^{1,2}	2012 QFT (n = 2,044) ^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
USE OF HEROIN WITH A NEEDLE					
Lifetime	0.8	0.8	0.7	0.0 (0.27)	0.1 (0.27)
Past Year	0.1	0.1	0.1	0.0 (0.04)	0.1 (0.05)
Past Month	0.0	0.1	0.0	0.0 (0.02)	0.0 (0.03)
USE OF COCAINE WITH A NEEDLE					
Lifetime	0.8	0.8	1.0	-0.2 (0.33)	-0.3 (0.35)
Past Year	0.1 ^a	0.1 ^a	0.0*	0.1 (0.02)	0.1 (0.02)
Past Month	0.0 ^a	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
USE OF METHAMPHETAMINE WITH A NEEDLE					
Lifetime	0.6	0.7	0.8	-0.2 (0.27)	-0.1 (0.26)
Past Year	0.1	0.1	0.2	-0.1 (0.12)	-0.1 (0.12)
Past Month	0.0	0.0	0.2	-0.1 (0.12)	-0.1 (0.12)
USE OF PRESCRIPTION STIMULANTS WITH A NEEDLE⁴					
Past Year	0.1 ^a	0.1 ^a	0.0*	0.1 (0.01)	0.1 (0.02)
Past Month	0.0 ^a	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
USE OF HEROIN, COCAINE, METHAMPHETAMINE, OR PRESCRIPTION STIMULANTS WITH A NEEDLE⁴					
Past Year	0.2	0.2	0.2	-0.1 (0.13)	-0.0 (0.13)
Past Month	0.1	0.1	0.2	-0.1 (0.12)	-0.1 (0.12)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Lifetime estimates involving use of prescription stimulants with a needle are not presented because only QFT respondents who reported past year stimulant misuse are asked about use of stimulants with a needle, and only about their use of stimulants with a needle in the past year or past month.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-6 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and P Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT Chi-Square Statistic, P Value	2012 Comparison vs. QFT Chi-Square Statistic, P Value
EDUCATION⁴					
< High School	10.5	10.4	11.1	4.05, 0.004 ^c	3.34, 0.0129 ^c
High School Graduate	27.3	27.1	23.9		
Some College	24.7	25.0	28.9		
College Graduate	27.6	27.6	26.1		
OVERALL HEALTH⁵					
Excellent	24.2	23.4	22.3	1.19, 0.3185	1.04, 0.3772
Very Good	38.2	38.0	40.4		
Good	25.7	26.2	26.2		
Fair/Poor	11.8	12.5	11.2		
COVERED BY ANY HEALTH INSURANCE	86.3	87.0	85.7	0.33, 0.5665	1.89, 0.1724
CURRENTLY EMPLOYED⁴	63.8	65.2	66.2	1.61, 0.2073	0.29, 0.5936
FAMILY INCOME					
< \$20,000	18.2	18.5	19.4	1.01, 0.3905	0.50, 0.6854
\$20,000-\$49,999	31.0	31.7	33.3		
\$50,000-\$74,999	17.5	16.8	16.3		
≥ \$75,000	33.3	33.0	31.0		
PARTICIPATED IN GOVERNMENT PROGRAM⁶ RECEIVED INCOME	19.1	20.5	24.7	12.96, 0.0005 ^c	6.99, 0.0094 ^c
Social Security	27.2	26.2	26.4	0.20, 0.6557	0.01, 0.9049
Wages	82.4	82.8	68.6	77.07, 0.0000 ^c	74.48, 0.0000 ^c
Supplemental Security Income	7.0	7.6	9.4	7.66, 0.0067 ^c	3.50, 0.0641
Food Stamps	14.6	15.6	17.6	4.88, 0.0293 ^c	1.98, 0.1628
Welfare Payments	2.5	2.3	3.6	4.70, 0.0324 ^c	7.46, 0.0074
BETTER PROVIDER OF INFORMATION⁵	19.0	20.1	22.3	7.82, 0.0062 ^c	3.48, 0.0650
USED PROXY	13.7	13.9	15.7	4.87, 0.0296 ^c	4.03, 0.0473 ^c

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Education and employment estimates are based only on respondents aged 18 or older. Sample sizes for respondents 18 or older are $n = 43,509$ for 2011 comparison, $n = 1,503$ for QFT, and $n = 20,748$ for 2012 comparison.

⁵ Respondents with unknown data were excluded.

⁶ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-7 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and P Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison (n = 22,419)¹	2012 Comparison (n = 10,465)^{1,2}	2012 QFT (n = 541)^{1,3}	2011 Comparison vs. QFT Chi-Square Statistic, P Value	2012 Comparison vs. QFT Chi-Square Statistic, P Value
EDUCATION					
< High School	N/A	N/A	N/A	N/A	N/A
High School Graduate	N/A	N/A	N/A		
Some College	N/A	N/A	N/A		
College Graduate	N/A	N/A	N/A		
OVERALL HEALTH⁴					
Excellent	34.1	35.9	33.0	0.96, 0.4162	1.54, 0.2098
Very Good	42.2	41.3	41.5		
Good	20.1	19.2	20.4		
Fair/Poor	3.6	3.5	5.1		
COVERED BY ANY HEALTH INSURANCE	93.4	92.8	91.4	2.66, 0.1057	1.16, 0.2844
CURRENTLY EMPLOYED	N/A	N/A	N/A	N/A	N/A
FAMILY INCOME					
< \$20,000	16.6	18.0	22.1	3.52, 0.0176 ^c	2.65, 0.0530
\$20,000-\$49,999	31.2	29.6	32.7		
\$50,000-\$74,999	16.8	16.7	12.3		
≥ \$75,000	35.4	35.7	32.9		
PARTICIPATED IN GOVERNMENT PROGRAM⁵ RECEIVED INCOME	25.4	26.4	32.2	7.66, 0.0067 ^c	5.53, 0.0205 ^c
Social Security	12.2	11.1	12.7	0.08, 0.7725	0.80, 0.3728
Wages	89.4	89.6	65.6	140.89, 0.0000 ^c	148.82, 0.0000 ^c
Supplemental Security Income	7.6	7.8	9.9	2.18, 0.1430	1.99, 0.1609
Food Stamps	20.9	21.4	27.7	8.38, 0.0046 ^c	6.90, 0.0099 ^c
Welfare Payments	4.2	4.0	5.6	1.72, 0.1927	2.60, 0.1098
BETTER PROVIDER OF INFORMATION⁴	88.2	89.2	90.4	1.36, 0.2465	0.39, 0.5322
USED PROXY	83.8	84.5	83.8	0.00, 0.9779	0.09, 0.7711

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Respondents with unknown data were excluded.

⁵ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-8 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and P Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison (n = 21,662)¹	2012 Comparison (n = 10,336)^{1,2}	2012 QFT (n = 504)^{1,3}	2011 Comparison vs. QFT Chi-Square Statistic, P Value	2012 Comparison vs. QFT Chi-Square Statistic, P Value
EDUCATION					
< High School	15.6	12.0	13.8	0.36, 0.7811	0.57, 0.6356
High School Graduate	34.0	35.7	34.9		
Some College	35.7	36.4	37.6		
College Graduate	14.7	15.9	13.7		
OVERALL HEALTH⁴					
Excellent	30.4	29.9	33.0	0.67, 0.5718	0.67, 0.5706
Very Good	42.3	41.9	38.8		
Good	22.1	22.7	23.1		
Fair/Poor	5.2	5.5	5.1		
COVERED BY ANY HEALTH INSURANCE	75.9	78.6	75.6	0.02, 0.8850	2.00, 0.1604
CURRENTLY EMPLOYED	63.8	66.5	69.9	6.35, 0.0133 ^c	1.92, 0.1683
FAMILY INCOME					
< \$20,000	33.8	34.9	40.3	1.34, 0.2657	0.81, 0.4912
\$20,000-\$49,999	33.0	32.3	28.4		
\$50,000-\$74,999	13.2	13.3	13.6		
≥ \$75,000	20.0	19.5	17.7		
PARTICIPATED IN GOVERNMENT PROGRAM⁵ RECEIVED INCOME	25.1	24.6	30.3	4.31, 0.0403 ^c	5.21, 0.0245 ^c
Social Security	9.4	9.2	9.2	0.02, 0.8891	0.00, 0.9815
Wages	91.6	91.0	68.8	171.05, 0.0000 ^c	97.07, 0.0000 ^c
Supplemental Security Income	6.2	5.7	9.8	6.55, 0.0119 ^c	8.35, 0.0047 ^c
Food Stamps	20.1	20.2	21.9	0.49, 0.4834	0.46, 0.5004
Welfare Payments	4.3	3.8	5.1	0.66, 0.4185	2.08, 0.1518
BETTER PROVIDER OF INFORMATION⁴	20.7	22.7	29.9	16.30, 0.0001 ^c	9.25, 0.0030 ^c
USED PROXY	12.6	13.0	16.6	5.14, 0.0255 ^c	4.27, 0.0412 ^c

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Respondents with unknown data were excluded.

⁵ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-9 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and P Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison (n = 21,847)¹	2012 Comparison (n = 10,412)^{1,2}	2012 QFT (n = 999)^{1,3}	2011 Comparison vs. QFT Chi-Square Statistic, P Value	2012 Comparison vs. QFT Chi-Square Statistic, P Value
EDUCATION					
< High School	10.9	11.4	12.1	4.99, 0.0028 ^c	3.87, 0.0113 ^c
High School Graduate	29.7	29.1	25.1		
Some College	26.0	26.2	31.1		
College Graduate	33.4	33.3	31.7		
OVERALL HEALTH⁴					
Excellent	21.9	20.6	19.0	1.71, 0.1687	1.35, 0.2609
Very Good	37.0	36.8	40.5		
Good	27.1	27.7	27.4		
Fair/Poor	14.1	14.9	13.1		
COVERED BY ANY HEALTH INSURANCE	87.2	87.8	86.8	0.14, 0.7125	0.76, 0.3858
CURRENTLY EMPLOYED	63.8	65.0	65.6	0.64, 0.4241	0.08, 0.7800
FAMILY INCOME					
< \$20,000	15.6	15.7	15.3	1.21, 0.3111	0.45, 0.7197
\$20,000-\$49,999	30.7	31.8	34.3		
\$50,000-\$74,999	18.3	17.5	17.3		
≥ \$75,000	35.4	35.1	33.1		
PARTICIPATED IN GOVERNMENT PROGRAM⁵ RECEIVED INCOME	17.3	19.0	22.7	10.39, 0.0017 ^c	4.36, 0.0391 ^c
Social Security	32.3	31.2	31.3	0.23, 0.6293	0.00, 0.9778
Wages	79.8	80.4	69.0	32.13, 0.0000 ^c	33.14, 0.0000 ^c
Supplemental Security Income	7.0	8.0	9.3	4.71, 0.0322 ^c	1.39, 0.2404
Food Stamps	12.7	14.0	15.5	3.80, 0.0538	1.00, 0.3191
Welfare Payments	2.0	1.8	3.1	4.36, 0.0393 ^c	5.90, 0.0168 ^c
BETTER PROVIDER OF INFORMATION⁴	7.3	8.2	10.2	7.02, 0.0093 ^c	2.79, 0.0976
USED PROXY	4.8	4.9	6.7	5.74, 0.0183 ^c	4.82, 0.0304 ^c

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Respondents with unknown data were excluded.

⁵ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-10 Demographic and Geographic Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and P Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison ¹			2012 Comparison ^{1,2}			2012 QFT ^{1,3}			QFT vs. 2011 Chi-Square Statistic, P Value Wtd	QFT vs. 2012 Chi-Square Statistic, P Value Wtd	QFT vs. 2011 Chi-Square Statistic, P Value Unwtd	QFT vs. 2012 Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
Education⁴													
< High School	5,922	13.6	11.6	2,483	12.0	11.5	187	12.4	12.4	5.38, 0.0018 ^c	4.45, 0.0055 ^c	5.54, 0.0014 ^c	6.27, 0.0006 ^c
High School Graduate	14,119	32.5	30.3	6,859	33.1	30.1	426	28.3	26.6				
Some College	13,434	30.9	27.4	6,466	31.2	27.7	531	35.3	32.1				
College Graduate	10,034	23.1	30.6	4,940	23.8	30.7	359	23.9	29.0				
Employment⁴													
Full-Time	20,420	46.9	49.7	10,345	49.9	51.3	798	53.1	52.0	0.64, 0.5933	0.10, 0.9589	6.60, 0.0004 ^c	2.80, 0.0437 ^c
Part-Time	8,615	19.8	14.1	3,934	19.0	13.9	245	16.3	14.2				
Unemployed	3,899	9.0	5.8	1,701	8.2	5.5	111	7.4	5.5				
Other ⁵	10,575	24.3	30.4	4,768	23.0	29.3	349	23.2	28.3				
Region													
Northeast	12,701	19.3	18.6	6,480	20.8	18.6	375	18.3	18.7	0.19, 0.9008	0.15, 0.9308	5.89, 0.0009 ^c	11.07, 0.0000 ^c
Midwest	19,008	28.8	22.6	9,099	29.2	22.6	458	22.4	23.0				
South	22,158	33.6	37.4	9,724	31.2	37.4	824	40.3	38.0				
West	12,061	18.3	21.4	5,910	18.9	21.4	387	18.9	20.2				
County Type													
Large Metro	28,475	43.2	52.6	13,865	44.4	52.6	1,045	51.1	51.8	0.86, 0.4244	0.71, 0.4931	3.02, 0.0529	2.15, 0.1218
Small Metro	23,627	35.8	31.3	10,789	34.6	31.1	612	29.9	28.4				
Nonmetro	13,826	21.0	16.1	6,559	21.0	16.3	387	18.9	19.8				

K-10

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test; unwtd = unweighted; wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Education and employment estimates are based only on respondents aged 18 or older. Sample sizes for respondents 18 or older are $n = 43,509$ for 2011 comparison, $n = 1,503$ for QFT, and $n = 20,748$ for 2012 comparison.

⁵ The Other Employment category includes student, persons keeping house or caring for children full time, retired or disabled person, or other persons not in the labor force.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-11 Geographic Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and P Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison ¹			2012 Comparison ^{1,2}			2012 QFT ^{1,3}			QFT vs. 2011 Chi-Square Statistic, P Value Wtd	QFT vs. 2012 Chi-Square Statistic, P Value Wtd	QFT vs. 2011 Chi-Square Statistic, P Value Unwtd	QFT vs. 2012 Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
Region													
Northeast	4,321	19.3	17.4	2,077	19.8	16.9	78	14.4	13.2	2.61, 0.0553	1.79, 0.1535	6.12, 0.0007 ^c	9.02, 0.0000 ^c
Midwest	6,337	28.3	22.4	3,099	29.6	22.6	117	21.6	22.1				
South	7,708	34.4	37.5	3,238	30.9	38.2	245	45.3	44.6				
West	4,053	18.1	22.7	2,051	19.6	22.3	101	18.7	20.1				
County Type													
Large Metro	9,744	43.5	53.3	4,695	44.9	54.5	272	50.3	51.6	0.10, 0.9084	0.24, 0.7853	1.51, 0.2260	0.94, 0.3925
Small Metro	7,926	35.4	31.2	3,568	34.1	30.4	171	31.6	31.8				
Nonmetro	4,749	21.2	15.5	2,202	21.0	15.1	98	18.1	16.5				

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test; unwtd = unweighted; wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-12 Demographic and Geographic Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and P Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison ¹			2012 Comparison ^{1,2}			2012 QFT ^{1,3}			QFT vs. 2011 Chi-Square Statistic, P Value Wtd	QFT vs. 2012 Chi-Square Statistic, P Value Wtd	QFT vs. 2011 Chi-Square Statistic, P Value Unwtd	QFT vs. 2012 Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
Education													
< High School	3,509	16.2	15.6	1,316	12.7	12.0	68	13.5	13.8	0.36, 0.7811	0.57, 0.6356	1.79, 0.1544	1.64, 0.1843
High School Graduate	7,609	35.1	34.0	3,816	36.9	35.7	183	36.3	34.9				
Some College	7,531	34.8	35.7	3,666	35.5	36.4	196	38.9	37.6				
College Graduate	3,013	13.9	14.7	1,538	14.9	15.9	57	11.3	13.7				
Employment										3.90, 0.0110 ^c	1.35, 0.2637	1.95, 0.1255	0.30, 0.8266
Full-Time	8,064	37.2	36.0	4,312	41.7	40.1	219	43.5	45.5				
Part-Time	5,908	27.3	27.8	2,685	26.0	26.4	121	24.0	24.4				
Unemployed	2,800	12.9	13.2	1,212	11.7	11.8	63	12.5	11.9				
Other ⁴	4,890	22.6	23.0	2,127	20.6	21.7	101	20.0	18.2				
Region										0.41, 0.7453	0.34, 0.7955	1.39, 0.2512	1.83, 0.1459
Northeast	4,148	19.1	18.2	2,203	21.3	18.8	100	19.8	20.8				
Midwest	6,236	28.8	22.0	2,909	28.1	20.7	118	23.4	22.7				
South	7,253	33.5	37.1	3,340	32.3	38.7	193	38.3	37.5				
West	4,025	18.6	22.7	1,884	18.2	21.8	93	18.5	19.0				
County Type										0.84, 0.4362	0.82, 0.4421	2.05, 0.1335	1.37, 0.2583
Large Metro	9,409	43.4	53.5	4,640	44.9	54.8	259	51.4	54.2				
Small Metro	7,989	36.9	32.4	3,672	35.5	31.5	150	29.8	28.3				
Nonmetro	4,264	19.7	14.0	2,024	19.6	13.7	95	18.8	17.5				

K-12

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test; unwtd = unweighted; wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The Other Employment category includes student, persons keeping house or caring for children full time, retired or disabled person, or other persons not in the labor force.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-13 Demographic and Geographic Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and P Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison ¹			2012 Comparison ^{1,2}			2012 QFT ^{1,3}			QFT vs. 2011 Chi-Square Statistic, P Value Wtd	QFT vs. 2012 Chi-Square Statistic, P Value Wtd	QFT vs. 2011 Chi-Square Statistic, P Value Unwtd	QFT vs. 2012 Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
Education													
< High School	2,413	11.0	10.9	1,167	11.2	11.4	119	11.9	12.1	4.99, 0.0028 ^c	3.87, 0.0113 ^c	8.57, 0.0000 ^c	9.06, 0.0000 ^c
High School Graduate	6,510	29.8	29.7	3,043	29.2	29.1	243	24.3	25.1				
Some College	5,903	27.0	26.0	2,800	26.9	26.2	335	33.5	31.1				
College Graduate	7,021	32.1	33.4	3,402	32.7	33.3	302	30.2	31.7				
Employment													
Full-Time	12,356	56.6	52.1	6,033	57.9	53.3	579	58.0	53.2	0.24, 0.8691	0.09, 0.9664	0.25, 0.8628	0.07, 0.9754
Part-Time	2,707	12.4	11.7	1,249	12.0	11.7	124	12.4	12.4				
Unemployed	1,099	5.0	4.5	489	4.7	4.4	48	4.8	4.3				
Other ⁴	5,685	26.0	31.7	2,641	25.4	30.7	248	24.8	30.1				
Region													
Northeast	4,232	19.4	18.8	2,200	21.1	18.8	197	19.7	19.1	0.04, 0.9908	0.05, 0.9859	4.38, 0.0060 ^c	7.07, 0.0002 ^c
Midwest	6,435	29.5	22.7	3,091	29.7	22.9	223	22.3	23.2				
South	7,197	32.9	37.5	3,146	30.2	37.1	386	38.6	37.3				
West	3,983	18.2	21.0	1,975	19.0	21.2	193	19.3	20.4				
County Type													
Large Metro	9,322	42.7	52.3	4,530	43.5	51.9	514	51.5	51.5	0.87, 0.4218	0.68, 0.5080	2.97, 0.0556	2.48, 0.0883
Small Metro	7,712	35.3	31.2	3,549	34.1	31.1	291	29.1	28.0				
Nonmetro	4,813	22.0	16.5	2,333	22.4	17.0	194	19.4	20.6				

K-13

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test; unwtd = unweighted; wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ The Other Employment category includes student, persons keeping house or caring for children full time, retired or disabled person, or other persons not in the labor force.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-14 Perceived Great Risk of Harm Associated with Substance Use among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Perception of Great Risk ¹	2011 Comparison (n = 65,928) ²	2012 Comparison (n = 31,213) ^{2,3}	2012 QFT (n = 2,044) ^{2,4}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
PERCEPTIONS OF GREAT RISK - CIGARETTES					
Smoke one or more packs per day	70.7	70.4	69.2	1.5 (1.48)	1.2 (1.49)
PERCEPTIONS OF GREAT RISK - MARIJUANA					
Smoke once a month	30.3	28.6	30.2	0.0 (1.56)	-1.6 (1.59)
Smoke once or twice a week	40.7	38.5	38.8	2.0 (1.63)	-0.2 (1.70)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Response categories for the Perceptions of Risk questions include "No risk," "Slight risk," "Moderate risk," and "Great risk." The estimates in this table correspond to persons reporting "Great risk." Respondents with unknown Perceptions of Risk data were excluded.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-15 Number of Years Since Last Use for Selected Substances among Lifetime Users Aged 12 to 49: Averages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 58,401)¹	2012 Comparison (n = 27,652)^{1,2}	2012 QFT (n = 1,725)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Cigarettes	10.4	10.2	10.6	-0.2 (0.59)	-0.4 (0.60)
Alcohol	2.7	2.3	3.0	-0.3 (0.36)	-0.7 (0.37)
Marijuana	9.9	9.7	9.3	0.6 (0.58)	0.4 (0.61)
Cocaine	10.8	10.2	9.7	1.1 (0.75)	0.5 (0.77)
Hallucinogens	11.3 ^a	10.9	9.6	1.7 (0.72)	1.2 (0.74)
Inhalants	13.4	13.5	13.3	0.0 (0.91)	0.2 (0.96)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

NOTE: If respondents reported last using a substance more than 30 days ago but within the past 12 months, the number of years since last use was assumed to be zero, regardless of whether they reported last use more than a year ago based on the age, year, or month when they last used. In addition, the number of years since last use was set to zero for past month substance users, but they were not asked the questions pertaining to prior substance use.

NOTE: Within each set of data, sample sizes will vary by substance because nonusers of the substance were excluded from the analysis.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-16 Received Substance Use Treatment in Lifetime and Past Year and Types of Past Year Substance Use Treatment among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance Use Treatment	2011 Comparison (n = 65,928)¹	2012 Comparison (n = 31,213)^{1,2}	2012 QFT (n = 2,044)^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
LIFETIME TREATMENT	5.9	6.2	6.6	-0.7 (0.78)	-0.4 (0.84)
PAST YEAR TREATMENT	1.4	1.4	1.5	-0.1 (0.32)	-0.0 (0.32)
Alcohol use only	0.6	0.6	0.5	0.1 (0.15)	0.1 (0.15)
Drug use only	0.4	0.5	0.4	-0.0 (0.15)	0.1 (0.15)
Both alcohol and drug use	0.4	0.4	0.6	-0.2 (0.20)	-0.2 (0.21)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-17 Adult Mental Health Treatment in the Past Year and Type of Facility Where Received Treatment among Persons Aged 18 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Past Year Mental Health Treatment ¹	2011 Comparison (n = 43,509) ²	2012 Comparison (n = 20,748) ^{2,3}	2012 QFT (n = 1,503) ^{2,4}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
STAYED OVERNIGHT IN HOSPITAL FOR MENTAL HEALTH TREATMENT	0.8	0.7	0.9	-0.1 (0.23)	-0.2 (0.23)
FACILITY TYPE – OVERNIGHT MENTAL HEALTH TREATMENT⁵					
Private or Public Psychiatric Hospital	0.2	0.2	0.1	0.1 (0.10)	0.0 (0.11)
Psychiatric Unit – General Hospital	0.2	0.2	0.3	-0.0 (0.12)	-0.1 (0.12)
Medical unit – General Hospital	0.2	0.2	0.3	-0.1 (0.08)	-0.1 (0.09)
Another Type of Hospital	0.1 ^a	0.1 ^a	0.0*	0.1 (0.02)	0.1 (0.03)
Residential Treatment Center	0.1	0.1	0.1	-0.0 (0.08)	-0.0 (0.09)
Other Facility	0.1	0.0	0.1	-0.1 (0.09)	-0.1 (0.09)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Respondents with unknown mental health treatment information were excluded.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ QFT data collected from September 1 through November 3, 2012.

⁵ Respondents could indicate multiple locations for treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-18 Youth Mental Health Treatment in the Past Year and Number of Nights Received Treatment among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and P Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

	2011 Comparison (n = 22,419) ²	2012 Comparison (n = 10,465) ^{2,3}	2012 QFT (n = 541) ^{2,4}	2011 Comparison vs. QFT Chi-Square Statistic, P Value	2012 Comparison vs. QFT Chi-Square Statistic, P Value
Past Year Mental Health Treatment¹					
STAYED OVERNIGHT IN HOSPITAL FOR MENTAL HEALTH TREATMENT					
Yes	1.8	2.0	2.3	0.41, 0.5220	0.09, 0.7617
No	98.2	98.0	97.7		
NUMBER OF NIGHTS IN HOSPITAL FOR MENTAL HEALTH TREATMENT					
1 Night	48.9	46.9	49.3*	0.31, 0.7322	0.03, 0.9701
2 to 6 Nights	23.8	33.1	34.6*		
7 or More Nights	27.3	20.0	16.1*		
STAYED OVERNIGHT IN RESIDENTIAL TREATMENT CENTER FOR MENTAL HEALTH TREATMENT					
Yes	1.0	0.9	2.0	3.29, 0.0725	4.72, 0.0320 ^c
No	99.0	99.1	98.0		
NUMBER OF NIGHTS IN RESIDENTIAL TREATMENT CENTER FOR MENTAL HEALTH TREATMENT					
1 Night	35.1	26.0*	24.4*	0.60, 0.5481	0.33, 0.7180
2 to 6 Nights	26.2	30.5	45.7*		
7 or More Nights	38.8	43.4	29.9*		

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Respondents with unknown mental health treatment information were excluded.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-19 Selected Mental Health Measures among Persons Aged 18 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Mental Health Measure	2011 Comparison (n = 43,509) ¹	2012 Comparison (n = 20,748) ^{1,2}	2012 QFT (n = 1,503) ^{1,3}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Past Month SPD ⁴	4.7 ^a	5.3 ^a	3.6	1.1 (0.51)	1.6 (0.57)
Past Year SPD ⁴	10.4 ^a	10.7 ^a	8.5	1.9 (0.69)	2.1 (0.82)
Past Year Thoughts of Suicide ⁵	3.8	3.9	3.0	0.8 (0.45)	0.9 (0.47)
Past Year Suicide Plans ⁵	1.1	1.0	1.2	-0.1 (0.31)	-0.1 (0.31)
Past Year Attempted Suicide ⁵	0.5	0.5	0.6	-0.1 (0.20)	-0.1 (0.20)
Several Days or Longer Felt Sad, Empty, or Depressed ⁶	31.2	31.1	28.7	2.6 (1.41)	2.4 (1.57)
Several Days When Most of the Day Felt Very Discouraged ⁶	12.5	12.0	11.3	1.2 (1.22)	0.7 (1.30)
Several Days or Longer Lost Interest in Things Usually Enjoyable ⁶	4.2	4.3	4.7	-0.5 (1.07)	-0.5 (1.14)
Average Past Month Total K6 Score ⁷	3.8	3.9 ^a	3.5	0.2 (0.13)	0.3 (0.14)
Average Past Year Worst K6 Total Score ⁷	4.9	5.0	4.6	0.3 (0.16)	0.3 (0.18)
Average WHODAS Score (0 to 24)	3.5	3.7 ^a	3.3	0.3 (0.15)	0.4 (0.16)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

K6 = Kessler 6; QFT = Questionnaire Field Test; SPD = serious psychological distress; WHODAS = World Health Organization Disability Assessment Schedule.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ SPD is defined as having a score of 13 or higher on the K6 scale.

⁵ Respondents with unknown suicide information were excluded.

⁶ Respondents with unknown depression information were excluded.

⁷ The K6 score is derived from 12 questions asking the frequency that a respondent experienced symptoms of psychological distress. Six new questions were asked for the first time in 2008 to all respondents aged 18 or older about their past 30-day symptoms. Responses to these six questions are combined to produce the past month score ranging from 0 to 24. The original six questions are then only asked respondents who reported that there was a month in the past year when they felt more symptoms than they felt in the past 30 days, and a score ranging from 0 to 24 is produced. The maximum of these two scores is taken to create the past year K6 score.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-20 Adolescent Depression Characteristics among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Depression Characteristic¹	2011 Comparison (n = 22,419)²	2012 Comparison (n = 10,465)^{2,3}	2012 QFT (n = 541)^{2,4}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Several Days or Longer Felt Sad, Empty or Depressed	43.2	43.0	43.4	-0.2 (2.38)	-0.4 (2.39)
Several Days When Most of the Day Felt Very Discouraged	8.4	8.0	7.7	0.7 (1.88)	0.2 (1.98)
Several Days or Longer Lost Interest in Things Usually Enjoyable	14.6	15.0	14.3	0.3 (2.22)	0.7 (2.31)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Respondents with unknown depression information were excluded.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-21 Arrested and Booked in Lifetime and Past Year for Breaking the Law among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Arrested and Booked¹	2011 Comparison (n = 65,928)²	2012 Comparison (n = 31,213)^{2,3}	2012 QFT (n = 2,044)^{2,4}	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
TIME PERIOD					
Lifetime	16.6	17.3	16.9	-0.3 (1.16)	0.4 (1.22)
Past Year	3.1	3.1	3.2	-0.0 (0.43)	-0.1 (0.47)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

^a Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

¹ Respondents with unknown arrested and booked information were excluded.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Appendix L: Detailed Tables for Prescription Drug Use and Misuse in the 2012 Questionnaire Field Test and Data from Sources Other than NSDUH

Table L-1 Comparison of Data for Pain Relievers from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT, ¹ Percent (SE) Any Past Year Use ²	NSDUH QFT, ¹ Percent (SE) Past Year Use But Not Misuse ³	NSDUH QFT, ¹ Percent (SE) Past Year Misuse ²	NAMCS, Number of Mentions in Thousands (SE) ⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE) ⁴
Any Prescription Pain Reliever⁵/Any Narcotic Analgesic⁶	38.9 (1.61)	32.9 (1.35)	6.0 (0.75)	77,194 (6,493)	8,744 (1,161)
Vicodin [®] , Lortab [®] , Lorcet [®] , or Hydrocodone ⁷	25.4 (1.48)	21.5 (1.27)	3.8 (0.53)	35,868 (3,520)	2,890 (378)
Vicodin [®]	12.9 (1.18)	10.5 (1.02)	2.4 (0.44)	15,684 (1,650)	1,475 (259)
Lortab [®]	5.5 (0.70)	4.5 (0.62)	1.0 (0.26)	9,671 (1,996)	690 (160)
Lorcet [®]	1.1 (0.25)	0.8 (0.22)	0.3 (0.11)	1,529* (941)	28* (14)
Hydrocodone ⁷	14.4 (1.17)	12.4 (1.06)	1.9 (0.35)	8,984 (1,393)	697 (139)
OxyContin [®] , Percocet [®] , Percodan [®] , Tylox [®] , or Oxycodone ^{8,9}	12.6 (1.10)	10.5 (0.99)	2.1 (0.34)	13,517 (1,543)	1,957 (284)
OxyContin ^{®9}	2.4 (0.35)	1.6 (0.29)	0.8 (0.20)	1,708 (345)	146 (37)
Percocet [®]	6.5 (0.83)	5.4 (0.75)	1.0 (0.23)	7,125 (965)	1,206 (196)
Percodan [®]	0.4 (0.15)	0.2 (0.12)	0.2 (0.08)	51* (51)	1* (1)
Tylox [®]	0.3 (0.13)	0.3 (0.12)	0.0 (0.03)	151* (101)	18* (18)
Oxycodone ⁸	6.8 (0.92)	5.6 (0.87)	1.2 (0.27)	4,481 (630)	586 (105)
Darvocet [®] , Darvon [®] , or Propoxyphene ⁷	2.1 (0.44)	2.0 (0.43)	0.1 (0.07)	7,944 (1,158)	600 (142)
Darvocet [®]	1.6 (0.41)	1.5 (0.39)	0.1 (0.07)	6,932 (996)	537 (132)
Darvon [®]	0.5 (0.29)	0.5 (0.29)	0.0* (0.00)	316* (203)	23* (13)
Propoxyphene ⁷	0.2 (0.11)	0.2 (0.11)	0.0* (0.00)	696* (219)	40* (22)
Ultram [®] , Ultram [®] ER, Ultracet [®] , Ryzolt [®] , or Tramadol ⁷	6.4 (0.78)	5.3 (0.68)	1.0 (0.26)	11,690 (1,563)	1,548 (198)
Ultram [®]	2.1 (0.55)	1.7 (0.42)	0.5 (0.18)	4,175 (877)	456 (97)
Ultram [®] ER	0.4 (0.23)	0.4 (0.23)	0.0* (0.00)	173* (103)	0* (0)
Ultracet [®]	0.3 (0.15)	0.2 (0.12)	0.1 (0.10)	427* (181)	33* (21)
Ryzolt [®]	0.0 (0.02)	0.0 (0.02)	0.0* (0.00)	39* (33)	0* (0)
Tramadol ⁷	4.5 (0.56)	3.9 (0.54)	0.5 (0.16)	6,876 (1,057)	1,059 (142)

(continued)

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

² Persons with unknown data are excluded.

³ Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴ Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

⁵ NSDUH QFT measure.

⁶ NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.

⁷ For NAMCS/NHAMCS: generic or generic with acetaminophen.

⁸ For NAMCS/NHAMCS: generic, generic with acetaminophen, or generic with aspirin.

⁹ For NSDUH: The past year OxyContin[®] misuse estimate in these tables may differ from the estimate in the "Detailed Tables for Methamphetamine and Prescription Drug Estimates" due to the availability of edited and imputed data.

(Source information is included on the last page of the table.)

Table L-1 Comparison of Data for Pain Relievers from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT, ¹ Percent (SE) Any Past Year Use ²	NSDUH QFT, ¹ Percent (SE) Past Year Use But Not Misuse ³	NSDUH QFT, ¹ Percent (SE) Past Year Misuse ²	NAMCS, Number of Mentions in Thousands (SE) ⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE) ⁴
Tylenol [®] with Codeine 3 or 4, or Codeine Pills ⁷	11.5 (0.99)	9.8 (0.93)	1.7 (0.29)	3,185 (476)	444 (86)
Tylenol [®] with Codeine 3 or 4 Codeine Pills ⁷	10.9 (0.98)	9.3 (0.93)	1.5 (0.27)	2,395 (391)	324 (67)
Avinza [®] , Kadian [®] , MS Contin [®] , Oramorph [®] SR, or Morphine	1.6 (0.30)	1.3 (0.28)	0.3 (0.11)	790* (262)	120* (37)
Avinza [®]	4.0 (0.59)	3.6 (0.57)	0.4 (0.15)	1,408 (272)	405 (120)
Kadian [®]	0.1 (0.11)	0.1 (0.11)	0.0* (0.00)	35* (26)	0* (0)
MS Contin [®]	0.1 (0.05)	0.0 (0.04)	0.0 (0.03)	124* (82)	55* (42)
Oramorph [®] SR	0.1 (0.06)	0.1 (0.06)	0.0* (0.00)	463* (156)	121* (50)
Morphine	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	26* (26)	0* (0)
Actiq [®] , Duragesic [®] , Fentora [®] , or Fentanyl	3.7 (0.54)	3.3 (0.52)	0.4 (0.14)	760 (155)	229 (65)
Actiq [®]	0.9 (0.27)	0.8 (0.27)	0.1 (0.05)	1,848 (325)	1,026* (372)
Duragesic [®]	0.1 (0.11)	0.1 (0.11)	0.0* (0.00)	0* (0)	4* (4)
Fentora [®]	0.1 (0.05)	0.1 (0.05)	0.0* (0.00)	572* (174)	65* (30)
Fentanyl	0.0 (0.04)	0.0 (0.04)	0.0* (0.00)	13* (13)	0* (0)
Suboxone [®] , Subutex [®] , or Buprenorphine	0.7 (0.23)	0.6 (0.24)	0.1 (0.05)	1,263 (280)	957* (369)
Suboxone [®]	1.0 (0.25)	0.6 (0.22)	0.4 (0.13)	1,535* (650)	88* (32)
Subutex [®]	0.7 (0.23)	0.5 (0.21)	0.2 (0.10)	1,287* (471)	87* (32)
Buprenorphine	0.3 (0.11)	0.2 (0.08)	0.1 (0.07)	8* (8)	1* (1)
Demerol [®]	0.0 (0.04)	0.0* (0.00)	0.0 (0.04)	239* (211)	0* (0)
Dilaudid [®]	0.7 (0.15)	0.6 (0.15)	0.0 (0.04)	310* (154)	343* (251)
Methadone	0.9 (0.23)	0.6 (0.21)	0.3 (0.08)	858 (218)	106* (36)
Opana [®] or Opana [®] ER	0.6 (0.17)	0.3 (0.13)	0.3 (0.11)	1,518 (341)	146 (38)
Opana [®]	0.3 (0.09)	0.1 (0.05)	0.2 (0.07)	39* (25)	5* (4)
Opana [®] ER	0.1 (0.06)	0.0 (0.04)	0.1 (0.05)	19* (14)	5* (4)
	0.2 (0.08)	0.1 (0.06)	0.1 (0.05)	21* (21)	0* (0)

(continued)

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

² Persons with unknown data are excluded.

³ Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴ Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

⁷ For NAMCS/NHAMCS: generic or generic with acetaminophen.

(Source information is included on the last page of the table.)

Table L-1 Comparison of Data for Pain Relievers from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT, ¹ Percent (SE) Any Past Year Use ²	NSDUH QFT, ¹ Percent (SE) Past Year Use But Not Misuse ³	NSDUH QFT, ¹ Percent (SE) Past Year Misuse ²	NAMCS, Number of Mentions in Thousands (SE) ⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE) ⁴
Talacen [®] , Talwin [®] , or Talwin [®] NX	0.1 (0.04)	0.0 (0.03)	0.0 (0.02)	117* (93)	0* (0)
Talacen [®]	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	91* (91)	0* (0)
Talwin [®]	0.0 (0.03)	0.0* (0.00)	0.0 (0.02)	27* (27)	0* (0)
Talwin [®] NX	0.0 (0.03)	0.0 (0.03)	0.0* (0.00)	0* (0)	0* (0)
Any Other Prescription Pain Reliever	8.7 (0.81)	8.5 (0.80)	0.2 (0.09)	N/A	N/A

*Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

N/A: Not applicable (NSDUH) or not available (NAMCS/NHAMCS).

¹Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

²Persons with unknown data are excluded.

³Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Ambulatory Medical Care Survey (NAMCS), 2010, National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

Table L-2 Comparison of Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT, ¹ Percent (SE) Any Past Year Use ²	NSDUH QFT, ¹ Percent (SE) Past Year Use But Not Misuse ³	NSDUH QFT, ¹ Percent (SE) Past Year Misuse ²	NAMCS, Number of Mentions in Thousands (SE) ⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE) ⁴
Any Tranquilizer ⁵	15.2 (1.23)	12.9 (1.10)	2.4 (0.38)	N/A	N/A
Any Sedative ⁵	7.3 (0.78)	6.5 (0.70)	0.8 (0.22)	N/A	N/A
Any Tranquilizer or Any Sedative ⁶ /Any Anxiolytic, Sedative, Hypnotic, or Muscle Relaxant ⁷	19.3 (1.32)	16.9 (1.16)	2.8 (0.41)	114,180 (8,913)	13,078 (1,745)
Any Benzodiazepine	11.5 (1.12)	9.5 (1.00)	2.1 (0.37)	54,334 (4,534)	6,906 (1,139)
Xanax [®] , Xanax [®] XR, Alprazolam, or Extended-Release Alprazolam ⁷	6.3 (0.81)	4.7 (0.70)	1.5 (0.28)	18,498 (1,808)	1,711 (289)
Xanax [®]	4.7 (0.67)	3.4 (0.58)	1.4 (0.27)	12,532 (1,300)	1,159 (223)
Xanax [®] XR	0.4 (0.15)	0.2 (0.10)	0.2 (0.11)	80* (61)	4* (4)
Alprazolam	1.5 (0.34)	1.2 (0.32)	0.3 (0.11)	5,887 (935)	548 (108)
Extended-Release Alprazolam	0.4 (0.24)	0.4 (0.24)	0.0 (0.02)	N/A	N/A
Ativan [®] or Lorazepam ⁸	2.7 (0.41)	2.2 (0.36)	0.5 (0.15)	13,022 (1,447)	1,716 (368)
Ativan [®]	1.2 (0.31)	1.0 (0.30)	0.2 (0.07)	5,699 (884)	881 (191)
Lorazepam	2.0 (0.32)	1.5 (0.28)	0.4 (0.14)	7,323 (1,050)	835 (209)
Klonopin [®] or Clonazepam ⁸	2.7 (0.47)	2.2 (0.41)	0.5 (0.18)	11,814 (1,578)	1,455 (241)
Klonopin [®]	1.1 (0.26)	0.7 (0.19)	0.5 (0.16)	6,819 (1,228)	720 (139)
Clonazepam	2.0 (0.40)	1.9 (0.39)	0.2 (0.07)	4,994 (658)	735 (135)
Valium [®] or Diazepam ⁸	2.6 (0.50)	2.0 (0.44)	0.6 (0.17)	6,096 (841)	461 (100)
Valium [®]	1.9 (0.41)	1.3 (0.36)	0.5 (0.16)	3,638 (520)	239 (54)
Diazepam	1.0 (0.27)	0.8 (0.25)	0.1 (0.07)	2,458 (555)	222 (58)
Librium ^{®8}	0.1 (0.07)	0.1 (0.06)	0.0 (0.02)	430* (212)	18* (12)
Tranxene ^{®8}	0.0 (0.03)	0.0 (0.03)	0.0* (0.00)	201* (99)	5* (5)
Oxazepam (also known as Serax [®]) ⁸	0.1 (0.05)	0.1 (0.05)	0.0* (0.00)	164* (61)	17* (17)

(continued)

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.
 NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.
 N/A: Not applicable (NSDUH) or not available (NAMCS/NHAMCS).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

² Persons with unknown data are excluded.

³ Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴ Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

⁵ NSDUH QFT measure.

⁶ Created from NSDUH QFT summary measures for any tranquilizer and any sedative use or misuse.

⁷ NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.

⁸ Benzodiazepine that is included in the NSDUH tranquilizers module.

(Source information is included on the last page of the table.)

Table L-2 Comparison of Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT, ¹ Percent (SE) Any Past Year Use ²	NSDUH QFT, ¹ Percent (SE) Past Year Use But Not Misuse ³	NSDUH QFT, ¹ Percent (SE) Past Year Misuse ²	NAMCS, Number of Mentions in Thousands (SE) ⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE) ⁴
Dalmane [®] or Flurazepam ⁹	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	12* (12)	32* (26)
Dalmane	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0* (0)	6* (6)
Flurazepam	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	12* (12)	26* (25)
Halcion [®] or Triazolam ⁹	0.4 (0.21)	0.4 (0.21)	0.0* (0.00)	97* (60)	9* (5)
Halcion [®]	0.2 (0.18)	0.2 (0.18)	0.0* (0.00)	44* (29)	3* (1)
Triazolam	0.2 (0.11)	0.2 (0.11)	0.0* (0.00)	53* (53)	6* (5)
Restoril [®] or Temazepam ⁹	0.7 (0.26)	0.6 (0.25)	0.1 (0.07)	2,333 (368)	313* (97)
Restoril [®]	0.1 (0.07)	0.0* (0.00)	0.1 (0.07)	1,298 (273)	124* (48)
Temazepam	0.6 (0.25)	0.6 (0.25)	0.0* (0.00)	1,035 (214)	189* (58)
Flexeril [®] or Soma [®]	5.4 (0.69)	4.7 (0.65)	0.6 (0.16)	11,442 (1,373)	1,318 (188)
Flexeril [®]	4.2 (0.59)	3.8 (0.54)	0.4 (0.13)	8,438 (1,087)	1,103 (164)
Soma [®]	1.4 (0.33)	1.0 (0.30)	0.4 (0.11)	3,004 (688)	215* (68)
Buspiron (also known as BuSpar [®])	0.4 (0.20)	0.4 (0.20)	0.0 (0.02)	2,330 (365)	312 (64)
Hydroxyzine (also known as Atarax [®] or Vistaril [®])	0.6 (0.24)	0.6 (0.24)	0.0 (0.03)	3,649 (700)	676 (123)
Meprobamate (also known as Equanil [®] or Miltown [®])	0.0 (0.02)	0.0* (0.00)	0.0 (0.02)	114* (61)	0* (0)
Ambien [®] , Ambien [®] CR, Zolpidem, or Extended-Release Zolpidem	5.8 (0.77)	5.1 (0.68)	0.7 (0.21)	17,051 (1,757)	1,312 (192)
Ambien [®]	4.5 (0.63)	4.1 (0.57)	0.4 (0.15)	11,870 (1,377)	1,090 (167)
Ambien [®] CR	0.7 (0.22)	0.6 (0.22)	0.0 (0.02)	462* (154)	72* (29)
Zolpidem	1.6 (0.46)	1.2 (0.40)	0.4 (0.18)	4,719 (738)	150 (40)
Extended-Release Zolpidem	0.1 (0.07)	0.1 (0.07)	0.0* (0.00)	N/A	N/A
Lunesta [®]	1.1 (0.30)	0.9 (0.29)	0.1 (0.09)	2,365 (519)	119* (47)
Sonata [®] or Zaleplon	0.5 (0.24)	0.4 (0.24)	0.1 (0.06)	125* (53)	42* (20)
Sonata [®]	0.5 (0.24)	0.4 (0.24)	0.1 (0.06)	125* (53)	22* (10)
Zaleplon	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0* (0)	21* (16)

(continued)

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

² Persons with unknown data are excluded.

³ Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴ Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

⁹ Benzodiazepine that is included in the NSDUH sedatives module.

(Source information is included on the last page of the table.)

Table L-2 Comparison of Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT, ¹ Percent (SE) Any Past Year Use ²	NSDUH QFT, ¹ Percent (SE) Past Year Use But Note Misuse ³	NSDUH QFT, ¹ Percent (SE) Past Year Misuse ²	NAMCS, Number of Mentions in Thousands (SE) ⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE) ⁴
Butisol [®] , Seconal [®] , or Phenobarbital/ Barbiturates ¹⁰	0.3 (0.17)	0.2 (0.16)	0.0 (0.03)	673 (177)	72 (16)
Butisol [®]	0.0 (0.03)	0.0* (0.00)	0.0 (0.03)	0* (0)	0* (0)
Seconal [®]	0.1 (0.07)	0.1 (0.07)	0.0* (0.00)	N/A	N/A
Phenobarbital	0.2 (0.15)	0.2 (0.15)	0.0 (0.02)	527 (154)	64 (15)
Any Other Prescription Tranquilizer	1.7 (0.35)	1.7 (0.35)	0.0* (0.00)	N/A	N/A
Any Other Prescription Sedative	1.2 (0.27)	1.2 (0.27)	0.0 (0.02)	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

N/A: Not applicable (NSDUH) or not available (NAMCS/NHAMCS).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

² Persons with unknown data are excluded.

³ Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴ Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

¹⁰ NSDUH asks specifically about Butisol[®], Seconal[®], and phenobarbital. NAMCS and NHAMCS include a category for any barbiturates.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Ambulatory Medical Care Survey (NAMCS), 2010, National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

Table L-3 Comparison of Data for Stimulants from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT, ¹ Percent (SE) Any Past Year Use ²	NSDUH QFT, ¹ Percent (SE) Past Year Use But Not Misuse ³	NSDUH QFT, ¹ Percent (SE) Past Year Misuse ²	NAMCS, Number of Mentions in Thousands (SE) ⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE) ⁴
Any Prescription Stimulant⁵/Any Central Nervous System Stimulant⁶	6.0 (0.64)	3.9 (0.48)	2.1 (0.39)	17,054 (2,731)	1,437 (240)
Adderall [®] , Adderall [®] XR, Dexedrine [®] , Dextroamphetamine, or Amphetamine-Dextroamphetamine Combinations	3.3 (0.49)	1.7 (0.32)	1.6 (0.32)	4,860 (762)	351 (60)
Adderall [®]	2.2 (0.37)	1.0 (0.21)	1.3 (0.28)	3,464 (630)	241 (49)
Adderall [®] XR	1.2 (0.23)	0.6 (0.16)	0.6 (0.15)	1,153 (314)	101 (28)
Dexedrine [®]	0.3 (0.11)	0.1 (0.08)	0.1 (0.08)	193* (78)	2* (2)
Dextroamphetamine	0.2 (0.10)	0.1 (0.05)	0.1 (0.09)	13* (12)	7* (5)
Amphetamine-Dextroamphetamine Combinations ⁷	0.8 (0.27)	0.5 (0.22)	0.3 (0.12)	38* (28)	0* (0)
Ritalin [®] , Ritalin [®] SR, Ritalin [®] LA, Concerta [®] , Daytrana [®] , Metadate [®] CD, Metadate [®] ER, Focalin [®] , Focalin [®] XR, Methylphenidate, or Dexmethylphenidate	1.5 (0.27)	0.9 (0.21)	0.6 (0.15)	3,637 (664)	521 (120)
Ritalin [®]	0.5 (0.14)	0.3 (0.10)	0.2 (0.10)	799 (209)	160 (46)
Ritalin [®] SR or Ritalin [®] LA	0.3 (0.10)	0.1 (0.05)	0.2 (0.08)	80* (75)	0* (0)
Concerta [®]	0.6 (0.15)	0.4 (0.12)	0.2 (0.08)	1,470 (327)	225 (57)
Daytrana [®]	0.0 (0.02)	0.0* (0.00)	0.0 (0.02)	112* (85)	4* (3)
Metadate [®] CD	0.0 (0.02)	0.0 (0.02)	0.0* (0.00)	6* (6)	10* (9)
Metadate [®] ER	0.1 (0.06)	0.1 (0.06)	0.0* (0.00)	114* (94)	0* (0)
Focalin [®]	0.2 (0.10)	0.1 (0.09)	0.1 (0.05)	292* (124)	38* (17)
Focalin [®] XR	0.3 (0.13)	0.2 (0.10)	0.1 (0.05)	294* (123)	39* (37)
Methylphenidate	0.4 (0.13)	0.3 (0.12)	0.1 (0.09)	456* (153)	41* (16)
Dexmethylphenidate	0.2 (0.10)	0.1 (0.08)	0.1 (0.05)	14* (11)	4* (3)

(continued)

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

² Persons with unknown data are excluded.

³ Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴ Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

⁵ NSDUH QFT measure.

⁶ NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.

⁷ For NAMCS/NHAMCS, mentions of the generic equivalent drug, excluding mentions of Adderall[®] or Adderall[®] XR.

(Source information is included on the last page of the table.)

Table L-3 Comparison of Data for Stimulants from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT, ¹ Percent (SE) Any Past Year Use ²	NSDUH QFT, ¹ Percent (SE) Past Year Use But Not Misuse ³	NSDUH QFT, ¹ Percent (SE) Past Year Misuse ²	NAMCS, Number of Mentions in Thousands (SE) ⁴	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE) ⁴
Didrex [®] or Benzphetamine	0.1 (0.04)	0.1 (0.04)	0.0* (0.00)	3* (3)	6* (5)
Didrex [®]	0.0 (0.03)	0.0 (0.03)	0.0* (0.00)	0* (0)	6* (5)
Benzphetamine	0.0 (0.03)	0.0 (0.03)	0.0* (0.00)	3* (3)	0* (0)
Diethylpropion	0.0 (0.02)	0.0* (0.00)	0.0 (0.02)	0* (0)	0* (0)
Phendimetrazine	0.2 (0.15)	0.2 (0.15)	0.0* (0.00)	48* (48)	6* (6)
Phentermine	0.8 (0.23)	0.7 (0.22)	0.0 (0.03)	1,157* (515)	111* (36)
Provigil [®]	0.1 (0.06)	0.1 (0.06)	0.0* (0.00)	792 (209)	73* (24)
Tenuate [®]	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	389* (279)	19* (13)
Vyvanse [®]	0.7 (0.23)	0.5 (0.21)	0.2 (0.09)	1,142 (279)	130* (41)
Any Other Prescription Stimulant	1.1 (0.25)	1.0 (0.24)	0.1 (0.07)	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

N/A: Not applicable (NSDUH) or not available (NAMCS/NHAMCS).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

² Persons with unknown data are excluded.

³ Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

⁴ Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Ambulatory Medical Care Survey (NAMCS), 2010, National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

Table L-4 NSDUH Questionnaire Field Test and Monitoring the Future Comparisons for Past Year Misuse among Adolescents

Past Year Misuse¹	8th, 10th, 12th Graders Aged 12 to 20 Years Old, NSDUH QFT, Percent (SE)²	8th, 10th, 12th Graders, 2011 MTF, Percent²
Vicodin[®], Lortab[®], Lorcet[®], or Hydrocodone	3.0 (1.20)	N/A
Vicodin ^{®3}	1.5 (0.93)	5.1
OxyContin[®], Percocet[®], Percodan[®], Tylox[®], or Oxycodone	1.4 (0.69)	N/A
OxyContin ^{®3}	0.8 (0.54)	3.4
Prescription Tranquilizers	2.8 (1.12)	3.9
Prescription Stimulants⁴/Amphetamines⁵	0.7 (0.55)	5.9
Adderall ^{®3}	0.5* (0.51*)	4.1
Ritalin ^{®3}	0.0* (0.00*)	2.1

* NSDUH QFT low precision; estimate would be suppressed under NSDUH suppression rules.

MTF = Monitoring the Future; NSDUH QFT = NSDUH Questionnaire Field Test.

N/A: Not applicable.

¹ Defined in NSDUH as use "not directed for you by a doctor," including use without a prescription, in greater amounts, more often or longer than told to take a drug, or in some other way not directed by a doctor. Defined in MTF as use "not under a doctor's orders."

² NSDUH QFT data does not include Alaska or Hawaii and does not include Spanish-language interviews and were collected from September through November 3, 2012. MTF data were collected in spring 2011. Published standard errors are not available for MTF data for combined 8th to 12th graders.

³ NSDUH QFT respondents in in grades 8, 10, or 12 and aged 12 to 20 with unknown data were excluded.

⁴ NSDUH question wording.

⁵ MTF question wording.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 - November 3, 2012; University of Michigan, Monitoring the Future, 2011.

Table L-5 NSDUH Questionnaire Field Test and Monitoring the Future Comparisons for Past Year Misuse among Young Adults Aged 19 to 24

Past Year Misuse ¹	NSDUH QFT, Aged 19 to 20, Percent (SE) ²	2011 MTF, Aged 19 to 20, Percent ²	NSDUH QFT, Aged 21 to 22, Percent (SE) ²	2011 MTF, Aged 21 to 22, Percent ²	NSDUH QFT, Aged 23 to 24, Percent (SE) ²	2011 MTF, Aged 23 to 24, Percent ²
Prescription Pain Relievers³/Narcotics Other than Heroin⁴	15.9 (3.51)	7.7	12.1 (3.03)	7.7	15.8* (4.63*)	7.8
Vicodin[®], Lortab[®], Lorcet[®], or Hydrocodone	8.9 (2.91)	N/A	7.4 (2.30)	N/A	11.6* (4.04*)	N/A
Vicodin ^{®5}	4.2 (2.18)	6.8	2.9 (1.51)	7.1	7.6* (3.95*)	7.7
OxyContin[®], Percocet[®], Percodan[®], Tylox[®], or Oxycodone	8.2 (2.44)	N/A	5.3 (2.02)	N/A	7.6 (2.55)	N/A
OxyContin ^{®5}	3.6 (1.70)	3.3	2.4 (1.41)	2.8	3.2* (2.06*)	3.6
Prescription Tranquilizers	6.6 (2.28)	5.3	9.4 (2.75)	5.2	9.7 (2.68)	6.6
Prescription Stimulants³/Amphetamines⁴	8.1 (2.51)	8.7	11.0 (3.05)	8.8	6.0 (2.44)	8.8
Adderall ^{®5}	5.1 (2.15)	8.2	7.6 (2.50)	9.4	4.6 (2.14)	6.3
Ritalin ^{®5}	0.0* (0.00*)	2.0	1.1 (0.85)	2.3	1.0 (0.70)	2.0
Provigil ^{®5}	0.0* (0.00*)	0.4	0.0* (0.00*)	0.3	0.0* (0.00*)	0.1
Prescription Sedatives³/Sedatives (Barbiturates)⁴	0.7* 0.74*)	2.9	0.7* 0.66*)	2.8	3.7 (2.12)	3.5

* NSDUH QFT low precision; estimate would be suppressed under NSDUH suppression rules.

MTF = Monitoring the Future; NSDUH QFT = NSDUH Questionnaire Field Test.

N/A: Not applicable.

¹ Defined in NSDUH as use "not directed for you by a doctor," including use without a prescription, in greater amounts, more often or longer than told to take a drug, or in some other way not directed by a doctor. Defined in MTF as use "not under a doctor's orders."

² NSDUH QFT data does not include Alaska or Hawaii and does not include Spanish-language interviews and were collected September 1 through November 3, 2012. MTF follow-up data were collected in spring 2011. Published standard errors are not available for MTF data for young adults.

³ NSDUH question wording.

⁴ MTF question wording.

⁵ NSDUH QFT young adults aged 19 to 24 with unknown misuse data were excluded.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 - November 3, 2012; University of Michigan, Monitoring the Future, 2011.

Table L-6 Selected Characteristics among Persons Aged 12 or Older: Percentages and Standard Errors, 2012 Questionnaire Field Test and 2011 National Health Interview Survey

Characteristic	2012 Questionnaire Field Test (n = 2,044)^{1,2} Percent (SE)	NHIS, 2011 (n = 74,836)³ Percent (SE)
HOUSEHOLD TELEPHONE SERVICE^{4,5}		
At least one telephone at address is not a cellular telephone	64.1 (1.68)	68.1 (.046)
Anyone at address has a working cellular telephone	92.3 (0.82)	90.4 (0.25)
Cellular service only or no telephone service	35.9 (1.68)	31.5 (0.45)
Cellular telephone service only	34.4 (1.63)	30.3 (0.45)
No telephone service	1.4 (0.33)	1.2 (0.7)
NUMBER OF VISITS TO DOCTOR OR OTHER HEALTH CARE PROFESSIONAL IN THE PAST YEAR^{4,6}		
None	15.5 (0.92)	17.2 (0.24)
1	21.0 (1.07)	18.0 (0.23)
2 to 3	30.2 (1.22)	27.4 (0.28)
4 to 9	22.7 (1.18)	24.3 (0.25)
10 or more	10.6 (0.93)	13.1 (0.19)
HOSPITAL OVERNIGHT IN PAST YEAR^{4,5}	9.7 (1.01)	8.3 (0.13)
EMERGENCY ROOM VISIT IN PAST YEAR^{4,6}	26.5 (1.23)	20.3 (0.23)
CONDITIONS TOLD TO RESPONDENT BY DOCTOR OR OTHER HEALTH CARE PROFESSIONAL		
Any kind of heart condition or heart disease	10.4 (1.04)	10.8 (0.21)
Diabetes or sugar diabetes	9.0 (0.98)	8.1 (0.17)
Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD	3.3 (0.58)	5.7 (0.17)
Cirrhosis of the liver	0.2 (0.13)	1.3 (0.07)
Hepatitis	2.1 (0.51)	3.0 (0.12)
Kidney disease, not including bladder infection or incontinence	1.3 (0.36)	1.8 (0.09)
Asthma	11.1 (0.79)	13.6 (0.24)
Cancer or a malignancy of any kind	6.1 (0.85)	8.6 (0.19)
Hypertension, also called high blood pressure	17.8 (1.16)	30.3 (0.39)

See notes at end of table.

(continued)

Table L-6 Selected Characteristics among Persons Aged 12 or Older: Percentages and Standard Errors, 2012 Questionnaire Field Test and 2011 National Health Interview Survey (continued)

Characteristic	2012 Questionnaire Field Test (<i>n</i> = 2,044) ^{1,2} Percent (SE)	NHIS, 2011 (<i>n</i> = 74,836) ³ Percent (SE)
DISABILITIES OR PHYSICAL LIMITATIONS		
Deaf or serious hearing difficulty	5.4 (0.61)	4.9 (0.21)
Blind or serious difficulty seeing	3.4 (0.58)	3.6 (0.18)
Serious difficulty concentrating, remembering, or making decisions	6.6 (0.68)	6.2 (0.25)
Serious difficulty walking or climbing stairs	6.4 (0.89)	9.0 (0.28)
Difficulty dressing or bathing	1.6 (0.36)	2.7 (0.15)
Difficulty doing errands alone, such as visiting a doctors' office or shopping	4.1 (0.68)	5.6 (0.21)
FAMILY INCOME^{4,5}		
≤ \$49,999	52.7 (2.05)	46.5 (0.54)
\$50,000-\$74,999	16.3 (1.22)	18.2 (0.33)
≥ \$75,000	31.0 (1.97)	35.3 (0.55)
EDUCATION^{4,5,7}		
< High School	12.4 (1.26)	12.0 (0.20)
High School Graduate	26.6 (1.92)	27.8 (0.29)
Some College	32.1 (1.42)	31.3 (0.26)
College Graduate	29.0 (2.48)	28.9 (0.38)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Sample includes Alaska and Hawaii and does not include Spanish-language interviews.

⁴ Respondents with unknown information were excluded.

⁵ NHIS weighted using person-level weights.

⁶ NHIS weighted using adult- and child-level weights, *n* = 33,961.

⁷ QFT and NHIS estimates are for persons aged 18 or older.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;

CDC, National Center for Health Statistics, National Health Interview Survey, 2011.

Table L-7 2011 NHIS and 2009-2010 NHANES Height Statistics among Persons Aged 16 or Older for Comparison with the 2012 Questionnaire Field Test

Statistic	2012 QFT		2011 NHIS ²	2009-2010 NHANES	
	Unbounded	NHIS Bounds ¹		Self-Reported	Measured
Sample Size	1,678	1,669	31,999	5,261	5,845
Mean	66.8	66.4	66.8	67.1	66.5
Standard Error	0.27	0.21	0.03	0.06	0.07
Minimum	0.8	2.0	50.0	41.0	48.5
Maximum	158.0	76.0	76.0	80.0	79.8
Median	67	67	66.2	66.5	66.4

NHANES = National Health and Nutrition Examination Survey; NHIS = National Health Interview Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

¹Includes values up to 76 inches for men aged 18 or older and 70 inches for women aged 18 or older. For children, the weighted 1½ and 98½ percentiles for height were computed by age/gender. Respondents with values outside of these bounds were excluded from the estimates.

²For adults, these include values of 76 inches for men aged 18 or older and 70 inches for women aged 18 or older. For children, the gender-specific height-for-age values of the highest 1½ percent of records and the lowest 1½ percent of records were changed to "96" or "996" ("Not available"). In cases where extreme values were reported for either current height or current weight, the data for both variables were changed to "96" or "996" ("Not available") on the public use data file.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey (NHANES), 2009-2010; National Health Interview Survey (NHIS), 2011.

Table L-8 2011 NHIS and 2009-2010 NHANES Weight Statistics among Persons Aged 16 or Older for Comparison with the 2012 Questionnaire Field Test

Statistic	2012 QFT ¹		2011 NHIS ³	2009-2010 NHANES	
	Unbounded	NHIS Bounds ²		Self-Reported ⁴	Measured
Sample Size	1,670	1,660	31,312	5,213	5,848
Mean	179.0	178.1	171.4	179.2	177.8
Standard Error	1.50	1.38	0.29	0.88	0.83
Minimum	50	100	62	76.0	55.3
Maximum	500	306	299	445.0	527.8
Median	172	172	167.4	174.0	171.0

NHANES = National Health and Nutrition Examination Survey; NHIS = National Health Interview Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

¹ Pregnant women were asked to report their pre-pregnancy weight. Pregnancy status available for women aged 12 to 44.

² For persons aged 18 or older, these include values between 126 and 299 pounds for men and 100 and 274 pounds for women. For children, the weighted 1½ and 98½ percentiles for weight were computed by age. Respondents with values outside of these bounds were excluded from the estimates.

³ For persons aged 18 or older, includes values between 126 and 299 pounds for men and 100 and 274 pounds for women. For children, the gender-specific weight-for-age values of the highest 1½ percent of records and the lowest 1½ percent of records were changed to "96" or "996" ("Not available"). In cases where extreme values were reported for either current height or current weight, the data for both variables were changed to "96" or "996" ("Not available") on the public use data file.

⁴ Pregnant women were asked to report their pre-pregnancy weight. Pregnancy status available for women aged 20 to 44.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey (NHANES), 2009-2010; National Health Interview Survey (NHIS), 2011.

Table L-9 Received Income and Program Participation among Persons Aged 12 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

Received Income	PERCENTAGES					TOTALS (in Thousands)				
	2011 Comp. ¹ (SE)	2012 Comp. ^{1,3} (SE)	QFT ^{1,2} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)	2011 Comp. ¹ (SE)	2012 Comp. ^{1,3} (SE)	QFT ^{1,2} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)
Social Security	27.2 (0.42)	26.2 (0.53)	26.4 (1.70)	27.0 (0.05)	26.7 (0.35)	66,200 (1,316)	63,780 (1,727)	64,275 (5,216)	65,639 (123)	63,859 (994)
Wages	82.4 (0.38)	82.8 (0.48)	68.6 (1.77)	81.0 (0.04)	79.0 (0.32)	200,312 (2,158)	201,203 (3,028)	166,799 (8,293)	197,164 (111)	188,364 (2,197)
Supplemental Security Income	7.0 (0.20)	7.6 (0.30)	9.4 (0.97)	6.0 (0.03)	5.0 (0.17)	16,957 (472)	18,588 (726)	22,964 (2,558)	14,576 (79)	11,845 (418)
Food Stamps	14.6 (0.32)	15.6 (0.46)	17.6 (1.49)	13.8 (0.05)	13.0 (0.32)	35,408 (755)	37,843 (1,141)	42,815 (3,786)	33,602 (110)	31,058 (824)
Welfare Payments	2.5 (0.11)	2.3 (0.16)	3.6 (0.56)	3.3 (0.03)	3.2 (0.14)	6,126 (278)	5,533 (373)	8,763 (1,434)	7,934 (65)	7,757 (338)

ACS = American Community Survey; Comp. = comparison; NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.
NOTE: Unknown or invalid data were excluded from the analysis.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-10 Received Income and Program Participation among Persons Aged 12 to 17: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

Received Income	PERCENTAGES					TOTALS (in Thousands)				
	2011 Comp. ¹ (SE)	2012 Comp. ^{1,3} (SE)	QFT ^{1,2} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)	2011 Comp. ¹ (SE)	2012 Comp. ^{1,3} (SE)	QFT ^{1,2} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)
Social Security	12.2 (0.39)	11.1 (0.42)	12.7 (1.74)	10.6 (0.10)	12.3 (0.66)	2,949 (96)	2,698 (112)	3,071 (501)	2,598 (25)	2,737 (158)
Wages	89.4 (0.36)	89.6 (0.41)	65.6 (2.67)	90.7 (0.11)	87.9 (0.64)	21,653 (297)	21,697 (435)	15,876 (1,178)	22,265 (46)	19,433 (451)
Supplemental Security Income	7.6 (0.29)	7.8 (0.36)	9.9 (1.64)	6.0 (0.07)	6.0 (0.48)	1,846 (70)	1,877 (91)	2,389 (429)	1,464 (18)	1,329 (111)
Food Stamps	20.9 (0.44)	21.4 (0.64)	27.7 (2.54)	20.9 (0.13)	19.4 (0.85)	5,061 (126)	5,174 (178)	6,707 (729)	5,132 (33)	4,309 (213)
Welfare Payments	4.2 (0.23)	4.0 (0.31)	5.6 (1.15)	4.9 (0.07)	4.7 (0.47)	1,024 (59)	959 (77)	1,364 (296)	1,207 (17)	1,034 (106)

ACS = American Community Survey; Comp. = comparison; NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-11 Received Income and Program Participation among Persons Aged 18 to 25: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

Received Income	PERCENTAGES					TOTALS (in Thousands)				
	2011 Comp. ¹ (SE)	2012 Comp. ^{1,3} (SE)	QFT ^{1,2} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)	2011 Comp. ¹ (SE)	2012 Comp. ^{1,3} (SE)	QFT ^{1,2} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)
Social Security	9.4 (0.29)	9.2 (0.41)	9.2 (1.44)	9.9 (0.10)	10.3 (0.82)	3,108 (104)	3,025 (127)	3,036 (496)	3,314 (31)	3,251 (268)
Wages	91.6 (0.31)	91.0 (0.74)	68.8 (2.55)	91.7 (0.08)	89.6 (0.70)	30,200 (513)	30,015 (65)	22,698 (2,067)	30,658 (54)	28,138 (795)
Supplemental Security Income	6.2 (0.24)	5.7 (0.29)	9.8 (1.66)	5.7 (0.06)	4.9 (0.49)	2,047 (88)	1,888 (91)	3,219 (593)	1,910 (21)	1,550 (157)
Food Stamps	20.1 (0.46)	20.2 (0.64)	21.9 (2.47)	18.2 (0.09)	19.7 (0.86)	6,644 (160)	6,674 (215)	7,215 (881)	6,089 (31)	6,230 (305)
Welfare Payments	4.3 (0.20)	3.8 (0.27)	5.1 (1.04)	4.0 (0.06)	6.2 (0.54)	1,429 (70)	1,246 (91)	1,697 (343)	1,334 (20)	1,942 (180)

ACS = American Community Survey; Comp. = comparison; NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

L-17 NOTE: Unknown or invalid data were excluded from the analysis.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-12 Received Income and Program Participation among Persons Aged 26 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

Received Income	PERCENTAGES					TOTALS (in Thousands)				
	2011 Comp. ¹ (SE)	2012 Comp. ^{1,3} (SE)	QFT ^{1,2} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)	2011 Comp. ¹ (SE)	2012 Comp. ^{1,3} (SE)	QFT ^{1,2} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)
Social Security	32.3 (0.53)	31.2 (0.65)	31.3 (2.10)	32.2 (0.04)	31.2 (0.39)	60,143 (1,285)	58,058 (1,689)	58,168 (5,116)	59,727 (93)	57,872 (928)
Wages	79.8 (0.48)	80.4 (0.59)	69.0 (2.10)	77.8 (0.04)	76.1 (0.35)	148,459 (1,967)	149,492 (2,594)	128,225 (7,326)	144,242 (97)	140,793 (1,642)
Supplemental Security Income	7.0 (0.24)	8.0 (0.38)	9.3 (1.14)	6.0 (0.03)	4.8 (0.17)	13,064 (439)	14,822 (698)	17,355 (2,275)	11,202 (58)	8,967 (329)
Food Stamps	12.7 (0.37)	14.0 (0.51)	15.5 (1.56)	12.1 (0.04)	11.1 (0.28)	23,703 (679)	25,995 (992)	28,893 (2,959)	22,381 (75)	20,519 (539)
Welfare Payments	2.0 (0.13)	1.8 (0.17)	3.1 (0.61)	2.9 (0.02)	2.6 (0.12)	3,673 (250)	3,327 (315)	5,702 (1,157)	5,393 (44)	4,781 (217)

ACS = American Community Survey; Comp. = comparison; NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011. U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-13 Health Insurance Coverage among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,3} Percent (SE)	2012 QFT^{1,2} Percent (SE)	2011 ACS⁴ Percent (SE)	2011 NHIS⁵ Percent (SE)
Medicare (QHI01)	18.1 (0.38)	18.0 (0.53)	18.3 (1.58)	17.8 (0.02)	17.7 (0.25)
Medicaid (QHI02 and QHI02a)	11.6 (0.24)	11.5 (0.35)	13.4 (1.16)	12.9 (0.04)	10.6 (0.21)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	4.7 (0.18)	4.6 (0.24)	5.0 (0.77)	4.8 (0.02)	3.5 (0.12)
Private Health Insurance (QHI06)	67.1 ^a (0.42)	67.5 ^a (0.59)	62.1 (1.86)	67.5 (0.07)	68.7 (0.36)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense health care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-14 Health Insurance Coverage among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,3} Percent (SE)	2012 QFT^{1,2} Percent (SE)	2011 ACS⁴ Percent (SE)	2011 NHIS⁵ Percent (SE)
Medicare (QHI01)	0.4 ^a (0.07)	0.4 ^a (0.08)	1.8 (0.49)	0.6 (0.02)	0.2 (0.08)
Medicaid (QHI02 and QHI02a)	31.8 (0.55)	32.8 (0.80)	36.2 (2.69)	30.7 (0.13)	27.9 (0.80)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	3.1 (0.21)	2.9 (0.24)	2.6 (0.71)	2.3 (0.04)	2.3 (0.24)
Private Health Insurance (QHI06)	61.3 ^a (0.60)	60.6 (0.79)	54.9 (3.00)	62.0 (0.17)	67.9 (0.84)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense health care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-15 Health Insurance Coverage among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,3} Percent (SE)	2012 QFT^{1,2} Percent (SE)	2011 ACS⁴ Percent (SE)	2011 NHIS⁵ Percent (SE)
Medicare (QHI01)	0.6 (0.07)	0.8 (0.11)	1.6 (0.63)	0.7 (0.02)	0.5 (0.08)
Medicaid (QHI02 and QHI02a)	15.7 (0.42)	15.5 (0.57)	15.9 (2.15)	13.7 (0.08)	14.3 (0.52)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	2.6 (0.17)	2.7 (0.24)	2.9 (1.01)	2.4 (0.04)	2.1 (0.19)
Private Health Insurance (QHI06)	56.5 (0.56)	58.7 (0.78)	52.3 (3.31)	61.0 (0.12)	62.3 (0.79)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense health care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-16 Health Insurance Coverage among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,3} Percent (SE)	2012 QFT^{1,2} Percent (SE)	2011 ACS⁴ Percent (SE)	2011 NHIS⁵ Percent (SE)
Medicare (QHI01)	23.5 (0.49)	23.3 (0.67)	23.4 (1.94)	23.2 (0.02)	22.7 (0.30)
Medicaid (QHI02 and QHI02a)	8.3 (0.25)	8.1 (0.38)	10.0 (1.21)	10.4 (0.04)	7.9 (0.17)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	5.3 (0.23)	5.2 (0.30)	5.6 (0.92)	5.6 (0.02)	3.9 (0.13)
Private Health Insurance (QHI06)	69.8 ^a (0.50)	69.9 ^a (0.68)	64.8 (2.16)	69.3 (0.07)	69.9 (0.35)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense health care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-17 Income among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS

Income Level	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
<\$49,999	49.2 (0.49)	50.2 (0.63)	52.7 (2.05)	46.5 (0.54)
\$50,000 - \$74,999	17.5 (0.28)	16.8 (0.42)	16.3 (1.22)	18.2 (0.33)
\$75,000 or More	33.3 (0.53)	33.0 (0.63)	31.0 (1.97)	35.3 (0.55)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-18 Income among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS

Income Level	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
<\$49,999	47.8 ^a (0.63)	47.6 ^a (0.98)	54.9 (3.15)	41.1 (1.11)
\$50,000 - \$74,999	16.8 ^a (0.38)	16.7 ^a (0.52)	12.3 (1.60)	17.2 (0.91)
\$75,000 or More	35.4 (0.57)	35.7 (0.82)	32.9 (3.01)	41.7 (1.10)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-19 Income among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS Data

Income Level	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
<\$49,999	66.8 (0.65)	67.2 (0.98)	68.7 (3.01)	61.2 (1.31)
\$50,000 - \$74,999	13.2 (0.39)	13.3 (0.59)	13.6 (2.19)	15.8 (0.85)
\$75,000 or More	20.0 (0.52)	19.5 (0.64)	17.7 (2.18)	23.0 (1.16)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-20 Income among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and NHIS Data

Income Level	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	NHIS⁴ Percent (SE)
<\$49,999	46.3 (0.57)	47.5 (0.72)	49.6 (2.36)	44.6 (0.52)
\$50,000 - \$74,999	18.3 (0.36)	17.5 (0.55)	17.3 (1.46)	18.7 (0.33)
\$75,000 or More	35.4 (0.60)	35.1 (0.74)	33.1 (2.42)	36.7 (0.54)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-21 Levels of Current Employment among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	CPS Q3 & Q4⁴ Percent (SE)
Full-Time	49.7 (0.49)	51.3 (0.63)	52.0 (1.65)	49.2 (0.07)
Part-Time	14.1 (0.26)	13.9 (0.39)	14.2 (1.15)	11.2 (0.05)
Unemployed	5.8 (0.14)	5.5 (0.20)	5.5 (0.65)	4.9 (0.03)
Other ⁵	30.4 (0.43)	29.3 (0.65)	28.3 (1.70)	34.7 (0.07)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include Alaska or Hawaii.

⁵ The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table L-22 Levels of Current Employment among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	CPS Q3 & Q4⁴ Percent (SE)
Full-Time	36.0 ^a (0.56)	40.1 (0.86)	45.5 (2.98)	35.0 (0.19)
Part-Time	27.8 (0.42)	26.4 (0.67)	24.4 (2.29)	22.4 (0.17)
Unemployed	13.2 (0.33)	11.8 (0.41)	11.9 (1.58)	9.4 (0.12)
Other ⁵	23.0 ^a (0.43)	21.7 (0.91)	18.2 (1.83)	33.2 (0.19)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include Alaska or Hawaii.

⁵ The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table L-23 Levels of Current Employment among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	CPS Q3 & Q4⁴ Percent (SE)
Full-Time	52.1 (0.55)	53.3 (0.72)	53.2 (1.90)	51.5 (0.08)
Part-Time	11.7 (0.30)	11.7 (0.43)	12.4 (1.34)	9.3 (0.04)
Unemployed	4.5 (0.16)	4.4 (0.23)	4.3 (0.70)	4.2 (0.03)
Other ⁵	31.7 (0.51)	30.7 (0.75)	30.1 (2.01)	35.0 (0.08)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include Alaska or Hawaii.

⁵ The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;

U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table L-24 Unemployment Rates among Persons Aged 18 or Older, by Age Group: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Age/Unemployment Rate	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	CPS Q3 & Q4⁴ Percent (SE)
18 or Older				
Unemployment Rate	8.4 (0.21)	7.8 (0.29)	7.6 (0.91)	7.6 (0.05)
18 to 25				
Unemployment Rate	17.2 (0.21)	15.0 (0.48)	14.6 (1.93)	14.0 (0.18)
26 or Older				
Unemployment Rate	6.6 (0.23)	6.3 (0.34)	6.2 (1.00)	6.5 (0.05)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include Alaska or Hawaii.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table L-25 Levels of Education among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
< High School	11.6 (0.24)	11.5 (0.35)	12.4 (1.26)	12.0 (0.20)
High School Graduate	30.3 (0.38)	30.1 (0.61)	26.6 (1.92)	27.8 (0.29)
Some College	27.4 ^a (0.37)	27.7 ^a (0.48)	32.1 (1.42)	31.3 (0.26)
College Graduate	30.6 (0.41)	30.7 (0.67)	29.0 (2.48)	28.9 (0.38)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-26 Levels of Education among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
< High School	15.6 (0.40)	12.0 (0.42)	13.8 (1.92)	14.0 (0.49)
High School Graduate	34.0 (0.55)	35.7 (1.04)	34.9 (2.56)	29.6 (0.65)
Some College	35.7 (0.59)	36.4 (0.90)	37.6 (3.40)	43.0 (0.83)
College Graduate	14.7 (0.46)	15.9 (0.60)	13.7 (2.30)	13.5 (0.54)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-27 Levels of Education among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
< High School	10.9 (0.28)	11.4 (0.41)	12.1 (1.39)	11.6 (0.21)
High School Graduate	29.7 ^a (0.43)	29.1 (0.69)	25.1 (2.16)	27.5 (0.31)
Some College	26.0 ^a (0.41)	26.2 ^a (0.57)	31.1 (1.76)	29.3 (0.25)
College Graduate	33.4 (0.47)	33.3 (0.77)	31.7 (2.77)	31.6 (0.40)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
 CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

**Appendix M: Estimates for New Items in the 2012
Questionnaire Field Test That Were Included in the 2013
NSDUH Main Study Questionnaire**

Table M-1 Estimates and Standard Errors for New Items in the 2012 Questionnaire Field Test That Were Included in the 2013 NSDUH Main Study Questionnaire among Persons Aged 12 or Older

Instrument Item	2012 QFT Estimate (n = 2,044)^{1,2}	Standard Error	Unweighted Total
Race^{3,4} (QD05)			
White (QD051)	78.0	(1.93)	1,479
Black or African American (QD052)	13.5	(1.63)	353
American Indian or Alaska Native (American Indian includes North American, Central American, and South American Indians) (QD053)	1.8	(0.42)	82
Native Hawaiian (QD054)	0.1	(0.06)	3
Guamanian or Chamorro (QD055)	0.0*	(0.00)	0
Samoan (QD056)	0.1	(0.09)	2
Other Pacific Islander (QD057)	0.3	(0.11)	19
Asian (Including: Asian, Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese (QD058)	5.3	(0.89)	107
Other (Specify) (QD059)	2.7	(0.49)	81
Member of a Reserve Component Currently Serving Full-Time in an Active-Duty Status (V2a)	0.0*	(0.00)	0
Serving Full-Time in a Reserve Component (V2b)	0.0*	(0.00)	0
Ever Served on Active Duty in the United States Armed Forces or Reserve Components (QD10a)	7.5	(0.86)	83
Time Served^{4,5} (QD10b)			
September 2001 or Later (QD10b11)	10.8*	(2.88)	16
August 1990 to August 2001 (Including Persian Gulf War) (QD10b12)	18.1*	(4.77)	15
May 1975 to July 1990 (QD10b13)	20.9*	(5.32)	17
Vietnam Era (August 1964 to April 1975) (QD10b14)	45.4*	(5.96)	30
February 1955 to July 1964 (QD10b15)	8.9*	(3.28)	7
Korean War (July 1950 to January 1955) (QD10b16)	8.4*	(3.21)	6
January 1947 to June 1950 (QD10b17)	0.9*	(0.94)	1
World War II (December 1941 to December 1946) (QD10b18)	5.4*	(2.71)	4
November 1941 or Earlier (QD10b19)	0.0*	(0.00)	0
Drew Imminent Danger Pay or Hostile Fire Pay ⁵ (QD10c)	36.8*	(6.71)	38
Any Marijuana Use in the Past 12 Months Recommended by Doctor (MJMM)	0.5	(0.16)	15
All Marijuana Use in the Past 12 Months Recommended by Doctor ⁶ (MJMM01)	41.5*	(15.49)	5

See notes at end of table.

(continued)

Table M-1 Estimates and Standard Errors for New Items in the 2012 Questionnaire Field Test That Were Also Included in the 2013 NSDUH Main Study Questionnaire among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate (n = 2,044)^{1,2}	Standard Error	Unweighted Total
Average Weight ^{3,8} (HLTH10-14)	176.0	(1.44)	N/A
Average Number of Times Treated in an Emergency Room ³ (HLTH16)	0.5	(0.04)	N/A
Stayed Overnight or Longer as an Inpatient in a Hospital ³ (HLTH17)	9.7	(1.01)	173
Average Number of Nights Inpatient in a Hospital ^{3,9} (HLTH18)	4.6	(0.75)	N/A
Average Number Times Visited a Doctor about Own Health at a Doctor's Office ³ (HLTH19)	3.9	(0.18)	N/A
Doctor Asked, Either in Person or on a Form, about Use^{3,10} (HLTH20)			
Smoke Cigarettes or Use Any Other Tobacco Products (HLTH20a)	71.2	(1.37)	1,137
Drink Alcohol (HLTH20b)	67.9	(1.50)	1,067
Use Illegal Drugs (HLTH20c)	51.0	(1.55)	865
TRICARE, or CHAMPUS, CHAMPVA, the VA, or Military Health Care ³ (QHI03)	5.0	(0.77)	77
Social Security or Railroad Retirement Payment ³ (QI01n)	26.5	(1.69)	351

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

NOTE: All estimates are based on the raw data, with no edits applied.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Respondents with unknown or missing data were excluded from the analysis.

⁴ Respondents could report multiple responses to these items.

⁵ Estimates are among only respondents who reported serving on active duty in the United States Armed Forces or Reserve components.

⁶ Estimates are among only respondents who reported some of their marijuana use in the past year was recommended by a doctor.

⁷ Average is reported in inches.

⁸ Average is reported in pounds and includes pre-pregnancy weight of pregnant females as reported in HLTH13 and HLTH14.

⁹ Estimates are among only respondents who reported staying overnight or longer in a hospital in the past 12 months.

¹⁰ Estimates are among only respondents who reported being treated at an emergency room at least once, stayed overnight or longer in a hospital, or visited a doctor, nurse, physician assistant or nurse practitioner about your own health at a doctor's office, a clinic, or some other place in the past 12 months.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

**Appendix N: Moved Demographic and Household Items in
the 2012 Questionnaire Field Test: Percentages and
Standard Errors, 2011 Comparison, 2012 Comparison, and
Questionnaire Field Test Data**

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)
Are you now married, widowed, divorced or separated, or have you never married? (QD07) ^{4,5}			
Married	49.8 (0.46)	49.7 (0.59)	51.0 (2.03)
Widowed	5.6 (0.21)	5.5 (0.30)	4.9 (0.81)
Divorced or Separated	13.7 (0.28)	14.1 (0.44)	13.8 (1.19)
Have Never Married	30.9 (0.36)	30.6 (0.48)	30.2 (1.54)
How many times have you been married? (QD08) ^{4,5,6}	1.4 (0.01)	1.3 (0.01)	1.4 (0.03)
How many times in the past 12 months have you moved? (QD13) ^{6,7}	0.3 (0.01)	0.3 (0.01)	0.4 (0.03)
Were you born in the United States? (QD14) ⁴	88.8 (0.30)	88.9 (0.39)	87.9 (1.29)
How many years have you lived in the United States? (QD16b) ^{5,6}	22.5 (0.40)	22.3 (0.59)	23.7 (1.56)
Are you now attending or are you currently enrolled in school? (QD17) ^{4,5}	21.1 (0.26)	20.7 (0.32)	18.9 (1.07)
What grade or year of school are you now attending? (QD18) ^{4,5}			
1st Grade	0.0* (0.00*)	0.0* (0.00*)	0.3 (0.23)
2nd Grade	0.0* (0.00*)	0.0* (0.00*)	0.2 (0.15)
3rd Grade	0.0* (0.00*)	0.0 (0.01)	0.0* (0.00*)
4th Grade	0.0 ^a (0.00)	0.0* (0.00*)	0.0* (0.00*)
5th Grade	0.2 ^a (0.02)	0.1 ^a (0.02)	0.0* (0.00*)
6th Grade	2.7 ^a (0.11)	1.3 (0.09)	1.2 (0.43)
7th Grade	7.1 (0.18)	7.4 (0.23)	7.7 (0.92)
8th Grade	7.9 (0.18)	8.0 (0.25)	9.8 (1.17)
9th Grade	7.9 (0.16)	8.3 (0.26)	9.7 (1.19)
10th Grade	8.5 (0.21)	8.4 (0.24)	8.3 (0.91)
11th Grade	8.1 (0.20)	8.3 (0.28)	8.2 (0.98)
12th Grade	8.8 (0.24)	8.9 (0.31)	9.1 (0.99)
College or University/1st Year	10.7 (0.34)	12.1 (0.76)	12.2 (1.54)
College or University/2nd Year	11.0 (0.38)	10.0 (0.43)	8.8 (1.34)
College or University/3rd Year	9.7 (0.37)	9.8 (0.47)	8.5 (1.44)
College or University/4th Year	6.2 (0.30)	6.1 (0.38)	5.1 (1.24)

See notes at end of table.

(continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)
Are you a full-time student or a part-time student? (QD19) ^{4,5}			
Full-Time	81.8 (0.53)	83.1 (0.65)	80.7 (2.14)
Part-Time	18.2 (0.53)	16.9 (0.65)	19.3 (2.14)
During the past 30 days how many whole days of school did you miss because you were sick or injured? (QD20) ^{5,6,7}	0.8 (0.02)	0.7 (0.03)	0.8 (0.16)
During the past 30 days how many whole days of school did you miss because you skipped or “cut” or just didn’t want to be there? (QD21) ^{5,6,7}	0.4 (0.01)	0.3 (0.02)	0.4 (0.07)
Did you work at a job or business at any time last week? (QD26) ^{4,5}	57.4 (0.42)	57.7 (0.62)	60.0 (1.72)
Even though you did not work at any time last week, did you have a job or business? (QD27) ^{4,5}	10.5 (0.32)	13.7 (0.63)	12.1 (1.68)
How many hours did you work last week at all jobs or businesses? (QD28) ^{5,6,7}	38.6 (0.14)	39.0 (0.22)	38.5 (0.51)
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29) ^{4,5}	76.5 (0.41)	77.2 (0.54)	77.0 (1.53)
Which one of these reasons best describes why you did not work last week? (QD30) ^{4,5}			
Vacation/Sick/Furlough/Strike/ Other Temporary Absence/ Maternity Leave	54.6 ^a (1.71)	55.9 ^a (2.47)	33.0* (5.79*)
Layoff, Not Looking for Work	3.1 (0.44)	2.9 (0.52)	3.6* (2.19*)
Layoff, Looking for Work	4.6 (0.58)	3.2 (0.56)	9.8* (4.37*)
Waiting to Report to New Job	5.3 (0.62)	6.0 (1.02)	4.3 (1.88)
Self-Employed, No Business Last Week	14.5 (1.33)	13.2 (1.65)	15.4* (5.46*)
Going to School/Training	7.2 (0.48)	6.1 (0.58)	11.7 (3.42)
Some Other Reason	10.8 (1.21)	12.9 (1.80)	22.1* (5.73*)
Which one of these reasons best describes why you did not have a job or business last week? (QD31) ^{4,5}			
Looking for Work	15.7 (0.33)	15.6 (0.55)	16.3 (1.90)
On Layoff, Not Looking for Work	1.7 (0.15)	1.5 (0.19)	1.5 (0.46)

See notes at end of table.

(continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)
Keeping House/Caring for Children Full Time	10.1 (0.33)	11.0 (0.56)	11.8 (1.89)
Going to School/Training	13.9 ^a (0.31)	13.0 ^a (0.50)	9.9 (1.08)
Retired	39.3 (0.73)	38.0 (0.97)	38.0 (2.90)
Disabled	13.8 (0.47)	15.4 (0.78)	14.7 (1.99)
Didn't Want A Job	3.9 ^a (0.20)	4.2 ^a (0.28)	2.3 (0.55)
Some Other Reason	1.7 ^a (0.15)	1.3 ^a (0.17)	5.5 (0.98)
During the past 30 days, did you make specific efforts to find work? (QD32) ^{4,5}	87.7 (0.79)	88.6 (0.97)	82.1 (3.68)
Did you work at a job or business at any time during the past 12 months? (QD33) ^{4,5}	19.8 (0.44)	19.8 (0.66)	18.9 (2.04)
How many different employers have you had in the past 12 months? (QD35 and QD36) ^{5,6}	1.3 (0.01)	1.3 (0.01)	1.4 (0.05)
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37) ^{4,5}	12.4 ^a (0.30)	12.3 ^a (0.33)	15.6 (1.35)
In how many weeks during the past 12 months did you not have at least one job or business? (QD38) ^{5,6}	17.1 ^a (0.29)	17.9 ^a (0.44)	13.8 (0.99)
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40) ^{5,6,7}	0.6 (0.02)	0.7 (0.04)	0.7 (0.12)
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41) ^{5,6,7}	0.2 (0.01)	0.2 (0.02)	0.2 (0.03)
How many people work for your employer out of this office, store, etc.? (QD42) ^{4,5}			
Fewer Than 10 People	29.3 (0.45)	28.3 (0.55)	30.3 (1.93)
10 to 24 People	16.7 (0.32)	18.2 (0.53)	18.3 (1.36)
25 to 99 People	22.3 ^a (0.38)	21.4 ^a (0.41)	18.6 (1.28)
100 to 499 People	17.8 (0.41)	18.2 (0.48)	18.4 (1.59)
500 People or More	14.0 (0.35)	13.9 (0.52)	14.4 (1.66)

See notes at end of table.

(continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43) ^{4,5}	77.1 (0.41)	77.9 (0.49)	80.1 (1.63)
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44) ^{4,5}			
Only Alcohol	0.7 (0.09)	0.6 (0.08)	1.1 (0.49)
Only Drugs	3.0 (0.18)	3.5 ^a (0.21)	2.3 (0.52)
Both Alcohol and Drugs	96.3 (0.20)	95.9 (0.22)	96.5 (0.73)
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46) ^{4,5}	53.6 (0.56)	53.6 (0.68)	53.5 (1.98)
Does your workplace ever test its employees for alcohol use? (QD47) ^{4,5}	33.2 (0.51)	33.3 (0.62)	31.5 (1.71)
Does your workplace ever test its employees for drug use? (QD48) ^{4,5}	48.9 (0.52)	50.4 (0.71)	48.1 (2.05)
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49) ^{4,5}	86.7 (0.45)	87.5 (0.63)	87.6 (1.71)
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50) ^{4,5}	62.2 (0.64)	62.4 (0.92)	59.8 (3.18)
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51) ^{4,5}			
Handled on Individual Basis/Policy Does Not Specify What Happens	20.9 (0.64)	18.6 ^a (0.74)	24.3 (2.51)
Employee Is Fired	50.3 (0.75)	52.1 (1.12)	47.1 (2.65)
Employee Referred for Treatment/Counseling	26.2 (0.74)	26.2 (0.70)	23.6 (2.17)
Nothing Happens	0.2 (0.04)	0.4 (0.11)	1.6 (0.85)
Something Else Happens	2.3 (0.19)	2.7 (0.29)	3.4 (1.00)

See notes at end of table.

(continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52) ^{4,5}			
More Likely	44.0 ^a (0.44)	44.4 (0.64)	48.3 (1.85)
Less Likely	4.2 ^a (0.23)	4.3 ^a (0.25)	7.2 (0.82)
Would Make No Difference	51.8 ^a (0.46)	51.3 ^a (0.63)	44.6 (1.57)
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53) ^{4,5}			
More Likely	36.6 ^a (0.47)	37.1 ^a (0.59)	43.1 (1.77)
Less Likely	8.5 ^a (0.30)	8.3 ^a (0.32)	11.5 (1.24)
Would Make No Difference	54.9 ^a (0.48)	54.6 ^a (0.60)	45.4 (1.66)
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07) ^{4,5}	87.0 (0.37)	87.2 (0.51)	88.6 (1.47)
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08) ^{4,5}	83.7 ^a (0.45)	84.0 ^a (0.67)	74.2 (1.99)
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09) ^{4,5}	82.9 ^a (0.44)	83.3 ^a (0.68)	73.2 (2.04)
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10) ^{4,5}	91.1 ^a (0.28)	91.7 ^a (0.45)	85.0 (1.62)
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11) ⁴	10.3 ^a (0.42)	12.7 ^a (0.75)	21.9 (2.71)
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N) ⁸	27.2 (0.42)	26.2 (0.53)	26.4 (1.70)
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12AN and QI12BN) ^{6,8}	8.1 ^a (0.14)	8.4 ^a (0.18)	6.0 (0.51)

See notes at end of table.

(continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21B) ⁵			
Less Than \$1,000	16.6 (0.22)	16.7 ^a (0.35)	14.9 (0.84)
\$1,000-\$1,999	2.2 (0.08)	2.5 (0.13)	2.9 (0.38)
\$2,000-\$2,999	1.8 ^a (0.09)	1.6 (0.09)	1.2 (0.23)
\$3,000-\$3,999	1.5 (0.07)	1.7 (0.12)	1.4 (0.30)
\$4,000-\$4,999	1.3 (0.06)	1.2 (0.09)	1.1 (0.27)
\$5,000-\$5,999	1.6 ^a (0.08)	1.4 (0.10)	0.9 (0.23)
\$6,000-\$6,999	1.5 ^a (0.09)	1.5 (0.12)	0.9 (0.27)
\$7,000-\$7,999	1.7 ^a (0.09)	1.7 ^a (0.14)	0.4 (0.19)
\$8,000-\$8,999	1.9 (0.10)	2.0 (0.15)	1.3 (0.32)
\$9,000-\$9,999	1.9 (0.09)	1.9 (0.14)	2.6 (0.51)
\$10,000-\$10,999	2.1 (0.10)	2.2 (0.14)	2.3 (0.44)
\$11,000-\$11,999	1.5 (0.07)	1.7 (0.13)	1.4 (0.36)
\$12,000-\$12,999	2.2 ^a (0.12)	2.5 ^a (0.20)	1.4 (0.35)
\$13,000-\$13,999	1.6 (0.10)	1.3 (0.11)	1.3 (0.37)
\$14,000-\$14,999	1.5 (0.09)	1.5 (0.12)	1.3 (0.31)
\$15,000-\$15,999	1.8 (0.09)	1.5 (0.10)	1.8 (0.39)
\$16,000-\$16,999	1.2 (0.08)	1.3 (0.11)	1.5 (0.32)
\$17,000-\$17,999	1.4 (0.07)	1.1 (0.09)	1.8 (0.41)
\$18,000-\$18,999	1.7 (0.10)	1.5 (0.12)	1.7 (0.38)
\$19,000-\$19,999	1.8 (0.11)	1.6 (0.15)	1.8 (0.38)
\$20,000-\$24,999	6.4 ^a (0.20)	6.3 ^a (0.27)	8.7 (0.85)
\$25,000-\$29,999	6.1 (0.23)	5.7 (0.25)	5.5 (0.68)
\$30,000-\$34,999	5.3 (0.19)	5.4 (0.22)	4.8 (0.72)
\$35,000-\$39,999	4.4 (0.17)	4.4 (0.24)	5.6 (0.78)
\$40,000-\$44,999	4.0 (0.16)	4.2 (0.23)	4.8 (0.79)
\$45,000-\$49,999	3.7 (0.14)	4.2 (0.23)	4.9 (0.77)
\$50,000-\$74,999	10.4 (0.25)	10.5 (0.37)	10.8 (1.08)
\$75,000-\$99,999	4.8 (0.18)	4.9 (0.28)	4.4 (0.74)
\$100,000 or More	6.1 (0.26)	6.0 (0.37)	6.6 (1.21)

See notes at end of table.

(continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22) ⁸			
\$20,000 or More	82.0 (0.34)	81.6 (0.51)	79.5 (1.53)
Less Than \$20,000	18.0 (0.34)	18.4 (0.51)	20.5 (1.53)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test; SE = standard error.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

⁵ Estimate is based on an edited version of the variable.

⁶ Estimate is an average based on valid responses to the relevant question(s). Respondents with unknown or missing data were excluded.

⁷ The estimated mean includes zeroes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012.

**Appendix O: Estimates and Standard Errors for New,
Moved, or Revised Items in the 2012 Questionnaire Field
Test among Persons Aged 12 or Older**

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Race (QD05)	R	Added response categories for Guamanian or Chamorro and Samoan.				
White (QD051)			78.0	(1.93)	1,479	2,040
Black or African American (QD052)			13.5	(1.63)	353	2,040
American Indian or Alaska Native (American Indian Includes North American, Central American, and South American Indians) (QD053)			1.8	(0.42)	82	2,040
Native Hawaiian (QD054)			0.1	(0.06)	3	2,040
Guamanian or Chamorro (QD055)			0.0*	(0.00)	0	2,040
Samoan (QD056)			0.1	(0.09)	2	2,040
Other Pacific Islander (QD057)			0.3	(0.11)	19	2,040
Asian (Including: Asian, Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese (QD058)			5.3	(0.89)	107	2,040
Other (Specify) (QD059)			2.7	(0.49)	81	2,040
Are you currently serving full-time in a Reserve component? (V2b)	N	Added two questions about serving in reserve components.	0.0*	(0.00)	0	2,044
Have you ever served on active duty in the United States Armed Forces or Reserve components? (QD10a)	N	Added three questions about active-duty U.S. military service.	7.5	(0.86)	83	2,044
When did you serve on active duty in the United States Armed Forces or Reserve components? (QD10b1) ⁴	N	Added three questions about active-duty U.S. military service.				
September 2001 or Later (QD10b11)			10.8*	(2.88)	16	83
August 1990 to August 2001 (Including Persian Gulf War) (QD10b12)			18.1*	(4.77)	15	83
May 1975 to July 1990 (QD10b13)			20.9*	(5.32)	17	83
Vietnam Era (August 1964 to April 1975) (QD10b14)			45.4*	(5.96)	30	83
February 1955 to July 1964 (QD10b15)			8.9*	(3.28)	7	83
Korean War (July 1950 to January 1955) (QD10b16)			8.4*	(3.21)	6	83
January 1947 to June 1950 (QD10b17)			0.9*	(0.94)	1	83
World War II (December 1941 to December 1946) (QD10b18)			5.4*	(2.71)	4	83
November 1941 or Earlier (QD10b19)			0.0*	(0.00)	0	83

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Did you ever serve on active duty in the U.S. Armed Forces or Reserve components in a military combat zone or an area where you drew imminent danger pay or hostile fire pay? (QD10c) ⁴	N	Added three questions about active-duty U.S. military service.	36.8*	(6.71)	38	83
What is the highest grade or year of school you have completed? (QD11)	R	Changed response categories.				
No Schooling			0.1	(0.04)	2	2,044
1st Grade			0.0*	(0.00)	0	2,044
2nd Grade			0.0	(0.03)	1	2,044
3rd Grade			0.0	(0.03)	1	2,044
4th Grade			0.4	(0.23)	3	2,044
5th Grade			0.4	(0.16)	14	2,044
6th Grade			1.9	(0.28)	84	2,044
7th Grade			2.9	(0.41)	113	2,044
8th Grade			3.4	(0.43)	113	2,044
9th Grade			2.9	(0.38)	105	2,044
10th Grade			3.3	(0.42)	119	2,044
11th Grade			3.9	(0.49)	132	2,044
Regular High School Diploma			20.0	(1.53)	351	2,044
12th Grade, No Diploma			1.9	(0.42)	36	2,044
GED Certificate			4.0	(0.58)	80	2,044
Some College, No Degree			19.5	(1.18)	382	2,044
Associate's Degree			9.4	(0.86)	149	2,044
Bachelor's Degree			16.5	(1.61)	235	2,044
Master's Degree			7.1	(0.87)	93	2,044
Doctorate Degree (e.g., PhD)			1.1	(0.32)	14	2,044
Professional Degree Beyond Bachelor's Degree (e.g., MD)			1.4	(0.36)	17	2,044
Previously served as a proxy for another respondent? (PREVCOM)	N	Added two questions to determine if R had previously served as a proxy.				
Yes			10.5	(1.69)	73	766
No			57.5	(1.87)	1,276	1,969
I am not sure			0.1	(0.09)	2	695
Previously completed any part of this interview yourself, including answering questions on behalf of a member of your household? (PREVCOM2) ⁴	N	Added two questions to determine if R had previously served as a proxy.	0.0*	(0.00)	0	2

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." (CG25)	R	Edited to include all forms of smokeless tobacco.	17.4	(1.06)	332	2,043
How old were you the first time you used "smokeless" tobacco? (CG26) ⁵	R	Edited to include all forms of smokeless tobacco.	18.3	(0.68)	N/A	332
How long has it been since you last used, have you used "smokeless" tobacco? (CG27and CG28)	R	Edited to include all forms of smokeless tobacco.				
Within the past 30 days			5.2	(0.57)	99	2,042
More than 30 days ago but within the past 12 months			1.6	(0.31)	41	2,042
More than 12 months ago			1.5	(0.28)	45	2,042
More than 3 years ago			9.1	(0.82)	146	2,042
During the past 30 days, did you have [Insert #] or more drinks on the same occasion? (AL08) ⁶	R	Changed question wording for women to "4 or more drinks."	24.0	(1.19)	503	2,024
Ever used Ketamine (LS01i)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> use.	1.4	(0.30)	29	2,042
Ever used DMT, AMT, or Foxy (LS01j)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> use.	0.6	(0.18)	16	2,041
Ever used <i>Salvia divinorum</i> (LS01k)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> use.	2.4	(0.45)	68	2,041
How long has it been since you last used Ketamine? (LS33)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> .				
Within the past 30 days			0.0	(0.04)	2	2,041
More than 30 days ago but within the past 12 months			0.3	(0.14)	6	2,041
More than 12 months ago			1.0	(0.25)	20	2,041
How long has it been since you last used DMT, AMT, or Foxy? (LS34)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> .				
Within the past 30 days			0.1	(0.04)	3	2,040
More than 30 days ago but within the past 12 months			0.2	(0.10)	3	2,040
More than 12 months ago			0.3	(0.14)	9	2,040

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How long has it been since you last used Salvia divinorum? (LS35)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and <i>Salvia divinorum</i> .				
Within the past 30 days			0.1	(0.08)	3	2,041
More than 30 days ago but within the past 12 months			0.3	(0.12)	10	2,041
More than 12 months ago			2.1	(0.36)	55	2,041
Have you ever, inhaled felt-tip pens, felt-tip markers, or magic markers for kicks or to get high? (IN01h1)	N	Added question to measure use of felt-tip pens, felt-tip markers, or magic markers.	3.3	(0.35)	105	2,041
Have you ever inhaled computer keyboard cleaner, also known as air duster, for kicks or to get high? (IN01ii)	N	Added question to measure use computer keyboard cleaner, also known as air duster.	1.2	(0.25)	33	2,042
Have you ever used methamphetamine? (ME01)	N	Added to measure use of methamphetamine.	6.5	(0.83)	112	2,043
How old were you the first time you used methamphetamine? (ME02) ⁵	N	Added to measure use of methamphetamine.	20.7	(0.63)	N/A	112
How long has it been since you last used methamphetamine? (MELAST3)	N	Added to measure use of methamphetamine.				
Within the past 30 days			0.4	(0.16)	9	2,043
More than 30 days ago but within the past 12 months			0.1	(0.07)	3	2,043
More than 12 months ago			6.0	(0.79)	100	2,043
How many days you've used methamphetamine during the past 12 months. (MEFRAME3, MEYRAVE, MEMONAVE, MEWKAVE) ⁵	N	Added to measure use of methamphetamine.	161.2	(45.87)	N/A	12
During the past 30 days, on how many days did you use methamphetamine? (ME06) ⁵	N	Added to measure use of methamphetamine.	17.7*	(4.51)	N/A	8
In the past 12 months, which, if any, of these pain relievers have you used? (PR01)	N	Added questions to indicate use of prescription pain relievers.				
Vicodin [®]			12.9	(1.18)	242	2,029
Lortab [®]			5.5	(0.70)	103	2,029
Lorcet [®]			1.1	(0.25)	26	2,029
Hydrocodone			14.4	(1.17)	264	2,029

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, which, if any, of these pain relievers have you used? (PR02)	N	Added questions to indicate use of prescription pain relievers.				
OxyContin [®]			2.4	(0.35)	58	2,026
Percocet [®]			6.5	(0.83)	128	2,026
Percodan [®]			0.4	(0.15)	11	2,026
Tylox [®]			0.3	(0.13)	8	2,026
Oxycodone			6.8	(0.92)	128	2,026
In the past 12 months, which, if any, of these pain relievers have you used? (PR03)	N	Added questions to indicate use of prescription pain relievers.				
Darvocet [®]			1.6	(0.41)	24	2,027
Darvon [®]			0.5	(0.29)	5	2,027
Propoxyphene			0.2	(0.11)	7	2,027
In the past 12 months, which, if any, of these pain relievers have you used? (PR04)	N	Added questions to indicate use of prescription pain relievers.				
Ultram [®]			2.1	(0.55)	38	2,028
Ultram [®] ER			0.4	(0.23)	6	2,028
Ultracet [®]			0.3	(0.15)	5	2,028
Ryzolt [®]			0.0	(0.02)	1	2,028
Tramadol			4.5	(0.56)	90	2,028
In the past 12 months, which, if any, of these pain relievers have you used? (PR05)	N	Added questions to indicate use of prescription pain relievers.				
Tylenol [®] with Codeine 3 or 4			10.9	(0.98)	233	2,025
Codeine Pills			1.6	(0.30)	42	2,025
In the past 12 months, which, if any, of these pain relievers have you used? (PR06)	N	Added questions to indicate use of prescription pain relievers.				
Avinza [®]			0.1	(0.11)	2	2,030
Kadian [®]			0.1	(0.05)	2	2,030
MS Contin [®]			0.1	(0.06)	4	2,030
Oramorph [®] SR			0.0*	(0.00)	0	2,030
Morphine			3.7	(0.54)	73	2,030

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, which, if any, of these pain relievers have you used? (PR07)	N	Added questions to indicate use of prescription pain relievers.				
Actiq [®]			0.1	(0.11)	1	2,029
Duragesic [®]			0.1	(0.05)	2	2,029
Fentora [®]			0.0	(0.04)	1	2,029
Fentanyl			0.7	(0.23)	12	2,029
In the past 12 months, which, if any, of these pain relievers have you used? (PR08)	N	Added questions to indicate use of prescription pain relievers.				
Suboxone [®]			0.7	(0.23)	18	2,029
Subutex [®]			0.3	(0.11)	9	2,029
Buprenorphine			0.0	(0.04)	1	2,029
In the past 12 months, which, if any, of these pain relievers have you used? (PR09)	N	Added questions to indicate use of prescription pain relievers.				
Demerol [®]			0.7	(0.15)	14	2,028
Dilaudid [®]			0.9	(0.23)	21	2,028
Methadone			0.6	(0.17)	17	2,028
Opana [®]			0.1	(0.06)	6	2,028
Opana [®] ER			0.2	(0.08)	7	2,028
In the past 12 months, which, if any, of these pain relievers have you used? (PR10)	N	Added questions to indicate use of prescription pain relievers.				
Talacen [®]			0.0*	(0.00)	0	2,028
Talwin [®]			0.0	(0.03)	1	2,028
Talwin [®] NX			0.0	(0.03)	1	2,028
In the past 12 months, have you used any other prescription pain reliever? (PR11)	N	Added questions to indicate use of prescription pain relievers.	8.7	(0.81)	178	2,027
Have you ever used any prescription pain reliever? (PR12)	N	Added questions to indicate use of prescription pain relievers.	66.8	(1.61)	1,158	2,017
In the past 12 months, which, if any, of these tranquilizers have you used? (TR01)	N	Added questions to indicate use of prescription tranquilizers.				
Xanax [®]			4.7	(0.67)	100	2,037
Xanax [®] XR			0.4	(0.15)	10	2,037
Alprazolam			1.5	(0.34)	27	2,037
Extended-Release Alprazolam			0.4	(0.24)	7	2,037

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, which, if any, of these tranquilizers have you used? (TR02)	N	Added questions to indicate use of prescription tranquilizers.				
Ativan [®]			1.2	(0.31)	20	2,037
Klonopin [®]			1.1	(0.26)	29	2,037
Lorazepam			2.0	(0.32)	38	2,037
Clonazepam			2.0	(0.40)	39	2,037
In the past 12 months, which, if any, of these tranquilizers have you used? (TR03)	N	Added questions to indicate use of prescription tranquilizers.				
Valium [®]			1.9	(0.41)	41	2,037
Diazepam			1.0	(0.27)	18	2,037
Librium [®]			0.1	(0.07)	3	2,037
Tranxene [®]			0.0	(0.03)	2	2,037
Oxazepam (also known as Serax [®])			0.1	(0.05)	3	2,037
In the past 12 months, which, if any, of these tranquilizers have you used? (TR04)	N	Added questions to indicate use of prescription tranquilizers.				
Flexeril [®]			4.2	(0.59)	73	2,037
Soma [®]			1.4	(0.33)	35	2,037
In the past 12 months, which, if any, of these tranquilizers have you used? (TR05)	N	Added questions to indicate use of prescription tranquilizers.				
Buspirone (also known as BuSpar [®])			0.4	(0.20)	5	2,037
Hydroxyzine (also known as Atarax [®] or Vistaril [®])			0.6	(0.24)	11	2,037
Meprobamate			0.0	(0.02)	1	2,037
In the past 12 months, have you used any other prescription tranquilizer? (TR06)	N	Added questions to indicate use of prescription tranquilizers.				
Have you ever, even once, used any prescription tranquilizer? (TR07)	N	Added questions to indicate use of prescription tranquilizers.				
			25.7	(1.54)	413	2,033

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, which, if any, of these stimulants have you used? (ST01)	N	Added questions to indicate use of prescription stimulants.				
Adderall [®]			2.2	(0.37)	66	2,038
Adderall [®] XR			1.2	(0.23)	41	2,038
Dexedrine [®]			0.3	(0.11)	6	2,038
Dextroamphetamine			0.2	(0.10)	5	2,038
Amphetamine-Dextroamphetamine Combinations			0.8	(0.27)	16	2,038
In the past 12 months, which, if any, of these stimulants have you used? (ST02)	N	Added questions to indicate use of prescription stimulants.				
Ritalin [®]			0.5	(0.14)	17	2,038
Ritalin [®] SR or Ritalin [®] LA			0.3	(0.10)	12	2,038
Concerta [®]			0.6	(0.15)	22	2,038
Daytrana [®]			0.0	(0.02)	2	2,038
Methylphenidate			0.4	(0.13)	9	2,038
In the past 12 months, which, if any, of these stimulants have you used? (ST03)	N	Added questions to indicate use of prescription stimulants.				
Metadate [®] CD			0.0	(0.02)	1	2,038
Metadate [®] ER			0.1	(0.06)	1	2,038
Focalin [®]			0.2	(0.10)	8	2,038
Focalin [®] XR			0.3	(0.13)	8	2,038
Dexmethylphenidate			0.2	(0.10)	6	2,038
In the past 12 months, which, if any, of these stimulants have you used? (ST04)	N	Added questions to indicate use of prescription stimulants.				
Benzphetamine			0.0	(0.03)	1	2,038
Didrex [®]			0.0	(0.03)	1	2,038
Diethylpropion			0.0	(0.02)	1	2,038
Phendimetrazine			0.2	(0.15)	1	2,038
Phentermine			0.8	(0.23)	17	2,038
In the past 12 months, which, if any, of these stimulants have you used? (ST05)	N	Added questions to indicate use of prescription stimulants.				
Provigil [®]			0.1	(0.06)	2	2,038
Tenuate [®]			0.0*	(0.00)	0	2,038
Vyvanse [®]			0.7	(0.23)	21	2,038
In the past 12 months, have you used any other prescription stimulant? (ST06)	N	Added questions to indicate use of prescription stimulants.	1.1	(0.25)	26	2,037
Have you ever, even once, used any prescription stimulant? (ST07)	N	Added questions to indicate use of prescription stimulants.	11.5	(0.95)	249	2,035

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, which, if any, of these sedatives have you used? (SV01)	N	Added questions to indicate use of prescription sedatives.				
Ambien [®]			4.5	(0.63)	68	2,037
Ambien [®] CR			0.7	(0.22)	11	2,037
Zolpidem			1.6	(0.46)	21	2,037
Extended-Release Zolpidem			0.1	(0.07)	2	2,037
In the past 12 months, which, if any, of these sedatives have you used? (SV02)	N	Added questions to indicate use of prescription sedatives.				
Lunesta [®]			1.1	(0.30)	17	2,038
Sonata [®]			0.5	(0.24)	5	2,038
Zaleplon			0.0*	(0.00)	0	2,038
In the past 12 months, which, if any, of these sedatives have you used? (SV03)	N	Added questions to indicate use of prescription sedatives.				
Dalmane			0.0*	(0.00)	0	2,038
Halcion [®]			0.2	(0.18)	2	2,038
Flurazepam			0.0*	(0.00)	0	2,038
Triazolam			0.2	(0.11)	3	2,038
In the past 12 months, which, if any, of these sedatives have you used? (SV04)	N	Added questions to indicate use of prescription sedatives.				
Restoril [®]			0.1	(0.07)	2	2,038
Temazepam			0.6	(0.25)	8	2,038
In the past 12 months, which, if any, of these sedatives have you used? (SV05)	N	Added questions to indicate use of prescription sedatives.				
Butisol [®]			0.0	(0.03)	1	2,038
Seconal [®]			0.1	(0.07)	1	2,038
Phenobarbital			0.2	(0.15)	3	2,038
In the past 12 months, have you used any other prescription sedative? (SV06)	N	Added questions to indicate use of prescription sedatives.	1.2	(0.27)	29	2,038
Have you ever used any prescription sedative? (SV07)	N	Added questions to indicate use of prescription sedatives.	16.2	(1.30)	240	2,033
Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it? (PRL01 and PRL02)	N	Added questions to indicate misuse of prescription pain relievers.	11.8	(0.94)	259	2,013
In the past 12 months, did you use Vicodin in any way a doctor did not direct you to use it? (PRY01)	N	Added questions to indicate misuse of prescription pain relievers.	2.4	(0.44)	59	2,034
How old were you when you first used Vicodin in a way a doctor did not direct you to use it? (PRY01a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	23.9	(2.11)	N/A	58

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use Lortab in a way a doctor did not direct you to use it? (PRY02)	N	Added questions to indicate misuse of prescription pain relievers.	1.0	(0.26)	26	2,033
How old were you when you first used Lortab in a way a doctor did not direct you to use it? (PRY02a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	23.3	(2.53)	N/A	25
In the past 12 months, did you use Lorcet in any way a doctor did not direct you to use it? (PRY03)	N	Added questions to indicate misuse of prescription pain relievers.	0.3	(0.11)	7	2,034
How old were you when you first used Lorcet in a way a doctor did not direct you to use it? (PRY03a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	16.6*	(2.06)	N/A	7
In the past 12 months, did you use hydrocodone in any way a doctor did not direct you to use it? (PRY04)	N	Added questions to indicate misuse of prescription pain relievers.	1.9	(0.35)	48	2,033
How old were you when you first used hydrocodone in a way a doctor did not direct you to use it? (PRY04a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	25.1	(2.48)	N/A	44
In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it? (PRY05)	N	Added questions to indicate misuse of prescription pain relievers.	0.8	(0.20)	23	2,033
How old were you when you first used OxyContin in a way a doctor did not direct you to use it? (PRY05a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	20.8	(1.98)	N/A	23
In the past 12 months, did you use Percocet in any way a doctor did not direct you to use it? (PRY06)	N	Added questions to indicate misuse of prescription pain relievers.	1.0	(0.23)	29	2,032
How old were you when you first used Percocet in a way a doctor did not direct you to use it? (PRY06a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	23.2	(2.27)	N/A	29
In the past 12 months, did you use Percodan in any way a doctor did not direct you to use it? (PRY07)	N	Added questions to indicate misuse of prescription pain relievers.	0.2	(0.08)	5	2,033
How old were you when you first used Percodan in a way a doctor did not direct you to use it? (PRY07a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	19.6*	(2.46)	N/A	5
In the past 12 months, did you use Tylox in any way a doctor did not direct you to use it? (PRY08)	N	Added questions to indicate misuse of prescription pain relievers.	0.0	(0.03)	1	2,033

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used Tylox in a way a doctor did not direct you to use it? (PRY08a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	15.0*	(0.00)	N/A	1
In the past 12 months, did you use oxycodone in any way a doctor did not direct you to use it? (PRY09)	N	Added questions to indicate misuse of prescription pain relievers.	1.2	(0.27)	31	2,032
How old were you when you first used oxycodone in a way a doctor did not direct you to use it? (PRY09a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	23.4	(1.73)	N/A	31
In the past 12 months, did you use Darvocet in a way a doctor did not direct you to use it? (PRY10) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.07)	4	2,034
How old were you when you first used Darvocet in a way a doctor did not direct you to use it? (PRY10a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	16.2*	(0.67)	N/A	4
In the past 12 months, did you use Darvon in any way a doctor did not direct you to use it? (PRY11)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use propoxyphene in any way a doctor did not direct you to use it? (PRY12)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use Ultram in any way a doctor did not direct you to use it? (PRY13)	N	Added questions to indicate misuse of prescription pain relievers.	0.5	(0.18)	8	2,033
How old were you when you first used Ultram in a way a doctor did not direct you to use it? (PRY13a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	33.3*	(5.80)	N/A	8
In the past 12 months, did you use Ultram ER in any way a doctor did not direct you to use it? (PRY14)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use Ultracet in any way a doctor did not direct you to use it? (PRY15)	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.10)	2	2,034
How old were you when you first used Ultracet in a way a doctor did not direct you to use it? (PRY15a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	33.6*	(11.61)	N/A	2
In the past 12 months, did you use Ryzolt in any way a doctor did not direct you to use it? (PRY16)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use tramadol in any way a doctor did not direct you to use it? (PRY17)	N	Added questions to indicate misuse of prescription pain relievers.	0.5	(0.16)	14	2,034
How old were you when you first used tramadol in a way a doctor did not direct you to use it? (PRY17a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	26.4	(3.15)	N/A	14
In the past 12 months, did you use Tylenol with codeine 3 or 4 in any way a doctor did not direct you to use it? (PRY18)	N	Added questions to indicate misuse of prescription pain relievers.	1.5	(0.27)	42	2,030
How old were you when you first used Tylenol with codeine 3 or 4 in a way a doctor did not direct you to use it? (PRY18a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	26.0	(4.59)	N/A	41
In the past 12 months, did you use codeine pills in any way a doctor did not direct you to use them? (PRY19)	N	Added questions to indicate misuse of prescription pain relievers.	0.3	(0.11)	10	2,031
How old were you when you first used codeine pills in a way a doctor did not direct you to use them? (PRY19a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	17.2	(0.71)	N/A	10
In the past 12 months, did you use Avinza in any way a doctor did not direct you to use it? (PRY20)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use Kadian in any way a doctor did not direct you to use it? (PRY21)	N	Added questions to indicate misuse of prescription pain relievers.	0.0	(0.03)	1	2,034
How old were you when you first used Kadian in a way a doctor did not direct you to use it? (PRY21a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	17.0*	(0.00)	N/A	1
In the past 12 months, did you use MS Contin in any way a doctor did not direct you to use it? (PRY22)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use morphine in any way a doctor did not direct you to use it? (PRY24)	N	Added questions to indicate misuse of prescription pain relievers.	0.4	(0.14)	10	2,034
How old were you when you first used morphine in a way a doctor did not direct you to use it? (PRY24a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	17.5	(1.49)	N/A	10
In the past 12 months, did you use Actiq in any way a doctor did not direct you to use it? (PRY25)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use Duragesic in any way a doctor did not direct you to use it? (PRY26)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use Fentora in any way a doctor did not direct you to use it? (PRY27)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use fentanyl in any way a doctor did not direct you to use it? (PRY28)	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.05)	2	2,034
How old were you when you first used fentanyl in a way a doctor did not direct you to use it? (PRY28a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	22.1*	(2.83)	N/A	2
In the past 12 months, did you use Suboxone in any way a doctor did not direct you to use it? (PRY29)	N	Added questions to indicate misuse of prescription pain relievers.	0.2	(0.10)	9	2,034
How old were you when you first used Suboxone in a way a doctor did not direct you to use it? (PRY29a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	24.2*	(2.03)	N/A	9
In the past 12 months, did you use Subutex in any way a doctor did not direct you to use it? (PRY30)	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.07)	4	2,034
How old were you when you first used Subutex in a way a doctor did not direct you to use it? (PRY30a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	23.5*	(0.65)	N/A	4
In the past 12 months, did you use buprenorphine in any way a doctor did not direct you to use it? (PRY31)	N	Added questions to indicate misuse of prescription pain relievers.	0.0	(0.04)	1	2,034
How old were you when you first used buprenorphine in a way a doctor did not direct you to use it? (PRY31a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	17.0*	(0.00)	N/A	1
In the past 12 months, did you use Demerol in any way a doctor did not direct you to use it? (PRY32)	N	Added questions to indicate misuse of prescription pain relievers.	0.0	(0.04)	2	2,034
How old were you when you first used Demerol in a way a doctor did not direct you to use it? (PRY32a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	18.6*	(0.61)	N/A	2
In the past 12 months, did you use Dilaudid in any way a doctor did not direct you to use it? (PRY33)	N	Added questions to indicate misuse of prescription pain relievers.	0.3	(0.08)	8	2,034

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used Dilaudid in a way a doctor did not direct you to use it? (PRY33a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	21.5*	(2.42)	N/A	8
In the past 12 months, did you use methadone in any way a doctor did not direct you to use it? (PRY34)	N	Added questions to indicate misuse of prescription pain relievers.	0.3	(0.11)	8	2,034
How old were you when you first used methadone in a way a doctor did not direct you to use it? (PRY34a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	20.9*	(2.42)	N/A	8
In the past 12 months, did you use Opana in any way a doctor did not direct you to use it? (PRY35)	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.05)	5	2,034
How old were you when you first used Opana in a way a doctor did not direct you to use it? (PRY35a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	16.2*	(1.16)	N/A	5
In the past 12 months, did you use Opana ER in any way a doctor did not direct you to use it? (PRY36)	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.05)	3	2,034
How old were you when you first used Opana ER in a way a doctor did not direct you to use it? (PRY36a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	17.7*	(0.24)	N/A	3
In the past 12 months, did you use Talwin in any way a doctor did not direct you to use it? (PRY38)	N	Added questions to indicate misuse of prescription pain relievers.	0.0	(0.02)	1	2,034
How old were you when you first used Talwin in a way a doctor did not direct you to use it? (PRY38a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	13.0*	(0.00)	N/A	1
In the past 12 months, did you use Talwin NX in any way a doctor did not direct you to use it? (PRY39)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use any other prescription pain reliever in a way a doctor did not direct you to use it? (PRY40)	N	Added questions to indicate misuse of prescription pain relievers.	0.2	(0.09)	8	2,030
How old were you when you first used any other prescription pain reliever in a way a doctor did not direct you to use it? (PRY40a) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	20.6*	(2.46)	N/A	9
In the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use it? (PRM01)	N	Added questions to indicate misuse of prescription pain relievers.	2.0	(0.36)	47	2,025

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 30 days, on how many days did you use [PRNAMEFILL] in any way a doctor did not direct you to use it? (PRM02) ⁵	N	Added questions to indicate misuse of prescription pain relievers.	8.2	(1.35)	N/A	46
During the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (PRM03)	N	Added questions to indicate misuse of prescription pain relievers.	0.7	(0.21)	17	2,025
Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? (PRY41) ⁴	N	Added questions to indicate misuse of prescription pain relievers.				
I used [PRNAMEFILL] without a prescription of my own.			67.4	(4.48)	99	149
I used [PRNAMEFILL] in greater amounts than it was/they were prescribed.			23.1	(4.43)	34	149
I used [PRNAMEFILL] more often than it was/they were prescribed.			20.2	(4.31)	27	149
I used [PRNAMEFILL] for longer than it was/they were prescribed.			12.5	(3.27)	18	149
I used [PRNAMEFILL] in some other way a doctor did not direct me to use it/them.			23.0	(4.18)	35	149
What were the reasons you used [PRLASTFILL2] that time? (PRYMOTIV) ⁴	N	Added questions to indicate misuse of prescription pain relievers.				
To relieve physical pain			70.2	(4.36)	95	144
To relax or relieve tension			26.1	(4.52)	42	144
To experiment or to see what it's/they're like			8.1	(3.08)	12	144
To feel good or get high			22.3	(4.19)	34	144
To help with my sleep			14.5	(2.98)	26	144
To help me with my feelings or emotions			9.3	(3.24)	15	144
To increase or decrease the effect(s) of some other drug			2.0	(1.29)	3	144
Because I am "hooked" or I have to have it/them			1.6	(1.11)	3	144
I used it/them for some other reason			2.1*	(1.54)	2	144

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Which was the main reason you used [PRLASTFILL2] that time? (PRYMOT1) ⁴	N	Added questions to indicate misuse of prescription pain relievers.				
To relieve physical pain			31.3*	(8.73)	17	44
To relax or relieve tension			20.2*	(7.47)	7	44
To experiment or to see what it's/they're like			0.0*	(0.00)	0	44
To feel good or get high			17.6*	(6.90)	8	44
To help with my sleep			17.8*	(6.67)	7	44
To help me with my feelings or emotions			8.3*	(4.85)	3	44
To increase or decrease the effect(s) of some other drug			0.0*	(0.00)	0	44
Because I am "hooked" or I have to have it/them			4.8*	(3.88)	2	44
The other reason I reported			0.0*	(0.00)	0	44
Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [PRLASTFILL]? (PRY42B) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [PRLASTFILL] from just one doctor			27.1	(4.59)	38	149
I got prescriptions for the [PRLASTFILL] from more than one doctor			2.0*	(1.72)	3	149
I stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.2	(0.24)	1	149
I got the [PRLASTFILL] from a friend or relative for free			45.5	(4.66)	65	149
I bought the [PRLASTFILL] from a friend or relative			11.3	(2.77)	18	149
I took the [PRLASTFILL] from a friend or relative without asking			4.0	(1.65)	8	149
I bought the [PRLASTFILL] from a drug dealer or other stranger			5.5	(1.49)	11	149
I got the [PRLASTFILL] in some other way			4.3*	(2.59)	5	149

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How did your friend or relative get the [PRLASTFILL]? (PRY42C) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [PRLASTFILL] from just one doctor			90.1*	(4.61)	47	53
He or she got prescriptions for the [PRLASTFILL] from more than one doctor			0.0*	(0.00)	0	53
He or she stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	53
He or she got the [PRLASTFILL] from a friend or relative for free			2.4*	(1.76)	2	53
He or she bought the [PRLASTFILL] from a friend or relative			0.0*	(0.00)	0	53
He or she took the [PRLASTFILL] from a friend or relative without asking			1.1*	(1.08)	1	53
He or she bought the [PRLASTFILL] from a drug dealer or other stranger			1.4*	(1.36)	1	53
He or she got the [PRLASTFILL] in some other way			5.1*	(3.99)	2	53
Have you ever, even once, used any prescription tranquilizer in any way a doctor did not direct you to use it? (TRL01 and TRL02)	N	Added questions to indicate misuse of prescription tranquilizers.	5.6	(0.77)	112	2,033
In the past 12 months, did you use Xanax in any way a doctor did not direct you to use it? (TRY01)	N	Added questions to indicate misuse of prescription tranquilizers.	1.4	(0.27)	47	2,038
How old were you when you first used Xanax in a way a doctor did not direct you to use it? (TRY01a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	20.8	(1.47)	N/A	47
In the past 12 months, did you use Xanax XR in a way a doctor did not direct you to use it? (TRY02)	N	Added questions to indicate misuse of prescription tranquilizers.	0.2	(0.11)	5	2,038
How old were you when you first used Xanax XR in a way a doctor did not direct you to use it? (TRY02a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	24.9*	(6.18)	N/A	5
In the past 12 months, did you use alprazolam in any way a doctor did not direct you to use it? (TRY03)	N	Added questions to indicate misuse of prescription tranquilizers.	0.3	(0.11)	10	2,038

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used alprazolam in a way a doctor did not direct you to use it? (TRY03a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	20.9	(3.54)	N/A	10
In the past 12 months, did you use extended-release alprazolam in any way a doctor did not direct you to use it? (TRY04)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0	(0.02)	1	2,038
How old were you when you first used extended-release alprazolam in a way a doctor did not direct you to use it? (TRY04a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	13.0*	(0.00)	N/A	1
In the past 12 months, did you use Ativan in any way a doctor did not direct you to use it? (TRY05)	N	Added questions to indicate misuse of prescription tranquilizers.	0.2	(0.07)	8	2,038
How old were you when you first used Ativan in a way a doctor did not direct you to use it? (TRY05a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	24.8*	(4.08)	N/A	8
In the past 12 months, did you use Klonopin in any way a doctor did not direct you to use it? (TRY06)	N	Added questions to indicate misuse of prescription tranquilizers.	0.5	(0.16)	12	2,038
How old were you when you first used Klonopin in a way a doctor did not direct you to use it? (TRY06a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	18.7	(0.84)	N/A	12
In the past 12 months, did you use lorazepam in any way a doctor did not direct you to use it? (TRY07)	N	Added questions to indicate misuse of prescription tranquilizers.	0.4	(0.14)	12	2,038
How old were you when you first used lorazepam in a way a doctor did not direct you to use it? (TRY07a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	26.2	(4.11)	N/A	12
In the past 12 months, did you use clonazepam in any way a doctor did not direct you to use it? (TRY08)	N	Added questions to indicate misuse of prescription tranquilizers.	0.2	(0.07)	6	2,038
How old were you when you first used clonazepam in a way a doctor did not direct you to use it? (TRY08a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	17.6*	(1.69)	N/A	6
In the past 12 months, did you use Valium in any way a doctor did not direct you to use it? (TRY09)	N	Added questions to indicate misuse of prescription tranquilizers.	0.5	(0.16)	15	2,038
How old were you when you first used Valium in a way a doctor did not direct you to use it? (TRY09a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	20.4	(2.44)	N/A	15

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use Librium in any way a doctor did not direct you to use it? (TRY10)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0	(0.02)	1	2,038
How old were you when you first used Librium in a way a doctor did not direct you to use it? (TRY10a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	17.0*	(0.00)	N/A	1
In the past 12 months, did you use Tranxene in any way a doctor did not direct you to use it? (TRY11)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use diazepam in any way a doctor did not direct you to use it? (TRY12)	N	Added questions to indicate misuse of prescription tranquilizers.	0.1	(0.07)	5	2,038
How old were you when you first used diazepam in a way a doctor did not direct you to use it? (TRY12a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	20.9*	(2.58)	N/A	5
In the past 12 months, did you use oxazepam, also known as Serax, in any way a doctor did not direct you to use it? (TRY13)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Flexeril in any way a doctor did not direct you to use it? (TRY14)	N	Added questions to indicate misuse of prescription tranquilizers.	0.4	(0.13)	10	2,038
How old were you when you first used Flexeril in a way a doctor did not direct you to use it? (TRY14a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	29.6	(4.17)	N/A	10
In the past 12 months, did you use Soma in any way a doctor did not direct you to use it? (TRY15)	N	Added questions to indicate misuse of prescription tranquilizers.	0.4	(0.11)	14	2,038
How old were you when you first used Soma in a way a doctor did not direct you to use it? (TRY15a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	19.6	(1.11)	N/A	14
In the past 12 months, did you use buspirone, also known as BuSpar, in any way a doctor did not direct you to use it? (TRY16)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0	(0.02)	1	2,038
How old were you when you first used buspirone, also known as BuSpar, in a way a doctor did not direct you to use it? (TRY16a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	13.0*	(0.00)	N/A	1
In the past 12 months, did you use hydroxyzine, also known as Atarax or Vistaril, in any way a doctor did not direct you to use it? (TRY17)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0	(0.03)	1	2,038

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used hydroxyzine, also known as Atarax or Vistaril, in a way a doctor did not direct you to use it? (TRY17a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	16.0*	(0.00)	N/A	1
In the past 12 months, did you use meprobamate, also known as Equanil or Miltown, in any way a doctor did not direct you to use it? (TRY18)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0	(0.02)	1	2,038
How old were you when you first used meprobamate, also known as Equanil or Miltown, in a way a doctor did not direct you to use it? (TRY18a) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	13.0*	(0.00)	N/A	1
In the past 12 months, did you use any other prescription tranquilizer in a way a doctor did not direct you to use it? (TRY19)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0*	(0.00)	0	2,038
In the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use it? (TRM01)	N	Added questions to indicate misuse of prescription tranquilizers.	0.9	(0.23)	23	2,038
During the past 30 days, on how many days did you use [TRNAMEFILL] in any way a doctor did not direct you to use it? (TRM02) ⁵	N	Added questions to indicate misuse of prescription tranquilizers.	5.8	(1.49)	N/A	22
During the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (TRM03)	N	Added questions to indicate misuse of prescription tranquilizers.	0.3	(0.14)	8	2,037
Which of these statements describe your use of [TRNAMEFILL] at any time in the past 12 months? (TRY20) ⁴	N	Added questions to indicate misuse of prescription tranquilizers.				
I used [TRNAMEFILL] without a prescription of my own.			78.7*	(5.47)	54	69
I used [TRNAMEFILL] in greater amounts than it was/they were prescribed.			18.7*	(5.18)	13	69
I used [TRNAMEFILL] more often than it was/they were prescribed.			6.9*	(2.97)	5	69
I used [TRNAMEFILL] for longer than it was/they were prescribed.			2.7*	(1.99)	2	69
I used [TRNAMEFILL] in some other way a doctor did not direct me to use it/them.			9.9*	(3.22)	9	69

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
What were the reasons you used [TRLASTFILL2] that time? (TRYMOTIV) ⁴	N	Added questions to indicate misuse of prescription tranquilizers.				
To relax or relieve tension			65.7*	(6.54)	44	71
To experiment or to see what it's/they're like			11.1*	(4.00)	10	71
To feel good or get high			22.5*	(5.63)	19	71
To help with my sleep			28.5*	(7.38)	17	71
To help me with my feelings or emotions			21.4*	(5.50)	18	71
To increase or decrease the effect(s) of some other drug			9.5*	(4.49)	6	71
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	71
I used it/them for some other reason			2.1*	(2.11)	1	71
Which was the main reason you used [TRLASTFILL2] that time? (TRYMOTI) ⁴	N	Added questions to indicate misuse of prescription tranquilizers.				
To relax or relieve tension			49.5*	(10.81)	11	24
To experiment or to see what it's/they're like			5.5*	(5.28)	2	24
To feel good or get high			8.5*	(4.87)	3	24
To help with my sleep			17.1*	(11.10)	2	24
To help me with my feelings or emotions			13.1*	(6.59)	4	24
To increase or decrease the effect(s) of some other drug			6.4*	(5.19)	2	24
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	24
The other reason I reported			0.0*	(0.00)	0	24
Now think about the last time you used [TRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [TRLASTFILL]? (TRY21B) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [TRLASTFILL] from just one doctor			16.5*	(6.70)	8	68
I got prescriptions for the [TRLASTFILL] from more than one doctor			0.0*	(0.00)	0	68
I stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	68
I got the [TRLASTFILL] from a friend or relative for free			53.7*	(6.74)	39	68
I bought the [TRLASTFILL] from a friend or relative			9.9*	(3.66)	8	68

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
I took the [TRLASTFILL] from a friend or relative without asking			12.5*	(5.42)	8	68
I bought the [TRLASTFILL] from a drug dealer or other stranger			5.7*	(3.19)	4	68
I got the [TRLASTFILL] in some other way			1.9*	(1.94)	1	68
How did your friend or relative get the [TRLASTFILL]? (TRY21C) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [TRLASTFILL] from just one doctor			90.0*	(4.99)	31	35
He or she got prescriptions for the [TRLASTFILL] from more than one doctor			2.7*	(2.72)	1	35
He or she stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	35
He or she got the [TRLASTFILL] from a friend or relative for free			2.1*	(2.06)	1	35
He or she bought the [TRLASTFILL] from a friend or relative			5.2*	(3.72)	2	35
He or she took the [TRLASTFILL] from a friend or relative without asking			0.0*	(0.00)	0	35
He or she bought the [TRLASTFILL] from a drug dealer or other stranger			0.0*	(0.00)	0	35
He or she got the [TRLASTFILL] in some other way			0.0*	(0.00)	0	35
Have you ever, even once, used any prescription stimulant in any way a doctor did not direct you to use it? (STL01 and STL02)	N	Added questions to indicate misuse of prescription stimulants.	3.9	(0.58)	98	2,034
In the past 12 months, did you use Adderall in any way a doctor did not direct you to use it? (STY01)	N	Added questions to indicate misuse of prescription stimulants.	1.3	(0.28)	41	2,038
How old were you when you first used Adderall in a way a doctor did not direct you to use it? (STY01a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	19.1	(0.57)	N/A	41
In the past 12 months, did you use Adderall XR in any way a doctor did not direct you to use it? (STY02)	N	Added questions to indicate misuse of prescription stimulants.	0.6	(0.15)	21	2,037

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used Adderall XR in a way a doctor did not direct you to use it? (STY02a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	18.6	(0.79)	N/A	21
In the past 12 months, did you use Dexedrine in any way a doctor did not direct you to use it? (STY03)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.08)	3	2,038
How old were you when you first used Dexedrine in a way a doctor did not direct you to use it? (STY03a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	17.6*	(0.44)	N/A	3
In the past 12 months, did you use dextroamphetamine in any way a doctor did not direct you to use it? (STY04)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.09)	3	2,038
How old were you when you first used dextroamphetamine in a way a doctor did not direct you to use it? (STY04a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	18.3*	(0.26)	N/A	3
In the past 12 months, did you use mixed amphetamine dextroamphetamine pills other than Adderall in any way a doctor did not direct you to use them? (STY05)	N	Added questions to indicate misuse of prescription stimulants.	0.3	(0.12)	6	2,038
How old were you when you first used mixed amphetamine dextroamphetamine pills other than Adderall in a way a doctor did not direct you to use them? (STY05a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	20.2*	(1.26)	N/A	6
In the past 12 months, did you use Ritalin in any way a doctor did not direct you to use it? (STY06)	N	Added questions to indicate misuse of prescription stimulants.	0.2	(0.10)	9	2,038
How old were you when you first used Ritalin in a way a doctor did not direct you to use it? (STY06a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	26.3*	(6.68)	N/A	9
In the past 12 months, did you use Ritalin SR or Ritalin LA in any way a doctor did not direct you to use it? (STY07)	N	Added questions to indicate misuse of prescription stimulants.	0.2	(0.08)	6	2,038
How old were you when you first used Ritalin SR or Ritalin LA in a way a doctor did not direct you to use it? (STY07a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	18.2*	(0.63)	N/A	6
In the past 12 months, did you use Concerta in any way a doctor did not direct you to use it? (STY08)	N	Added questions to indicate misuse of prescription stimulants.	0.2	(0.08)	9	2,038
How old were you when you first used Concerta in a way a doctor did not direct you to use it? (STY08a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	17.5*	(0.79)	N/A	9

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use Daytrana in any way a doctor did not direct you to use it? (STY09)	N	Added questions to indicate misuse of prescription stimulants.	0.0	(0.02)	2	2,038
How old were you when you first used Daytrana in a way a doctor did not direct you to use it? (STY09a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	19.6*	(2.47)	N/A	2
In the past 12 months, did you use methylphenidate in any way a doctor did not direct you to use it? (STY10)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.09)	3	2,038
How old were you when you first used methylphenidate in a way a doctor did not direct you to use it? (STY10a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	30.1*	(11.21)	N/A	3
In the past 12 months, did you use Metadate CD in any way a doctor did not direct you to use it? (STY11)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Metadate ER in any way a doctor did not direct you to use it? (STY12)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Focalin in any way a doctor did not direct you to use it? (STY13)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.05)	4	2,038
How old were you when you first used Focalin in a way a doctor did not direct you to use it? (STY13a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	17.7*	(1.05)	N/A	4
In the past 12 months, did you use Focalin XR in any way a doctor did not direct you to use it? (STY14)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.05)	4	2,038
How old were you when you first used Focalin XR in a way a doctor did not direct you to use it? (STY14a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	17.3*	(0.45)	N/A	4
In the past 12 months, did you use dexmethylphenidate in any way a doctor did not direct you to use it? (STY15)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.05)	3	2,038
How old were you when you first used dexmethylphenidate in a way a doctor did not direct you to use it? (STY15a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	17.4*	(0.92)	N/A	3
In the past 12 months, did you use benzphetamine in any way a doctor did not direct you to use it? (STY16)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Didrex in any way a doctor did not direct you to use it? (STY17)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use diethylpropion in any way a doctor did not direct you to use it? (STY18)	N	Added questions to indicate misuse of prescription stimulants.	0.0	(0.02)	1	2,038
How old were you when you first used diethylpropion in a way a doctor did not direct you to use it? (STY18a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	12.0*	(0.00)	N/A	1
In the past 12 months, did you use phendimetrazine in any way a doctor did not direct you to use it? (STY19)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use phentermine in any way a doctor did not direct you to use it? (STY20)	N	Added questions to indicate misuse of prescription stimulants.	0.0	(0.03)	2	2,038
How old were you when you first used phentermine in a way a doctor did not direct you to use it? (STY20a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	21.4*	(1.06)	N/A	2
In the past 12 months, did you use Provigil in any way a doctor did not direct you to use it? (STY21)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Tenuate in any way a doctor did not direct you to use it? (STY22)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Vyvanse in any way a doctor did not direct you to use it? (STY23)	N	Added questions to indicate misuse of prescription stimulants.	0.2	(0.09)	9	2,037
How old were you when you first used Vyvanse in a way a doctor did not direct you to use it? (STY23a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	17.9*	(0.64)	N/A	8
In the past 12 months, did you use any other prescription stimulant in a way a doctor did not direct you to use it? (STY24)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.07)	1	2,038
How old were you when you first used any other prescription stimulant in a way a doctor did not direct you to use it? (STY24a) ⁵	N	Added questions to indicate misuse of prescription stimulants.	20.8*	(1.17)	N/A	2
In the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use it? (STM01)	N	Added questions to indicate misuse of prescription stimulants.	0.5	(0.13)	17	2,037
During the past 30 days, on how many days did you use [STNAMEFILL'] in any way a doctor did not direct you to use it? (STM02) ⁵			10.1	(3.53)	N/A	16

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (STM03)			0.2	(0.09)	7	2,037
Which of these statements describe your use of [STNAMEFILL] at any time in the past 12 months? (STY25) ⁴	N	Added questions to indicate misuse of prescription stimulants.				
I used [STNAMEFILL] without a prescription of my own.			81.2*	(5.72)	45	57
I used [STNAMEFILL] in greater amounts than it was/they were prescribed.			22.1*	(6.70)	9	57
I used [STNAMEFILL] more often than it was/they were prescribed.			12.0*	(5.23)	5	57
I used [STNAMEFILL] for longer than it was/they were prescribed.			9.6*	(5.40)	3	57
I used [STNAMEFILL] in some other way a doctor did not direct me to use it/them.			14.0*	(4.52)	10	57
At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL]? (STY25a)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,037
How long has it been since you last used a needle to inject [STNAMEFILL]? (STY25b)	N	Added questions to indicate misuse of prescription stimulants.				
Within the past 30 days			0.0*	(0.00)	0	2,037
More than 30 days ago but within the past 12 months			0.0*	(0.00)	0	2,037
What were the reasons you used [STLASTFILL2] that time? (STYMOTIV) ⁴	N	Added questions to indicate misuse of prescription stimulants.				
To help me lose weight			8.1*	(3.68)	6	56
To help me concentrate			46.8*	(8.71)	26	56
To help me be alert or stay awake			52.1*	(6.20)	27	56
To help me study			39.0*	(9.40)	23	56
To experiment or to see what it's like			13.0*	(4.25)	10	56
To feel good or get high			19.5*	(6.19)	11	56
To increase or decrease the effect(s) of some other drug			0.0*	(0.00)	0	56
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	56
I used it/them for some other reason			5.1*	(3.02)	3	56

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Which was the main reason you used [STLASTFILL2] that time? (STYMOT1) ⁴	N	Added questions to indicate misuse of prescription stimulants.				
To help me lose weight			6.4*	(4.60)	2	25
To help me concentrate			24.1*	(11.13)	5	25
To help me be alert or stay awake			14.2*	(8.29)	4	25
To help me study			45.8*	(14.35)	11	25
To experiment or to see what it's like			2.4*	(2.40)	1	25
To feel good or get high			7.2*	(5.57)	2	25
To increase or decrease the effect(s) of some other drug			0.0*	(0.00)	0	25
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	25
I used it/them for some other reason			0.0*	(0.00)	0	25
How did you get the [STLASTFILL]? (STY26b) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [STLASTFILL] from just one doctor			8.4*	(3.83)	5	56
I got prescriptions for the [STLASTFILL] from more than one doctor			3.3*	(3.17)	1	56
I stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	56
I got the [STLASTFILL] from a friend or relative for free			60.1*	(7.16)	33	56
I bought the [STLASTFILL] from a friend or relative			14.1*	(4.70)	10	56
I took the [STLASTFILL] from a friend or relative without asking			2.9*	(2.04)	2	56
I bought the [STLASTFILL] from a drug dealer or other stranger			5.9*	(3.92)	3	56
I got the [STLASTFILL] in some other way			5.2*	(4.14)	2	56
How did your friend or relative get the [STLASTFILL]? (STY26c) ⁴						
He or she got a prescription for the [STLASTFILL] from just one doctor			79.9*	(7.41)	21	28
He or she got prescriptions for the [STLASTFILL] from more than one doctor			0.0*	(0.00)	0	28

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
He or she stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	28
He or she got the [STLASTFILL] from another friend or relative for free			0.0*	(0.00)	0	28
He or she bought the [STLASTFILL] from another friend or relative			6.0*	(3.45)	3	28
He or she took the [STLASTFILL] from another friend or relative without asking			2.7*	(2.76)	1	28
He or she bought the [STLASTFILL] from a drug dealer or other stranger			6.5*	(4.89)	2	28
He or she got the [STLASTFILL] in some other Way			4.8*	(4.60)	1	28
Have you ever, even once, used any prescription sedative in any way a doctor did not direct you to use it? (SVL01 and SVL02)	N	Added questions to indicate misuse of prescription sedatives.	3.4	(0.56)	55	2,033
In the past 12 months, did you use Ambien in any way a doctor did not direct you to use it? (SVY01)	N	Added questions to indicate misuse of prescription sedatives.	0.4	(0.15)	10	2,039
How old were you when you first used Ambien in a way a doctor did not direct you to use it? (SVY01a) ⁵	N	Added questions to indicate misuse of prescription sedatives.	24.8	(2.55)	N/A	10
In the past 12 months, did you use Ambien CR in a way a doctor did not direct you to use it? (SVY02)	N	Added questions to indicate misuse of prescription sedatives.	0.0	(0.02)	2	2,039
How old were you when you first used Ambien CR in a way a doctor did not direct you to use it? (SVY02a) ⁵	N	Added questions to indicate misuse of prescription sedatives.	18.9*	(2.12)	N/A	2
In the past 12 months, did you use zolpidem in any way a doctor did not direct you to use it? (SVY03)	N	Added questions to indicate misuse of prescription sedatives.	0.4	(0.18)	5	2,039
How old were you when you first used zolpidem in a way a doctor did not direct you to use it? (SVY03a) ⁵	N	Added questions to indicate misuse of prescription sedatives.	45.4*	(7.55)	N/A	5
In the past 12 months, did you use extended-release zolpidem in any way a doctor did not direct you to use it? (SVY04)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use Lunesta in any way a doctor did not direct you to use it? (SVY05)	N	Added questions to indicate misuse of prescription sedatives.	0.1	(0.09)	2	2,039

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used Lunesta in a way a doctor did not direct you to use it? (SVY05a) ⁵	N	Added questions to indicate misuse of prescription sedatives.	57.0*	(12.65)	N/A	2
In the past 12 months, did you use Sonata in any way a doctor did not direct you to use it? (SVY06)	N	Added questions to indicate misuse of prescription sedatives.	0.1	(0.06)	1	2,039
How old were you when you first used Sonata in a way a doctor did not direct you to use it? (SVY06a) ⁵	N	Added questions to indicate misuse of prescription sedatives.	16.0*	(0.00)	N/A	1
In the past 12 months, did you use zaleplon in any way a doctor did not direct you to use it? (SVY07)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use Dalmane in any way a doctor did Not direct you to use it? (SVY08)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use Halcion in any way a doctor did not direct you to use it? (SVY09)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use triazolam in any way a doctor did not direct you to use it? (SVY11)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use Restoril in any way a doctor did not direct you to use it? (SVY12)	N	Added questions to indicate misuse of prescription sedatives.	0.1	(0.07)	2	2,039
How old were you when you first used Restoril in a way a doctor did not direct you to use it? (SVY12a) ⁵	N	Added questions to indicate misuse of prescription sedatives.	16.2*	(0.22)	N/A	2
In the past 12 months, did you use temazepam in any way a doctor did not direct you to use it? (SVY13)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use Butisol in any way a doctor did not direct you to use it? (SVY14)	N	Added questions to indicate misuse of prescription sedatives.	0.0	(0.03)	1	2,039
How old were you when you first used Butisol in a way a doctor did not direct you to use it? (SVY14a) ⁵	N	Added questions to indicate misuse of prescription sedatives.	17.0*	(0.00)	N/A	1
In the past 12 months, did you use Seconal in any way a doctor did Not direct you to use it? (SVY15)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use phenobarbital in any way a doctor did not direct you to use it? (SVY16)	N	Added questions to indicate misuse of prescription sedatives.	0.0	(0.02)	1	2,039
How old were you when you first used phenobarbital in a way a doctor did not direct you to use it? (SVY16a) ⁵	N	Added questions to indicate misuse of prescription sedatives.	20.0*	(0.00)	N/A	1

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use any other prescription sedative in a way a doctor did not direct you to use it? (SVY17)	N	Added questions to indicate misuse of prescription sedatives.	0.0	(0.02)	1	2,038
How old were you when you first used any other prescription sedative in a way a doctor did not direct you to use it? (SVY17a) ⁵	N	Added questions to indicate misuse of prescription sedatives.	16.0*	(0.00)	N/A	1
In the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use it? (SVM01)	N	Added questions to indicate misuse of prescription sedatives.	0.3	(0.15)	5	2,038
During the past 30 days, on how many days did you use [SVNAMEFILL] in any way a doctor did not direct you to use it? (SVM02) ⁵	N	Added questions to indicate misuse of prescription sedatives.	11.2*	(5.80)	N/A	5
During the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (SVM03)	N	Added questions to indicate misuse of prescription sedatives.	0.1	(0.10)	3	2,038
Which of these statements describe your use of [SVNAMEFILL] at any time in the past 12 months? (SVY18) ⁴	N	Added questions to indicate misuse of prescription sedatives.				
I used [SVNAMEFILL] without a prescription of my own.			53.6*	(14.03)	12	18
I used [SVNAMEFILL] in greater amounts than it was/they were prescribed.			22.7*	(12.04)	4	18
I used [SVNAMEFILL] more often than it was/they were prescribed			16.4*	(11.68)	2	18
I used [SVNAMEFILL] for longer than it was/they were prescribed.			0.0*	(0.00)	0	18
I used [SVNAMEFILL] in some other way a doctor did not direct me to use it/them.			24.2*	(13.23)	3	18
What were the reasons you used [SVLASTFILL2] that time? (SVY18) ⁴	N	Added questions to indicate misuse of prescription sedatives.				
To relax or relieve tension			29.0*	(13.13)	5	17
To experiment or to see what it's/they're like			5.6*	(4.08)	2	17
To feel good or get high			9.3*	(4.82)	4	17
To help with my sleep			75.0*	(10.38)	10	17
To help me with my feelings or emotions			2.0*	(1.88)	1	17
To increase or decrease the effect(s) of some other drug			3.8*	(2.64)	2	17

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	17
The other reason I reported			0.0*	(0.00)	0	17
Which was the main reason you used [SVLASTFILL] that time? (SVYMOT1) ⁴	N	Added questions to indicate misuse of prescription sedatives.				
To relax or relieve tension			0.0*	(0.00)	0	3
To experiment or to see what it's/they're like			0.0*	(0.00)	0	3
To feel good or get high			23.8*	(22.23)	2	3
To help with my sleep			76.2*	(22.23)	1	3
To help me with my feelings or emotions			0.0*	(0.00)	0	3
To increase or decrease the effect(s) of some other drug			0.0*	(0.00)	0	3
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	3
The other reason I reported			0.0*	(0.00)	0	3
How did you get the [SVLASTFILL]? (SVY19B) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [SVLASTFILL] from just one doctor			45.2*	(14.38)	5	17
I got prescriptions for the [SVLASTFILL] from more than one doctor			0.0*	(0.00)	0	17
I stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	17
I got the [SVLASTFILL] from a friend or relative for free			38.8*	(13.62)	8	17
I bought the [SVLASTFILL] from a friend or relative			5.5*	(4.03)	2	17
I took the [SVLASTFILL] from a friend or relative without asking			0.0*	(0.00)	0	17
I bought the [SVLASTFILL] from a drug dealer or other stranger			8.5*	(8.13)	1	17
I got the [SVLASTFILL] in some other way			1.9*	(1.88)	1	17
How did your friend or relative get the [SVLASTFILL]? (SVY19C) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [SVLASTFILL] from just one doctor			79.6*	(13.03)	4	7
He or she got prescriptions for the [SVLASTFILL] from more than one doctor			5.0*	(5.18)	1	7

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
He or she stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	7
He or she got the [SVLASTFILL] from another friend or relative for free			15.4*	(11.58)	2	7
He or she bought the [SVLASTFILL] from another friend or relative			0.0*	(0.00)	0	7
He or she took the [SVLASTFILL] from another friend or relative without asking			0.0*	(0.00)	0	7
He or she bought the [SVLASTFILL] from a drug dealer or other stranger			0.0*	(0.00)	0	7
He or she got the [SVLASTFILL] in some other way			0.0*	(0.00)	0	7
Have you ever, even once, used a needle to inject any drug that was not prescribed for you? (SD15)	M	QFT SD15 is similar to 2012 SD10c, with edits to the wording to ask about any other drug and to remove "only for the experience or feeling that it caused."	0.8	(0.26)	16	2,044
Was any of your marijuana use in the past 12 months recommended by a doctor? (MJMM)	N	New medical marijuana questions in blunts module	0.5	(0.16)	15	2,044
Was all of your marijuana use in the past 12 months recommended by a doctor? (MJMM01) ⁴	N	New medical marijuana questions in blunts module	41.5*	(15.49)	5	15
During the past 12 months, was there a month or more when you spent a lot of your time getting or using methamphetamine? (DRME01)	N	New questions about dependence and abuse of methamphetamine	0.1	(0.07)	5	2,043
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the methamphetamine you used? (DRME02)	N	New questions about dependence and abuse of methamphetamine	0.0*	(0.00)	0	2,043
During the past 12 months, did you try to set limits on how often or how much methamphetamine you would use? (DRME04)	N	New questions about dependence and abuse of methamphetamine	0.1	(0.04)	4	2,043
Were you able to keep to the limits you set, or did you often use methamphetamine more than you intended to? (DRME05)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.02)	1	2,043

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 12 months, did you need to use more methamphetamine than you used in order to get the effect you wanted? (DRME06)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	4	2,043
During the past 12 months, did you notice that using the same amount of methamphetamine had less effect on you than it used to? (DRME07)	N	New questions about dependence and abuse of methamphetamine	0.1	(0.06)	1	2,043
During the past 12 months, did you want to or try to cut down or stop using methamphetamine? (DRME08)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	5	2,043
During the past 12 months, were you able to cut down or stop using methamphetamine every time you wanted to or tried to? (DRME09)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	4	2,043
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10)	N	New questions about dependence and abuse of methamphetamine	0.1	(0.05)	2	2,043
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10a)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	5	2,043
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using methamphetamine? (DRME11)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	5	2,043
During the past 12 months, did you have 2 or more of these symptoms at the same time that lasted for longer than a day after you cut back or stopped using methamphetamine? (DRME12)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	5	2,043
During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of methamphetamine? (DRME13)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.11)	4	2,043
Did you continue to use methamphetamine even though you thought it was causing you to have problems with your emotions, nerves, or mental health? (DRME14)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.03)	3	2,043

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of methamphetamine? (DRME15)	N	New questions about dependence and abuse of methamphetamine	0.0*	(0.00)	0	2,043
Did you continue to use methamphetamine even though this was causing you to have physical problems? (DRME16)	N	New questions about dependence and abuse of methamphetamine	0.0*	(0.00)	0	2,043
During the past 12 months, did using methamphetamine cause you to give up or spend less time doing these types of important activities? (DRME17)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.02)	2	2,043
During the past 12 months, did using methamphetamine cause you to have serious problems either at home, work, or school? (DRME18)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.02)	2	2,043
During the past 12 months, did you regularly use methamphetamine and then do something where using methamphetamine might have put you in physical danger? (DRME19)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.03)	3	2,043
During the past 12 months, did using methamphetamine cause you to do things that repeatedly got you in trouble with the law? (DRME20)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.02)	1	2,043
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of methamphetamine? (DRME21)	N	New questions about dependence and abuse of methamphetamine	0.1	(0.06)	4	2,043
Did you continue to use methamphetamine even though you thought it caused problems with family or friends? (DRME22)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.02)	2	2,043
During the past 12 months, was there a month or more when you spent a lot of your time getting or using prescription stimulants? (DRST01)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.1	(0.06)	6	2,034
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the prescription stimulants you used? (DRST02)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034
During the past 12 months, did you try to set limits on how often or how much prescription stimulants you would use? (DRST04)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.5	(0.15)	17	2,034

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Were you able to keep to the limits you set, or did you often use prescription stimulants more than you intended to? (DRST05)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.4	(0.15)	14	2,034
During the past 12 months, did you need to use more prescription stimulants than you used to in order to get the effect you wanted? (DRST06)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.3	(0.12)	11	2,034
During the past 12 months, did you notice that using the same amount of prescription stimulants had less effect on you than it used to? (DRST07)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.1	(0.07)	4	2,034
During the past 12 months, did you want to or try to cut down or stop using prescription stimulants? (DRST08)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.5	(0.16)	17	2,034
During the past 12 months, were you able to cut down or stop Using prescription stimulants every time you wanted to or tried to? (DRST09)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.4	(0.15)	14	2,034
During the past 12 months, did you cut down or stop using Prescription stimulants at least one time? (DRST10)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.3	(0.09)	10	2,034
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using prescription stimulants? (DRST10a)	N	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.3	(0.11)	9	2,034
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using prescription stimulants? (DRST11)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.3	(0.11)	8	2,034
During the past 12 months, did you have 2 or more of these symptoms at the same time that lasted for longer than a day after you cut back or stopped using prescription stimulants? (DRST12)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.2	(0.08)	7	2,034
During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of prescription stimulants? (DRST13)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.2	(0.09)	6	2,034

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Did you continue to use prescription stimulants even though you thought this was causing you to have problems with your emotions, nerves, or mental health? (DRST14)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.1	(0.08)	2	2,034
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of prescription stimulants? (DRST15)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0	(0.04)	1	2,034
Did you continue to use prescription stimulants even though this was causing you to have physical problems? (DRST16)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0	(0.04)	1	2,034
During the past 12 months, did using prescription stimulants cause you to give up or spend less time doing these types of important activities? (DRST17)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034
During the past 12 months, did using prescription stimulants cause you to have serious problems either at home, work, or school? (DRST18)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0	(0.02)	1	2,034
During the past 12 months, did you regularly use prescription stimulants and then do something where using prescription stimulants might have put you in physical danger? (DRST19)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034
During the past 12 months, did using prescription stimulants cause you to do things that repeatedly got you in trouble with the law? (DRST20)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of prescription stimulants? (DRST21)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034
Did you continue to use prescription stimulants even though you thought this caused problems with family or friends? (DRST22)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you the last time you used any methamphetamine for kicks or to get high? (LU17) ⁵	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	24.5	(0.81)	N/A	101
Height in inches (HLTH05-HLTH08) ⁵	N	New questions about height and weight.	66.6	(0.26)	N/A	2,007
Weight in pounds (HLTH10-14) ^{5,7}	N	New questions about height and weight.	176.0	(1.44)	N/A	2,001
During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or nurse practitioner about your own health at a doctor's office, a clinic, or some other place? (HLTH19) ^{5,8}	N	New questions about health.	3.9	(0.18)	N/A	1,971
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you smoke cigarettes or use any other tobacco products? (HLTH20a) ⁴	N	New questions about health.	71.2	(1.37)	1,137	1,677
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you drink alcohol? (HLTH20b) ⁴	N	New questions about health.	67.9	(1.50)	1,067	1,675
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you use illegal drugs? (HLTH20c) ⁴	N	New questions about health.	51.0	(1.55)	865	1,675
During the past 12 months, did any doctor or other health care professional advise you to quit smoking cigarettes or quit using any other tobacco products? (HLTH21) ⁴	N	New questions about health.	28.8	(2.01)	310	994
Choose the statement or statements below that describe any discussions you may have had in person with a doctor or other health professional about your alcohol use. (HLTH22) ⁴	N	New questions about health.				
The doctor asked how much I drink.			33.5	(1.97)	329	1,031
The doctor asked how often I drink.			32.8	(1.97)	325	1,031
The doctor asked if I have any problems because of my drinking.			5.9	(0.89)	65	1,031

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
The doctor advised me to cut down on my drinking.			2.3	(0.55)	26	1,031
The doctor offered to give me more information about alcohol use and treatment for problems with alcohol use.			0.9	(0.27)	15	1,031
The doctor didn't discuss my alcohol use with me in the past 12 months.			54.0	(1.95)	561	1,031
During the past 12 months, did any doctor or other health care professional talk to you about your use of marijuana, cocaine, crack, heroin, inhalants, hallucinogens, or methamphetamine? (HLTH23) ⁴	N	New questions about health.	17.2	(2.74)	53	297
During the past 12 months, did you have a sexually transmitted disease such as chlamydia, gonorrhea, herpes or syphilis? (HLTH24)	N	New questions about health.	1.6	(0.30)	44	2,038
Conditions that a doctor or other health care professional has ever told you that you had (HLTH25)	N	New questions about health.				
Any kind of heart condition or heart disease			10.4	(1.04)	124	2,027
Diabetes or sugar diabetes			9.0	(0.98)	109	2,027
Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD			3.3	(0.58)	52	2,027
Cirrhosis of the liver			0.2	(0.13)	2	2,027
Hepatitis			2.1	(0.51)	25	2,027
Kidney disease, not including bladder infection or incontinence			1.3	(0.36)	20	2,027
Asthma			11.1	(0.79)	256	2,027
HIV or AIDS			0.0*	(0.00)	0	2,027
Cancer or a malignancy of any Kind			6.1	(0.85)	65	2,027
Hypertension, also called high blood pressure			17.8	(1.16)	199	2,027
None of the above – I have never had any of these conditions			57.3	(1.62)	1,381	2,027
What kind of cancer was it? (HLTH26) ⁴	N	New questions about health.				
Bladder			0.0*	(0.00)	0	65
Blood			2.0*	(1.67)	2	65
Bone			0.3*	(0.27)	1	65
Brain			1.9*	(1.86)	1	65
Breast			24.8*	(6.34)	13	65

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Cervix (Females Only)			13.7*	(4.47)	10	65
Colon			5.2*	(2.40)	5	65
Esophagus			3.5*	(2.23)	3	65
Gallbladder			0.0*	(0.00)	0	65
Kidney			3.0*	(2.08)	2	65
Larynx/Windpipe			0.0*	(0.00)	0	65
Leukemia			2.3*	(1.69)	3	65
Liver			0.0*	(0.00)	0	65
Lung			3.2*	(2.35)	2	65
Lymphoma			9.2*	(4.70)	4	65
Melanoma			11.2*	(4.86)	7	65
Mouth/Tongue/Lip			0.0*	(0.00)	0	65
Ovary (Females Only)			2.0*	(1.85)	2	65
Pancreas			3.5*	(3.46)	1	65
Prostate (Males Only)			5.4*	(3.10)	3	65
Rectum			0.0*	(0.00)	0	65
Skin (Not Melanoma)			16.9*	(5.22)	8	65
Skin (Don't Know Which Kind)			4.5*	(4.25)	1	65
Soft Tissue (Muscle or Fat)			0.0*	(0.00)	0	65
Stomach			0.0*	(0.00)	0	65
Testis (Males Only)			0.0*	(0.00)	0	65
Throat/Pharynx			0.0*	(0.00)	0	65
Thyroid			2.7*	(2.03)	3	65
Uterus (Females Only)			3.5*	(3.41)	1	65
Other			3.4*	(2.35)	2	65
How old were you when your blood cancer was first diagnosed? (HLTH28a) ⁵	N	New questions about health.	4.0*	(0.00)	N/A	1
How old were you when your bone cancer was first diagnosed? (HLTH28b) ⁵	N	New questions about health.	5.0*	(0.00)	N/A	1
How old were you when your brain cancer was first diagnosed? (HLTH28c) ⁵	N	New questions about health.	50.0*	(0.00)	N/A	1
How old were you when your breast cancer was first diagnosed? (HLTH28d) ⁵	N	New questions about health.	50.8	(3.16)	N/A	13
How old were you when your cervical cancer was first diagnosed? (HLTH28e) ⁵	N	New questions about health.	34.5	(3.97)	N/A	10
How old were you when your colon cancer was first diagnosed? (HLTH28f) ⁵	N	New questions about health.	51.1*	(5.49)	N/A	5

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change¹	Description of Change	2012 QFT Estimate^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when your esophageal cancer was first diagnosed? (HLTH28g) ⁵	N	New questions about health.	63.4*	(9.11)	N/A	3
How old were you when your kidney cancer was first diagnosed? (HLTH28i) ⁵	N	New questions about health.	44.8*	(6.58)	N/A	2
How old were you when your leukemia was first diagnosed? (HLTH28k) ⁵	N	New questions about health.	26.5*	(7.52)	N/A	3
How old were you when your lung cancer was first diagnosed? (HLTH28m) ⁵	N	New questions about health.	58.7*	(10.48)	N/A	2
How old were you when your lymphoma was first diagnosed? (HLTH28n) ⁵	N	New questions about health.	56.0*	(5.42)	N/A	4
How old were you when your melanoma was first diagnosed? (HLTH28o) ⁵	N	New questions about health.	37.8*	(3.81)	N/A	7
How old were you when your ovarian cancer was first diagnosed? (HLTH28q) ⁵	N	New questions about health.	56.7*	(2.94)	N/A	2
How old were you when your pancreatic cancer was first diagnosed? (HLTH28r) ⁵	N	New questions about health.	64.0*	(0.00)	N/A	1
How old were you when your prostate cancer was first diagnosed? (HLTH28s) ⁵	N	New questions about health.	66.0*	(1.42)	N/A	3
How old were you when your skin [not melanoma] cancer was first diagnosed? (HLTH28u) ⁵	N	New questions about health.	54.5*	(2.99)	N/A	8
How old were you when your skin cancer was first diagnosed? (HLTH28v) ⁵	N	New questions about health.	46.0*	(0.00)	N/A	1
How old were you when your thyroid cancer was first diagnosed? (HLTH28aa) ⁵	N	New questions about health.	35.6*	(2.48)	N/A	3
How old were you when your uterine cancer was first diagnosed? (HLTH28bb) ⁵	N	New questions about health.	40.0*	(0.00)	N/A	1
How old were you when the type of cancer listed below was first diagnosed? (HLTH28cc) ⁵	N	New questions about health.	47.7*	(10.47)	N/A	2
Did you have cancer during the past 12 months? (HLTH29) ⁴	N	New questions about health.	34.9*	(7.47)	23	65
How old were you when your heart condition or heart disease was first diagnosed? (HLTH30) ^{5,8}	N	New questions about health.	43.4	(1.94)	N/A	122
Did you have any kind of heart condition or heart disease in the past 12 months? (HLTH31) ⁴	N	New questions about health.	42.5	(5.70)	51	116
How old were you when your diabetes or sugar diabetes was first diagnosed? (HLTH32) ^{5,8}	N	New questions about health.	43.2	(1.60)	N/A	107

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when your chronic bronchitis, emphysema, or chronic obstructive pulmonary disease, also called COPD were first diagnosed? (HLTH33) ⁵	N	New questions about health.	35.0	(3.27)	N/A	51
How old were you when your cirrhosis of the liver was first diagnosed? (HLTH34) ⁵	N	New questions about health.	47.6*	(4.41)	N/A	2
How old were you when your hepatitis was first diagnosed? (HLTH35) ⁵	N	New questions about health.	27.0	(3.96)	N/A	24
How old were you when your kidney disease was first diagnosed? (HLTH36) ⁵	N	New questions about health.	41.0	(4.47)	N/A	20
How old were you when your asthma was first diagnosed? (HLTH37) ⁵	N	New questions about health.	18.5	(1.77)	N/A	232
Do you still have asthma? (HLTH38) ⁴	N	New questions about health.	64.3	(4.06)	169	249
Are you currently taking prescription medicine for your high blood pressure? (HLTH40) ⁴	N	New questions about health.	86.7	(2.35)	153	199
How old were you when your high blood pressure was first diagnosed? (HLTH41) ⁵	N	New questions about health.	45.1	(1.04)	N/A	147
How many times in the past 12 months have you moved? (QD13) ^{5,8}	M	Administered in ACASI instead of CAPI.	0.4	(0.03)	N/A	2,014
Were you born in the United States? (QD14)	M	Administered in ACASI instead of CAPI.	87.9	(1.29)	1,803	2,042
Have you lived in the United States for at least one year? (QD16a) ⁴	M	Administered in ACASI instead of CAPI.	95.9	(1.52)	227	238
For how many years have you lived in the United States? (QD16b) ⁵	M	Administered in ACASI instead of CAPI.	23.7	(1.56)	N/A	227
For how many months have you lived in the United States? (QD16c) ⁵	M	Administered in ACASI instead of CAPI.	6.7*	(2.28)	N/A	9
Are you now attending or are you currently enrolled in school? (QD17)	M	Administered in ACASI instead of CAPI.	18.9	(1.07)	804	2,040
What grade or year of school are you now attending? (QD18) ⁴	M	Administered in ACASI instead of CAPI.				
1st Grade			0.3	(0.23)	2	802
2nd Grade			0.2	(0.15)	1	802
3rd Grade			0.0*	(0.00)	0	802
4th Grade			0.0*	(0.00)	0	802
5th Grade			0.0*	(0.00)	0	802
6th Grade			1.2	(0.43)	10	802
7th Grade			7.7	(0.92)	79	802
8th Grade			9.8	(1.17)	97	802

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
9th Grade			9.7	(1.19)	93	802
10th Grade			8.3	(0.91)	84	802
11th Grade			8.2	(0.98)	84	802
12th Grade			9.1	(0.99)	85	802
College or University/1st Year			12.2	(1.54)	83	802
College or University/2nd Year			8.8	(1.34)	57	802
College or University/3rd Year			8.5	(1.44)	54	802
College or University/4th Year			5.1	(1.24)	30	802
College or University/5th Year or Higher			10.9	(2.09)	43	802
Are you a full-time student or a part time student? (QD19) ⁴	M	Administered in ACASI instead of CAPI.				
Full-Time			80.7	(2.14)	690	792
Part-Time			19.3	(2.14)	102	792
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20) ^{5,8}	M	Administered in ACASI instead of CAPI.	0.8	(0.16)	N/A	584
During the past 30 days, how many whole days of school did you miss because you skipped or “cut” or just didn’t want to be there? (QD21) ^{5,8}	M	Administered in ACASI instead of CAPI.	0.4	(0.07)	N/A	587
Are you now married, widowed, divorced or separated, or have you never married? (QD07) ⁴	M	Administered in ACASI instead of CAPI.				
Married			51.0	(2.03)	639	1,771
Widowed			4.9	(0.81)	46	1,771
Divorced or Separated			13.8	(1.19)	174	1,771
Have Never Married			30.2	(1.54)	912	1,771
How many times have you been married? (QD08) ⁵	M	Administered in ACASI instead of CAPI.	1.4	(0.03)	N/A	857
Is anyone in your immediate family currently serving in the United States military? (QD10d)	N	New question on immediate family serving in the military.	6.2	(0.70)	143	2,021
Which member or members of your immediate family are currently in the United States military? (QD10e) ⁴	N	New question on immediate family serving in the military.				
My spouse			7.6	(3.20)	13	123
Unmarried partner			3.4	(1.74)	4	123
My mother			1.5	(0.75)	5	123
My father			5.1	(1.55)	14	123
My son or sons			33.4*	(6.40)	19	123
My daughter or daughters			3.6*	(2.66)	2	123
My brother or brothers			47.2*	(6.19)	69	123
My sister or sisters			1.2	(0.61)	4	123

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Did you work at a job or business at any time last week? (QD26) ⁴	M	Administered in ACASI instead of CAPI.	60.0	(1.72)	1,025	1,773
Even though you did not work at any time last week, did you have a job or business? (QD27) ⁴	M	Administered in ACASI instead of CAPI.	12.1	(1.68)	104	744
How many hours did you work last week at all jobs or businesses? (QD28) ⁵	M	Administered in ACASI instead of CAPI.	38.5	(0.51)	N/A	1,020
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29) ⁴	M	Administered in ACASI instead of CAPI.	77.0	(1.53)	812	1,126
Which one of these reasons best describes why you did not work last week? (QD30) ⁴	M	Administered in ACASI instead of CAPI.				
Vacation/Sick/Furlough/Strike/Other Temporary Absence/Maternity Leave			33.0*	(5.79)	27	104
Layoff, Not Looking for Work			3.6*	(2.19)	4	104
Layoff, Looking for Work			9.8*	(4.37)	9	104
Waiting to Report to New Job			4.3	(1.88)	7	104
Self-Employed, No Business Last Week			15.4*	(5.46)	11	104
Going to School/Training			11.7	(3.42)	23	104
Some Other Reason			22.1*	(5.73)	23	104
Which one of these reasons best describes why you did not have a job or business last week? (QD31) ⁴	M	Administered in ACASI instead of CAPI.				
Looking for Work			16.3	(1.90)	156	636
On Layoff, Not Looking for Work			1.5	(0.46)	14	636
Keeping House/Caring for Children Full Time			11.8	(1.89)	66	636
Going to School/Training			9.9	(1.08)	151	636
Retired			38.0	(2.90)	104	636
Disabled			14.7	(1.99)	59	636
Didn't Want a Job			2.3	(0.55)	29	636
Some Other Reason			5.5	(0.98)	57	636
During the past 30 days, did you make specific efforts to find work? (QD32) ⁴			82.1	(3.68)	119	156
Did you work at a job or business at any time during the past 12 months? (QD33) ⁴	M	Administered in ACASI instead of CAPI.	18.9	(2.04)	158	642
How many different employers have you had in the past 12 months? (QD35 and QD36) ⁵	M	Administered in ACASI instead of CAPI.	1.4	(0.05)	N/A	1,272

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37) ⁴	M	Administered in ACASI instead of CAPI.	15.6	(1.35)	249	1,126
In how many weeks during the past 12 months did you not have at least one job or business? (QD38) ⁵	M	Administered in ACASI instead of CAPI.	13.8	(0.99)	N/A	234
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40) ^{5,8}	M	Administered in ACASI instead of CAPI.	0.7	(0.12)	N/A	1,116
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41) ^{5,8}	M	Administered in ACASI instead of CAPI.	0.2	(0.03)	N/A	1,116
Thinking about the location where you work, how many people work for your employer out of this office, store, etc.? (QD42) ⁴	M	Administered in ACASI instead of CAPI.				
Less Than 10 People	M	Administered in ACASI instead of CAPI.	30.3	(1.93)	326	1,110
10 to 24 People			18.3	(1.36)	229	1,110
25 to 99 People			18.6	(1.28)	230	1,110
100 to 499 People			18.4	(1.59)	190	1,110
500 People or More			14.4	(1.66)	135	1,110
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43) ⁴			80.1	(1.63)	858	1,092
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44) ⁴	M	Administered in ACASI instead of CAPI.				
Only Alcohol	M	Administered in ACASI instead of CAPI.	1.1	(0.49)	8	853
Only Drugs			2.3	(0.52)	26	853
Both Alcohol and Drugs			96.5	(0.73)	819	853
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45) ⁴	M	Administered in ACASI instead of CAPI.				
Yes			33.2	(2.03)	343	1,121
No			49.0	(2.11)	568	1,121
Don't Remember			17.9	(1.43)	210	1,121
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46) ⁴	M	Administered in ACASI instead of CAPI.	53.5	(1.98)	488	1,040

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Does your workplace ever test its employees for alcohol use? (QD47) ⁴	M	Administered in ACASI instead of CAPI.	31.5	(1.71)	337	1,083
Does your workplace ever test its employees for drug use? (QD48) ⁴	M	Administered in ACASI instead of CAPI.	48.1	(2.05)	524	1,094
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49) ⁴	M	Administered in ACASI instead of CAPI.	87.6	(1.71)	450	525
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50) ⁴	M	Administered in ACASI instead of CAPI.	59.8	(3.18)	315	511
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51) ⁴	M	Administered in ACASI instead of CAPI.				
Handled on Individual Basis/Policy Does Not Specify What Happens			24.3	(2.51)	122	472
Employee Is Fired			47.1	(2.65)	238	472
Employee Referred for Treatment/Counseling			23.6	(2.17)	93	472
Nothing Happens			1.6	(0.85)	4	472
Something Else Happens			3.4	(1.00)	15	472
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52) ⁴	M	Administered in ACASI instead of CAPI.				
More Likely			48.3	(1.85)	516	1,121
Less Likely			7.2	(0.82)	96	1,121
Would Make No Difference			44.6	(1.57)	509	1,121
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53) ⁴	M	Administered in ACASI instead of CAPI.				
More Likely			43.1	(1.77)	458	1,122
Less Likely			11.5	(1.24)	146	1,122
Would Make No Difference			45.4	(1.66)	518	1,122
How well do you speak English? (QD55)	N	New questions.				
Very well			90.9	(0.92)	1,874	2,042
Well			8.6	(0.92)	151	2,042
Not well			0.5	(0.14)	16	2,042
Not at all			0.0	(0.03)	1	2,042

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Are you deaf or do you have serious difficulty hearing? (QD56)	N	New questions.	5.4	(0.61)	79	2,040
Are you blind or do you have serious difficulty seeing, even when wearing glasses? (QD57)	N	New questions.	3.4	(0.58)	73	2,038
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (QD58)	N	New questions.	6.6	(0.68)	161	2,036
Do you have serious difficulty walking or climbing stairs? (QD59)	N	New questions.	6.4	(0.89)	85	2,040
Do you have difficulty dressing or bathing? (QD60)	N	New questions.	1.6	(0.36)	27	2,042
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping? (QD61) ⁴	N	New questions.	4.1	(0.68)	60	1,773
Covered by Medicare? (QHI01)	M	Administered in ACASI instead of CAPI.	18.3	(1.58)	181	2,025
Covered by Medicaid/[CHIPFILL] (QHI02 and QHI02a)	M	Administered in ACASI instead of CAPI.	13.4	(1.16)	390	2,015
Covered by TRICARE, CHAMPUS CHAMPVA, VA, Military Health Care (QHI03)	M	Administered in ACASI instead of CAPI.	5.0	(0.77)	77	2,027
Covered by Private Health Insurance (QHI06)	M	Administered in ACASI instead of CAPI.	62.1	(1.86)	1,148	2,012
Was [MEMBER] private health insurance obtained through work, such as through an employer, union, or professional association? (QHI07) ⁴	M	Administered in ACASI instead of CAPI.	88.6	(1.47)	1,053	1,144
Does [MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08) ⁴	M	Administered in ACASI instead of CAPI.	74.2	(1.99)	594	826
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09) ⁴	M	Administered in ACASI instead of CAPI.	73.2	(2.04)	582	818
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10) ⁴	M	Administered in ACASI instead of CAPI.	85.0	(1.62)	795	939
[MEMBER] currently covered by any kind of health insurance, including Indian Health Insurance? (QHI11) ⁴	M	Administered in ACASI instead of CAPI.	21.9	(2.71)	87	412
Any Health Insurance Coverage (Recode)			86.1	(1.03)	1,685	2,010

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 12 months, was there any time when [MEMBER] did not have any kind of health insurance or coverage? (QHI13) ⁴	M	Administered in ACASI instead of CAPI.	7.3	(0.75)	155	1,677
During the past 12 months, about How many months without any kind of health insurance or coverage? (QHI14) ⁵	M	Administered in ACASI instead of CAPI.	4.2	(0.41)	N/A	153
About how long has it been since [MEMBER] last had any kind of health care coverage? (QHI15) ⁴	M	Administered in ACASI instead of CAPI.				
Within the Past 6 Months			15.6	(2.42)	52	319
More Than 6 Months Ago but Within the Past Year			7.8	(1.62)	29	319
More Than 1 Year Ago but Within the Past 3 Years			21.9	(3.14)	68	319
More Than 3 Years Ago			35.6	(3.18)	103	319
Never Had Coverage			19.0	(2.63)	67	319
Which of these reasons is the main reason why [MEMBER] stopped being covered by health insurance? (QHI17) ⁴	M	Administered in ACASI instead of CAPI.				
Person in Family with Health Insurance Lost Job/Changed Employer			28.4	(4.19)	53	250
Lost Medicaid Coverage Because of New Job/Increase in Income			7.1	(1.49)	26	250
Lost Medicaid Coverage for Some Other Reason			4.6	(1.38)	17	250
Cost Is Too High/Can't Afford Premiums			26.7	(3.74)	57	250
Became Ineligible Because of Age/Leaving School			9.9	(2.09)	31	250
Employer Does Not Offer Coverage or Not Eligible for Coverage			3.8	(1.13)	10	250
Divorced/Separated from Person With Insurance			1.2	(0.69)	4	250
Death of Spouse/Parent			0.2	(0.21)	1	250
Insurance Company Refused Coverage			1.1*	(0.92)	2	250
Don't Need It			3.5	(1.53)	7	250
Received Medicaid/Insurance Only While Pregnant			2.8	(1.01)	9	250
Some Other Reason			10.8	(2.38)	33	250

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18) ⁴	M	Administered in ACASI instead of CAPI.				
Cost Too High/ Can't Afford Premiums			44.0*	(6.55)	28	66
Employer Does Not Offer Coverage or Not Eligible for Coverage			5.1*	(2.63)	4	66
Insurance Company Refused Coverage			1.0*	(0.96)	1	66
Don't Need It			11.8*	(4.11)	11	66
Some Other Reason			38.1*	(8.53)	22	66
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	M	Administered in ACASI instead of CAPI.	26.5	(1.69)	351	2,011
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	M	Administered in ACASI instead of CAPI.	9.5	(0.98)	177	1,990
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	M	Administered in ACASI instead of CAPI.	68.6	(1.78)	1,379	2,006
In [YEAR], did you receive food stamps? (QI07N)	M	Administered in ACASI instead of CAPI.	17.6	(1.49)	454	2,020
At any time during [YEAR], did you receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)	M	Administered in ACASI instead of CAPI.	3.4	(0.54)	90	2,007
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	M	Administered in ACASI instead of CAPI.	3.4	(0.52)	95	2,016
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12AN and QI12BN) ⁵	M	Administered in ACASI instead of CAPI.	6.1	(0.55)	N/A	147
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	M	Administered in ACASI instead of CAPI.				
\$20,000 or More			55.7	(1.60)	769	1,970
Less Than \$20,000			44.3	(1.60)	1,201	1,970
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B)	M	Administered in ACASI instead of CAPI.				
Less Than \$1,000			14.9	(0.84)	555	1,895

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
\$1,000-\$1,999			2.9	(0.38)	84	1,895
\$2,000-\$2,999			1.2	(0.23)	41	1,895
\$3,000-\$3,999			1.4	(0.30)	34	1,895
\$4,000-\$4,999			1.1	(0.27)	27	1,895
\$5,000-\$5,999			0.9	(0.23)	24	1,895
\$6,000-\$6,999			0.9	(0.27)	20	1,895
\$7,000-\$7,999			0.4	(0.19)	9	1,895
\$8,000-\$8,999			1.3	(0.32)	25	1,895
\$9,000-\$9,999			2.6	(0.51)	47	1,895
\$10,000-\$10,999			2.3	(0.44)	43	1,895
\$11,000-\$11,999			1.4	(0.36)	22	1,895
\$12,000-\$12,999			1.4	(0.35)	24	1,895
\$13,000-\$13,999			1.3	(0.37)	21	1,895
\$14,000-\$14,999			1.3	(0.31)	21	1,895
\$15,000-\$15,999			1.8	(0.39)	35	1,895
\$16,000-\$16,999			1.5	(0.32)	27	1,895
\$17,000-\$17,999			1.8	(0.41)	28	1,895
\$18,000-\$18,999			1.7	(0.38)	29	1,895
\$19,000-\$19,999			1.8	(0.38)	34	1,895
\$20,000-\$24,999			8.7	(0.85)	146	1,895
\$25,000-\$29,999			5.5	(0.68)	88	1,895
\$30,000-\$34,999			4.8	(0.72)	78	1,895
\$35,000-\$39,999			5.6	(0.78)	65	1,895
\$40,000-\$44,999			4.8	(0.79)	63	1,895
\$45,000-\$49,999			4.9	(0.77)	54	1,895
\$50,000-\$74,999			10.8	(1.08)	128	1,895
\$75,000-\$99,999			4.4	(0.74)	56	1,895
\$100,000-\$149,999			3.9	(0.85)	47	1,895
\$150,000 or More			2.7	(0.88)	20	1,895
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)	M	Administered in ACASI instead of CAPI.				
\$20,000 or More			79.7	(1.55)	1,449	1,949
Less Than \$20,000			20.3	(1.55)	500	1,949
Of these income groups, which category best represents your total combined family income during [YEAR]. (QI23A and QI23B)	M	Administered in ACASI instead of CAPI.				
Less Than \$1,000			2.3	(0.42)	71	1,797
\$1,000-\$1,999			1.0	(0.30)	25	1,797
\$2,000-\$2,999			0.6	(0.18)	21	1,797
\$3,000-\$3,999			0.9	(0.25)	20	1,797
\$4,000-\$4,999			0.4	(0.16)	13	1,797
\$5,000-\$5,999			0.4	(0.17)	11	1,797

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change ¹	Description of Change	2012 QFT Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
\$6,000-\$6,999			0.5	(0.19)	12	1,797
\$7,000-\$7,999			0.2	(0.10)	8	1,797
\$8,000-\$8,999			0.6	(0.25)	13	1,797
\$9,000-\$9,999			0.8	(0.19)	27	1,797
\$10,000-\$10,999			1.2	(0.29)	26	1,797
\$11,000-\$11,999			0.6	(0.20)	13	1,797
\$12,000-\$12,999			0.8	(0.18)	15	1,797
\$13,000-\$13,999			1.1	(0.40)	15	1,797
\$14,000-\$14,999			1.2	(0.30)	21	1,797
\$15,000-\$15,999			0.9	(0.24)	25	1,797
\$16,000-\$16,999			0.7	(0.19)	18	1,797
\$17,000-\$17,999			1.6	(0.40)	27	1,797
\$18,000-\$18,999			0.9	(0.25)	19	1,797
\$19,000-\$19,999			2.0	(0.47)	44	1,797
\$20,000-\$24,999			7.7	(0.93)	138	1,797
\$25,000-\$29,999			4.2	(0.51)	83	1,797
\$30,000-\$34,999			5.2	(0.69)	101	1,797
\$35,000-\$39,999			5.2	(0.77)	90	1,797
\$40,000-\$44,999			6.3	(1.11)	102	1,797
\$45,000-\$49,999			5.0	(0.64)	87	1,797
\$50,000-\$74,999			15.9	(1.25)	249	1,797
\$75,000-\$99,999			11.6	(0.98)	195	1,797
\$100,000-\$149,999			12.1	(1.41)	194	1,797
\$150,000 or More			7.8	(1.17)	114	1,797
Is there at least one telephone at this address that is not a cell phone? (CELL1)	N	New item.	64.1	(1.68)	1,143	2,032
Do you or anyone at this address have a working cell phone? (CELL2)	N	New item.	92.3	(0.82)	1,913	2,037

*Low precision; estimate would be suppressed due to not meeting the NSDUH suppression rule.

ACASI = audio computer-assisted self-interviewing; CAPI = computer-assisted personal interviewing; N/A = not applicable; QFT = Questionnaire Field Test; R = respondent.

¹ Changes to questionnaire items fall under three categories: N = new item, R = revised item, and M = no changes to item but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. QFT data were collected from September 1 through November 3, 2012.

³ Estimates are percentages of all persons aged 12 or older, except where noted.

⁴ Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

⁵ Estimate is an average based on valid responses to the relevant question(s). Respondents with unknown or missing data were excluded.

⁶ Data in the source question are continuous. The estimate is expressed as a percentage for persons reporting valid nonzero values.

⁷ Includes pre-pregnancy weight of pregnant females as reported in HLTH13 and HLTH14.

⁸ The estimated mean includes zeroes.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

Appendix P: Proxy Reports from the QFT and the Comparison Samples

Table P-1 Distribution of Respondent Relationship with Proxy among Persons Aged 12 or Older Who Obtained a Proxy, by Age Group: Percentages, and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Proxy Relationship	2011 Comparison¹ 12-17, Percent (SE)	2012 Comparison^{1,2} 12-17, Percent (SE)	2012 QFT^{1,3} 12-17, Percent (SE)	2011 Comparison¹ 18 or Older, Percent (SE)	2012 Comparison^{1,2} 18 or Older, Percent (SE)	2012 QFT^{1,3} 18 or Older, Percent (SE)
Father	23.7 (0.42)	23.7 (0.63)	25.1 (2.62)	6.2 (0.44)	6.4 (0.60)	4.6 (1.49)
Mother	69.7 (0.45)	69.3 (0.70)	67.8 (2.76)	22.6 (0.86)	22.9 (1.28)	23.2 (3.39)
Son / Daughter	0.0* (0.00)	0.0 (0.02)	0.2 (0.16)	6.1 ^a (1.09)	5.1 ^a (1.22)	0.0* (0.00)
Brother / Sister	1.7 (0.15)	1.8 (0.17)	1.9 (0.72)	1.1 (0.25)	1.1 (0.34)	2.2 (1.31)
Husband / Wife	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	58.2 (1.18)	57.4 (1.85)	62.0 (4.04)
Live-in Boyfriend / Girlfriend	0.0 (0.01)	0.0 (0.02)	0.2 (0.19)	2.8 (0.47)	4.0 (0.77)	6.7 (2.60)
Son-in-law / Daughter-in-law	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.4 (0.38)	0.0* (0.00)
Grandson / Granddaughter	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.3 (0.19)	0.3 (0.30)	0.0* (0.00)
Father-in-law / Mother-in-law	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.4 (0.22)	0.5 (0.36)	0.0* (0.00)
Grandfather / Grandmother	3.0 (0.17)	3.2 (0.24)	2.3 (0.62)	0.9 (0.17)	0.9 (0.18)	1.1 (0.62)
Other Adult Relative	1.9 (0.15)	2.0 (0.22)	2.6 (0.98)	1.5 ^a (0.37)	1.0 (0.38)	0.2 (0.23)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis. Edited variables PRXYANS2 for HASJOIN and PRXRELAT for QP02 were used in this analysis.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison proxy compared with 2012 QFT proxy).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table P-2 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison¹ Proxy Percent (SE)	2012 Comparison^{1,3} Proxy Percent (SE)	2012 QFT^{1,2} Proxy Percent (SE)	2011 Comparison¹ No Proxy Percent (SE)	2012 Comparison^{1,3} No Proxy Percent (SE)	2012 QFT^{1,2} No Proxy Percent (SE)
Covered by Private Health Insurance? (QHI06) ^{4,5}	64.6 (0.79)	65.3 (0.96)	59.5 (3.04)	69.6 ^a (0.49)	69.4 (0.67)	64.9 (2.19)
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108) ^{4,5}	84.7 ^a (0.88)	85.1 ^a (1.05)	73.7 (5.07)	84.9 ^a (0.52)	84.7 ^a (0.82)	76.8 (2.13)
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09) ^{4,5}	84.7 ^a (0.89)	84.6 ^a (1.04)	76.3 (3.65)	84.0 ^a (0.53)	84.3 ^a (0.85)	74.8 (2.26)
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10) ^{4,5}	91.7 ^a (0.54)	91.3 ^a (0.74)	83.3 (3.24)	91.9 ^a (0.32)	92.4 ^a (0.55)	85.7 (1.80)
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N) ^{4,5}	21.1 (0.73)	19.7 (1.18)	22.2 (2.86)	27.6 (0.53)	26.3 (0.60)	26.4 (2.06)
In [YEAR], did [FILL] receive supplemental Security Income or SSI? (QI03N) ^{4,5}	8.6 (0.44)	8.8 (0.53)	10.0 (1.84)	6.5 ^a (0.23)	7.6 (0.39)	9.4 (1.18)
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N) ^{4,5}	84.9 ^a (0.60)	86.3 ^a (0.79)	63.8 (2.66)	87.2 ^a (0.42)	87.5 ^a (0.50)	71.6 (1.90)
In [YEAR], did [FILL] receive food stamps? (QI07N) ^{4,5}	18.2 ^a (0.62)	18.0 ^a (0.74)	23.9 (2.50)	13.3 (0.36)	14.6 (0.47)	15.2 (1.67)
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N) ^{4,5}	3.4 (0.24)	3.1 (0.26)	3.9 (0.92)	2.3 (0.13)	2.0 (0.16)	2.7 (0.59)
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N) ^{4,5}	3.9 (0.25)	4.2 (0.34)	4.9 (1.21)	3.0 (0.15)	2.7 (0.16)	2.9 (0.58)
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N) ^{4,5}						
\$20,000 or More	14.1 (0.80)	15.0 (0.99)	19.2 (2.64)	58.4 ^a (0.46)	58.4 ^a (0.62)	64.9 (1.74)
Less Than \$20,000	85.9 (0.80)	85.0 (0.99)	80.8 (2.64)	41.6 ^a (0.46)	41.6 ^a (0.62)	35.1 (1.74)

See notes at end of table.

(continued)

Table P-2 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison¹ Proxy Percent (SE)	2012 Comparison^{1,3} Proxy Percent (SE)	2012 QFT^{1,2} Proxy Percent (SE)	2011 Comparison¹ No Proxy Percent (SE)	2012 Comparison^{1,3} No Proxy Percent (SE)	2012 QFT^{1,2} No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B) ^{4,5}						
Less Than \$1,000	60.2 ^a (0.84)	60.1 ^a (1.10)	53.7 (2.84)	10.5 ^a (0.23)	10.4 ^a (0.34)	7.6 (0.80)
\$1,000-\$1,999	4.1 (0.17)	4.3 (0.31)	4.5 (0.86)	1.9 (0.10)	2.0 (0.14)	2.4 (0.42)
\$2,000-\$2,999	3.0 (0.22)	2.7 (0.24)	1.9 (0.87)	1.6 ^a (0.09)	1.4 (0.11)	1.0 (0.22)
\$3,000-\$3,999	1.9 (0.16)	2.1 (0.24)	2.1 (0.65)	1.4 (0.09)	1.5 (0.15)	1.1 (0.31)
\$4,000-\$4,999	1.4 (0.12)	1.4 (0.15)	2.9 (1.25)	1.3 ^a (0.08)	1.1 (0.11)	0.7 (0.20)
\$5,000-\$5,999	2.0 ^a (0.26)	1.2 (0.21)	0.9 (0.37)	1.6 ^a (0.10)	1.4 (0.11)	0.9 (0.30)
\$6,000-\$6,999	1.9 (0.37)	1.1 (0.14)	0.9 (0.40)	1.4 (0.11)	1.6 (0.17)	1.0 (0.34)
\$7,000-\$7,999	1.4 (0.16)	1.1 (0.18)	0.5 (0.43)	1.6 ^a (0.11)	1.6 ^a (0.18)	0.4 (0.25)
\$8,000-\$8,999	1.2 (0.14)	1.5 (0.26)	1.1 (0.50)	1.8 (0.11)	1.8 (0.17)	1.3 (0.40)
\$9,000-\$9,999	1.6 (0.27)	1.7 (0.47)	2.1 (1.21)	1.8 (0.11)	1.8 (0.16)	2.7 (0.66)
\$10,000-\$10,999	1.2 (0.18)	1.4 (0.22)	3.1 (1.30)	2.2 (0.15)	2.1 (0.17)	2.2 (0.53)
\$11,000-\$11,999	0.7 (0.13)	1.0 (0.20)	0.5 (0.33)	1.5 (0.10)	1.8 (0.18)	1.7 (0.50)
\$12,000-\$12,999	1.0 (0.24)	1.4 (0.34)	0.7 (0.58)	2.2 ^a (0.13)	2.6 ^a (0.24)	1.3 (0.38)
\$13,000-\$13,999	0.8 ^a (0.20)	1.0 ^a (0.27)	0.2 (0.19)	1.5 (0.11)	1.3 (0.12)	1.2 (0.35)
\$14,000-\$14,999	0.6 (0.16)	0.5 (0.14)	0.9 (0.65)	1.5 ^a (0.11)	1.7 ^a (0.15)	0.9 (0.30)
\$15,000-\$15,999	0.5 (0.10)	0.6 (0.17)	0.3 (0.25)	1.8 (0.11)	1.6 (0.14)	2.1 (0.50)
\$16,000-\$16,999	0.2 (0.09)	0.4 (0.17)	1.4 (0.95)	1.2 (0.10)	1.3 (0.12)	1.6 (0.39)
\$17,000-\$17,999	0.8 (0.29)	0.2 (0.08)	1.3 (0.95)	1.4 (0.09)	1.2 (0.12)	1.2 (0.40)
\$18,000-\$18,999	0.9 ^a (0.21)	0.8 (0.21)	0.3 (0.22)	1.8 (0.11)	1.7 (0.16)	1.9 (0.49)
\$19,000-\$19,999	0.8 (0.17)	0.7 (0.25)	1.5 (0.84)	1.8 (0.12)	1.7 (0.16)	2.0 (0.50)
\$20,000-\$24,999	2.4 (0.32)	2.6 (0.42)	4.1 (1.28)	6.8 (0.24)	6.8 (0.33)	8.5 (1.06)
\$25,000-\$29,999	2.3 (0.35)	1.7 (0.32)	2.7 (1.19)	6.6 (0.31)	6.2 (0.32)	6.2 (0.92)
\$30,000-\$34,999	1.7 (0.32)	1.8 (0.36)	2.4 (1.25)	5.9 (0.26)	5.7 (0.26)	5.3 (0.93)
\$35,000-\$39,999	1.2 (0.22)	1.4 (0.40)	1.0 (0.71)	5.0 (0.23)	5.0 (0.33)	7.0 (1.08)
\$40,000-\$44,999	1.3 (0.24)	1.7 (0.50)	1.2 (0.77)	4.4 (0.20)	4.4 (0.27)	5.3 (0.90)
\$45,000-\$49,999	1.1 (0.22)	1.3 (0.29)	2.3 (1.19)	4.2 (0.18)	4.8 (0.29)	6.0 (1.04)
\$50,000-\$74,999	2.4 (0.31)	2.4 (0.37)	2.7 (1.26)	12.0 (0.34)	12.2 (0.45)	12.2 (1.47)
\$75,000-\$99,999	0.8 (0.19)	0.6 (0.17)	1.9 (1.10)	5.7 (0.23)	5.5 (0.36)	5.7 (1.00)
\$100,000 or More	0.4 (0.13)	1.2 (0.36)	1.0 (0.62)	7.8 (0.35)	7.5 (0.49)	8.9 (1.64)
\$100,000-\$149,999	-- (--)	-- (--)	1.0 (0.62)	-- (--)	-- (--)	5.1 (1.15)
\$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	3.8 (1.26)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

⁵ Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table P-3 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison¹ Proxy Percent (SE)	2012 Comparison^{1,3} Proxy Percent (SE)	2012 QFT^{1,2} Proxy Percent (SE)	2011 Comparison¹ No Proxy Percent (SE)	2012 Comparison^{1,3} No Proxy Percent (SE)	2012 QFT^{1,2} No Proxy Percent (SE)
Covered by Private Health Insurance? (QHI06) ^{4,5}	63.0 (0.58)	62.5 (0.78)	58.9 (3.06)	51.7 ^a (1.37)	49.2 ^a (2.04)	31.5* (5.84*)
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108) ^{4,5}	86.8 ^a (0.54)	87.6 ^a (0.78)	78.0 (3.52)	64.6 (2.29)	60.4 (3.50)	43.3* (16.72*)
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09) ^{4,5}	86.7 ^a (0.56)	86.8 ^a (0.81)	78.1 (3.16)	64.6 (2.34)	59.3 (3.52)	44.6* (17.16*)
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10) ^{4,5}	92.9 (0.36)	92.8 (0.45)	88.6 (2.69)	82.7 (1.57)	81.1 (2.74)	57.9* (16.19*)
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N) ^{4,5}	11.9 (0.41)	10.7 (0.43)	12.1 (1.88)	14.3 (0.97)	13.4 (1.12)	16.4* (4.18*)
In [YEAR], did [FILL] receive supplemental Security Income or SSI? (QI03N) ^{4,5}	7.5 (0.31)	8.0 (0.39)	9.4 (1.81)	8.2 (0.73)	6.2 (0.81)	14.5* (5.42*)
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N) ^{4,5}	89.4 ^a (0.36)	89.4 ^a (0.47)	64.0 (2.73)	91.8 ^a (0.73)	92.5 ^a (0.91)	74.8* (7.17*)
In [YEAR], did [FILL] receive food stamps? (QI07N) ^{4,5}	20.2 ^a (0.45)	20.4 ^a (0.65)	26.7 (2.64)	25.0 (1.15)	26.9 (1.56)	37.9* (7.59*)
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N) ^{4,5}	4.1 (0.23)	3.9 (0.33)	5.5 (1.20)	5.1 (0.63)	4.3 (0.62)	5.7* (3.25*)
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N) ^{4,5}	4.2 (0.21)	4.2 (0.29)	6.3 (1.33)	5.9 ^a (0.60)	5.5 ^a (0.80)	0.0* (0.00*)
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N) ^{4,5}						
\$20,000 or More	0.4 ^a (0.07)	0.4 ^a (0.10)	6.5 (1.42)	0.5 ^a (0.13)	0.9 (0.30)	10.1* (4.73*)
Less Than \$20,000	99.6 ^a (0.07)	99.6 ^a (0.10)	93.5 (1.42)	99.5 ^a (0.13)	99.1 (0.30)	89.9* (4.73*)

See notes at end of table.

(continued)

Table P-3 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison¹ Proxy Percent (SE)	2012 Comparison^{1,3} Proxy Percent (SE)	2012 QFT^{1,2} Proxy Percent (SE)	2011 Comparison¹ No Proxy Percent (SE)	2012 Comparison^{1,3} No Proxy Percent (SE)	2012 QFT^{1,2} No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B) ^{4,5}						
Less Than \$1,000	85.3 (0.35)	85.8 (0.46)	82.2 (2.18)	78.6 ^a (0.98)	78.8 ^a (1.30)	63.6* (7.10*)
\$1,000-\$1,999	4.4 (0.16)	4.3 (0.29)	4.1 (1.14)	7.5 (0.64)	9.3 (0.95)	11.7* (4.46*)
\$2,000-\$2,999	2.4 ^a (0.17)	2.2 ^a (0.19)	0.8 (0.48)	4.2 (0.44)	3.5 (0.54)	2.7* (2.73*)
\$3,000-\$3,999	1.6 (0.13)	1.6 (0.16)	1.4 (0.65)	2.5 (0.35)	2.5 (0.48)	2.3* (2.25*)
\$4,000-\$4,999	1.2 (0.10)	1.1 (0.13)	1.0 (0.50)	1.4 (0.26)	1.1 (0.25)	1.3* (1.29*)
\$5,000-\$5,999	0.9 (0.09)	0.6 (0.10)	0.4 (0.30)	1.2 ^a (0.28)	0.6 ^a (0.19)	0.0* (0.00*)
\$6,000-\$6,999	0.8 (0.09)	0.6 (0.09)	0.8 (0.50)	1.1 (0.27)	0.9 (0.33)	1.7* (1.73*)
\$7,000-\$7,999	0.7 ^a (0.08)	0.8 ^a (0.10)	0.2 (0.18)	0.3 ^a (0.10)	0.7 ^a (0.22)	0.0* (0.00*)
\$8,000-\$8,999	0.6 (0.10)	0.7 (0.10)	0.4 (0.30)	0.4 ^a (0.12)	0.4 ^a (0.17)	0.0* (0.00*)
\$9,000-\$9,999	0.4 ^a (0.07)	0.4 ^a (0.09)	0.0* (0.00*)	0.3 ^a (0.11)	0.0 (0.05)	0.0* (0.00*)
\$10,000-\$10,999	0.3 (0.05)	0.5 (0.08)	0.3 (0.27)	0.7 (0.16)	0.6 (0.27)	1.3* (1.36*)
\$11,000-\$11,999	0.2 (0.04)	0.2 (0.06)	0.2 (0.23)	0.1 (0.08)	0.3 (0.17)	0.0* (0.00*)
\$12,000-\$12,999	0.3 (0.09)	0.3 (0.07)	0.2 (0.20)	0.1 (0.06)	0.1 (0.06)	2.0* (1.97*)
\$13,000-\$13,999	0.1 (0.04)	0.1 (0.04)	0.1 (0.10)	0.1 (0.05)	0.1 (0.12)	1.5* (1.46*)
\$14,000-\$14,999	0.1 ^a (0.04)	0.1 ^a (0.05)	0.0* (0.00*)	0.1 (0.09)	0.0 (0.02)	0.0* (0.00*)
\$15,000-\$15,999	0.1 (0.04)	0.1 (0.05)	0.5* (0.48*)	0.5 (0.17)	0.1 (0.05)	1.4* (1.42*)
\$16,000-\$16,999	0.0 (0.02)	0.1 (0.04)	0.3 (0.24)	0.0 (0.03)	0.0 (0.04)	1.5* (1.53*)
\$17,000-\$17,999	0.0 ^a (0.01)	0.1 (0.03)	0.0* (0.00*)	0.4 ^a (0.17)	0.0* (0.00*)	0.0* (0.00*)
\$18,000-\$18,999	0.1 (0.03)	0.1 (0.04)	0.1 (0.09)	0.0 (0.04)	0.1 (0.15)	0.0* (0.00*)
\$19,000-\$19,999	0.1 (0.04)	0.1 (0.04)	0.5 (0.39)	0.0 (0.03)	0.0* (0.00*)	0.0* (0.00*)
\$20,000-\$24,999	0.1 ^a (0.02)	0.2 ^a (0.05)	4.2 (1.06)	0.1 (0.06)	0.3 (0.22)	2.4* (2.20*)
\$25,000-\$29,999	0.1 (0.03)	0.1 (0.05)	0.8 (0.45)	0.0 (0.02)	0.0* (0.00*)	0.0* (0.00*)
\$30,000-\$34,999	0.0 (0.02)	0.1 (0.03)	0.4* (0.44*)	0.0* (0.00*)	0.3 (0.17)	4.3* (3.07*)
\$35,000-\$39,999	0.0 (0.01)	0.0* (0.00*)	0.0* (0.00*)	0.0 (0.03)	0.1 (0.07)	0.0* (0.00*)
\$40,000-\$44,999	0.0* (0.00*)	0.0 (0.02)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)
\$45,000-\$49,999	0.0* (0.00*)	0.0* (0.00*)	0.2 (0.23)	0.0* (0.00*)	0.1 (0.07)	0.0* (0.00*)
\$50,000-\$74,999	0.1 (0.03)	0.0* (0.00*)	0.4 (0.26)	0.0 (0.03)	0.0* (0.00*)	2.1* (1.93*)
\$75,000-\$99,999	0.0 (0.02)	0.0* (0.00*)	0.2 (0.24)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)
\$100,000 or More	0.0 ^a (0.02)	0.1 ^a (0.04)	0.0* (0.00*)	0.0 (0.03)	0.2 (0.10)	0.0* (0.00*)
\$100,000-\$149,999	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	0.0* (0.00*)
\$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	0.0* (0.00*)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

⁵ Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table P-4 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison¹ Proxy Percent (SE)	2012 Comparison^{1,3} Proxy Percent (SE)	2012 QFT^{1,2} Proxy Percent (SE)	2011 Comparison¹ No Proxy Percent (SE)	2012 Comparison^{1,3} No Proxy Percent (SE)	2012 QFT^{1,2} No Proxy Percent (SE)
Covered by Private Health Insurance? (QHI06) ^{4,5}	66.9 (1.75)	69.6 (1.84)	60.1 (5.55)	70.0 (0.50)	69.8 (0.67)	65.5 (2.24)
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108) ^{4,5}	81.7 (1.82)	81.5 (2.27)	69.2* (8.71*)	85.1 ^a (0.53)	85.0 ^a (0.82)	77.0 (2.14)
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09) ^{4,5}	81.8 (1.88)	81.3 (2.28)	74.4* (6.19*)	84.2 ^a (0.54)	84.6 ^a (0.85)	75.0 (2.26)
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10) ^{4,5}	89.8 ^a (1.28)	89.2 (1.68)	77.6* (5.92*)	92.0 ^a (0.33)	92.5 ^a (0.55)	85.9 (1.78)
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N) ^{4,5}	35.4 (1.61)	33.3 (2.60)	33.7 (5.20)	27.9 (0.54)	26.6 (0.61)	26.6 (2.09)
In [YEAR], did [FILL] receive supplemental Security Income or SSI? (QI03N) ^{4,5}	10.2 (0.97)	10.0 (1.12)	10.7 (3.20)	6.5 ^a (0.23)	7.6 (0.40)	9.3 (1.18)
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N) ^{4,5}	78.0 ^a (1.38)	81.4 ^a (1.78)	63.5 (4.30)	87.0 ^a (0.43)	87.4 ^a (0.51)	71.5 (1.93)
In [YEAR], did [FILL] receive food stamps? (QI07N) ^{4,5}	15.2 (1.25)	14.4 (1.31)	20.7 (3.99)	13.0 (0.36)	14.3 (0.47)	14.8 (1.66)
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N) ^{4,5}	2.3 (0.38)	2.0 (0.41)	2.1 (1.30)	2.2 (0.13)	2.0 (0.16)	2.6 (0.60)
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N) ^{4,5}	3.5 (0.52)	4.1 (0.70)	3.3 (1.77)	3.0 (0.15)	2.6 (0.16)	2.9 (0.59)
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N) ^{4,5}						
\$20,000 or More	35.5 (1.81)	37.6 (2.01)	33.7 (5.05)	59.8 ^a (0.46)	59.7 ^a (0.62)	65.8 (1.76)
Less Than \$20,000	64.5 (1.81)	62.4 (2.01)	66.3 (5.05)	40.2 ^a (0.46)	40.3 ^a (0.62)	34.2 (1.76)

See notes at end of table.

(continued)

Table P-4 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 18 or Older, Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison¹ Proxy Percent (SE)	2012 Comparison^{1,3} Proxy Percent (SE)	2012 QFT^{1,2} Proxy Percent (SE)	2011 Comparison¹ No Proxy Percent (SE)	2012 Comparison^{1,3} No Proxy Percent (SE)	2012 QFT^{1,2} No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B) ^{4,5}						
Less Than \$1,000	20.4 (1.24)	19.3 (1.14)	21.6 (4.06)	8.9 ^a (0.22)	8.8 ^a (0.34)	6.7 (0.81)
\$1,000-\$1,999	3.6 (0.39)	4.3 (0.62)	4.9 (1.27)	1.7 (0.10)	1.8 (0.15)	2.3 (0.42)
\$2,000-\$2,999	3.8 (0.50)	3.4 (0.55)	3.1 (1.83)	1.5 ^a (0.09)	1.4 (0.12)	1.0 (0.22)
\$3,000-\$3,999	2.4 (0.37)	2.8 (0.54)	2.8 (1.14)	1.3 (0.09)	1.5 (0.15)	1.1 (0.32)
\$4,000-\$4,999	1.9 (0.27)	1.8 (0.34)	4.9* (2.75*)	1.3 ^a (0.08)	1.1 (0.12)	0.6 (0.20)
\$5,000-\$5,999	3.7 ^a (0.64)	2.1 (0.52)	1.4 (0.71)	1.6 ^a (0.10)	1.4 (0.11)	0.9 (0.30)
\$6,000-\$6,999	3.7 ^a (0.91)	1.8 (0.37)	1.1 (0.65)	1.4 (0.11)	1.7 (0.17)	0.9 (0.34)
\$7,000-\$7,999	2.6 (0.39)	1.7 (0.43)	0.9* (0.89*)	1.6 ^a (0.11)	1.6 ^a (0.18)	0.4 (0.25)
\$8,000-\$8,999	2.0 (0.30)	2.7 (0.66)	1.9 (1.03)	1.8 (0.11)	1.8 (0.18)	1.3 (0.41)
\$9,000-\$9,999	3.5 (0.67)	3.8 (1.18)	4.4* (2.58*)	1.8 (0.11)	1.8 (0.16)	2.8 (0.67)
\$10,000-\$10,999	2.7 (0.46)	3.0 (0.58)	6.3 (2.58)	2.3 (0.15)	2.2 (0.17)	2.2 (0.54)
\$11,000-\$11,999	1.5 (0.34)	2.1 (0.50)	0.9 (0.65)	1.6 (0.10)	1.8 (0.18)	1.7 (0.51)
\$12,000-\$12,999	2.2 (0.61)	3.3 (0.87)	1.2* (1.22*)	2.2 ^a (0.13)	2.7 ^a (0.25)	1.2 (0.38)
\$13,000-\$13,999	1.8 ^a (0.50)	2.4 ^a (0.70)	0.4* (0.40*)	1.6 (0.12)	1.3 (0.13)	1.1 (0.35)
\$14,000-\$14,999	1.5 (0.42)	1.0 (0.37)	1.9* (1.37*)	1.6 ^a (0.11)	1.8 ^a (0.16)	0.9 (0.30)
\$15,000-\$15,999	1.2 ^a (0.25)	1.4 ^a (0.42)	0.0* (0.00*)	1.8 (0.11)	1.7 (0.14)	2.1 (0.50)
\$16,000-\$16,999	0.6 (0.23)	1.0 (0.42)	2.7* (1.96*)	1.3 (0.10)	1.3 (0.12)	1.6 (0.40)
\$17,000-\$17,999	1.9 (0.76)	0.5 (0.21)	2.7* (1.99*)	1.4 (0.09)	1.2 (0.12)	1.2 (0.40)
\$18,000-\$18,999	2.2 ^a (0.54)	1.9 ^a (0.54)	0.5* (0.46*)	1.8 (0.11)	1.7 (0.17)	1.9 (0.50)
\$19,000-\$19,999	2.0 (0.44)	1.7 (0.64)	2.5* (1.72*)	1.8 (0.12)	1.8 (0.17)	2.0 (0.51)
\$20,000-\$24,999	6.1 (0.80)	6.6 (1.06)	4.0* (2.42*)	6.9 (0.24)	6.9 (0.34)	8.6 (1.08)
\$25,000-\$29,999	5.9 (0.89)	4.3 (0.81)	4.8 (2.50)	6.8 (0.32)	6.4 (0.33)	6.3 (0.94)
\$30,000-\$34,999	4.3 (0.83)	4.6 (0.94)	4.5* (2.56*)	6.1 (0.27)	5.9 (0.27)	5.3 (0.94)
\$35,000-\$39,999	3.0 (0.56)	3.7 (1.01)	2.2* (1.50*)	5.1 (0.23)	5.2 (0.33)	7.1 (1.09)
\$40,000-\$44,999	3.4 (0.63)	4.4 (1.25)	2.6 (1.61)	4.5 (0.21)	4.5 (0.28)	5.4 (0.91)
\$45,000-\$49,999	2.9 (0.56)	3.4 (0.76)	4.7* (2.52*)	4.3 (0.19)	4.9 (0.30)	6.1 (1.06)
\$50,000-\$74,999	6.1 (0.77)	6.3 (0.96)	5.2 (2.64)	12.3 (0.35)	12.5 (0.46)	12.4 (1.49)
\$75,000-\$99,999	2.2 (0.50)	1.5 (0.46)	3.8* (2.30*)	5.8 (0.24)	5.7 (0.37)	5.8 (1.02)
\$100,000 or More	1.1 (0.33)	3.1 (0.92)	2.2 (1.33)	8.0 (0.36)	7.7 (0.51)	9.0 (1.67)
\$100,000-\$149,999	-- (--)	-- (--)	2.2 (1.33)	-- (--)	-- (--)	5.2 (1.17)
\$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	3.8 (1.28)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

⁴ Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

⁵ Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Appendix Q: Protocol Changes Considered for the Dress Rehearsal and Whether the Changes Will Be Implemented for the Dress Rehearsal

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
1	Screening	N/A	Program a Spanish-language version of the screening program for the DR.	LeBaron	Change for DR.	Yes		Yes
2	Screening	N/A	In the screening, if a R indicates "Other" or "Don't Know/Refused" on the Race or Hispanic questions, remove the "Other" and "Unspecified" designation that FIs read to the R when verifying the roster information. There will be no automatic fill for the race or ethnicity of the roster member in cases where the response is "Don't Know," "Refused," or "Other." Fills will only be provided for items where the R has chosen one of the offered response categories.	LeBaron	Change for DR.	Yes	Changes mirror updates made to the screening program for the 2013 NSDUH.	Yes
3	Screening	N/A	Make edits to the screening program to exit when the SR is younger than 17.	LeBaron	Change for DR.	Yes	Changes mirror updates made to the screening program for the 2013 NSDUH.	Yes
4	Debriefing questions	Section 5.3	For QFTDBF17a, "Which of the following describes the problems with the proxy's use of ACASI in answering the income and health insurance questions?" 72% answered "Other." Consider adding an "OTHER, Specify" question.	LeBaron	Change for DR.	Yes	There was no follow-up question in the QFT to clarify the "other" category. SAMHSA approved the addition of this item.	Yes
5	Debriefing questions	Section 5.5.4.2	During focus groups, FIs suggested adding a field to the debriefing questions to record comments about the case.	LeBaron	Change for DR.	Yes	Main study debriefing does have an open-ended question for comments. SAMHSA approved the addition of this item.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
6	Debriefing questions	N/A	Edit debriefing items to reflect analytic goals of the DR and to measure functionality of items that have the potential to change.	LeBaron	Change for DR.	Yes	SAMHSA approved the FI Debriefing items on 4/17/13.	Yes
7	Screening	N/A	Delete the physical characteristics screen of the screener, as it is not used in analysis.	LeBaron	Change for DR.	Yes	RTI and SAMHSA confirmed the deletion of this screen on 4/23/13.	Yes
8	Screening	N/A	Delete the controlled access screen of the screener, as it is not used in analysis.	LeBaron	Change for DR.	Yes	RTI and SAMHSA confirmed the deletion of this screen on 4/23/13.	Yes
9	Screening	N/A	Correct bug in the screening program that causes the instrument to freeze.	LeBaron	Change for DR.	Yes	This bug was corrected so that the DR instrument performed as intended, and was not a change from the QFT per se.	Yes

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test; R = respondent; RTI = Research Triangle Institute; SR = screening respondent; SAMHSA = Substance Abuse and Mental Health Services Administration.

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
1	CAI	N/A	Develop Spanish-language version of questionnaire for DR.	LeBaron	Change for DR.	Yes		
2	CAI	N/A	Investigate the limits for the hard error after QD11 using QFT data.	LeBaron	No change for DR.	Yes	Limits were investigated and a decision was reached with SAMHSA not to add a hard error.	N/A
3	CAI	N/A	Add PENTER1 before ENDAUDIO to lock the ACASI portion of the interview.	LeBaron	Change for DR.	Yes	Edit should match change in 2013 questionnaire.	Yes
4	CAI	N/A	Add adult family members to the list of available proxies (QP02) when the adult family members ages=DK or REF. Add language in the specifications to note that this edit was made.	LeBaron	Change for DR.	Yes	Edit matches change in 2013 questionnaire; added a note in the specs to make clear that this change was made.	Yes
5	CAI	N/A	Change logic in MJMM so that anyone reporting past year blunt use in BL02 is routed to MJMM.	LeBaron	Change for DR.	Yes	Edit should match change in 2013 questionnaire.	Yes
6	CAI	N/A	Remove PREVCOM when R is 12 to 17 because R could not have been a proxy on a previous interview.	LeBaron	Change for DR.	Yes	Approved for revision during QFT training, but reserved for DR update.	Yes
7	CAI	N/A	Change the data structure on TX10 to allow R to choose all 12 possible options.	LeBaron	Change for DR.	Yes		Yes
8	CAI	N/A	Remove "...including Indian Health Insurance" from QHI11.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
9	CAI	N/A	Fix skip pattern for "source of prescription drug" questions so they no longer skip 12 to 17 year olds per Larry Kroutil's email on 9/27/12 (PRY42C, TRY21C, STY26C, SVY19C).	LeBaron	Change for DR.	Yes		Yes
10	CAI	N/A	Add "headphones" back to IntroACASII "...you will do an important part of this interview on your own, using the computer and headphones."	LeBaron	Change for DR.	Yes	Gather feedback from DR FIs.	Yes
11	CAI	N/A	In ANYQUES, add "please" back to the question and re-record.	LeBaron	Change for DR.	Yes		Yes
12	CAI	N/A	On CG39, RCG39, and RRCG39, Macanudo should be singular.	LeBaron	Change for DR.	Yes		Yes
13	CAI	N/A	For PRINTROYR2 and similar questions, add "and" before the last drug in the list.	LeBaron	Change for DR.	Yes		Yes
14	CAI	N/A	For PRYMOTIV, the upward inflection after "...that time?" sounds strange and should be re-recorded.	LeBaron	Change for DR.	Yes		Yes
15	CAI	N/A	Bold "feet," "inches," "meters," "centimeters," "pounds," and "kilograms" in the specifications (HLTH05-HLTH14). No update needed for the DR instrument because the QFT instrument included this bolding.	LeBaron	Change for DR (specs only).	Yes	The instrument was correct; only the specs need to be updated.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
16	CAI	N/A	Change logic on HLTH29 so that if a respondent reports age at first cancer diagnosis as current age, HLTH29 is skipped (per an email sent to SAMHSA on 10/2/12).	LeBaron	Change for DR.	Yes	Correct in QFT specs; Blaise changes only for DR	Yes
17	CAI	N/A	Reword BACKUP/BACKUPB to be less confusing. The revised question will read: "If you want to change or see your answer to a previous question, you can back up using the [F9] key. Each time you press the [F9] key, the computer will go back one question. You can tell the computer to repeat a question by pressing [F10]. Try this now. When you are finished, press [ENTER] to continue."	LeBaron	Change for DR.	Yes		Yes
18	CAI	N/A	Remove F7 functionality (mute) from the entire interview. Remove the introduction to this functionality from IntroACASI1 and IntrAcasi1b.	LeBaron	Change for DR.	Yes		Yes
19	CAI	N/A	Change TOALLR3 to "As you can see, this is kept separate from the answers that were entered, so they will still be completely private."	LeBaron	Change for DR.	Yes	Wording change only.	Yes
20	CAI	N/A	Revise DR with 2013 Medicaid and CHIP program names in MEDIFILL, CHIPFILL, and TANFFILL.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
21	CAI	N/A	Some fills sound awkward due to inconsistent inflection. Vicodin and Provigil are two examples. Need to determine if fills should be re-recorded. Assess quality of existing wav files and reach determination about re-recording.	LeBaron	No change for DR.	Yes	Defer assessment of quality due to TTS investigation.	N/A
22	CAI	N/A	Added questions about sexual orientation using NCHS as a model.	LeBaron	Change for DR.	Yes		Yes
23	CAI	N/A	There is a concern that the ACASI voice does not pronounce the drug names until the response options are read. Respondents often do not wait to hear all response options before entering their answer. Once a response is entered, the audio pauses.	LeBaron	No change for DR.	Yes	Investigate rates for these first drugs after the first few weeks, and again at the end of data collection.	N/A
24	CAI	N/A	Change INTROINC to make audio transitions less choppy, and use passive voice to list the family members. For example, "...kinds and amounts of income received by your son and his family, that is, your son, you, his father and sister living here."	LeBaron	Change for DR.	Yes		Yes
25	CAI	N/A	Revise the response for reporting no use of prescription drugs in the prescription drug screeners (PR01, etc.), perhaps by changing it from 95 to 0.	LeBaron	No change for DR.	Yes		N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
26	CAI	N/A	Skip the lead xxM01 question for prescription drugs (e.g., PRM01) if the respondent is a past month initiate (e.g., PR30ANYINIT=1).	LeBaron	Change for DR.	Yes	Correct in QFT specs; Blaise changes only for DR.	Yes
27	CAI	N/A	Delete QD42 from the instrument.	LeBaron	Change for DR.	Yes		Yes
28	CAI	N/A	Add "or other health professional" to the medical marijuana (MJMM, MJMM01) questions.	LeBaron	Change for DR.	Yes	Edit should match change in 2013 questionnaire.	Yes
29	CAI	N/A	Change the allowable range of the 30-day frequency questions for prescription drugs (e.g., PRM02) from 0 to 30 to 1 to 30.	LeBaron	Change for DR.	Yes		Yes
30	CAI	N/A	Add language that references reports of methamphetamine use in the special drug module (SD14) into logic for creating MET12MON in the substance dependence and abuse module.	LeBaron	Change for DR.	Yes		Yes
31	CAI	N/A	Add a question to the prescription drug modules that measures initiation of misuse of prescription drugs. This issue was first communicated to SAMHSA on 10/31/12 and 11/1/12. On 11/16/12, Jonaki Bose sent a proposed follow-up question if Rs report only past year initiation. A proposed revision to the question was sent to SAMHSA on 11/27/12. The question is XXL03.	LeBaron	Change for DR.	Yes	DR testing will focus on this question to ensure that the specs are working correctly.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
32	CAI	N/A	Edit the logic for the motivation questions (XXYMOTIV) so that it no longer skips Rs out of these questions if the only drug they misused in the past year is "any other drug" in the category. This issue was noted to the Instrument Development team on 11/29/12.	LeBaron	Change for DR.	Yes		Yes
33	CAI	N/A	Edit QD10 to match the war era categories to those of the VA. Vietnam era should start 3/1961 for those who served in Vietnam in that period.	LeBaron	Change for DR.	Yes		Yes
34	CAI	Chapter 5	Based on results in debriefing question QFTDBF12, edit the wording to PLAYINFO so as to explain the steps the R must take more clearly. In some cases, it was not clear what to do after entering F2, with some respondents perhaps not realizing that they must enter a response after seeing the pop-up instruction box.	LeBaron	Change for DR.	Yes	Also add reminder to training to tell FIs what to do if a R asks about F2.	Yes
35	CAI	Section 5.5.4.3	In a focus group, an FI suggested a darker color to highlight dates because the current colors are difficult to see in sunlight.	LeBaron	No change for DR.	Yes	There are no plans to change the color for CAI dates. Gather feedback from DR FIs on visibility of new laptop screen in different environments.	N/A

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36	CAI	Section 5.5.4.3	In the focus groups, FIs suggested the tutorial be clearly labeled as a practice session, or the introduction be emphasized. They reported that Rs struggled with providing accurate answers to questions and were confused by the lack of concordance with the question topics and the NSDUH study description. To address this issue, label the tutorial items as Practice Question #1, Practice Question #2, etc.	LeBaron	Change for DR.	Yes		Yes
37	CAI	Section 5.5.4.6	In the focus groups, FIs provided general feedback that they would like to do away with the showcards and move the demographic questions to be self-administered.	Zelko/ LeBaron	No change for DR.	Yes	SAMHSA reviewed electronic showcards and the text was too small on the screen. There are no plans to move demographics to ACASI.	N/A
38	CAI		Add an "OTHER, Specify" question to the prescription drug reasons for misuse decomposition question.	LeBaron	No change for DR.	Yes		N/A
39	CAI	Chapter 9	Add "OTHER, Specify" questions for the prescription drug screeners.	LeBaron	No change for DR.	Yes		N/A
40	CAI	N/A	Due to respondent complaints and confusion that the type of music they listen to is not listed on ALLAPPLY in the tutorial questions, delete "9 Techno" and replace it with "9 Something Else" to limit respondent issues.	LeBaron	Change for DR.	Yes		Yes

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41	CAI	N/A	Change the wording of TOALLR3I to remind FIs that, in an interview with a minor R, a parent or guardian should sign the QC form if possible. Specifically, change the first interviewer note to "[GIVE QUALITY CONTROL FORM AND ENVELOPE TO RESPONDENT (OR PARENT/GUARDIAN OF YOUTH RESPONDENT, IF AVAILABLE)]."	LeBaron	Change for DR.	Yes		Yes
42	CAI	N/A	Edit the ranges to the height questions (HLTH05 - HLTH08). This change was also made to the 2013 (Q2-Q4) and 2014 instrument.	LeBaron	Change for DR.	Yes	Edit should match change in 2013 questionnaire.	Yes
43	CAI	N/A	Edit the language to the military family questions (QD10d-QD10f). QD10f will only be included for the DR and will be deleted for the 2015 instrument.	LeBaron	Change for DR.	Yes		Yes
44	CAI	N/A	Edited response options for QD10b1 to reflect correct eras for military service.	LeBaron	Change for DR.	Yes		Yes
45	CAI	N/A	Edited INTRO2 to instruct R that he or she can turn down the volume of the voice.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
46	CAI	N/A	Added logic to define new variables PRYRDKRE1, TRYDKRE1, STYDKRE1, and SVYDKRE1. These variables will be used in routing Rs with unknown recent initiation to the new questions, PRL03, TRL03, STL03, and SVL03.	LeBaron	Change for DR.	Yes		Yes
47	CAI	N/A	Added logic to define Rs with unknown recent initiation of prescription drug use in all prescription drug modules.	LeBaron	Change for DR.	Yes		Yes
48	CAI	N/A	Corrected question wording of PRY02 to be consistent with the wording of other questions in the module.	LeBaron	Change for DR.	Yes		Yes
49	CAI	N/A	Added new questions, PRL03, TRL03, STL03, and SVL03 (and appropriate routing), which ask about initiation of misuse of prescription drugs more than 12 months ago if the only definite reports of initiation occurred in the past 12 months, or all initiation data were missing. These questions were added to produce accurate estimates of recent initiation.	LeBaron	Change for DR.	Yes		Yes
50	CAI	N/A	Removed unnecessary routing logic from PRYMOTIV, TRYMOTIV, STYMOTIV, and SVYMOTIV for accuracy.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
51	CAI	N/A	Edited PRYMOT1 response options for clarity. Reversed the order of response options 5 and 6 to match the order of response options in the tranquilizers and sedatives main modules. Revised the wording of the new response option 5 so that it is parallel to similar response options.	LeBaron	Change for DR.	Yes		Yes
52	CAI	N/A	Deleted extraneous routing of PRY42BSP, PRY42C, TRY21BSP, TRY21C, STY26BSP, STY26C, SVY19BSP, and SVY19C for accuracy.	LeBaron	Change for DR.	Yes		Yes
53	CAI	N/A	Renumbered TRY21B to be consecutive.	LeBaron	Change for DR.	Yes		Yes
54	CAI	N/A	Edited routing of MJMM01 to include Rs who used blunts in the past year but didn't report past year marijuana use in the core module.	LeBaron	Change for DR.	Yes		Yes
55	CAI	N/A	Renamed medical marijuana questions to MJMM01 and MJMM02 for consistency with the 2013 NSDUH questions.	LeBaron	Change for DR.	Yes		Yes
56	CAI	N/A	Added "B or C" to "Hepatitis" in HLTH25 for more precise description of condition.	LeBaron	Change for DR.	Yes		Yes

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57	CAI	N/A	Switched the order of response options 12 and 13 for QD18CC04 to match QD11. Corrected the response option numbers for doctorate and professional degrees to be consecutive.	LeBaron	Change for DR.	Yes		Yes
58	CAI	N/A	Added a new variable, PENTER1B, which instructs respondents to lock the ACASI portion of the instrument before returning the computer to the interviewer.	LeBaron	Change for DR.	Yes		Yes
59	CAI	N/A	Discussed adding DAUTYPE and SONTYPE back into instrument from 2013 main study, but with modified logic. This decision was ultimately reversed, and the variable will not be added.	LeBaron	No change for DR.	Yes		N/A
60	CAI	N/A	Edited the ranges for the weight items (HTH10-HLTH14) to be more inclusive of extreme values	LeBaron	Change for DR.	Yes		Yes
61	CAI	N/A	Skip the xxM03 30-day prescription drug with alcohol questions (e.g., PRM03) if ALCUSE30 NE 1.	LeBaron	Change for DR.	Yes	This was specified correctly, but was not programmed correctly in the QFT instrument.	Yes
62	CAI	N/A	Edited routing of MJMM01 to include Rs who used blunts in the past 30 days but didn't report past year marijuana use in the core module.	LeBaron	Change for DR.	Yes		Yes

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63	CAI	N/A	PR07: Can we make the Duragesic picture large enough to read the largest type?	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
64	CAI	N/A	New audio needs to be recorded for QHI07, QHI08, QHI13, and PRY01 and parallel questions.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
65	CAI	N/A	Audio edited in LS01i and HALINTRO to fix tone and pronunciation issues.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
66	CAI	N/A	Change to MJMM01 logic to include BL04 = 2	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
67	CAI	N/A	Edit the specs to base logic in QP02 on the presence of an "Adult Family Member," as opposed to an "Other Person" in the household. No changes to the CAI are required.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
68	CAI	N/A	In IntrAcasi1b, an optional transition will be added to this interviewer-administered question. This intro will say, "Your [daughter, etc.] has said you are better able to answer the questions about [her] health insurance and the family income."	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
69	CAI	N/A	In Anyques, add the word "Please" to the screen. It was missing during testing.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
70	CAI	N/A	In calendr3, add a statement that says, "Press F1 again to close the calendar."	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
71	CAI	N/A	Delete reminders about the F2 function in the prescription drug main modules in all questions other than the Age at First Use questions.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
72	CAI	N/A	Edit TRY13a, TRY16a, TRY17a, and TRY18a to remove the "also known as" phrase. This phrase will also be dropped from month and year of last use questions, consistency check questions, and the TRFILL2 and TRNAMEFILL fills.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
73	CAI	N/A	Edit QD26 and QD27 to change the text about the F2 note. The instruction should say, "Press F2 for information about unpaid work."	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
74	CAI	N/A	Re-record audio files for zolpidem and meprobamate to correct pronunciation.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes

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75	CAI	N/A	Edit QHI06. The new text should read, "Private health insurance can be obtained through work, such as through an employer, union, or professional association, or by paying premiums directly to a health insurance company. It includes coverage by a health maintenance organization (HMO), fee for service plans, and single service plans. [Are you/Is SP] covered by private health insurance?"	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
76	CAI	N/A	Edit QI03N. The new wording is, "Supplemental Security Income or SSI is a program administered by a government agency that makes assistance payments to low income, aged, blind, and disabled persons. This is not the same as Social Security. In [CURRENT YEAR - 1], did you receive Supplemental Security Income or SSI?"	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
77	CAI	N/A	Delete QI05N, the question about receiving wages from a job or business.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes

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78	CAI	N/A	<p>Edit the list of income sources used in INTRTINN, as well as the introductory text. The new wording is, "Below is a list of some possible sources of income. When you answer the next questions, please consider these income sources as well as those asked about in earlier questions."</p> <p>Income earned at a job or business Retirement , disability, or survivor pension Unemployment or worker's compensation Veteran's Administration payments Child support Alimony Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts</p>	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
79	CAI	N/A	<p>Edit the wording to QI07N. The new wording will be, "The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, provides assistance for buying food. A special card is issued which can be used to buy food in grocery stores. In [year], did [you/family member fill] receive food stamp benefits?"</p>	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes

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80	CAI	N/A	Create a fill for QI07N to customize State-specific names of food stamp programs.	LeBaron	No change for DR.	Yes.	Due to time constraints, reserve this item for 2015 specifications.	N/A
81	CAI	N/A	Added language to the specs describing the hard error in HLTH27 through HLTH28cc that is triggered if an age at first diagnosis is older than current age. This change was made to the specs only because the hard error was already present in the program.	LeBaron	Change for DR (specs only).	Yes		Yes
82	CAI	N/A	Edit the specs and program so that IntrAcasi1B, IntrAcasi3b, and IntrAcasi4b in the back-end proxy tutorial are "Press 1 and Enter to continue," as opposed to just requiring that "Enter" is pressed. This will allow bilingual interviewers to toggle between languages in the event that a proxy wishes to complete the back-end ACASI in a different language than the respondent.	LeBaron	New for DR, given inclusion of Spanish.	Yes		Yes
83	CAI	N/A	Correct bug in one of the testing versions, where audio was dropped for four tranquilizers in TRY21a in the main module.	LeBaron	Update DR test program.	Yes	This edit was made so that the instrument performed as intended and was not a change from the QFT per se.	Yes
84	CAI	N/A	Edit INTRTNN, because the word "earned" was spelled wrong.	LeBaron	Update DR test program.	Yes	This edit refined the change requested in item 78.	Yes

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85	CAI	N/A	Update a few items in the Spanish instrument to reflect current wording and translations. Corresponding edits were not needed in the English instrument.	LeBaron	Edit Spanish-language DR specs and program.	Yes		Yes

ACASI = audio computer-assisted self-interviewing; CAI = computer-assisted interviewing; CHIP = Children's Health Insurance Program; DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; N/A = not applicable; NCHS = National Center for Health Statistics; QC = quality control; QFT = Questionnaire Field Test; R = respondent; RTI = Research Triangle Institute; SAMHSA = Substance Abuse and Mental Health Services Administration; specs = specifications; TTS = text to speech; VA = Department of Veterans Affairs.

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
1	Materials	N/A	Add the OMB number to the study description.	McKamey	Change for DR.	Yes	Spanish will be on the reverse side of the SD.	Yes
2	Materials	N/A	Add the burden statement to the study description.	McKamey	Change for DR.	Yes	Spanish will be on the reverse side of the SD.	Yes
3	Training/ handbook	Section 5.2	During field observations, two FIs had issues troubleshooting unexpected events with the tablet, such as an alarm going off during a screening. These troubleshooting issues will be handled for the DR by addressing these specific items during training and adding documentation to the FI handbook on how to resolve these occurrences.	McKamey	Change for DR.	Yes	This topic was included in the DR FI training agenda approved by SAMHSA on 3/6/12.	Yes
4	Materials	Section 5.5.4.1	During focus groups, when discussing the lead letter, some FIs mentioned that they appreciated that the letter was addressed to "[NAME County/Parish/District] Resident at:" and did not just say "Resident." During training, one New York City FI indicated that listing county/parish/district would not resonate with Rs in his region.	McKamey	No change for DR.	Yes	Because the New York City FI comment was made at training before the FI entered the field and no similar comments were made after data collection, no changes are recommended for DR.	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
5	FI handbook	Section 5.4.4	In the QFT equipment survey, FIs mentioned that they did not recognize the view letters function on the tablet. This feature is available and will be clarified in the DR FI handbook and training sessions.	McKamey	Change for DR.	Yes	FIs can view letters once the FS has sent them.	Yes
6	Materials	Section 5.5.4.1	In the focus groups, one FI noted that a respondent is pictured using a paper reference date calendar in a graphic in the redesigned Q&A brochure.	McKamey	Change for DR.	Yes	Picture has been removed and replaced on the brochure.	Yes
7	FI portfolio	Section 5.5.4.2	In the focus groups, FIs pointed out pros and cons of the new portfolio that was provided at training. Some said they disliked the portfolio enough to revert to using the old one, which is sturdy and professional. The new one is slippery and hard to hold. The tablet, when placed on it, falls off and materials fall out of it. The closure is flimsy. FIs would have preferred a zip closure similar to the main study portfolio. It also is difficult to write on top of it, such as when filling out the quality control letters. FIs do, however, like the number of slots in the portfolio and the clear pockets for easier access to materials. For the DR, investigate other portfolio options and associated costs.	Cohen/Payne	Change for DR.	Yes	Two local FIs reviewed the selected portfolio options. RTI sent the FI feedback and the RTI-recommended portfolio to SAMHSA on 6/4/13 for review and approval. Received SAMHSA approval of recommended portfolio on 6/10/13 and placed the final portfolio order on 6/13/13.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
8	Training	Section 5.5.4.2	In the focus groups, some FIs reported getting into programs or onto screens early in their fieldwork that they had not seen in training and did not know how to return to the screening program. Although they felt comfortable conducting the screening with the tablet, they would have preferred more hands-on training on how to deal with these unexpected navigational errors. Additional training on correcting navigational issues and potential errors will be incorporated into the DR training.	McKamey	Change for DR.	Yes	It is not possible to remove the multiple home screens and unused features of the tablet, so more practice on how to move off these screens will be provided in training. This topic was included in the DR FI training agenda approved by SAMHSA on 3/6/13.	Yes
9	Training	Section 5.5.4.5	In focus groups, FIs mentioned challenges associated with making sure that the parent does not leave the household or become unavailable before the child reaches the back end of the instrument. DR training will be amended to remind FIs to do their best to confirm the parent will be in the house for the entirety of the interview.	McKamey	Change for DR.	Yes	This will be addressed in DR training, but further discussion with SAMHSA is needed to determine if this should be done in a more formal, standardized manner in the future. This topic was included in the DR FI training agenda approved by SAMHSA on 3/6/13.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
10	Materials	Section 5.5.4.5	<p>In focus groups, the moderator asked FIs how they would feel about having an additional tool available to help with doorstep screenings. This tool would consist of a 20- to 30-second video clip of the NSDUH press conference, would be available on the tablet, and could help with gaining cooperation. FIs were enthusiastic about this idea, if the video was optional and not a required part of the screening. One FI suggested having multiple videos designed to address common respondent concerns, such as confidentiality, or targeted to specific populations, such as parents or elderly persons. They said respondents would think that if it is on television, it is true. It would also help with legitimacy and would be short enough to use at the doorstep.</p>	Payne/Zelko	No change for DR.	Yes	<p>Good idea, but consider for use in the 2015 NSDUH due to OMB schedules. Functionality issues within the tablet also need to be investigated.</p>	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
11	Materials	N/A	Make a change to the Intro and Informed Consent for 12 to 17 year olds. Consider removing the option to skip giving the respondent a study description at this point if they have already received one. Youths are not to serve as screening respondents, so would not have had the opportunity to receive the SD. The only time youths may have already received it would be for youths living independently without a parent/guardian in the home if no residents 18 or older who was SR and then selected. In that rare case, the youth would receive two study descriptions.	LeBaron/ McKamey	No change for DR	Yes		N/A
12	Materials	N/A	Change the intro and informed consent text for both youths and adults to match the wording used at the end of the interview during the QC process. Change "mailing" address to "current" address.	LeBaron/ McKamey	Change for DR.	Yes		Yes
13	Materials	N/A	Change wording of Showcard 4 to match QD10 (Vietnam era should start 3/1961 for those who served in Vietnam in that period.)	LeBaron/ McKamey	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
14	Materials	N/A	Add the words "Open/Close" to the F1 keyboard label that says "Calendar."	McKamey	Change for DR.	Yes	This phrase will be added on the label for F1.	Yes
15	Materials	N/A	Minor updates to the DR summary of the questionnaire, including revisions to make all text in the third person voice.	McKamey	Change for DR.	Yes	Received SAMHSA approval of revised DR summary on 6/19/13.	Yes

DR = Dress Rehearsal; FI = field interviewer; FS = field supervisor; NSDUH = National Survey on Drug Use and Health; N/A = not applicable; OMB = Office of Management and Budget; Q&A = question and answer; QC = quality control; QFT = Questionnaire Field Test; R = respondent; RTI = Research Triangle Institute; SAMHSA = Substance Abuse and Mental Health Services Administration; SD = study description.

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
1	Laptop	N/A	New laptop (and case) for interviewing. Incorporate into handbook and training for DR.	Meyer/ McKamey	Change for DR.	Yes	SAMHSA selected the Samsung Ultrabook, and 200 units have arrived at RTI. Two local FIs reviewed the two laptop bag options. After reviewing the FI feedback and the RTI-recommended laptop bag, SAMHSA approved the bag for purchase 6/10/13. Computer bags have been ordered.	Yes
2	Laptop	N/A	The laptops that will be purchased include Ethernet adaptors for FIs who do not have wi-fi. However, there are some areas of the country where FIs can only transmit via dial-up when on travel status. RTI would like to purchase a small supply (10) of USB modems for FIs in remote areas who cannot transmit via the Internet. In these rare situations, tech support will FedEx the USB modem to the FI and provide instructions for transmission over the phone.	Meyer/ McKamey	Change for DR.	Yes	RTI received SAMHSA approval to purchase the 10 USB modems for the DR laptops on 5/6/13. The USB modems were ordered on 6/3/13.	Yes
3	Email	N/A	Provide a two-way RTI email account for FIs to use on the Samsung tablet. Add training on new tablet email function to handbook and training.	Meyer/ McKamey	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
4	Transmission	N/A	Provide optional wireless tablet transmission capability that will allow FIs to transmit the from the tablet data wirelessly and independently of laptop.	Meyer/ McKamey	Change for DR.	Yes	This option will supplement the traditional tethered tablet/laptop transmission method that they currently and can continue to use.	Yes
5	Tablet view	Section 5.4.4	In the tablet equipment survey, two FIs suggested that finalized cases should be removed from the select case screen. The view/sort function on the tablet already allows FIs to select whether they want to view pending or final cases on the select case screen.	Zelko	No change for DR.	Yes	Modifying the tablet to hide finalized cases automatically could introduce errors.	N/A
6	Tablet features	Section 5.4.4	In the tablet equipment survey, two FIs noted it would be useful to have the call distribution feature available on the tablet so that they could review the different days and times they had visited households. This feature will be implemented as part of the DR version of the tablet and included in training.	Zelko/ McKamey	Change for DR.	Yes	Because of time constraints in the development of the QFT screening program, the call distribution feature that is currently on the iPAQ was not implemented.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
7	Tablet features	Section 5.5.4	In focus groups, FIs mentioned that they would like to have a larger calendar for appointments, which is not possible. The calendar is a default app on the tablet that cannot be modified or reformatted (to be "larger"). However, since the QFT was fielded, a mechanism has been built into the screening program for FIs to schedule appointments for specific cases, integrated with the default calendar app. DR training will cover using this tool with the FIs.	Zelko/ McKamey	Change for DR.	Yes		Yes
8	Tablet accessories	Section 5.4.4	In the tablet equipment survey, several FIs indicated that the carrying case could be improved by adding a pen holder in addition to the stylus holder so that they could have easy access to a pen for writing on appointment cards. Although a couple of FIs indicated that the neck strap was too wide on the case and that the snap was hard to use, a number of FIs commented that they were happy the Velcro closure had been removed.	Zelko	No change for DR.	Yes	Design changes for carrying case will be considered prior to the 2015 redesign.	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
9	Tablet accessories	Section 5.5.4.2	In focus groups, FIs liked the case that was designed for the tablet. It was easy to flip the cover open to charge. Many FIs reported disliking the strap for the tablet, felt it was too bulky and thick, and indicated that it interfered with badges and necklaces. Some reported they would like a pen holder on the side of the case opposite the stylus. Several FIs preferred the magnetic snap closure to the Velcro closure on the current iPAQ case.	Zelko	No change for DR.	Yes	Design changes for carrying case will be considered prior to the 2015 redesign.	N/A
10	Tablet functions	Section 5.5.4.2	In focus groups, FIs reported they could delete a code, but did not have the capability to change it. The difference in the QFT from the main study was that the FIs could not "Edit" the numeric code in the ROC from the dropdown list (but they can do that on the iPAQ before the case is transmitted). This was essentially a bug in the program, and thus it should be fixed.	Zelko	Change for DR.	Yes	The DR screening program has been modified so that FIs have the ability to "Edit" a ROC code (not just comments) in the same way as in the iPAQ. Note that after ROCS are transmitted, they are frozen, and no edits to the codes or comments can be made.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
11	Tablet functions	Section 5.5.4.2	In focus groups, FIs stated that it was tricky to navigate back to the verification screen for the "vacants," but it is possible. Additional training will be given to DR FIs on tablet navigation.	McKamey	Change for DR.	Yes	To view verification information on a case coded 10 for vacant , the FI simply taps and holds the case on select case screen and selects "View Verification Information." The FI is then taken directly to the verification screen where he or she can see information that has been entered and edit if needed.	Yes
12	Tablet functions	Section 5.5.4.2	In a focus group, it was reported that reentering cases in the tablet created a time discrepancy in the case. One FI reported that pressing "Commit" and pressing "Done" created two different time stamps.	Zelko	No change for DR.	Yes	During the QFT, there was a data processing issue with the ROC time discrepancy report that was incorrectly showing the modify times (every time the FI made an edit to comments) rather than the create date times, which caused some confusion for the field and led to some FIs showing up on that report who should not have been. During the QFT, the data processing error was fixed so the ROC time discrepancy report was showing the correct information.	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
13	Tablet functions	Section 5.5.4.2	In focus groups, FIs provided feedback on the keyboard. FIs would like to have apostrophe and quotation marks available and be able to remove unnecessary symbols from the keyboard. They also indicated that the question mark was hard to find and requested that the period be placed on the same keyboard as the letters and be available if a user inserts two spaces after a sentence. Based on tablet keyboard evaluation, make Samsung and hacker keyboards available to FIs for DR and provide training on both versions.	Zelko/ McKamey	Change for DR.	Yes	The layout/design of the Samsung keyboard cannot be altered, but the hacker keyboard will be available for the DR. Gather FI feedback after data collection. Regarding apostrophes and quotations, those are not allowed because they could cause problems with the coding and data transmission.	Yes
14	Tablet functions	Section 5.5.4.2	A mixed stylus review was received from the focus groups; some FIs did not use the stylus, saying it was slippery and hard to insert into the holder on the case, which caused the holder on the case to tear.	Zelko	No change for DR.	Yes	Investigate stylus options for the 2015 redesign.	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
15	Tablet accessories	Section 5.5.4.2	In focus groups, several FIs mentioned that a car charger would be appreciated because the battery did not last all day. A travel kit with a car charger is provided for the iPAQ on the main study. The iPAQ car charger can be used to charge the tablet. However, if a tablet charger is used on the iPAQ, it could damage the iPAQ.	Zelko	Change for DR.	Yes	RTI received SAMHSA approval to purchase tablet car chargers on 5/6/13. The car chargers were ordered on 6/3/13.	Yes
16	Tablet functions	Section 5.5.4.2	In focus groups, FIs reported that they would like several of the iPAQ features to be transferred to the tablet, specifically for the CaseID to remain at the top of the screen on the selections and ROC screen and a selected line remain highlighted on the select case screen. Although it is not possible to have a selected case remain highlighted, the highlighting will remain for a longer time for the DR. RTI will display the entire Case ID rather than the last 3 digits on the selections and ROC screens as it is on the iPAQ.	Zelko	Change for DR.	Yes		Yes

DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; N/A = not applicable; QFT = Questionnaire Field Test; ROC = record of call; RTI = Research Triangle Institute; SAMHSA = Substance Abuse and Mental Health Services Administration; USB = universal serial bus; wi-fi = wireless connection.

**Appendix R: 2012 Questionnaire Field Test—Investigation
of Data Quality Issues for Items Moved from CAPI to
ACASI**

R.1 Background and Introduction

R.1.1 Background on the 2012 QFT and Items Moved to ACASI

R.1.1.1 Overview of the 2012 QFT Data Collection Protocol and Outcomes

This appendix describes data collection results and analysis conducted for questionnaire items moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) administration in the 2012 Questionnaire Field Test (QFT) instrument for the National Survey on Drug Use and Health (NSDUH). The findings for these questionnaire items include comparisons with current and comparable NSDUH main study data and other comparable sources of survey data. Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH is a national survey of the U.S. civilian, noninstitutionalized population aged 12 or older. The annual conduct of NSDUH is paramount in meeting a critical objective of SAMHSA's mission to maintain current data on the prevalence of substance use in the United States. In order to continue producing data that accurately reflect current conditions, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must update NSDUH periodically to reflect changing substance use and mental health issues.

The NSDUH questionnaire used in the 2012 QFT was revised to improve some of the questions that cause known or suspected problems with data from the current questionnaire. New content that addresses current data needs was also added. Revisions designed to reduce errors associated with usability problems in the design and layout of the computer-assisted interviewing (CAI) instrument were added. These changes included revising the prescription drug modules, the front-end demographics, the binge drinking definition for women, the special drugs module, and the back-end demographics section, as well as including a new methamphetamine module.

Similar to the NSDUH main study, the respondent universe for the QFT was the civilian, noninstitutionalized population aged 12 or older. In order to control costs, persons residing in Alaska and Hawaii, as well as persons who were not able to complete the interview in English, were excluded from the QFT sample. Therefore, the sample was representative of members of the noninstitutionalized population aged 12 or older in the contiguous United States who are able to complete the interview in English. NSDUH main study comparison data from 2011 and 2012 quarters 3 and 4, as well as other survey data used for comparison with the QFT, were adjusted to account for the lack of Alaska and Hawaii residents and those who did not complete the interview in English.

To make the QFT sample representative of the target population, a probability proportional to size (PPS) sample of 213 State sampling (SS) regions was selected from all 876 SS regions. From these 213 SS regions, 5,358 dwelling units were sampled, 3,837 dwelling units were screened as eligible, and 2,823 people were selected from within these eligible dwelling units. Among persons selected for the QFT interview, a total of 2,044 completed interviews were yielded during the field period of September 1, 2012, through November 3, 2012. The weighted overall response rate (combining the screening and interview response rates) for the 2012 QFT sample was 57.71 percent compared with 61.30 percent for the 2011 main study comparison sample and 60.98 percent for the 2012 quarters 3 and 4 main study comparison

sample. The overall lower response rate for the QFT could have introduced some unique nonresponse bias for specific QFT estimates most likely to be affected by this difference in response rate levels. Direct analysis was not undertaken of the impact of the approximately 4 percent lower response rate in potentially adding nonresponse bias for specific QFT estimates. The focus of this appendix is examining multiple data quality indicators for items moved from CAPI to ACASI administration in the 2012 QFT instrument.

R.1.1.2 Items Moved from CAPI to ACASI Administration

In the 2012 QFT questionnaire, the following back-end demographics items were moved from the CAPI administration part of the NSDUH interview to the ACASI administration part of the interview:

- marital status and number of times married;⁴⁶
- moves in the past year and State of residence 1 year ago;
- born in the United States or, if not, length of time residing in the United States;
- education, including current enrollment in school, grade in school, and full- or part-time student status for postsecondary students, and related items;⁴⁷
- employment, including current job or business, hours worked at current job or business, number of employers in the past year, employee assistance programs, employer alcohol and drug use policies, and related items;
- health insurance, including type or source of health insurance coverage, lack of health insurance coverage, and whether health insurance covers substance abuse or mental health problems; and
- income, including receipt of five types of income from the government or participation in government assistance programs and overall income level for the prior calendar year.

As in the main study, the QFT protocol allowed the primary respondent to identify a proxy to answer the questions in the last two sections (i.e., health insurance and income). (See **Section R.3.4** for comparisons of the distribution of relationships of proxy reporters to the primary respondent and comparisons of estimates based on proxy report status.) All other items were answered by the primary respondent, when logically applicable to the respondent, based on responses to prior questions, the respondent's age, and other logical criteria.

To accommodate the transition from an interviewer-administered CAPI mode to ACASI mode, the text and format of some of these questions required revisions. For example, questions

⁴⁶ The items on current marital status and number of times married were actually moved from the front-end demographic section of the CAPI-administered part of the interview to the back-end demographic section in ACASI in the QFT instrument.

⁴⁷ New questions on respondent disability, ability to speak English, whether any family members were currently serving in the military, and cellular phone and land line telephone service in the household were added to the ACASI portion of the QFT interview protocol in these sections. Because these items were new to the NSDUH instrument, data quality indicators for these items could not be compared with the 2011 and 2012 quarters 3 and 4 data.

throughout the health insurance and income modules had contained notes for field interviewer (FI) use in CAPI. These FI notes provided additional information about terms or constructs in the questions. FIs are trained to read these notes to respondents when they feel that this additional information would help the respondent to provide an accurate answer. Respondents who exhibit confusion, ask for clarification, or hesitate to provide a response are likely to hear the information contained within the interviewer note.

During instrumentation development for the QFT, this information was either moved to the question text itself, deleted, or added as a note that respondents could view using the F2 function key on the laptop. In this way, F2 notes functioned similarly to the interviewer notes in CAPI mode. QFT respondents were instructed to press F2 for more information about terms in the question. In ACASI mode, the burden was on the QFT respondents to access this information, as opposed to FIs in CAPI mode determining when to provide the information. Relevant research shows that respondents using self-administered modes are less likely to consult definitions when they have to request them, as opposed to when they appear on the screen along with the question (Peytchev, Conrad, Couper, & Tourangeau, 2010). As a result, providing notes via the F2 function key may have inadvertently created a barrier to QFT respondents accessing this information in ACASI.

Despite these changes to QFT items moved to ACASI administration, data quality indicators for these items could still be directly compared with the parallel items administered via CAPI in the current NSDUH main study interviews.

R.1.2 Indicators Used to Evaluate the Effect of ACASI on Data Quality

As part of the QFT analysis and reporting, the following three data quality indicators were used to examine the potential impact of moving items from CAPI to ACASI in the NSDUH questionnaire:

1. comparing item missingness rates for the QFT items with item missingness rates for the same items in the 2011 and 2012 quarters 3 and 4 main study comparison datasets;
2. comparing QFT estimates for items moved to ACASI with (1) estimates for the same items in the 2011 and 2012 quarters 3 and 4 main study comparison datasets and (2) other national survey estimates with the same target population and comparable survey items; and
3. for health insurance and income items, comparing QFT estimates with 2011 and 2012 quarters 3 and 4 main study comparison estimates for proxy versus self-reported data.

In addition to examining these three indicators of data quality for items moved to ACASI administration, a literature review, communications with other Federal agencies, input from RTI methodologists, and other steps were taken to understand the implications of the QFT results, as described in *Section R.3.1*. For moved items with observed data quality issues, *Section R.3.2* provides a summary of item missingness rates, *Section R.3.3* summarizes benchmarking of estimates to other surveys, and *Section R.3.4* summarizes the impact of proxy reporting on estimates for health insurance and income items.

R.1.3 Items Examined and Indication of Data Quality Issues

Table R-1 lists the items moved from CAPI to ACASI in the QFT instruments that were examined for this appendix and indicates the nature of the data quality issues for those items.

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed

QFT Questionnaire Item ^{1,2}	Item Missingness Rate Was Significantly Higher than Comparison Data ^{3,4}	Estimate Was Significantly Different from Comparison Data ^{5,6}
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	Yes	No
How many times have you been married? (QD08)	No	No
How many times in the past 12 months have you moved? (QD13)	Yes	No
In what State did you live one year ago today? (QD13a)	Yes	N/A
How many years have you lived in the United States? (QD16b)	No	No
Are you now attending or are you currently enrolled in school? (QD17)	No	No
What grade or year of school are you now attending? (QD18)	No	Yes
Are you a full-time student or a part-time student? (QD19)	Yes	No
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	Yes	No
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	Yes	No
Did you work at a job or business at any time last week? (QD26)	Yes	No
Even though you did not work at any time last week, did you have a job or business? (QD27)	No	No
How many hours did you work last week at all jobs or businesses? (QD28)	No	No

See notes at end of table.

(continued)

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed (continued)

QFT Questionnaire Item ^{1,2}	Item Missingness Rate Was Significantly Higher than Comparison Data ^{3,4}	Estimate Was Significantly Different from Comparison Data ^{5,6}
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	No	No
Which one of these reasons best describes why you did not work last week? (QD30)	No	Yes
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	No	Yes
During the past 30 days, did you make specific efforts to find work? (QD32)	No	No
Did you work at a job or business at any time during the past 12 months? (QD33)	Yes	No
How many different employers have you had in the past 12 months? (QD36)	Yes	No
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	No	Yes
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	Yes	Yes
In what year did you last work at a job or business? (QD39a)	Yes	N/A
In what month in did you last work at a job or business? (QD39b)	No	N/A
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	Yes	No
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	Yes	No
How many people work for your employer out of this office, store, etc.? (QD42)	Yes	Yes
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	No	No

See notes at end of table.

(continued)

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed (continued)

QFT Questionnaire Item ^{1,2}	Item Missingness Rate Was Significantly Higher than Comparison Data ^{3,4}	Estimate Was Significantly Different from Comparison Data ^{5,6}
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	No	No
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	No	No
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	No	No
Does your workplace ever test its employees for alcohol use? (QD47)	No	No
Does your workplace ever test its employees for drug use? (QD48)	No	No
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	No	No
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	No	No
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	No	Yes
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	No	yes
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	No	yes
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	No	Yes
You have indicated that [SAMPLE MEMBER B] covered by Medicare. Is this correct? (QHI01v)	No	Yes
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	No	No

See notes at end of table.

(continued)

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed (continued)

QFT Questionnaire Item ^{1,2}	Item Missingness Rate Was Significantly Higher than Comparison Data ^{3,4}	Estimate Was Significantly Different from Comparison Data ^{5,6}
You have indicated that [SAMPLE MEMBER B] covered by Medicaid. Is this correct? (QHI02v)	No	No
[SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02A)	No	No
[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	No	No
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	Yes	Yes
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)	No	No
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	No	Yes
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	No	yes
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	No	Yes
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)	No	Yes
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	No	No
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	Yes	Yes
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	Yes	Yes
In [YEAR], did you receive food stamps? (QI07N)	No	Yes
At any time during [YEAR], even for 1 month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	Yes	No

See notes at end of table.

(continued)

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed (continued)

QFT Questionnaire Item^{1,2}	Item Missingness Rate Was Significantly Higher than Comparison Data^{3,4}	Estimate Was Significantly Different from Comparison Data^{5,6}
In [YEAR], because of low income, did you receive any other kind of nonmonetary welfare or public assistance? (QI10N)	Yes	No
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (QI12AN)	No	Yes
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12BN)	No	Yes
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than \$20,000? (QI20N) ⁷	Yes	Yes
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (QI21A)	Yes	Yes
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21B)	No	Yes
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22) ⁷	No	No
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23A)	No	Yes

See notes at end of table.

(continued)

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed (continued)

QFT Questionnaire Item ^{1,2}	Item Missingness Rate Was Significantly Higher than Comparison Data ^{3,4}	Estimate Was Significantly Different from Comparison Data ^{5,6}
Of these income groups, which category best represents your total combined family income during [YEAR]? (Q123B)	No	Yes

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veteran's Affairs; DR = Dress Rehearsal; N/A = not applicable; Q = question; QFT = Questionnaire Field Test; VA = Department of Veteran's Affairs.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² QFT data collected from September 1 through November 3, 2012.

³ Missing data include selection of responses of either "don't know" or "refused" for the question.

⁴ Item missingness rates for QFT questionnaire items were compared only with the 2011 main study data and the 2012 quarters 3 and 4 main study comparison data.

⁵ QFT estimates were compared with estimates from other survey data sources based on the comparability of the survey design and questions. As detailed in *Section R.3*, the other data sources used for comparing estimates included the 2011 National Survey on Drug Use and Health (NSDUH) main study, the 2012 quarters 3 and 4 NSDUH main study, the 2011 National Health Interview Survey (NHIS), the 2009-2010 National Health and Nutrition Examination Survey (NHANES), the 2011 American Community Survey (ACS), and the Current Population Survey (CPS).

⁶ Items marked N/A in this column indicate those for which the estimate from the item was not compared with any of the other data sources listed in footnote 5. Given the units of analysis reported for these items, indicators were not developed to compare QFT estimates with any of these other data sources.

⁷ Analysis variables for items Q120N and Q122 were edited to include the results of edited nonresponse follow-up questions for respondents who initially entered a "refused" response to these questions. Both missingness rates and estimates for these two items incorporated any further responses to the nonresponse follow-up-items.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

R.2 Items with No Observed Data Quality Issues

Missingness rates for many of the items moved to (ACASI in the QFT instrument were similar to the missingness rates for these items when they were administered by CAPI in the 2011 and 2012 quarters 3 and 4 comparison interviews. However, some moved items had lower missingness rates in the QFT data, and several items had higher missingness rates in the QFT data. This section provides details for selected moved items that did not have any observed data quality issues, especially those that had significantly lower missingness rates than either the 2011 or 2012 quarters 3 and 4 comparison data. *Section R.3* presents and discusses moved items that did have observed data quality issues, including having higher missingness rates and producing significantly different estimates from National Survey on Drug Use and Health comparison data and comparison data from other surveys.

Table R-2 provides two sets of items administered in ACASI for the QFT that had significantly lower missingness rates than in the 2011 and 2012 quarters 3 and 4 comparison data, including the following:

- Items QD43, QD44, QD46, QD47, and QD48 on workplace alcohol and drug use policies had lower item missingness rates in the QFT data compared with the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but were proportionately lower in the QFT data.
- Items asking about health insurance coverage for treatment of alcohol abuse (QHI08), drug abuse (QHI09), and mental health issues (QHI10) had lower item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for QHI08 and QHI09 were about 44 or 45 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but only about 27 or 28 percent in the QFT data. Similarly, the missingness rate for QHI10 was about 27 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but only about 18 percent in the QFT data.

For the other items in *Table R-2*, no significant differences in missingness rates were found between the QFT data and the 2011 and 2012 quarters 3 and 4 comparison datasets. As denoted by an asterisk in *Table R-2*, estimates of missingness rates for the QFT data, the 2011 comparison data, or the 2012 quarters 3 and 4 comparison data had low precision. As with the items where no differences in missingness rates were observed between the QFT data and the 2011 and 2012 quarters 3 and 4 comparison datasets, items with low precision rates were treated as those with no observed data quality issues even when missingness rates appeared to differ between the datasets. In addition, some QFT missingness rates in *Table R-2* differed significantly from either the 2011 comparison data or the 2012 quarters 3 and 4 comparison data, but not both. Because these QFT items had relatively low missingness rates, these items were also treated as those with no observed data quality issues. Items in *Section R.3* treated as items with observed data quality issues include those with significantly higher missingness rates and/or significantly different estimates from multiple sources of comparison data.

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
How many times have you been married? (QD08)	20,247	4	0.0	9,659	2	0.0	859	2	0.2
Were you born in the United States? (QD14)	65,914	6	0.0	31,212	3	0.0*	2,043	1	0.0
Have you lived in the United States for at least one year? (QD16a)	5,101	1	0.0*	2,437	0	0.0*	239	1	0.3
How many years have you lived in the United States? (QD16b)	4,872	8	0.1 ^a	2,337	3	0.1	227	0	0.0*
How many months have you lived in the United States? (QD16c)	228	0	0.0*	100	0	0.0*	11	2	19.7*
Are you now attending or are you currently enrolled in school? (QD17)	65,914	4	0.0	31,212	1	0.0*	2,043	4	0.1
What grade or year of school are you now attending? (QD18)	34,297	8	0.0	15,915	10	0.2	804	2	0.5
Even though you did not work at any time last week, did you have a job or business? (QD27)	25,795	2	0.0	11,746	2	0.0	747	4	0.5
How many hours did you work last week at all jobs or businesses? (QD28)	29,144	35	0.1	14,288	20	0.1	1,025	5	0.3

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	32,036	15	0.0	15,921	14	0.1	1,129	3	0.2
Which one of these reasons best describes why you did not work last week? (QD30)	2,892	1	0.0	1,633	1	0.1	104	0	0.0*
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	22,903	7	0.1	10,113	2	0.0 ^a	643	7	0.8
During the past 30 days, did you make specific efforts to find work? (QD32)	5,851	2	0.1	2,607	0	0.0*	156	0	0.0*
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	32,036	5	0.0	15,921	4	0.0	1,129	3	0.3
In what month in did you last work at a job or business? (QD39b)	7,413	30	0.4	3,335	21	0.5	175	1	0.7*
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	32,036	1,656	4.4 ^a	15,921	872	4.7 ^a	1,129	37	3.0
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	23,221	404	2.0 ^a	11,463	198	1.8 ^a	858	5	0.4

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	32,036	190	0.7	15,921	107	0.7	1,129	8	0.4
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	32,036	4,428	11.8 ^a	15,921	2,231	11.9 ^a	1,129	89	7.7
Does your workplace ever test its employees for alcohol use? (QD47)	32,036	1,805	5.4 ^a	15,921	907	5.3 ^a	1,129	46	3.2
Does your workplace ever test its employees for drug use? (QD48)	32,036	1,441	4.3	15,921	741	4.4 ^a	1,129	35	3.0
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	14,351	230	2.0	7,214	112	1.8	530	5	1.2
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	14,351	806	5.5	7,214	418	5.3	530	19	3.7
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	14,351	1,865	14.0	7,214	937	13.0	530	58	11.3

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	32,036	45	0.2	15,921	24	0.2	1,129	8	0.5
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	32,036	49	0.2	15,921	26	0.2	1,129	7	0.3
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	65,914	360	0.3	31,211	235	0.4	2,042	25	0.8
You have indicated that [SAMPLE MEMBER B] covered by Medicaid. Is this correct? (QHI02v)	220	1	0.4*	102	0	0.0*	7	0	0.0*
[SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02A)	28,126	567	1.9	13,131	312	2.5	663	20	3.8
[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	65,914	194	0.2	31,211	142	0.2	2,042	15	0.6
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)	40,366	149	0.2	19,247	69	0.2	1,148	4	0.1
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	40,366	18,327	43.8 ^a	19,247	8,785	44.5 ^a	1,148	322	26.4

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	40,366	18,195	43.8 ^a	19,247	8,748	44.8 ^a	1,148	330	27.6
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	40,366	10,900	26.9 ^a	19,247	5,187	26.4 ^a	1,148	209	18.2
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)	10,940	30	0.2 ^a	5,061	13	0.3	412	0	0.0 [*]
During the past 12 months, was there any time when [SAMPLE MEMBER] did not have any kind of health insurance or coverage? (QHI13)	55,956	143	0.2	26,605	68	0.1	1,685	8	0.2
During the past 12 months, about how many months without any kind of health insurance or coverage? (QHI14)	4,873	23	0.6	2,046	13	0.4	155	2	1.1
About how long has it been since [SAMPLE MEMBER] last had any kind of health care coverage? (QHI15)	9,498	77	0.5	4,297	23	0.2	325	6	0.8

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Which of these reasons is the main reason why [SAMPLE MEMBER] stopped being covered by health insurance? (QHI17)	8,524	52	0.4	3,857	20	0.4	258	7	1.6
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18 ⁷)	974	9	0.6	440	5	0.7	67	1	0.6*
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	65,913	616	0.6	31,211	341	0.6	2,042	31	1.0
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (QI12AN)	1,181	38	3.0	492	20	5.3	40	3	3.6*
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12BN)	3,583	123	3.0	1,645	80	5.0	114	4	5.1*

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (Q122)	43,440	2,582	7.8	20,458	1,293	8.1	1,131	91	9.5

* Low precision.

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyltryptamine; QFT = Questionnaire Field Test, VA = Department of Veterans Affairs.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

⁵ "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

R.3 Items with Observed Data Quality Issues

R.3.1 Review of the Literature and Other Steps Taken to Understand Findings for Items with Observed Data Quality Issues

R.3.1.1 Summary of Relevant Literature

In an effort to shed light on observed differences in missingness rates and estimates for Questionnaire Field Test (QFT) items with observed data quality issues, an extensive literature review was conducted. The literature search was based mainly on publication databases, such as the Web of Science (<http://thomsonreuters.com/web-of-science/>), to find relevant published journal articles and was complemented by a Web search using Google Scholar (<http://scholar.google.com/>). The search was supplemented further by reviewing the proceedings of the Survey Research Methods Section of the American Statistical Association (ASA) and research presented at recent conferences of the American Association for Public Opinion Research (AAPOR).

The first step of the online literature search was to enter all of the combinations of the following key words:

- data quality,
- ACASI (i.e., audio computer-assisted self-interviewing),
- CAPI (i.e., computer-assisted personal interviewing),
- item nonresponse,
- income, and
- health insurance.

When no literature was found that met all of these specific criteria, the number of key words used in the search was limited to fewer words. Despite this expanded effort, the search results produced research that was only partially related to the topic. For this reason, the final phase of the search went beyond the original key words and touched on all research related to ACASI and CAPI data quality, regardless of the topic.

The literature review was not able to identify research studies that specifically compared missingness rates for items such as income, employment, or health insurance coverage between ACASI and CAPI. However, several articles were found that more generally compared data quality between self-administered and interviewer-administered surveys for other types of survey questions. For example, van den Brakel, Vis-Visschers, and Schmeets (2013) reported an increased rate of "don't know" responses in the data collected via computer-assisted self-interviewing (CASI) than CAPI for 14 attitudinal questions.

Another set of research findings compiled by Langhaug, Sherr, and Cowan (2010) examined the effect of questionnaire delivery modes on item nonresponse rates. By searching Medline, Embase, PyschINFO, and International Society for Sexually Transmitted Diseases

Research (ISSTDR) conference proceedings, these authors identified surveys using different questionnaire delivery modes to collect data about sexual behavior in developing countries. Overall, the existing research found lower item nonresponse rates in interviewer-administered interviews than in self-administered interviews. Some of these findings for questions on sexual behavior included the following:

- Langhaug et al. (2007) reported the highest item nonresponse rates in self-administered questionnaires using paper-and-pencil (SAQ) and audio-SAQ⁴⁸ than in interviewer-administered surveys.
- Jaspán et al. (2007) reported approximately 7 times more item nonresponse in computer self-administered interview than interviewer-administered personal digital assistant (PDA) interviews.
- Plummer et al. (2004a, 2004b) reported a higher proportion of "don't know" responses in a derivative of self-completion questionnaires where the questions were read aloud in a group setting than face-to-face interviewing.
- Lara, Strickler, Olavarrieta, and Ellertson (2004) reported that paper-and-pencil SAQ produced the highest level of item nonresponse compared with face-to-face interviewing, ACASI, and the random response technique.

Although the authors could not fully explain these findings, the primary explanation offered is that interviewer presence makes it more difficult for respondents to avoid providing a response to questions. Given that interviewer training typically instructs interviewers to probe further when a respondent fails to respond or provides a "don't know" response, respondents likely feel pressure to provide an answer rather than skip the question. In self-administration, this pressure from interviewers is absent and, therefore, can make it easier for respondents to feel comfortable when declining to answer questions. The findings on SAQs might not apply directly to the comparison of ACASI with CAPI missingness rates. Only the Lara et al. (2004) study directly compared paper-and-pencil SAQ and ACASI, with the item nonresponse rate being higher for paper-and-pencil SAQ. This finding could have resulted from greater difficulty of SAQ respondents following the protocol than ACASI respondents.

Even if the assumption is correct that higher missingness rates in ACASI compared with CAPI result from the lack of interviewer presence, the finding of higher missingness rates does not necessarily indicate lower overall data quality in ACASI reports. Item nonresponse is only one indicator of data quality. For other aspects of data quality, reports in self-administered surveys, such as ACASI or CASI, may be superior to interviewer-administered surveys. For example, Chang and Krosnick (2010) reported on the results of a laboratory study in which respondents were randomly assigned to answer questions on a computer or by an interviewer over an intercom. For a number of attitudinal questions on political candidates, issues, and ideology, respondents in the self-administered (computer) mode provided responses with higher concurrent validity, less survey "satisficing" (i.e., putting forth minimal cognitive effort to answer questions, as explained by Krosnick [1991]), and less socially desirable reporting than

⁴⁸ SAQ = self-administered questionnaire, where questions, instructions, and responses are heard through headphones.

those in the interviewer-administered mode. The differences were more pronounced among those with more limited cognitive skills.

For questions where respondents might view their responses as sensitive, there is considerable research that focuses on higher levels of reporting of such items in self-administered versus interviewer-administered modes. Beginning with the Tourangeau and Smith (1996) study on sexual behaviors, ACASI has become known as a valuable method for collecting accurate responses on sensitive questions, such as sexual behavior or substance use (de Leeuw, Hox, & Kef, 2003; Tourangeau & Yan, 2007; Turner et al., 1998).

Income could be considered a sensitive question, and item nonresponse rates for these questions tend to be high for any survey mode. It is feasible that the ACASI responses to the income level questions provided were generally more accurate than those provided in CAPI, which could counter reductions in data quality because of the higher missingness rates. Determining the full impact of higher missingness rates on the quality of income estimates requires comparing the QFT results with the results of other surveys that can be considered highly accurate.

Questions on health insurance coverage would not seem to fall clearly under the category of sensitive reporting in surveys. One possible explanation for the higher missingness rates for these items could be respondent confusion about the various types of health insurance coverage, which could not be resolved via self-administration with ACASI as it could with interviewer administration with CAPI. Potdar and Koenig (2005) argued that respondents' unfamiliarity with certain terms, which could be easily clarified by interviewers, explained inconsistencies observed between ACASI and face-to-face interviews. These authors concluded that respondents were more likely to encounter difficulty in comprehending questions in ACASI, leading to "don't know" or "refuse" responses. These findings suggest that the absence of interviewer assistance in ACASI could be one possible explanation for the increased missingness rates for the health insurance items, especially for the "private health insurance" question.

R.3.1.2 Communications with the Survey Research Community and Other Federal Agencies

To solicit input from the community of survey researchers and those working on other Federal agency surveys on possible explanations for the higher QFT missingness rates and differences in estimates for several ACASI items, the following outreach efforts were undertaken in June 2013.

R.3.1.2.1 SRMSnet and AAPORnet Email Inquiries

A request for input was submitted to the Survey Research Methods Section (SRMS) of the ASA and the AAPOR email lists (or "listservs"). The message provided a summary of missingness rates and differences in estimates for several QFT items moved to ACASI and asked whether recipients were aware of any research looking at the impact of moving from CAPI to ACASI on data quality for these specific kinds of questions. This request also asked for recommendations on sources of data for benchmarking estimates of participation in food stamp programs at the family level.

A total of nine email responses were received in response to the SRMS message. Although well-intentioned, respondents were unable to provide responses focused on the kinds of demographic and household items that exhibited high missingness rates in the QFT. The recent research identified focused mainly on "sensitive items," such as sexual orientation, sexual behavior, and substance use. A few emails identified data sources for benchmarking estimates of food stamp program participation at the family level, but these sources were either already identified or incompatible with the QFT data.

R.3.1.2.2 Communication with Staff Working on the NHIS, NHANES, and NSFG

SAMHSA and RTI also reached out to researchers working on three other Federal surveys that could have data to inform the QFT results on demographic and household items moved to ACASI. These surveys included the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), and the National Survey of Family Growth (NSFG). Like the responses to the SRMSnet and AAPORnet email inquiries, the primary use of ACASI for the NHIS and NSFG was for asking questions on sensitive topics, such as sexual orientation (NHIS) and sexual behavior and substance use (NSFG). None of the three surveys had tested and compiled results from asking the same demographic and household items in ACASI compared with results from CAPI.

R.3.1.3 Input from a Discussion with RTI Survey Methodologists

On June 12, 2013, RTI held a meeting with a panel of survey methodologist to solicit their input on possible explanations for the higher QFT missingness rates and differences in estimates for several ACASI items. The panel of RTI survey methodologists consisted of Paul P. Biemer, Rachel A. Caspar, Joseph J. Murphy, and Andy Peytchev. Several members of RTI's National Survey on Drug Use and Health (NSDUH) management team and QFT report team also participated in this hour-long discussion. In advance of this meeting, the RTI NSDUH team provided participants with an overview of the QFT design features and key outcomes, such as response rates from the draft QFT report. For efficiency, the QFT results presented to participants focused on the following three items: (1) current coverage by private health insurance (QHI06), (2) receipt of income from wages or pay earned while working at a job or business in the prior year (QI05N), and (3) receipt of food stamps in the past year (QI07N). The participants offered several comments and thoughts on the nature of the higher missingness rates and differences in estimates for these three QFT items and, possibly, other items, as summarized below:

- The magnitude of some differences was surprising, especially for items that would not seem to elicit strong socially desirable reporting, such as income from wages. The recent status of the economy could have increased the sensitivity of this item to QFT respondents, although a similar impact would be expected in the main study data.
- Additional subgroup analysis or predictive validity with correlates could be useful for estimating measurement error for each of the affected items. Subgroup analysis could focus on which sets of respondents are reporting differently for each item. Such an analysis could be informed by consulting with experts in these areas for characteristics of respondents that may be related to differences in reporting.

- For some items, it is possible that NSDUH CAPI estimates are underestimates. Benchmarking NSDUH CAPI estimates to other sources of CAPI survey data should answer this question.
- Interviewer variance would be higher for CAPI mode, but CAPI administration could also include standard probes for clarification of questions. In ACASI mode, interviewing notes were available via the F2 key.
- Further debriefing with main study and QFT field interviewers (FIs) could provide some insights on any observed differences in how respondents reacted to these questions in ACASI mode in the QFT versus CAPI mode in the main study.
- If appropriate data are available, behavior coding could also help understand differences in the ACASI versus CAPI experiences of QFT versus main study respondents.
- Similar health insurance questions created a lot of confusion on at least one recent RTI survey. Improvements to these items might be needed for ACASI administration.
- Overall, it is difficult to determine which ACASI estimates might have higher or lower data quality than comparison estimates, given the multiple sources of error that cannot be fully assessed. Some of these items might be better in one mode versus the other.
- Given that sources of differences between the QFT results and comparison results cannot be definitively tested, the default position could be to keep the affected items in CAPI.
- One further step is to complete an analysis of the distribution of demographic and geographic characteristics of the QFT and NSDUH comparison samples in order to ensure that these results are not the result of some anomalous distribution of the QFT sample.

Overall, the RTI panel was similarly uncertain about the likely explanations for the higher missingness rates and differences in estimates for these QFT items. As noted in multiple comments, panel members acknowledged that the explanations could differ for specific items.

R.3.2 Item Missingness Rates for Items with Observed Data Quality Issues

As shown in *Table R-3*, several types of items that were moved to ACASI for the QFT had significantly higher missingness rates than the CAPI items from the 2011 and 2012 quarters 3 and 4 comparison samples:

- Item QD07 on marital status, item QD13 on moving home in the past year, and item QD13a on State of residence 1 year ago all had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for these three items were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but ranged from 0.4 to 0.8 percent in the QFT data.

Table R-3 Item Missingness Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	54,954	11	0.0 ^a	26,036	1	0.0 ^{a*}	1,778	7	0.4
How many times in the past 12 months have you moved? (QD13)	65,914	48	0.1 ^a	31,212	28	0.0 ^a	2,043	29	0.8
In what State did you live in one year ago today? (QD13a)	20,017	6	0.0 ^a	9,585	5	0.0 ^a	618	5	0.7
Are you a full-time student or a part-time student? (QD19)	34,297	20	0.0 ^a	15,915	10	0.0 ^a	804	12	1.0
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	31,249	86	0.3 ^a	14,472	34	0.2 ^a	690	13	1.4
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	26,816	27	0.1 ^a	10,528	9	0.1 ^a	597	10	1.5
Did you work at a job or business at any time last week? (QD26)	54,944	5	0.0 ^a	26,035	1	0.0 ^{a*}	1,778	6	0.2
Did you work at a job or business at any time during the past 12 months? (QD33)	22,908	11	0.1 ^a	10,114	3	0.0 ^a	649	7	0.6

See notes at end of table.

(continued)

Table R-3 Item Missingness Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
How many different employers have you had in the past 12 months? (QD36)	32,855	17	0.0 ^a	15,906	14	0.1 ^a	1,066	11	0.8
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	7,023	56	0.7 ^a	3,615	35	0.9 ^a	249	14	4.3
In what month in did you last work at a job or business? (QD39b)	7,413	30	0.4	3,335	21	0.5	175	1	0.7*
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	32,036	22	0.0 ^a	15,921	13	0.1 ^a	1,129	12	0.6
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	32,036	1,656	4.4 ^a	15,921	872	4.7 ^a	1,129	37	3.0
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	23,221	404	2.0 ^a	11,463	198	1.8 ^a	858	5	0.4
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	65,914	193	0.2	31,211	130	0.3	2,042	17	0.6
You have indicated that [SAMPLE MEMBER B] covered by Medicare. Is this correct? (QHI01v)	1,208	1	0.0	620	5	0.1	86	1	1.1*
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	65,914	382	0.3 ^a	31,211	261	0.4	2,042	30	0.7

See notes at end of table.

(continued)

Table R-3 Item Missingness Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	65,913	883	0.8 ^a	31,211	459	0.8 ^a	2,042	52	1.5
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	65,913	162	0.2 ^a	31,211	103	0.3 ^a	2,042	36	1.1
In [YEAR], did you receive food stamps? (QI07N)	65,912	236	0.3	31,211	165	0.3	2,042	22	0.5
At any time during [YEAR], even for one month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	65,912	462	0.4 ^a	31,211	239	0.4 ^a	2,042	35	1.0
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	65,912	349	0.3 ^a	31,211	191	0.3 ^a	2,042	26	0.6
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	65,912	785	1.9 ^a	31,211	393	1.9 ^a	2,042	84	3.7

See notes at end of table.

(continued)

Table R-3 Item Missingness Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹			2012 Comparison Data ^{1,2}			QFT ^{1,3}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Missing Data ⁴ (weighted)
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21A)	47,732	581	2.2 ^a	22,448	258	2.2 ^a	1,196	46	4.6
Of these income groups, which category best represents your total combined family income during [YEAR]?(QI23A)	9,445	605	6.1	4,572	298	6.9	365	27	9.7
Of these income groups, which category best represents your total combined family income during [YEAR]?(QI23B)	44,537	2,810	6.4	20,887	1,314	6.3	1,328	87	6.1

* Low precision.

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyltryptamine; QFT = Questionnaire Field Test, VA = Department of Veterans Affairs.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

⁵ "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

- Item QD19 on full-time or part-time student status, item QD20 on missing school due to illness or injury, and item QD21 skipping school days all had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for these three items were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but ranged from 1.0 to 1.5 percent in the QFT data.
- The item asking about work at a job or business at any time in the past week, QD26, had a significantly higher item missingness rate in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for this item were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but 0.2 percent in the QFT data.
- Several items that ask about recent employment history, missing workdays, size of employing organization, and related issues—QD33, QD36, QD38, QD39a, QD40, QD41, and QD42—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but proportionately higher in the QFT data.
- The item asking about private health insurance coverage, QHI06, had a significantly higher item missingness rate in the QFT data than in the 2011 comparison data. Missingness rates for this item were 0.3 percent in the 2011 comparison data and 0.4 percent in the 2012 quarters 3 and 4 comparison data, but 0.7 percent in the QFT data. Although the missingness rate was about twice as high in the QFT data as in the 2012 quarters 3 and 4 comparison data, this difference was not statistically significant.
- Most of the items asking about receipt of various sources of income or participation in government assistance programs—QI03N for receipt of Supplemental Security Income (SSI), QI05N for wages or pay from a job or business, QI07N for receipt of food stamps, QI08N for receipt of State or county welfare programs, and QI10N for receipt of any other kind of nonmonetary welfare or public assistance—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but proportionately higher in the QFT data.
- Two items on personal income levels—QI20N and QI21A—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. The missingness rates for both items were close to 2 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but were 3.7 percent for QI20N and 4.6 percent for QI21A in the QFT data.

The higher missingness rates observed for these sets of items that were moved from CAPI to ACASI administration in the QFT instrument were not anticipated. All else being equal, higher item missingness rates could potentially reduce or limit the quality of the data collected in ACASI mode.

R.3.3 Distribution of "Don't Know" and "Refused" Item Response Rates for Items with Observed Data Quality Issues

Table R-4 presents the distribution of "don't know" and "refused" responses for the 22 items moved to ACASI for the QFT that had significantly higher missingness rates than the CAPI items from the 2011 and 2012 quarters 3 and 4 comparison samples. The distribution of "don't know" and "refused" responses varied, with some items having rather similar proportions and others having markedly different proportions. QD07 on marital status, QD13 on moving home in the past year, QD26 about work at a job or business at any time in the past week, QD33 on working at a job or business in the past year, QD36 on the number different employers in the past year, and QD40 on workdays missed due to sickness or injury appeared to have no meaningful differences in the proportions of "don't know" and "refused" responses.

For items where the proportions of "don't know" and "refused" responses appeared to differ meaningfully, the most common pattern among these items was a higher proportion of "don't know" responses. A total of 15 items followed this pattern of higher proportions of "don't know" than "refused" responses, including the following:

- QD13a on State of residence 1 year ago;
- QD19 on full-time or a part-time student status;
- QD20 on school days missed due to sickness or injury;
- QD21 on school days missed due to "skipping," "cutting," or not wanting to be there;
- QD38 on the number of weeks during the past 12 months without at least one job or business;
- QD39b on month of last work at a job or business;
- QD43 on whether workplace has a written policy about employee use of alcohol or drugs;
- QD44 on whether workplace policy covers only alcohol, only drugs, or both alcohol and drugs;
- QHI06 on private health insurance coverage;
- QI03N on receipt of SSI;
- QI05N on wages or pay from a job or business;
- QI07N on receipt of food stamps;
- QI08N on receipt of State or county welfare programs;
- QI010N on receipt of any other kind of nonmonetary welfare or public assistance;
- and
- QI21A on personal income level.

Only 1 of the 22 items—QI20N on personal income level—had a higher proportion of "refused" than "don't know" responses. These results suggest that QFT respondents answering these questions in ACASI were unsure of the most appropriate answers to provide.

Table R-4 Distribution of "Don't Know" and "Refused" Item Response Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for These Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample

Instrument Item	2011 Comparison Data ¹				2012 Comparison Data ^{1,2}				QFT ^{1,3}			
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	54,954	11	0.0*	0.0	26,036	1	0.0*	0.0*	1,778	7	0.2	0.2
How many times in the past 12 months have you moved? (QD13)	65,914	48	0.0 ^a	0.0 ^a	31,212	28	0.0 ^a	0.0 ^a	2,043	29	0.5	0.4
In what State did you live in one year ago today? (QD13a)	20,017	6	0.0*	0.0	9,585	5	0.0	0.0	618	5	0.5	0.2
Are you a full-time student or a part-time student? (QD19)	34,297	20	0.0 ^a	0.0*	15,915	10	0.0 ^a	0.0	804	12	1.0	0.0*
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	31,249	86	0.2 ^a	0.0	14,472	34	0.2 ^a	0.0*	690	13	1.3	0.1
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	26,816	27	0.1 ^a	0.1	10,528	9	0.1 ^a	0.0*	597	10	1.3	0.2
Did you work at a job or business at any time last week? (QD26)	54,944	5	0.0*	0.0	26,035	1	0.0*	0.0*	1,778	6	0.1	0.1
Did you work at a job or business at any time during the past 12 months? (QD33)	22,908	11	0.0*	0.1	10,114	3	0.0	0.0	649	7	0.3	0.4

See notes at end of table.

(continued)

Table R-4 Distribution of "Don't Know" and "Refused" Item Response Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for These Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹				2012 Comparison Data ^{1,2}				QFT ^{1,3}			
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)
How many different employers have you had in the past 12 months? (QD36)	32,855	17	0.0 ^a	0.0	15,906	14	0.0	0.0	1,066	11	0.3	0.4
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	7,023	56	0.7 ^a	0.0 [*]	3,615	35	0.9 ^a	0.0	249	14	3.4	0.9
In what month in did you last work at a job or business? (QD39b)	7,413	30	0.4	0.0	3,335	21	0.5	0.0 [*]	175	1	0.7 [*]	0.0 [*]
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	32,036	22	0.0 ^a	0.0 ^a	15,921	13	0.1	0.0 ^a	1,129	12	0.3	0.3
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	32,036	1,656	4.4 ^a	0.0 [*]	15,921	872	4.7 ^a	0.0	1,129	37	2.9	0.1
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	23,221	404	2.0 ^a	0.0	11,463	198	1.8 ^a	0.0 [*]	858	5	0.4	0.0 [*]
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	65,914	382	0.2 ^a	0.0	31,211	261	0.4	0.1	2,042	30	0.6	0.1

See notes at end of table.

(continued)

Table R-4 Distribution of "Don't Know" and "Refused" Item Response Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for These Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹				2012 Comparison Data ^{1,2}				QFT ^{1,3}			
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)
In [YEAR], did you receive Supplemental Security Income or SSI? (Q103N)	65,913	883	0.7	0.1	31,211	459	0.6 ^a	0.1	2,042	52	1.1	0.5
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (Q105N)	65,913	162	0.1 ^a	0.1	31,211	103	0.2 ^a	0.1	2,042	36	0.9	0.3
In [YEAR], did you receive food stamps? (Q107N)	65,912	236	0.1 ^a	0.1	31,211	165	0.2	0.1	2,042	22	0.4	0.1
At any time during [YEAR], even for one month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (Q108N)	65,912	462	0.3 ^a	0.1	31,211	239	0.3 ^a	0.1	2,042	35	0.9	0.1
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (Q110N)	65,912	349	0.2 ^a	0.1	31,211	191	0.2 ^a	0.1	2,042	26	0.5	0.1
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (Q120N)	65,912	785	0.5 ^a	1.4	31,211	393	0.5 ^a	1.4	2,042	84	1.3	2.4

See notes at end of table.

(continued)

Table R-4 Distribution of "Don't Know" and "Refused" Item Response Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for These Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data ¹				2012 Comparison Data ^{1,2}				QFT ^{1,3}			
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁴ (unweighted)	Don't Know ⁵ (weighted)	Refused ⁶ (weighted)
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21A)	47,732	581	1.5 ^a	0.7	22,448	258	1.4 ^a	0.7	1,196	46	3.3	1.3

* Low precision.

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyltryptamine; QFT = Questionnaire Field Test, VA = Department of Veterans Affairs.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Missing data include selection of responses of either "don't know" or "refused" for the question.

⁵ "Don't Know (weighted)" denotes the weighted percentage of responses of "don't know" for the question. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

⁶ "Refused (weighted)" denotes the weighted percentage of responses of "refused" for the question. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

R.3.4 Benchmarking of Estimates to Other Surveys for Items with Observed Data Quality Issues

Estimates for most demographic and household items from the QFT data were similar to the 2011 and 2012 quarters 3 and 4 comparison estimates. The majority of differences observed indicated that the QFT sample members were associated with lower socioeconomic status. For example, the QFT estimates for participating in government programs, such as food stamps, were significantly higher than those for the 2011 and 2012 quarters 3 and 4 comparison data. Differences in missingness rates and estimates for items that were most highly correlated with socioeconomic status could have been affected by these observed differences in socioeconomic status between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples. Because the noncore demographic and household questions were administered via ACASI for QFT respondents and via CAPI for 2011 and 2012 quarters 3 and 4 respondents, the effects of this mode difference cannot be disentangled from the effects of differences in socioeconomic status.

As shown in *Table R-3* earlier, missingness rates for several QFT ACASI items were significantly higher than the missingness rates in the 2011 and 2012 quarters 3 and 4 comparison data for the parallel CAPI items. Although missingness rates for the first six items in *Table R-3*—QD07 on marital status, QD13 on moving home in the past year, QD13a on State of residence 1 year ago, QD19 on full-time or a part-time student status, QD20 on school days missed due to sickness or injury, and QD21 on school days missed due to "skipping" or "cutting"—were generally higher than the missingness rates in the 2011 and 2012 quarters 3 and 4 comparison datasets, concern about the data quality of these items was limited. The same conclusion was reached for several other items asking about employment history and workplace policies—QD33 on working at a job or business in the past year, QD36 on the number of different employers in the past year, QD38 on the number of weeks during the past 12 months without at least one job or business, QD39b on the month of last work at a job or business, QD40 on workdays missed due to sickness or injury, QD43 on whether workplace has a written policy about employee use of alcohol or drugs, and QD44 on whether workplace policy covers only alcohol, only drugs, or both alcohol and drugs. For these two sets of items, no benchmarking analyses were conducted to understand the implications for overall data quality for these items.

For items where the findings on item missingness rates raised significant concerns about data quality, benchmarking comparisons to both the 2011 and 2012 quarters 3 and 4 datasets and to other national surveys was undertaken. This benchmarking was intended to determine whether and how the QFT estimates differed from other national survey estimates with the same target population and comparable survey items. The following sets of QFT items shown in *Table R-3* were benchmarked to other survey data:

- received income and participation in government assistance programs,
- health insurance coverage,
- income,
- employment status and unemployment rates, and
- education.

The following five sections present and discuss the results of benchmarking these sets of items to other survey data sources. In addition, given that health insurance and income items allow for proxy reports, *Section R.3.4* presents and discusses the potential impact of proxy reports on the missingness rates and estimates for these two sets of items.

R.3.4.1 Received Income and Participation in Government Assistance Programs

In *Tables R-5* through *R-8*,⁴⁹ QFT estimates for five types of received income or participation in government assistance programs for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, the 2011 American Community Survey (ACS), and the 2011 National Health Interview Survey (NHIS). The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. Estimates for all data sources are provided in both percentages and thousands of persons, with standard errors in parentheses. Several notable comparisons can be observed from these tables:

- For all persons aged 12 or older (*Table R-5*), estimates for receipt of social security were very similar across all five survey data sources at about 27 percent. Estimates for social security were also similar across these data sources for the three separate age groups (*Tables R-6* through *R-8*).
- The QFT estimate for receipt of wages for all persons aged 12 or older (68.6 percent) was significantly lower than the estimates from the four other data sources, which were all close to 80 percent. This pattern held for receipt of wages across all three separate age groups.
- For SSI, the QFT estimate for all persons aged 12 or older (9.4 percent) was generally higher than the estimates from most of the other data sources. Estimates for SSI from the other surveys ranged from 5.0 percent in the 2011 NHIS to 7.6 percent in the 2012 quarters 3 and 4 comparison sample. This pattern for receipt of SSI was very similar across the three separate age groups.
- The QFT estimate for participation in food stamp⁵⁰ programs for all persons aged 12 or older (17.6 percent) was also generally higher than the estimates from the four other data sources. Estimates for food stamp receipt from the other surveys ranged from 13.0 percent in the 2011 NHIS to 15.6 percent in the 2012 quarters 3 and 4 comparison sample. This pattern for receipt of food stamps was very similar across the three separate age groups.
- For receipt of welfare payments, such as those from Temporary Assistance for Needy Families (TANF), the QFT estimate for all persons aged 12 or older (3.6 percent) was higher than the estimates from the 2011 comparison sample (2.5 percent) and the 2012 quarters 3 and 4 comparison sample (2.3 percent), but it was similar to the 2011 ACS estimate (3.3 percent) and the 2011 NHIS estimate (3.2 percent). The pattern for

⁴⁹ To aid in their readability, *Table R-5* through *Table R-23* appear together at the end of their discussion in this *Section R.3.4*.

⁵⁰ Food stamp programs are now more commonly known as the Supplemental Nutrition Assistance Program (SNAP).

receipt of welfare payments generally held across the three separate age groups, with the QFT estimates being somewhat higher than the 2011 and 2012 quarters 3 and 4 comparison estimates, but similar to the 2011 ACS and 2011 NHIS estimates.

Benchmarking QFT estimates for five types of received income or participation in government assistance programs to both recent NSDUH data and other national survey data revealed mixed results. Estimates for receipt of social security payments were quite similar across all five surveys. The QFT estimate for receipt of wages was substantially lower than the estimates from the other four survey sources. For receipt of welfare payments, QFT estimates were generally similar to the 2011 ACS and 2011 NHIS estimates, but higher than the 2011 and 2012 quarters 3 and 4 comparison estimates. Estimates of participation in two programs—SSI and food stamps—appeared to be clearly greater for the QFT sample than in the other four surveys. These findings suggest that QFT respondents had a somewhat lower socioeconomic status than the 2011 and 2012 quarters 3 and 4 comparisons samples. This difference could have accounted for some of the observed differences between the QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates for those items that were the most highly correlated with socioeconomic status (SES).

In principle, the weighting adjustments for nonresponse and undercoverage applied to the QFT data would have eliminated differences in SES to the extent that the measures used in the weighting adjustments were themselves correlated with SES. However, the correlations between the variables used in weighting adjustments, such as combined median rent and housing value, at the segment-level and individual-level SES have not been examined. In addition, it is unknown whether the same correlations in the main survey samples would be similar to those in the QFT sample. Given these considerations, weighting more explicitly by SES might not eliminate differences in estimates, such as program participation between the QFT and main survey comparison samples.

R.3.4.2 Health Insurance Coverage

In *Tables R-9* through *R-12*, QFT estimates for four types of health insurance coverage for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, the 2011 ACS, and the 2011 NHIS. The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 12 or older (*Table R-9*), estimates for the first three types of health insurance coverage—Medicare, Medicaid, and TRICARE, CHAMPUS, or other military health care sources—were generally similar across all five survey data sources. This pattern generally held for these three types of health insurance coverage across the three separate age groups (*Tables R-10* through *R-12*).
- Two exceptions to the general pattern noted above were observed. First, the QFT estimate for Medicaid coverage for all persons aged 12 or older (13.4 percent) was slightly higher than the parallel estimates from the 2011 comparison sample (11.6 percent), the 2012 quarters 3 and 4 comparison sample (11.5 percent), and the 2011 NHIS (10.6 percent), but it was similar to the 2011 ACS estimate (12.9 percent). This difference appeared to be driven mostly by the estimate for persons aged 12 to

17 (*Table R-10*), where the QFT estimate was at least 5 percent higher than the estimates from the other four data sources.

- In addition, the 2011 NHIS estimate for health insurance coverage via TRICARE, CHAMPUS, or other military health care sources for all persons aged 12 or older (3.5 percent) was lower than the estimates from the other four data sources, which were all close to 5 percent. This difference appeared to be driven mostly by the estimate for persons aged 12 to 17 (*Table R-10*), where the 2011 NHIS estimate of 3.9 percent was higher than the estimates from the other four data sources, which ranged from 5.2 to 5.6 percent.
- For all persons aged 12 or older, the QFT estimate (62.1 percent) for private health insurance was lower than the estimates from the other four data sources, which ranged from 67.1 to 68.7 percent. Although this pattern generally held for private health insurance across the three separate age groups, differences in estimates between the QFT and the other four surveys were somewhat more pronounced for persons aged 12 to 17 (*Table R-10*) and persons aged 18 to 25 (*Table R-11*).

Benchmarking QFT estimates for four types of health insurance coverage to both recent NSDUH data and other national survey data revealed mixed results. Across all age groups, the largest and most consistent differences between QFT estimates and estimates from the other four data sources were observed for private health insurance. Differences between QFT estimates and estimates from the other four data sources for the other three types of health insurance coverage were generally smaller and less consistent across age groups.

R.3.4.3 Income

In *Tables R-13* through *R-16*, QFT estimates for three income categories for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. Two notable comparisons can be observed from these tables:

- For all persons aged 12 or older (*Table R-13*), the QFT estimate for family income of \$49,999 or less (52.1 percent) was only slightly higher than the 2011 and 2012 quarters 3 and 4 comparison estimate, but it was significantly higher than the 2011 NHIS estimate (46.5 percent). Correspondingly, the QFT estimates for a family income of \$50,000 to \$74,999 and a family income of \$75,000 or greater were lower than estimates for the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. QFT estimates for these two income categories were somewhat closer to the 2011 and 2012 quarters 3 and 4 comparison estimates than to the 2011 NHIS estimates.
- This pattern generally held for the three separate age groups (*Tables R-14* through *R-16*), although the differences between the QFT estimates and the other three sources were most pronounced for persons aged 12 to 17 (*Table R-14*). This finding suggests that proxy and self-reports of income from QFT respondents aged 12 to 17 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.

Overall, the QFT estimates resulted in higher proportions of persons at lower income levels and lower proportions at higher income levels compared with three other sources of survey data. This difference could have accounted for some of the observed differences between QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates for those items that were the most highly correlated with income level.

R.3.4.4 Employment Status and Unemployment Rates

In *Tables R-17* through *R-19*, QFT estimates for four employment categories for all persons aged 18 or older and two separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2012 quarters 3 and 4 Current Population Survey (CPS). The two separate age groups are persons aged 18 to 25 and those aged 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 18 or older (*Table R-17*), the QFT estimate of persons employed full time (52.0 percent) was slightly higher than the 2011 comparison estimate (49.7 percent) and the 2012 quarters 3 and 4 CPS estimate (49.2 percent), but it was similar to the 2012 quarters 3 and 4 comparison estimate (51.3 percent). A similar pattern was observed for adults aged 26 or older (*Table R-19*), but the differences between the QFT and three other survey estimates of full-time employment were more pronounced for adults aged 18 to 25 (*Table R-18*). This finding suggest that reports of full-time employment from QFT respondents aged 18 to 25 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.
- For all persons aged 18 or older, the QFT estimate of persons employed part time (14.2 percent) was slightly higher than the 2012 quarters 3 and 4 CPS estimate (11.2 percent), but it was similar to the 2011 comparison estimate (14.1 percent) and the 2012 quarters 3 and 4 comparison estimate (13.9 percent). A similar pattern was observed for both adults aged 18 to 25 and for adults aged 26 or older.
- The QFT estimate for being unemployed for all persons aged 18 or older (5.5 percent) was slightly higher than the 2012 quarters 3 and 4 CPS estimate (4.9 percent), but it was similar to the 2011 comparison estimate (5.8 percent) and the 2012 quarters 3 and 4 comparison estimate (5.5 percent). A similar pattern was observed for both adults aged 18 to 25 and for adults aged 26 or older, although the difference between the QFT and the 2012 quarters 3 and 4 CPS estimate for being unemployed among adults aged 18 to 25 was larger than the difference among adults aged 26 or older.
- For all persons aged 18 or older, the QFT estimate of persons with an employment status of other (28.3 percent), such as being retired or otherwise not in the labor force, was lower than the 2012 quarters 3 and 4 CPS estimate (34.7 percent), but it was similar to the 2011 comparison estimate (30.4 percent) and the 2012 quarters 3 and 4 comparison estimate (29.3 percent). A similar pattern was observed for adults aged 26 or older, but the differences between the QFT and three other survey estimates for persons with an employment status of other were more pronounced for adults aged 18 to 25. This finding suggest that reports of an employment status of "other" from QFT

respondents aged 18 to 25 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.

In addition, **Table R-20** provides calculated unemployment rate estimates among persons aged 18 or older for three age groups for the QFT, the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2012 quarters 3 and 4 CPS. QFT unemployment rate estimates were similar to the 2012 quarters 3 and 4 comparison sample and the 2012 quarters 3 and 4 CPS for all persons aged 18 or older and for persons aged 18 to 25. Unemployment rate estimates for the 2011 comparison sample were higher than the other three surveys for all persons aged 18 or older and for persons aged 18 to 25. These differences in estimates from the lone 2011 source and the three 2012 sources could simply reflect a trend of declining unemployment rates for adults aged 18 to 25. For adults aged 26 or older, unemployment rate estimates were similar across all four surveys.

Overall, comparisons between the QFT and three other sources of survey data on employment status and unemployment rates showed significant differences mostly for adults aged 18 to 25. Observed differences for all adults and adults aged 26 or older were relatively small. These results could be attributable to either differences in reporting employment status among respondents aged 18 to 25 in the QFT sample or the impact of actual trends in employment for adults aged 18 to 25 from 2011 to 2012.

R.3.4.5 Education

In **Tables R-21** through **R-23**, QFT estimates for four education categories for all persons aged 18 or older and two separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. The two separate age groups are persons aged 18 to 25 and those aged 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 18 or older (**Table R-21**), estimates for less than a high school education and having a college degree were similar across the four surveys.
- QFT estimates differed from the three other survey data sources for the two education categories—high school graduate and some college. The QFT estimate for persons aged 18 or older being high school graduates (26.6 percent) was lower than the estimates for the 2011 comparison sample (30.3 percent) and the 2012 quarters 3 and 4 comparison sample (30.1 percent), but it was similar to the 2011 NHIS estimate (27.8 percent). Similarly, the QFT estimate for persons aged 18 or older having some college (32.1 percent) was higher than the estimates for the 2011 comparison sample (27.4 percent) and the 2012 quarters 3 and 4 comparison sample (27.7 percent), but it was similar to the 2011 NHIS estimate (31.3 percent).
- Differences in estimates between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples for the high school graduate and some college categories were more pronounced among adults aged 26 or older (**Table R-23**). Among adults aged 18 to 25, QFT estimates for the high school graduate and some college categories were actually very similar to the 2011 and 2012 quarters 3 and 4 comparison estimates.

- In contrast, differences in estimates between the QFT sample and the 2011 NHIS for the high school graduate and some college categories were more pronounced among adults aged 18 to 25 (**Table R-22**). Among adults aged 26 or older, QFT estimates for the high school graduate and some college categories were similar the 2011 NHIS estimates.

Overall, comparisons between the QFT and three other data sources of survey data on education level differed for two categories—high school graduate and some college. Although for all adults aged 18 or older the QFT estimates were more similar to the 2011 NHIS estimates than to the 2011 and 2012 quarters 3 and 4 comparison samples, differences among the four data sources for the high school graduate and some college categories varied across the two age groups of adults aged 18 to 25 and adults aged 26 or older. These mixed results suggest that differences in the education level of QFT respondents versus the 2011 and 2012 quarters 3 and 4 comparison samples likely had a minimal impact, if any, on observed differences between estimates for items correlated with education.

Table R-5 Received Income and Program Participation among Persons Aged 12 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

Received Income	PERCENTAGES					TOTALS (in Thousands)				
	2011 Comp. ¹ (SE)	2012 Comp. ^{1,2} (SE)	QFT ^{1,3} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)	2011 Comp. ¹ (SE)	2012 Comp. ^{1,2} (SE)	QFT ^{1,3} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)
Social Security	27.2 (0.42)	26.2 (0.53)	26.4 (1.70)	27.0 (0.05)	26.7 (0.35)	66,200 (1,316)	63,780 (1,727)	64,275 (5,216)	65,639 (123)	63,859 (994)
Wages	82.4 (0.38)	82.8 (0.48)	68.6 (1.77)	81.0 (0.04)	79.0 (0.32)	200,312 (2,158)	201,203 (3,028)	166,799 (8,293)	197,164 (111)	188,364 (2,197)
Supplemental Security Income	7.0 (0.20)	7.6 (0.30)	9.4 (0.97)	6.0 (0.03)	5.0 (0.17)	16,957 (472)	18,588 (726)	22,964 (2,558)	14,576 (79)	11,845 (418)
Food Stamps	14.6 (0.32)	15.6 (0.46)	17.6 (1.49)	13.8 (0.05)	13.0 (0.32)	35,408 (755)	37,843 (1,141)	42,815 (3,786)	33,602 (110)	31,058 (824)
Welfare Payments	2.5 (0.11)	2.3 (0.16)	3.6 (0.56)	3.3 (0.03)	3.2 (0.14)	6,126 (278)	5,533 (373)	8,763 (1,434)	7,934 (65)	7,757 (338)

ACS = American Community Survey; Comp. = comparison; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-6 Received Income and Program Participation among Persons Aged 12 to 17: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

Received Income	PERCENTAGES					TOTALS (in Thousands)				
	2011 Comp. ¹ (SE)	2012 Comp. ^{1,2} (SE)	QFT ^{1,3} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)	2011 Comp. ¹ (SE)	2012 Comp. ^{1,2} (SE)	QFT ^{1,3} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)
Social Security	12.2 (0.39)	11.1 (0.42)	12.7 (1.74)	10.6 (0.10)	12.3 (0.66)	2,949 (96)	2,698 (112)	3,071 (501)	2,598 (25)	2,737 (158)
Wages	89.4 (0.36)	89.6 (0.41)	65.6 (2.67)	90.7 (0.11)	87.9 (0.64)	21,653 (297)	21,697 (435)	15,876 (1,178)	22,265 (46)	19,433 (451)
Supplemental Security Income	7.6 (0.29)	7.8 (0.36)	9.9 (1.64)	6.0 (0.07)	6.0 (0.48)	1,846 (70)	1,877 (91)	2,389 (429)	1,464 (18)	1,329 (111)
Food Stamps	20.9 (0.44)	21.4 (0.64)	27.7 (2.54)	20.9 (0.13)	19.4 (0.85)	5,061 (126)	5,174 (178)	6,707 (729)	5,132 (33)	4,309 (213)
Welfare Payments	4.2 (0.23)	4.0 (0.31)	5.6 (1.15)	4.9 (0.07)	4.7 (0.47)	1,024 (59)	959 (77)	1,364 (296)	1,207 (17)	1,034 (106)

ACS = American Community Survey; Comp. = comparison; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-7 Received Income and Program Participation among Persons Aged 18 to 25: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

Received Income	PERCENTAGES					TOTALS (in Thousands)				
	2011 Comp. ¹ (SE)	2012 Comp. ^{1,2} (SE)	QFT ^{1,3} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)	2011 Comp. ¹ (SE)	2012 Comp. ^{1,2} (SE)	QFT ^{1,3} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)
Social Security	9.4 (0.29)	9.2 (0.41)	9.2 (1.44)	9.9 (0.10)	10.3 (0.82)	3,108 (104)	3,025 (127)	3,036 (496)	3,314 (31)	3,251 (268)
Wages	91.6 (0.31)	91.0 (0.74)	68.8 (2.55)	91.7 (0.08)	89.6 (0.70)	30,200 (513)	30,015 (65)	22,698 (2,067)	30,658 (54)	28,138 (795)
Supplemental Security Income	6.2 (0.24)	5.7 (0.29)	9.8 (1.66)	5.7 (0.06)	4.9 (0.49)	2,047 (88)	1,888 (91)	3,219 (593)	1,910 (21)	1,550 (157)
Food Stamps	20.1 (0.46)	20.2 (0.64)	21.9 (2.47)	18.2 (0.09)	19.7 (0.86)	6,644 (160)	6,674 (215)	7,215 (881)	6,089 (31)	6,230 (305)
Welfare Payments	4.3 (0.20)	3.8 (0.27)	5.1 (1.04)	4.0 (0.06)	6.2 (0.54)	1,429 (70)	1,246 (91)	1,697 (343)	1,334 (20)	1,942 (180)

ACS = American Community Survey; Comp. = comparison; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-8 Received Income and Program Participation among Persons Aged 26 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

Received Income	PERCENTAGES					TOTALS (in Thousands)				
	2011 Comp. ¹ (SE)	2012 Comp. ^{1,2} (SE)	QFT ^{1,3} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)	2011 Comp. ¹ (SE)	2012 Comp. ^{1,2} (SE)	QFT ^{1,3} (SE)	2011 ACS ⁴ (SE)	2011 NHIS ⁵ (SE)
Social Security	32.3 (0.53)	31.2 (0.65)	31.3 (2.10)	32.2 (0.04)	31.2 (0.39)	60,143 (1,285)	58,058 (1,689)	58,168 (5,116)	59,727 (93)	57,872 (928)
Wages	79.8 (0.48)	80.4 (0.59)	69.0 (2.10)	77.8 (0.04)	76.1 (0.35)	148,459 (1,967)	149,492 (2,594)	128,225 (7,326)	144,242 (97)	140,793 (1,642)
Supplemental Security Income	7.0 (0.24)	8.0 (0.38)	9.3 (1.14)	6.0 (0.03)	4.8 (0.17)	13,064 (439)	14,822 (698)	17,355 (2,275)	11,202 (58)	8,967 (329)
Food Stamps	12.7 (0.37)	14.0 (0.51)	15.5 (1.56)	12.1 (0.04)	11.1 (0.28)	23,703 (679)	25,995 (992)	28,893 (2,959)	22,381 (75)	20,519 (539)
Welfare Payments	2.0 (0.13)	1.8 (0.17)	3.1 (0.61)	2.9 (0.02)	2.6 (0.12)	3,673 (250)	3,327 (315)	5,702 (1,157)	5,393 (44)	4,781 (217)

ACS = American Community Survey; Comp. = comparison; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-9 Health Insurance Coverage among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 ACS⁴ Percent (SE)	2011 NHIS⁵ Percent (SE)
Medicare (QHI01)	18.1 (0.38)	18.0 (0.53)	18.3 (1.58)	17.8 (0.02)	17.7 (0.25)
Medicaid (QHI02 and QHI02a)	11.6 (0.24)	11.5 (0.35)	13.4 (1.16)	12.9 (0.04)	10.6 (0.21)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	4.7 (0.18)	4.6 (0.24)	5.0 (0.77)	4.8 (0.02)	3.5 (0.12)
Private Health Insurance (QHI06)	67.1 ^a (0.42)	67.5 ^a (0.59)	62.1 (1.86)	67.5 (0.07)	68.7 (0.36)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense health care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-10 Health Insurance Coverage among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 ACS⁴ Percent (SE)	2011 NHIS⁵ Percent (SE)
Medicare (QHI01)	0.4 ^a (0.07)	0.4 ^a (0.08)	1.8 (0.49)	0.6 (0.02)	0.2 (0.08)
Medicaid (QHI02 and QHI02a)	31.8 (0.55)	32.8 (0.80)	36.2 (2.69)	30.7 (0.13)	27.9 (0.80)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	3.1 (0.21)	2.9 (0.24)	2.6 (0.71)	2.3 (0.04)	2.3 (0.24)
Private Health Insurance (QHI06)	61.3 ^a (0.60)	60.6 (0.79)	54.9 (3.00)	62.0 (0.17)	67.9 (0.84)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense health care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-11 Health Insurance Coverage among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 ACS⁴ Percent (SE)	2011 NHIS⁵ Percent (SE)
Medicare (QHI01)	0.6 (0.07)	0.8 (0.11)	1.6 (0.63)	0.7 (0.02)	0.5 (0.08)
Medicaid (QHI02 and QHI02a)	15.7 (0.42)	15.5 (0.57)	15.9 (2.15)	13.7 (0.08)	14.3 (0.52)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	2.6 (0.17)	2.7 (0.24)	2.9 (1.01)	2.4 (0.04)	2.1 (0.19)
Private Health Insurance (QHI06)	56.5 (0.56)	58.7 (0.78)	52.3 (3.31)	61.0 (0.12)	62.3 (0.79)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense health care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-12 Health Insurance Coverage among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 ACS⁴ Percent (SE)	2011 NHIS⁵ Percent (SE)
Medicare (QHI01)	23.5 (0.49)	23.3 (0.67)	23.4 (1.94)	23.2 (0.02)	22.7 (0.30)
Medicaid (QHI02 and QHI02a)	8.3 (0.25)	8.1 (0.38)	10.0 (1.21)	10.4 (0.04)	7.9 (0.17)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	5.3 (0.23)	5.2 (0.30)	5.6 (0.92)	5.6 (0.02)	3.9 (0.13)
Private Health Insurance (QHI06)	69.8 ^a (0.50)	69.9 ^a (0.68)	64.8 (2.16)	69.3 (0.07)	69.9 (0.35)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense health care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

^a Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

⁵ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-13 Income among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS

Income Level	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
<\$49,999	49.2 (0.49)	50.2 (0.63)	52.7 (2.05)	46.5 (0.54)
\$50,000 - \$74,999	17.5 (0.28)	16.8 (0.42)	16.3 (1.22)	18.2 (0.33)
\$75,000 or More	33.3 (0.53)	33.0 (0.63)	31.0 (1.97)	35.3 (0.55)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-14 Income among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS

Income Level	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
<\$49,999	47.8 ^a (0.63)	47.6 ^a (0.98)	54.9 (3.15)	41.1 (1.11)
\$50,000 - \$74,999	16.8 ^a (0.38)	16.7 ^a (0.52)	12.3 (1.60)	17.2 (0.91)
\$75,000 or More	35.4 (0.57)	35.7 (0.82)	32.9 (3.01)	41.7 (1.10)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-15 Income among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS Data

Income Level	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
<\$49,999	66.8 (0.65)	67.2 (0.98)	68.7 (3.01)	61.2 (1.31)
\$50,000 - \$74,999	13.2 (0.39)	13.3 (0.59)	13.6 (2.19)	15.8 (0.85)
\$75,000 or More	20.0 (0.52)	19.5 (0.64)	17.7 (2.18)	23.0 (1.16)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-16 Income among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and NHIS Data

Income Level	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	NHIS⁴ Percent (SE)
<\$49,999	46.3 (0.57)	47.5 (0.72)	49.6 (2.36)	44.6 (0.52)
\$50,000 - \$74,999	18.3 (0.36)	17.5 (0.55)	17.3 (1.46)	18.7 (0.33)
\$75,000 or More	35.4 (0.60)	35.1 (0.74)	33.1 (2.42)	36.7 (0.54)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-17 Levels of Current Employment among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	CPS Q3 & Q4⁴ Percent (SE)
Full-Time	49.7 (0.49)	51.3 (0.63)	52.0 (1.65)	49.2 (0.07)
Part-Time	14.1 (0.26)	13.9 (0.39)	14.2 (1.15)	11.2 (0.05)
Unemployed	5.8 (0.14)	5.5 (0.20)	5.5 (0.65)	4.9 (0.03)
Other ⁵	30.4 (0.43)	29.3 (0.65)	28.3 (1.70)	34.7 (0.07)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include Alaska or Hawaii.

⁵ The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table R-18 Levels of Current Employment among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	CPS Q3 & Q4⁴ Percent (SE)
Full-Time	36.0 ^a (0.56)	40.1 (0.86)	45.5 (2.98)	35.0 (0.19)
Part-Time	27.8 (0.42)	26.4 (0.67)	24.4 (2.29)	22.4 (0.17)
Unemployed	13.2 (0.33)	11.8 (0.41)	11.9 (1.58)	9.4 (0.12)
Other ⁵	23.0 ^a (0.43)	21.7 (0.91)	18.2 (1.83)	33.2 (0.19)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include Alaska or Hawaii.

⁵ The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table R-19 Levels of Current Employment among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	CPS Q3 & Q4⁴ Percent (SE)
Full-Time	52.1 (0.55)	53.3 (0.72)	53.2 (1.90)	51.5 (0.08)
Part-Time	11.7 (0.30)	11.7 (0.43)	12.4 (1.34)	9.3 (0.04)
Unemployed	4.5 (0.16)	4.4 (0.23)	4.3 (0.70)	4.2 (0.03)
Other ⁵	31.7 (0.51)	30.7 (0.75)	30.1 (2.01)	35.0 (0.08)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include Alaska or Hawaii.

⁵ The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table R-20 Unemployment Rates among Persons Aged 18 or Older, by Age Group: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Age/Unemployment Rate	2011 Comparison ¹ Percent (SE)	2012 Comparison ^{1,2} Percent (SE)	2012 QFT ^{1,3} Percent (SE)	CPS Q3 & Q4 ⁴ Percent (SE)
18 or Older				
Unemployment Rate	8.4 (0.21)	7.8 (0.29)	7.6 (0.91)	7.6 (0.05)
18 to 25				
Unemployment Rate	17.2 (0.21)	15.0 (0.48)	14.6 (1.93)	14.0 (0.18)
26 or Older				
Unemployment Rate	6.6 (0.23)	6.3 (0.34)	6.2 (1.00)	6.5 (0.05)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample does not include Alaska or Hawaii.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table R-21 Levels of Education among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
< High School	11.6 (0.24)	11.5 (0.35)	12.4 (1.26)	12.0 (0.20)
High School Graduate	30.3 (0.38)	30.1 (0.61)	26.6 (1.92)	27.8 (0.29)
Some College	27.4 ^a (0.37)	27.7 ^a (0.48)	32.1 (1.42)	31.3 (0.26)
College Graduate	30.6 (0.41)	30.7 (0.67)	29.0 (2.48)	28.9 (0.38)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-22 Levels of Education among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
< High School	15.6 (0.40)	12.0 (0.42)	13.8 (1.92)	14.0 (0.49)
High School Graduate	34.0 (0.55)	35.7 (1.04)	34.9 (2.56)	29.6 (0.65)
Some College	35.7 (0.59)	36.4 (0.90)	37.6 (3.40)	43.0 (0.83)
College Graduate	14.7 (0.46)	15.9 (0.60)	13.7 (2.30)	13.5 (0.54)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
 CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-23 Levels of Education among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison¹ Percent (SE)	2012 Comparison^{1,2} Percent (SE)	2012 QFT^{1,3} Percent (SE)	2011 NHIS⁴ Percent (SE)
< High School	10.9 (0.28)	11.4 (0.41)	12.1 (1.39)	11.6 (0.21)
High School Graduate	29.7 ^a (0.43)	29.1 (0.69)	25.1 (2.16)	27.5 (0.31)
Some College	26.0 ^a (0.41)	26.2 ^a (0.57)	31.1 (1.76)	29.3 (0.25)
College Graduate	33.4 (0.47)	33.3 (0.77)	31.7 (2.77)	31.6 (0.40)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
 CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

R.3.5 Potential Impact of Proxy Reporting for Items with Observed Data Quality Issues

Two sets of questionnaire items that were moved from CAPI to ACASI administration in the QFT questionnaire—health insurance and income—allowed for a proxy respondent to answer these questions in lieu of the primary respondent. For example, about 75 percent of youth respondents aged 12 to 17 nominate a parent or other adult in their household to answer these questions instead of them. QFT respondents were significantly more likely to use a proxy reporter for these questions than 2011 and 2012 quarters 3 and 4 comparison respondents. One further difference for all persons aged 12 or older was that QFT respondents were more likely than 2011 and 2012 quarters 3 and 4 respondents to use a proxy reporter for the health insurance and income items. Among QFT respondents, 15.7 percent reported using a proxy compared with 13.7 percent among 2011 comparison sample respondents and 13.9 percent among 2012 quarters 3 and 4 comparison sample respondents.

Given this difference, reporting patterns among proxies could be one possible source of observed differences between QFT estimates and 2011 and 2012 quarters 3 and 4 comparison estimates for these items. This section presents and discusses two types of data on proxy reports in the QFT data compared with the 2011 and 2012 quarters 3 and 4 comparison data:

- the distribution of proxy relationships to the primary respondent and
- estimates for proxy reports versus respondent reports for these items.

These analyses will provide some insight on whether the greater use of proxy reporters in the QFT appeared to have any impact on differences observed between the QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates for these items.

Table R-24 shows the distribution of respondents' relationships with their proxy reporters for youths aged 12 to 17 and adults aged 18 or older for the QFT sample, the 2011 comparison sample, and the 2012 quarters 3 and 4 comparison sample.⁵¹ Overall, the distributions of proxy relationships across 11 types of relationships were very similar across all three datasets for both youths and adults. For youths aged 12 to 17 in all three samples, a little over two thirds of proxies were mothers of the primary respondents, and about one quarter were fathers. For adults aged 18 or older in all three samples, about 60 percent of proxies were spouses, and about 23 percent were mothers. Proportions for other relationship categories for both youths and adults were relatively small. Only one difference among all relationship categories was statistically significant. For adult respondents, the QFT sample proportion (0.2 percent) for using another adult relative as a proxy was significantly lower than the 2011 comparison sample proportion (1.5 percent). This proportion was 1.0 percent for the 2012 quarters 3 and 4 comparison sample, but the difference between the QFT and the 2012 quarters 3 and 4 proportions was not statistically significant. The lack of significant differences in the distribution of respondents' relationships with their proxy reporters across the three datasets indicates that proxy relationships to those respondents who used proxies were not a factor in explaining differences in estimates between the samples for items where proxy reporting was allowed.

⁵¹ To aid in their readability, *Table R-24* through *Table R-27* appear together at the end of their discussion in this *Section R.3.5*.

Although the relationship of proxy reporters to primary respondents was not a factor in observed differences in relevant estimates among the three datasets, the higher overall use of proxy reporters could have been a contributor to these observed differences. To explore this possibility, *Tables R-25* through *R-27* compare estimates from proxy reports versus primary respondent reports for three age group categories: (1) all respondents aged 12 or older, (2) youth respondents aged 12 to 17, and (3) adult respondents aged 18 or older. If the greater use of proxy reporters in the QFT was at least partly responsible for differences in estimates between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples, significant differences in the relevant estimates would be expected among the proxy reports and small or no differences would be expected among the primary respondent reports. These results revealed two important patterns among estimates that differed significantly between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples.

One pattern observed for several estimates was differences between the QFT and the 2011 and 2012 quarters 3 and 4 comparison samples being of similar magnitude for both proxy and nonproxy reports. For example, the QFT estimate among all respondents aged 12 or older (*Table R-25*) for having private health insurance that includes coverage for treatment of alcohol abuse or alcoholism (item QHI08) was 73.7 percent for data reported by proxies. The QFT proportion was significantly lower than the proxy-reported estimates for the 2011 comparison sample (84.7 percent) and the 2012 quarters 3 and 4 comparison sample (85.1 percent). Looking at the same estimates for data reported by the primary respondents, the QFT estimate (76.8 percent) was similarly lower than the 2011 comparison sample (84.0 percent) and the 2012 quarters 3 and 4 comparison sample (84.2 percent). The greater use of proxies among QFT respondents was clearly not a significant factor in explaining differences between the three datasets for items where this pattern of results was observed.

A second pattern observed for some items was QFT proxy and nonproxy estimates being different from each other, but still significantly different from the parallel 2011 comparison and 2012 quarters 3 and 4 comparison estimates. For example, *Table R-25* shows that the QFT proportion for receiving income from wages or pay earned from working at a job or business (item QI05N) was 63.8 percent for data reported by proxies. The QFT proportion was significantly lower than the proxy-reported estimates for the 2011 comparison sample (84.9 percent) and 2012 quarters 3 and 4 comparison sample (86.3 percent). For the same estimates for data reported by the primary respondents, the QFT estimate (71.6 percent) was significantly higher than the QFT proxy estimates, but still significantly lower than the 2011 comparison sample (87.2 percent) and the 2012 quarters 3 and 4 comparison sample (87.5 percent). A similar pattern was observed for receipt of food stamps (item QI07N), where the difference between QFT estimates for proxy reports compared with the 2011 and 2012 quarters 3 and 4 comparison estimates was significantly greater than the difference in estimates for nonproxy reports, but still significantly different. The greater use of proxies among QFT respondents appeared to be a factor in explaining differences between the three datasets for items where this pattern of results was observed. For these items, proxy reports exacerbated differences between QFT estimates versus 2011 and 2012 quarters 3 and 4 comparison estimates, but did not fully account for these differences.

Another important conclusion from *Tables R-25* through *R-27* is that the two patterns identified above appeared to hold for both youth respondents aged 12 to 17 than among adult

respondents. Estimates for nonproxy reports for several of these items for respondents aged 12 to 17 were of low precision because of the low numbers of respondents in this category (*Table R-25*). These low precision estimates prohibited conclusions to be reached on the statistical significance of observed differences for youth respondents, but the proportions for both proxy and nonproxy reports appeared to fit the two main patterns.

Table R-24 Distribution of Respondent Relationship with Proxy among Persons Aged 12 or Older Who Obtained a Proxy, by Age Group: Percentages, and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Proxy Relationship	2011 Comparison ¹ 12-17, Percent (SE)	2012 Comparison ^{1,2} 12-17, Percent (SE)	2012 QFT ^{1,3} 12-17, Percent (SE)	2011 Comparison ¹ 18 or Older, Percent (SE)	2012 Comparison ^{1,2} 18 or Older, Percent (SE)	2012 QFT ^{1,3} 18 or Older, Percent (SE)
Father	23.7 (0.42)	23.7 (0.63)	25.1 (2.62)	6.2 (0.44)	6.4 (0.60)	4.6 (1.49)
Mother	69.7 (0.45)	69.3 (0.70)	67.8 (2.76)	22.6 (0.86)	22.9 (1.28)	23.2 (3.39)
Son / Daughter	0.0* (0.00)	0.0 (0.02)	0.2 (0.16)	6.1 ^a (1.09)	5.1 ^a (1.22)	0.0* (0.00)
Brother / Sister	1.7 (0.15)	1.8 (0.17)	1.9 (0.72)	1.1 (0.25)	1.1 (0.34)	2.2 (1.31)
Husband / Wife	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	58.2 (1.18)	57.4 (1.85)	62.0 (4.04)
Live-in Boyfriend / Girlfriend	0.0 (0.01)	0.0 (0.02)	0.2 (0.19)	2.8 (0.47)	4.0 (0.77)	6.7 (2.60)
Son-in-law / Daughter-in-law	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.4 (0.38)	0.0* (0.00)
Grandson / Granddaughter	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.3 (0.19)	0.3 (0.30)	0.0* (0.00)
Father-in-law / Mother-in-law	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.4 (0.22)	0.5 (0.36)	0.0* (0.00)
Grandfather / Grandmother	3.0 (0.17)	3.2 (0.24)	2.3 (0.62)	0.9 (0.17)	0.9 (0.18)	1.1 (0.62)
Other Adult Relative	1.9 (0.15)	2.0 (0.22)	2.6 (0.98)	1.5 ^a (0.37)	1.0 (0.38)	0.2 (0.23)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis. Edited variables PRXYANS2 for HASJOIN and PRXRELAT for QP02 were used in this analysis.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison proxy compared with 2012 QFT proxy).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table R-25 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison¹ Proxy Percent (SE)	2012 Comparison^{1,2} Proxy Percent (SE)	2012 QFT^{1,3} Proxy Percent (SE)	2011 Comparison¹ No Proxy Percent (SE)	2012 Comparison^{1,2} No Proxy Percent (SE)	2012 QFT^{1,3} No Proxy Percent (SE)
Covered by private health Insurance? (QHI06) ^{4,5}	64.6 (0.79)	65.3 (0.96)	59.5 (3.04)	69.6 ^a (0.49)	69.4 (0.67)	64.9 (2.19)
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108) ^{4,5}	84.7 ^a (0.88)	85.1 ^a (1.05)	73.7 (5.07)	84.9 ^a (0.52)	84.7 ^a (0.82)	76.8 (2.13)
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09) ^{4,5}	84.7 ^a (0.89)	84.6 ^a (1.04)	76.3 (3.65)	84.0 ^a (0.53)	84.3 ^a (0.85)	74.8 (2.26)
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10) ^{4,5}	91.7 ^a (0.54)	91.3 ^a (0.74)	83.3 (3.24)	91.9 ^a (0.32)	92.4 ^a (0.55)	85.7 (1.80)
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N) ^{4,5}	21.1 (0.73)	19.7 (1.18)	22.2 (2.86)	27.6 (0.53)	26.3 (0.60)	26.4 (2.06)
In [YEAR], did [FILL] receive Supplemental Security Income or SSI? (QI03N) ^{4,5}	8.6 (0.44)	8.8 (0.53)	10.0 (1.84)	6.5 ^a (0.23)	7.6 (0.39)	9.4 (1.18)
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N) ^{4,5}	84.9 ^a (0.60)	86.3 ^a (0.79)	63.8 (2.66)	87.2 ^a (0.42)	87.5 ^a (0.50)	71.6 (1.90)
In [YEAR], did [FILL] receive food stamps? (QI07N) ^{4,5}	18.2 ^a (0.62)	18.0 ^a (0.74)	23.9 (2.50)	13.3 (0.36)	14.6 (0.47)	15.2 (1.67)
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFILL]? (QI08N) ^{4,5}	3.4 (0.24)	3.1 (0.26)	3.9 (0.92)	2.3 (0.13)	2.0 (0.16)	2.7 (0.59)
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N) ^{4,5}	3.9 (0.25)	4.2 (0.34)	4.9 (1.21)	3.0 (0.15)	2.7 (0.16)	2.9 (0.58)
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N) ^{4,5}						
\$20,000 or More	14.1 (0.80)	15.0 (0.99)	19.2 (2.64)	58.4 ^a (0.46)	58.4 ^a (0.62)	64.9 (1.74)
Less Than \$20,000	85.9 (0.80)	85.0 (0.99)	80.8 (2.64)	41.6 ^a (0.46)	41.6 ^a (0.62)	35.1 (1.74)

See notes at end of table.

(continued)

Table R-25 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison ¹ Proxy Percent (SE)	2012 Comparison ^{1,2} Proxy Percent (SE)	2012 QFT ^{1,3} Proxy Percent (SE)	2011 Comparison ¹ No Proxy Percent (SE)	2012 Comparison ^{1,2} No Proxy Percent (SE)	2012 QFT ^{1,3} No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B) ^{4,5}						
Less Than \$1,000	60.2 ^a (0.84)	60.1 ^a (1.10)	53.7 (2.84)	10.5 ^a (0.23)	10.4 ^a (0.34)	7.6 (0.80)
\$1,000-\$1,999	4.1 (0.17)	4.3 (0.31)	4.5 (0.86)	1.9 (0.10)	2.0 (0.14)	2.4 (0.42)
\$2,000-\$2,999	3.0 (0.22)	2.7 (0.24)	1.9 (0.87)	1.6 ^a (0.09)	1.4 (0.11)	1.0 (0.22)
\$3,000-\$3,999	1.9 (0.16)	2.1 (0.24)	2.1 (0.65)	1.4 (0.09)	1.5 (0.15)	1.1 (0.31)
\$4,000-\$4,999	1.4 (0.12)	1.4 (0.15)	2.9 (1.25)	1.3 ^a (0.08)	1.1 (0.11)	0.7 (0.20)
\$5,000-\$5,999	2.0 ^a (0.26)	1.2 (0.21)	0.9 (0.37)	1.6 ^a (0.10)	1.4 (0.11)	0.9 (0.30)
\$6,000-\$6,999	1.9 (0.37)	1.1 (0.14)	0.9 (0.40)	1.4 (0.11)	1.6 (0.17)	1.0 (0.34)
\$7,000-\$7,999	1.4 (0.16)	1.1 (0.18)	0.5 (0.43)	1.6 ^a (0.11)	1.6 ^a (0.18)	0.4 (0.25)
\$8,000-\$8,999	1.2 (0.14)	1.5 (0.26)	1.1 (0.50)	1.8 (0.11)	1.8 (0.17)	1.3 (0.40)
\$9,000-\$9,999	1.6 (0.27)	1.7 (0.47)	2.1 (1.21)	1.8 (0.11)	1.8 (0.16)	2.7 (0.66)
\$10,000-\$10,999	1.2 (0.18)	1.4 (0.22)	3.1 (1.30)	2.2 (0.15)	2.1 (0.17)	2.2 (0.53)
\$11,000-\$11,999	0.7 (0.13)	1.0 (0.20)	0.5 (0.33)	1.5 (0.10)	1.8 (0.18)	1.7 (0.50)
\$12,000-\$12,999	1.0 (0.24)	1.4 (0.34)	0.7 (0.58)	2.2 ^a (0.13)	2.6 ^a (0.24)	1.3 (0.38)
\$13,000-\$13,999	0.8 ^a (0.20)	1.0 ^a (0.27)	0.2 (0.19)	1.5 (0.11)	1.3 (0.12)	1.2 (0.35)
\$14,000-\$14,999	0.6 (0.16)	0.5 (0.14)	0.9 (0.65)	1.5 ^a (0.11)	1.7 ^a (0.15)	0.9 (0.30)
\$15,000-\$15,999	0.5 (0.10)	0.6 (0.17)	0.3 (0.25)	1.8 (0.11)	1.6 (0.14)	2.1 (0.50)
\$16,000-\$16,999	0.2 (0.09)	0.4 (0.17)	1.4 (0.95)	1.2 (0.10)	1.3 (0.12)	1.6 (0.39)
\$17,000-\$17,999	0.8 (0.29)	0.2 (0.08)	1.3 (0.95)	1.4 (0.09)	1.2 (0.12)	1.2 (0.40)
\$18,000-\$18,999	0.9 ^a (0.21)	0.8 (0.21)	0.3 (0.22)	1.8 (0.11)	1.7 (0.16)	1.9 (0.49)
\$19,000-\$19,999	0.8 (0.17)	0.7 (0.25)	1.5 (0.84)	1.8 (0.12)	1.7 (0.16)	2.0 (0.50)
\$20,000-\$24,999	2.4 (0.32)	2.6 (0.42)	4.1 (1.28)	6.8 (0.24)	6.8 (0.33)	8.5 (1.06)
\$25,000-\$29,999	2.3 (0.35)	1.7 (0.32)	2.7 (1.19)	6.6 (0.31)	6.2 (0.32)	6.2 (0.92)
\$30,000-\$34,999	1.7 (0.32)	1.8 (0.36)	2.4 (1.25)	5.9 (0.26)	5.7 (0.26)	5.3 (0.93)
\$35,000-\$39,999	1.2 (0.22)	1.4 (0.40)	1.0 (0.71)	5.0 (0.23)	5.0 (0.33)	7.0 (1.08)
\$40,000-\$44,999	1.3 (0.24)	1.7 (0.50)	1.2 (0.77)	4.4 (0.20)	4.4 (0.27)	5.3 (0.90)
\$45,000-\$49,999	1.1 (0.22)	1.3 (0.29)	2.3 (1.19)	4.2 (0.18)	4.8 (0.29)	6.0 (1.04)
\$50,000-\$74,999	2.4 (0.31)	2.4 (0.37)	2.7 (1.26)	12.0 (0.34)	12.2 (0.45)	12.2 (1.47)
\$75,000-\$99,999	0.8 (0.19)	0.6 (0.17)	1.9 (1.10)	5.7 (0.23)	5.5 (0.36)	5.7 (1.00)
\$100,000 or More	0.4 (0.13)	1.2 (0.36)	1.0 (0.62)	7.8 (0.35)	7.5 (0.49)	8.9 (1.64)
\$100,000-\$149,999	-- (--)	-- (--)	1.0 (0.62)	-- (--)	-- (--)	5.1 (1.15)
\$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	3.8 (1.26)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

⁵ Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table R-26 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison¹ Proxy Percent (SE)	2012 Comparison^{1,2} Proxy Percent (SE)	2012 QFT^{1,3} Proxy Percent (SE)	2011 Comparison¹ No Proxy Percent (SE)	2012 Comparison^{1,2} No Proxy Percent (SE)	2012 QFT^{1,3} No Proxy Percent (SE)
Covered by private health Insurance? (QHI06) ^{4,5}	63.0 (0.58)	62.5 (0.78)	58.9 (3.06)	51.7 ^a (1.37)	49.2 ^a (2.04)	31.5* (5.84*)
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108) ^{4,5}	86.8 ^a (0.54)	87.6 ^a (0.78)	78.0 (3.52)	64.6 (2.29)	60.4 (3.50)	43.3* (16.72*)
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09) ^{4,5}	86.7 ^a (0.56)	86.8 ^a (0.81)	78.1 (3.16)	64.6 (2.34)	59.3 (3.52)	44.6* (17.16*)
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10) ^{4,5}	92.9 (0.36)	92.8 (0.45)	88.6 (2.69)	82.7 (1.57)	81.1 (2.74)	57.9* (16.19*)
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N) ^{4,5}	11.9 (0.41)	10.7 (0.43)	12.1 (1.88)	14.3 (0.97)	13.4 (1.12)	16.4* (4.18*)
In [YEAR], did [FILL] receive Supplemental Security Income or SSI? (QI03N) ^{4,5}	7.5 (0.31)	8.0 (0.39)	9.4 (1.81)	8.2 (0.73)	6.2 (0.81)	14.5* (5.42*)
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N) ^{4,5}	89.4 ^a (0.36)	89.4 ^a (0.47)	64.0 (2.73)	91.8 ^a (0.73)	92.5 ^a (0.91)	74.8* (7.17*)
In [YEAR], did [FILL] receive food stamps? (QI07N) ^{4,5}	20.2 ^a (0.45)	20.4 ^a (0.65)	26.7 (2.64)	25.0 (1.15)	26.9 (1.56)	37.9* (7.59*)
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N) ^{4,5}	4.1 (0.23)	3.9 (0.33)	5.5 (1.20)	5.1 (0.63)	4.3 (0.62)	5.7* (3.25*)
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N) ^{4,5}	4.2 (0.21)	4.2 (0.29)	6.3 (1.33)	5.9 ^a (0.60)	5.5 ^a (0.80)	0.0* (0.00*)
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N) ^{4,5}	0.4 ^a (0.07)	0.4 ^a (0.10)	6.5 (1.42)	0.5 ^a (0.13)	0.9 (0.30)	10.1* (4.73*)
\$20,000 or More	99.6 ^a (0.07)	99.6 ^a (0.10)	93.5 (1.42)	99.5 ^a (0.13)	99.1 (0.30)	89.9* (4.73*)
Less Than \$20,000						

See notes at end of table.

(continued)

Table R-26 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison ¹ Proxy Percent (SE)	2012 Comparison ^{1,2} Proxy Percent (SE)	2012 QFT ^{1,3} Proxy Percent (SE)	2011 Comparison ¹ No Proxy Percent (SE)	2012 Comparison ^{1,2} No Proxy Percent (SE)	2012 QFT ^{1,3} No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B) ^{4,5}						
Less Than \$1,000	85.3 (0.35)	85.8 (0.46)	82.2 (2.18)	78.6 ^a (0.98)	78.8 ^a (1.30)	63.6* (7.10*)
\$1,000-\$1,999	4.4 (0.16)	4.3 (0.29)	4.1 (1.14)	7.5 (0.64)	9.3 (0.95)	11.7* (4.46*)
\$2,000-\$2,999	2.4 ^a (0.17)	2.2 ^a (0.19)	0.8 (0.48)	4.2 (0.44)	3.5 (0.54)	2.7* (2.73*)
\$3,000-\$3,999	1.6 (0.13)	1.6 (0.16)	1.4 (0.65)	2.5 (0.35)	2.5 (0.48)	2.3* (2.25*)
\$4,000-\$4,999	1.2 (0.10)	1.1 (0.13)	1.0 (0.50)	1.4 (0.26)	1.1 (0.25)	1.3* (1.29*)
\$5,000-\$5,999	0.9 (0.09)	0.6 (0.10)	0.4 (0.30)	1.2 ^a (0.28)	0.6 ^a (0.19)	0.0* (0.00*)
\$6,000-\$6,999	0.8 (0.09)	0.6 (0.09)	0.8 (0.50)	1.1 (0.27)	0.9 (0.33)	1.7* (1.73*)
\$7,000-\$7,999	0.7 ^a (0.08)	0.8 ^a (0.10)	0.2 (0.18)	0.3 ^a (0.10)	0.7 ^a (0.22)	0.0* (0.00*)
\$8,000-\$8,999	0.6 (0.10)	0.7 (0.10)	0.4 (0.30)	0.4 ^a (0.12)	0.4 ^a (0.17)	0.0* (0.00*)
\$9,000-\$9,999	0.4 ^a (0.07)	0.4 ^a (0.09)	0.0* (0.00*)	0.3 ^a (0.11)	0.0 (0.05)	0.0* (0.00*)
\$10,000-\$10,999	0.3 (0.05)	0.5 (0.08)	0.3 (0.27)	0.7 (0.16)	0.6 (0.27)	1.3* (1.36*)
\$11,000-\$11,999	0.2 (0.04)	0.2 (0.06)	0.2 (0.23)	0.1 (0.08)	0.3 (0.17)	0.0* (0.00*)
\$12,000-\$12,999	0.3 (0.09)	0.3 (0.07)	0.2 (0.20)	0.1 (0.06)	0.1 (0.06)	2.0* (1.97*)
\$13,000-\$13,999	0.1 (0.04)	0.1 (0.04)	0.1 (0.10)	0.1 (0.05)	0.1 (0.12)	1.5* (1.46*)
\$14,000-\$14,999	0.1 ^a (0.04)	0.1 ^a (0.05)	0.0* (0.00*)	0.1 (0.09)	0.0 (0.02)	0.0* (0.00*)
\$15,000-\$15,999	0.1 (0.04)	0.1 (0.05)	0.5* (0.48*)	0.5 (0.17)	0.1 (0.05)	1.4* (1.42*)
\$16,000-\$16,999	0.0 (0.02)	0.1 (0.04)	0.3 (0.24)	0.0 (0.03)	0.0 (0.04)	1.5* (1.53*)
\$17,000-\$17,999	0.0 ^a (0.01)	0.1 (0.03)	0.0* (0.00*)	0.4 ^a (0.17)	0.0* (0.00*)	0.0* (0.00*)
\$18,000-\$18,999	0.1 (0.03)	0.1 (0.04)	0.1 (0.09)	0.0 (0.04)	0.1 (0.15)	0.0* (0.00*)
\$19,000-\$19,999	0.1 (0.04)	0.1 (0.04)	0.5 (0.39)	0.0 (0.03)	0.0* (0.00*)	0.0* (0.00*)
\$20,000-\$24,999	0.1 ^a (0.02)	0.2 ^a (0.05)	4.2 (1.06)	0.1 (0.06)	0.3 (0.22)	2.4* (2.20*)
\$25,000-\$29,999	0.1 (0.03)	0.1 (0.05)	0.8 (0.45)	0.0 (0.02)	0.0* (0.00*)	0.0* (0.00*)
\$30,000-\$34,999	0.0 (0.02)	0.1 (0.03)	0.4* (0.44*)	0.0* (0.00*)	0.3 (0.17)	4.3* (3.07*)
\$35,000-\$39,999	0.0 (0.01)	0.0* (0.00*)	0.0* (0.00*)	0.0 (0.03)	0.1 (0.07)	0.0* (0.00*)
\$40,000-\$44,999	0.0* (0.00*)	0.0 (0.02)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)
\$45,000-\$49,999	0.0* (0.00*)	0.0* (0.00*)	0.2 (0.23)	0.0* (0.00*)	0.1 (0.07)	0.0* (0.00*)
\$50,000-\$74,999	0.1 (0.03)	0.0* (0.00*)	0.4 (0.26)	0.0 (0.03)	0.0* (0.00*)	2.1* (1.93*)
\$75,000-\$99,999	0.0 (0.02)	0.0* (0.00*)	0.2 (0.24)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)
\$100,000 or More	0.0 ^a (0.02)	0.1 ^a (0.04)	0.0* (0.00*)	0.0 (0.03)	0.2 (0.10)	0.0* (0.00*)
\$100,000-\$149,999	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	0.0* (0.00*)
\$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	0.0* (0.00*)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

⁵ Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table R-27 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison¹ Proxy Percent (SE)	2012 Comparison^{1,2} Proxy Percent (SE)	2012 QFT^{1,3} Proxy Percent (SE)	2011 Comparison¹ No Proxy Percent (SE)	2012 Comparison^{1,2} No Proxy Percent (SE)	2012 QFT^{1,3} No Proxy Percent (SE)
Covered by private health Insurance? (QHI06) ^{4,5}	66.9 (1.75)	69.6 (1.84)	60.1 (5.55)	70.0 (0.50)	69.8 (0.67)	65.5 (2.24)
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108) ^{4,5}	81.7 (1.82)	81.5 (2.27)	69.2* (8.71*)	85.1 ^a (0.53)	85.0 ^a (0.82)	77.0 (2.14)
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09) ^{4,5}	81.8 (1.88)	81.3 (2.28)	74.4* (6.19*)	84.2 ^a (0.54)	84.6 ^a (0.85)	75.0 (2.26)
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10) ^{4,5}	89.8 ^a (1.28)	89.2 (1.68)	77.6* (5.92*)	92.0 ^a (0.33)	92.5 ^a (0.55)	85.9 (1.78)
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N) ^{4,5}	35.4 (1.61)	33.3 (2.60)	33.7 (5.20)	27.9 (0.54)	26.6 (0.61)	26.6 (2.09)
In [YEAR], did [FILL] receive Supplemental Security Income or SSI? (QI03N) ^{4,5}	10.2 (0.97)	10.0 (1.12)	10.7 (3.20)	6.5 ^a (0.23)	7.6 (0.40)	9.3 (1.18)
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N) ^{4,5}	78.0 ^a (1.38)	81.4 ^a (1.78)	63.5 (4.30)	87.0 ^a (0.43)	87.4 ^a (0.51)	71.5 (1.93)
In [YEAR], did [FILL] receive food stamps? (QI07N) ^{4,5}	15.2 (1.25)	14.4 (1.31)	20.7 (3.99)	13.0 (0.36)	14.3 (0.47)	14.8 (1.66)
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N) ^{4,5}	2.3 (0.38)	2.0 (0.41)	2.1 (1.30)	2.2 (0.13)	2.0 (0.16)	2.6 (0.60)
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N) ^{4,5}	3.5 (0.52)	4.1 (0.70)	3.3 (1.77)	3.0 (0.15)	2.6 (0.16)	2.9 (0.59)
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N) ^{4,5}						
\$20,000 or More	35.5 (1.81)	37.6 (2.01)	33.7 (5.05)	59.8 ^a (0.46)	59.7 ^a (0.62)	65.8 (1.76)
Less Than \$20,000	64.5 (1.81)	62.4 (2.01)	66.3 (5.05)	40.2 ^a (0.46)	40.3 ^a (0.62)	34.2 (1.76)

See notes at end of table.

(continued)

Table R-27 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 18 or Older, Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison ¹ Proxy Percent (SE)	2012 Comparison ^{1,2} Proxy Percent (SE)	2012 QFT ^{1,3} Proxy Percent (SE)	2011 Comparison ¹ No Proxy Percent (SE)	2012 Comparison ^{1,2} No Proxy Percent (SE)	2012 QFT ^{1,3} No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B) ^{4,5}						
Less Than \$1,000	20.4 (1.24)	19.3 (1.14)	21.6 (4.06)	8.9 ^a (0.22)	8.8 ^a (0.34)	6.7 (0.81)
\$1,000-\$1,999	3.6 (0.39)	4.3 (0.62)	4.9 (1.27)	1.7 (0.10)	1.8 (0.15)	2.3 (0.42)
\$2,000-\$2,999	3.8 (0.50)	3.4 (0.55)	3.1 (1.83)	1.5 ^a (0.09)	1.4 (0.12)	1.0 (0.22)
\$3,000-\$3,999	2.4 (0.37)	2.8 (0.54)	2.8 (1.14)	1.3 (0.09)	1.5 (0.15)	1.1 (0.32)
\$4,000-\$4,999	1.9 (0.27)	1.8 (0.34)	4.9* (2.75*)	1.3 ^a (0.08)	1.1 (0.12)	0.6 (0.20)
\$5,000-\$5,999	3.7 ^a (0.64)	2.1 (0.52)	1.4 (0.71)	1.6 ^a (0.10)	1.4 (0.11)	0.9 (0.30)
\$6,000-\$6,999	3.7 ^a (0.91)	1.8 (0.37)	1.1 (0.65)	1.4 (0.11)	1.7 (0.17)	0.9 (0.34)
\$7,000-\$7,999	2.6 (0.39)	1.7 (0.43)	0.9* (0.89*)	1.6 ^a (0.11)	1.6 ^a (0.18)	0.4 (0.25)
\$8,000-\$8,999	2.0 (0.30)	2.7 (0.66)	1.9 (1.03)	1.8 (0.11)	1.8 (0.18)	1.3 (0.41)
\$9,000-\$9,999	3.5 (0.67)	3.8 (1.18)	4.4* (2.58*)	1.8 (0.11)	1.8 (0.16)	2.8 (0.67)
\$10,000-\$10,999	2.7 (0.46)	3.0 (0.58)	6.3 (2.58)	2.3 (0.15)	2.2 (0.17)	2.2 (0.54)
\$11,000-\$11,999	1.5 (0.34)	2.1 (0.50)	0.9 (0.65)	1.6 (0.10)	1.8 (0.18)	1.7 (0.51)
\$12,000-\$12,999	2.2 (0.61)	3.3 (0.87)	1.2* (1.22*)	2.2 ^a (0.13)	2.7 ^a (0.25)	1.2 (0.38)
\$13,000-\$13,999	1.8 ^a (0.50)	2.4 ^a (0.70)	0.4* (0.40*)	1.6 (0.12)	1.3 (0.13)	1.1 (0.35)
\$14,000-\$14,999	1.5 (0.42)	1.0 (0.37)	1.9* (1.37*)	1.6 ^a (0.11)	1.8 ^a (0.16)	0.9 (0.30)
\$15,000-\$15,999	1.2 ^a (0.25)	1.4 ^a (0.42)	0.0* (0.00*)	1.8 (0.11)	1.7 (0.14)	2.1 (0.50)
\$16,000-\$16,999	0.6 (0.23)	1.0 (0.42)	2.7* (1.96*)	1.3 (0.10)	1.3 (0.12)	1.6 (0.40)
\$17,000-\$17,999	1.9 (0.76)	0.5 (0.21)	2.7* (1.99*)	1.4 (0.09)	1.2 (0.12)	1.2 (0.40)
\$18,000-\$18,999	2.2 ^a (0.54)	1.9 ^a (0.54)	0.5* (0.46*)	1.8 (0.11)	1.7 (0.17)	1.9 (0.50)
\$19,000-\$19,999	2.0 (0.44)	1.7 (0.64)	2.5* (1.72*)	1.8 (0.12)	1.8 (0.17)	2.0 (0.51)
\$20,000-\$24,999	6.1 (0.80)	6.6 (1.06)	4.0* (2.42*)	6.9 (0.24)	6.9 (0.34)	8.6 (1.08)
\$25,000-\$29,999	5.9 (0.89)	4.3 (0.81)	4.8 (2.50)	6.8 (0.32)	6.4 (0.33)	6.3 (0.94)
\$30,000-\$34,999	4.3 (0.83)	4.6 (0.94)	4.5* (2.56*)	6.1 (0.27)	5.9 (0.27)	5.3 (0.94)
\$35,000-\$39,999	3.0 (0.56)	3.7 (1.01)	2.2* (1.50*)	5.1 (0.23)	5.2 (0.33)	7.1 (1.09)
\$40,000-\$44,999	3.4 (0.63)	4.4 (1.25)	2.6 (1.61)	4.5 (0.21)	4.5 (0.28)	5.4 (0.91)
\$45,000-\$49,999	2.9 (0.56)	3.4 (0.76)	4.7* (2.52*)	4.3 (0.19)	4.9 (0.30)	6.1 (1.06)
\$50,000-\$74,999	6.1 (0.77)	6.3 (0.96)	5.2 (2.64)	12.3 (0.35)	12.5 (0.46)	12.4 (1.49)
\$75,000-\$99,999	2.2 (0.50)	1.5 (0.46)	3.8* (2.30*)	5.8 (0.24)	5.7 (0.37)	5.8 (1.02)
\$100,000 or More	1.1 (0.33)	3.1 (0.92)	2.2 (1.33)	8.0 (0.36)	7.7 (0.51)	9.0 (1.67)
\$100,000-\$149,999	-- (--)	-- (--)	2.2 (1.33)	-- (--)	-- (--)	5.2 (1.17)
\$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	3.8 (1.28)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

^a Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

² Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

³ QFT data collected from September 1 through November 3, 2012.

⁴ Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

⁵ Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

R.4 Summary and Implications

R.4.1 Summary of the Investigation of Items with Data Quality Issues

This appendix describes the data collection results and the analysis that was conducted for sets of demographic and household questions moved from CAPI to ACASI administration in the QFT instrument. Overall, 22 of these items were determined to have data quality issues, either higher item missingness rates than the comparison data, significantly different estimates from the comparison data, or both. Analysis of item missingness rates and benchmarking to current main study data and other survey data were the two primary techniques used to examine data quality issues for these items. For two sets of items that allowed for a proxy respondent to answer these questions in lieu of the primary respondent—health insurance and income—the potential impact of proxy reports on the data quality for these items was also examined. In addition, a literature review, email requests for input via survey research listservs, direct communication to researchers working on other Federal surveys, and input from RTI survey methodologists were employed in the search of explanations for these findings.

The higher missingness rates for some of these items, such as receipt of food stamps and some income items, could be viewed as counterintuitive to literature results showing that more private modes are associated with greater willingness to report data that respondents would be considered sensitive or private. Moving these items to ACASI provided QFT respondents with greater privacy for responding to these questions than current National Survey on Drug Use and Health (NSDUH) respondents who are required to provide their answers to field interviewers (FIs). In the QFT, it is possible that some respondents provided more accurate responses than they would have in CAPI mode, but that other respondents simply chose not to answer without the presence of an FI. For some QFT items where missingness rates were higher than in the CAPI data from the current main study, it is possible that the lower proportion of complete responses provided in ACASI were more accurate overall than CAPI responses for the same items. ACASI also provides respondents more time to think about their responses without feeling pressure from an FI in CAPI mode to respond and move to the next question. Because these demographic and household items were all in ACASI mode for QFT respondents and all in CAPI mode for main study respondents, respondent reactions to answering these questions in one mode versus the other cannot be obtained. This factor places some limits on the methods that could be used to more clearly understand how QFT respondents might have reacted differently in ACASI to these questions than main study respondents answering the same questions in CAPI mode.

Despite the limitations of QFT protocol and sample size, the QFT results provide credible evidence on how missingness rates and estimates for these demographic and household items might look when the partially redesigned protocol is implemented in 2015. For this reason, changes were made to some of the items moved to ACASI for the 2013 Dress Rehearsal (DR). Analysis of the item missingness rates from the QFT revealed that outdated definitions or unclear terms could have contributed to respondent confusion on some items, so some changes involved updates to the questions to improve clarity. In addition, two items were dropped. Some of the key revisions to these items that were implemented for the DR included the following:

- edited references to the F2 help boxes,
- eliminated other F2 help boxes,

- deleted item QD42 about the number of people working for the respondent's employer,
- deleted items Q105N about earning pay while working at a job or business,
- revised the definition of SSI, and
- reordered the list of possible income sources.

Missingness rates and estimates for these demographic and household items will be part of the priority analyses for the DR analysis for this set of items. The following section discusses how the QFT and DR results could inform decisions on whether to move these demographic and household items to ACASI administration for 2015 as planned, or whether some or all of these items should remain in the CAPI portion of the interview for 2015.

R.4.2 Implications of Possible Protocol Options for the 2015 NSDUH

To determine whether any of the survey items moved from CAPI to ACASI administration mode in the QFT protocol should remain in ACASI portion of the interview or be moved back to the CAPI portion for the 2015 survey, a few methodological and logistical considerations need to be taken into account. Applying these considerations will vary based on the specific sets of items being considered for movement from the CAPI to the ACASI portion of the interview. Although item missingness rates and benchmarking results are not the only indicators of data quality, several recommendations can be considered based on the QFT findings presented in *Sections R.2* and *R.3*. If additional analyses were undertaken, such as those suggested by RTI methodologists in *Section R.3.1.3*, these analyses could also inform the recommendations, particularly with regard to the validity of reporting.

In the data gathered during the QFT, a few sets of items showed lower item missing data rates than in the 2011 and 2012 comparison data. These include items on workplace drug and alcohol policies, information access, and testing (QD43 and QD44 and QD46 to QD48) and items on private health insurance coverage for drug abuse, alcoholism, and mental health issues (QHI08 to QHI10). If lower item missing rates are viewed as indicating higher quality data, this viewpoint would argue for keeping these items in the ACASI portion of the instrument for the 2015 survey.

Conversely, several QFT items had higher item missing rates than in the 2011 and 2012 comparison data, and some like private health insurance and employment produced estimates that differed significantly from comparison data for at least one age group. These include the following:

- marital status (QD07),
- number of home moves in the past year (QD13) and State of residence 1 year ago (QD13a),
- student status and school days missed (QD19 to QD21),
- recent employment history, workdays missed, size of employing organization, and related issues (QD26, QD33, QD36, QD38, QD39a, QD40 to QD42),
- private health insurance coverage (QHI06), and

- sources of income and personal income level (QI03N to QI10N, QI20N, and QI21A).

For these sets of items, three options could be considered for determining whether to assign these items to the CAPI or ACASI portion of the 2015 instrument.

Option 1: Adopt the 2014 Main Study Protocol

One option for assigning these sets of questions to CAPI or ACASI mode would be to adhere to the 2014 main study protocol. This approach would result in eliminating the moves from CAPI to ACASI mode included in the QFT protocol. This approach would arguably entail the lowest risk, in that historical data on missingness rates for these sets of items would provide accurate expectations for the 2015 survey year. The current main study CAPI missingness rates are lower than the QFT ACASI rates for 22 items of interest. This approach would also allow the CAI programmers to continue to use much of the current CAI programming, thereby minimizing the scope of the programming and testing required for the 2015 instrument.

This approach would also have implications for the audio files required for these sets of questions. If text-to-speech technology (TTS) were to be employed starting with the 2015 protocol, this approach would eliminate sets of questions for which audio files would need to be created. Creating audio files for some questions within the income module has proved to be difficult to program. Keeping these sets of questions in the CAPI portion of the interview would avoid the need to create new audio files for these items.

One outcome of this approach could be somewhat higher overall administration times for the interview, given that interviewer-administered questions generally take longer to administer compared with the ACASI questions. When questions are administered in ACASI, the interviewing environment is more private and the interview is more standardized, so the respondent experience is more consistent from question to question and from section to section. It is also more consistent across interviews. The potential for FIs to affect responses to items is virtually eliminated in ACASI, for better or worse. If the 2015 main study items were to be asked in the same modes as the 2014 main study, the time efficiencies observed in the QFT protocol would not be realized. Furthermore, this approach would affect approximately 90 questions, based on problematic missingness rates for only 22 items, or 24 percent of these items. Despite these concerns, the decision to adopt this approach could be justified by the observed increases in the missingness rates for specific QFT items or the simple numbers of QFT items with an increase in missingness rates.

Option 2: Adopt the QFT Protocol

A second approach for assigning these sets of questions to CAPI or ACASI mode would be to continue with the QFT instrument and protocol.⁵² The decision on whether to adopt this approach could be driven by some observed lower missingness rates in the QFT or by declines in missingness rates for several ACASI items in the DR. In preparation for the DR, a number of these sets of items were edited in ways designed to improve item response rates. If these revisions are associated with decreases in the missingness rates for a number of these items, the

⁵² With the exception of the item revisions listed at the end of *Section R.4.1*, the 2012 QFT protocol was also followed for the 2013 DR.

DR results would provide support for this approach. Under this approach, the programming and logic used for the DR instrument could be carried over to the 2015 main study instrument.

If TTS were adopted to produce the audio files, TTS files would need to be created for these items. In addition, this approach would not address observed increases in missingness rates for 22 items in the QFT if the rates remain high for most of all of these items in the DR. As a result, the primary risk of this approach would be the need to wait for an analysis of the DR missingness rates to be completed and reviewed in order to make a decision.

Option 3: Adopt a Tailored Protocol Based on QFT and DR Results

A third approach would be to assign these sets of questions to either CAPI or ACASI mode, based on the data quality results for each individual item or sets of items. Under this approach, important considerations would include respondent burden, question order and flow, "gate" questions for skip patterns and logical fills, and the potential for context effects based on item placement. This approach would apply findings from both the QFT and DR to development of the 2015 instrument.

This option could potentially mitigate increases in interview administration time, while increasing the probability of gathering substantive responses to key items. Items that were moved from CAPI administration in the main survey protocol to ACASI administration in the QFT protocol would be assessed under this option. Items first introduced in either the QFT or the DR—disability, military families, sexual orientation⁵³—would likely not be considered for placement in the CAPI portion of the interview.

A review of the questions that were affected by the move from CAPI to ACASI in the QFT instrument revealed that certain sets of items were affected more than others. The impact of ACASI administration on missingness rates for respondent and family income was inconsistent with, and in a different direction than, what would be expected from the literature cited in *Section R.3.1*. The move from CAPI to ACASI in the QFT protocol did not affect the rates of those reporting respondent income or those reporting household income of more than \$20,000. Only those reporting a household income of less than \$20,000 had higher missingness rates. Research shows income questions typically suffer from relatively higher rates of missing data than most other survey items (Yan, Curtin, & Jans, 2010). In the QFT, higher item missingness rates were observed in the more private ACASI mode. This finding does not imply that overall data quality for income items was lower in the QFT than in the main study, but it does raise concerns about a greater amount of missing income data that would need to be addressed in the 2015 survey data.

Given the item missingness results for some questions on received income, government program participation, employment, health insurance, and income in ACASI mode in the QFT, this approach could lead to the following instrument structure for these sets of items:

- Questions about moves in the past year (residency) and marital status would be moved to the front-end CAPI section of the instrument.

⁵³ Questions on sexual attraction and identity are the only new items introduced in the DR questionnaire.

- Questions about birth country, sexual orientation, disability, and military families would be placed at the end of the ACASI section. To accommodate differential missingness rates, questions in the employment module would be split between the CAPI and ACASI portions of the interview. The first two employment questions—QD26 about work at a job or business at any time in the past week and QD27 about having a job or business last week but not working at any time—would be moved to ACASI. These questions ask about whether a respondent is employed and need to precede any questions about employment. Although missingness rates for question QD26 increased in ACASI mode in the QFT, this gate question must remain in ACASI mode for other employment questions to be included in the module. Employment items QD43 through QD53 on written workplace policies about employee use of alcohol or drugs and related issues would also be administered using ACASI. Missingness rates for these 11 questions either decreased or remained the same in the QFT, suggesting that this module should remain in ACASI.
- The remaining employment items—QD28 through QD41 on workdays missed, size of employing organization, and related issues—would be asked in a back-end CAPI module. These questions each had higher missingness rates in the QFT and therefore would be moved back to interviewer administration.
- The education module (items QD17 to QD21 on student status, school days missed due to sickness or injury, and school days missed due to "skipping" or "cutting") would follow the education questions. This module would be interviewer-administered to address the increase in missingness rates for items QD19 through QD21 observed in ACASI in the QFT. A showcard would be needed to display the response options for QD18. Previously, the education module has preceded the employment module. Given that the employment module would be separated across two portions of the questionnaire under option 3, the education module would follow the employment module.
- Following the education questions, the interview would resume with the modes in place for the 2014 main study. The household roster, proxy information, health insurance, and income modules would be administered in CAPI in order to avoid the higher item missingness rates observed in the QFT in ACASI mode.

If changes in the placement of any of these items are implemented for the 2015 data collection, item missingness rates should continue to be closely monitored to assess the consequences of these moves. Similar to the second option, the decision to implement this approach would need to wait for analysis of the DR missingness rates to be completed and reviewed. Based on higher, similar, or lower item missingness rates for items in the QFT and DR instrument, the mode recommendations above could be revised as needed and implemented for the 2015 partial redesign.

This approach will likely be associated with an increased effort to update the instrument specifications, program the instrument, and test these sections of the instrument. However, this effort would not result in a delay in the development of the 2015 instrument. The current 2015 instrument development schedule incorporates the level of effort that would be required to implement these specifications.

A tailored approach will be adopted for the 2015 partially redesigned instrument. Based on the QFT results showing high item missingness rates and estimates that differed significantly from comparison data for a number of items in the health and income modules, these two modules will both be administered via CAPI as in the current main study instrument. All other modules with demographic and household items that were moved from CAPI to ACASI administration will be administered via ACASI as in the QFT and DR.

2015 NSDUH, Supporting Statement
Attachment C – Dress Rehearsal (DR) Final
Report

NATIONAL SURVEY ON DRUG USE AND HEALTH: 2013 DRESS REHEARSAL FINAL REPORT

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
Rockville, Maryland 20857

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NATIONAL SURVEY ON DRUG USE AND HEALTH: 2013 DRESS REHEARSAL FINAL REPORT

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Table of Contents

Chapter	Page
List of Tables	ix
List of Exhibits.....	xxvii
List of Figures.....	xxix
1. Background and Goals.....	1
2. Study Design, Field Preparations, and Data Collection Procedures.....	5
2.1 Overview of Study Design, Field Preparations, and Data Collection Procedures.....	5
2.2 Study Design.....	5
2.2.1 Target Population.....	5
2.2.2 Spanish-Language Interview Oversample	5
2.2.3 Selection of State Sampling Regions and Segments.....	6
2.2.4 Selection of Dwelling Units.....	8
2.2.5 Age Group Allocations	9
2.2.6 Selection of Persons.....	9
2.3 Field Preparations	11
2.3.1 Preparing Field Equipment.....	11
2.3.2 Staffing.....	13
2.3.3 Training Procedures	14
2.4 Data Collection Procedures.....	19
2.4.1 Questionnaire and Protocol Changes for the 2013 Dress Rehearsal.....	19
2.4.2 Contacting Dwelling Units	22
2.4.3 Dwelling Unit Screening.....	23
2.4.4 Interview Administration	23
2.4.5 Controlled Access Procedures	25
2.4.6 Refusal Conversion Procedures	25
2.4.7 Data Collection Management and Quality Control	26
2.4.8 Problems Encountered	28
3. Processing and Analysis of Dress Rehearsal and Comparison Data	31
3.1 Overview of Data Processing and Analysis Approach.....	31
3.2 Defining Usable Cases.....	31
3.2.1 Overview of Defining Usable Cases.....	31
3.2.2 Usable Case Definitions.....	31
3.3 Editing and Coding Procedures	32
3.3.1 Overview of Editing and Coding Procedures	32
3.3.2 Coding of "OTHER, Specify" Data	33
3.3.3 General Editing Principles	33
3.3.4 Special Editing Situations.....	36
3.4 Imputation Procedures	46
3.4.1 Overview of Imputation Procedures.....	46
3.4.2 Imputation Methodology	47

Table of Contents (continued)

Chapter	Page
3.5	Weighting Procedures.....50
3.5.1	Overview of Weighting Procedures.....50
3.5.2	Weighting Procedures.....51
3.5.3	Distribution of DR Analysis Weights.....57
3.5.4	Creation of Variance Estimation Strata and Replicates.....57
3.6	Data File Preparation58
3.6.1	DR Data File.....58
3.6.2	2012 Comparison Data File.....59
3.6.3	2013 Quarters 3 and 4 Comparison Data File.....59
3.7	Data Analysis Issues.....60
3.7.1	Primary Analytic Goals.....60
3.7.2	Comparison with Current NSDUH Data.....60
3.7.3	Comparisons with Other Survey Data.....63
4.	Data Collection Outcomes and Data Quality Assessment.....65
4.1	Overview of Data Collection and Data Quality Outcomes.....65
4.2	Unit Response Rates and Sample Characteristics (<i>Research Question 3</i>).....65
4.2.1	Screening Response Rates (SRRs) and Number of Visits for Completed and Noncompleted Screenings.....65
4.2.2	Interview Response Rates (IRRs) and Number of Visits for Completed and Noncompleted Screenings.....69
4.2.3	Geographic, Demographic, and Household Characteristics for the Complete DR Sample.....70
4.2.4	Geographic, Demographic, and Household Characteristics for the Combined QFT-DR Sample and Comparison Samples.....82
4.3	Imputation Rates for Common 2012 Comparison Data, 2013 Quarters 3 and 4 Comparison Data, and Dress Rehearsal Variables.....93
4.4	Comparisons of Item Missingness Rates for Moved DR Items with 2012 and 2013 Quarters 3 and 4 Comparison Data and Comparisons of Item Missingness Rates for New or Revised DR Items with the QFT.....101
4.4.1	Item Missingness Rates for Items Moved from CAPI to ACASI Administration in English-Language Non-Hispanic Interviews.....102
4.4.2	Item Missingness Rates for Items Moved from CAPI to ACASI Administration in Spanish-Language Interviews.....105
4.4.3	Item Missingness Rates for Revised or New Items in English- Language Non-Hispanic Interviews.....108
4.4.4	Item Missingness Rates for Revised or New Items in Spanish- Language Interviews.....108
4.5	Comparisons of DR English-Language and Spanish-Language Interview Timing Results with 2012 Comparison and 2013 Quarters 3 and 4 Comparison Interviews (<i>Research Question 2</i>).....109
4.5.1	Overall and Module Timing Results for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, 2012 Questionnaire Field Test, and 2013 Dress Rehearsal.....109

Table of Contents (continued)

Chapter	Page
4.5.2 Overall and Module Timing Results for Affirmative Gate Respondents from English-Language Interviews in the 2012 and 2013 Quarters 3 and 4 Comparison Data and the 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data.....	138
4.5.3 Detailed Interview Timing Data for Selected Modules from the 2012 and 2013 Quarters 3 and 4 Comparison Data and the 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data.....	169
4.6 Other Data Quality Indicators.....	170
4.6.1 Overview of Other Data Quality Indicators.....	170
4.6.2 Responding to Lead Questions for "OTHER, Specify" Data	195
4.6.3 Patterned Responses in the Core Drug Questions for the Comparison Data	197
4.6.4 Patterned Responses in the Core Drug Questions for the DR Data.....	198
5. Assessments of the Redesigned Protocol (<i>Research Question 1</i>).....	205
5.1 Overview of DR Protocol Assessment	205
5.2 Description and Results from DR FI Training Survey	205
5.2.1 Purpose and Development of the DR FI Training Survey.....	205
5.2.2 Procedures for Conducting the DR FI Training Survey	205
5.2.3 Summary and Discussion of Results from the DR FI Training Survey	205
5.2.4 FI Comments on the DR FI Training Program	207
5.2.5 Considerations for 2015 NSDUH Training	208
5.3 Description and Results for the FI Equipment Survey	208
5.3.1 Overview.....	208
5.3.2 Feedback from the FI Equipment Survey	209
5.3.3 Summary of Results.....	214
5.3.4 Next Steps for Future Hardware and Software Deployment	215
5.4 DR FI Debriefing Item Results.....	215
5.4.1 Purpose of the Debriefing Items	215
5.4.2 Results from the Debriefing Items.....	216
5.4.3 Summary and Recommendations	224
5.5 Description and Results for the DR FI Debriefing Calls	225
5.5.1 Purpose of the Debriefing Calls.....	225
5.5.2 Debriefing Call Procedures.....	226
5.5.3 Feedback from Debriefing Calls, by Topic.....	227
5.5.4 Summary and Recommendations	232
5.6 Field Observations of DR FIs.....	233
5.6.1 Procedures for Completing Field Observations of DR FIs.....	234
5.6.2 Summary of Results from DR Field Observations	235
5.6.3 DR Field Observation Comments.....	239
5.6.4 DR Field Observation Summary and Recommendations	240

Table of Contents (continued)

Chapter	Page
6.	Selected Core and Noncore Estimates for English- and Spanish-Language Dress Rehearsal Data and Comparison Data (<i>Research Question 4</i>)241
6.1	Overview of Selected Core and Noncore Estimates for English- and Spanish-Language Dress Rehearsal Data and Comparison Data241
6.2	Analyses to Make Decisions for the 2015 Survey241
6.2.1	Analysis of Initiation Data241
6.2.2	Contributions of Specific Prescription Drugs to Estimates of Use and Misuse253
6.2.3	Height and Weight265
6.3	Further Analyses Based on QFT Findings or Analyses to Explain Anticipated Findings in 2015279
6.3.1	Core Substance Use Items Other Than Methamphetamine and Prescription Drugs279
6.3.2	Methamphetamine and Prescription Drug Items292
6.3.3	Selected Noncore Items302
7.	Selected Noncore Estimates for DR, Comparison Data, and External Data Sources.....351
7.1	Overview of Selected DR Estimates Compared with Comparison Data and Other Survey Data.....351
7.2	Comparisons of Estimates for Items Moved from CAPI to ACASI Administration351
7.3	Comparisons of Estimates for Items New to the QFT and DR Instruments.....358
7.4	Comparisons of Estimates from Items New to the DR Instrument362
7.5	Summary of Comparisons between DR, Comparison Data, and External Data365
8.	Summary and Implications367
8.1	Data Collection Outcomes and Data Quality Assessment (<i>Research Questions 2 and 3</i>)367
8.1.1	Item Missingness Rates and Variable Imputation Rates.....367
8.1.2	Interview Timing Results.....368
8.1.3	Screening and Interview Response Rates369
8.1.4	Other Data Quality Indicators370
8.2	Assessments of the Redesigned Protocol (<i>Research Question 1</i>).....370
8.2.1	Field Interviewer Training Survey370
8.2.2	Field Interviewer Equipment Survey371
8.2.3	Field Interviewer Debriefing Items.....371
8.2.4	Debriefing Calls with Field Interviewers.....372
8.2.5	Field Observations of Field Interviewers.....372

Table of Contents (continued)

Chapter	Page
8.3	Selected Core and Noncore Estimates for English- and Spanish-Language Dress Rehearsal Data and Comparison Data (<i>Research Question 4</i>)373
8.3.1	Core Substance Use Estimates Other Than Methamphetamine and Prescription Drugs (<i>Research Question 4a</i>)373
8.3.2	Methamphetamine, Prescription Drug, and Illicit Drug Summary Estimates (<i>Research Question 4b</i>)374
8.3.3	Selected Noncore Estimates (<i>Research Question 4d</i>).....375
8.4	Selected Noncore Estimates for the Dress Rehearsal, Comparison Data and External Data Sources (<i>Research Question 5</i>)375
8.4.1	Estimates for Selected Items Moved from CAPI to ACASI Administration375
8.4.2	Estimates for Items New to the QFT Questionnaire and Included in the DR376
8.4.3	Estimates for Items New to the DR Questionnaire377
8.5	Implications for the 2015 Partially Redesigned Instrument and Protocol377
References395
Appendix	
A	Screener and Questionnaire Changes Made for the Questionnaire Field Test (QFT) and Instrument and Protocol Revisions Made for the Dress Rehearsal (DR) A-1
B	Item Missingness Tables for English-Language and Spanish-Language Interviews.....B-1
C	Dress Rehearsal Field Interviewer Training Survey ResultsC-1
D	Field Interviewer Equipment Survey Questions and Results D-1
E	Dress Rehearsal Field Interviewer Debriefing Items.....E-1
F	Moderator's Guide for the Dress Rehearsal Field Interviewer Debriefing Calls..... F-1
G	Dress Rehearsal Field Observation Materials..... G-1
H	Estimates and Standard Errors for All New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older..... H-1
I	Notes on Analysis Variables for the Dress Rehearsal I-1

List of Tables

Table	Page
2.1	Expected Number of Interviews and Precision of Dress Rehearsal Estimates.....6
2.2	Number of 2013 Dress Rehearsal State Sampling Regions and Sample Sizes, by State7
2.3	Summary of the Dress Rehearsal Sample Design and Results.....9
2.4	Simulated Pair Selection Counts for Different Values of λ11
2.5	Simulated Pair Unweighted Response Rates for Different Values of λ11
2.6	Tenure Distribution of 2013 Quarters 3 and 4 Main Study Field Interviewers Compared with 2013 Dress Rehearsal Field Interviewers.....14
2.7	Dress Rehearsal Field Interviewer Training Program16
3.1	Imputed Variables.....48
3.2	Weight Distribution of Dress Rehearsal Analysis Weights.....57
3.3	Data Files Created for the 2013 Dress Rehearsal Analyses.....59
4.1	Screenings, Interviews, and Response Rates for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, 2012 Questionnaire Field Test, and 2013 Dress Rehearsal Estimates67
4.2	Number of Visits Made for Completed Screenings for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal67
4.3	Number of Visits Made for Noncompleted Screenings for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal68
4.4	Interview Response Rates, by Age, for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, 2012 Questionnaire Field Test, and 2013 Dress Rehearsal.....69
4.5	Number of Visits Made for Completed Interviews for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal71
4.6	Number of Visits Made for Noncompleted Interviews for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal71
4.7a	Demographic and Geographic Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal72
4.7b	Demographic and Geographic Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal74
4.7c	Demographic and Geographic Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal76

List of Tables (continued)

Table	Page
4.7d	Demographic and Geographic Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal78
4.8a	Demographic and Geographic Characteristics among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal83
4.8b	Demographic and Geographic Characteristics among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal85
4.8c	Demographic and Geographic Characteristics among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal87
4.8d	Demographic and Geographic Characteristics among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and <i>P</i> Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal89
4.9a	Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Recency of Substance Use Variables94
4.9b	Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Past Year Initiation of Substance Use Variables95
4.9c	Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Age at First Use for Past Year Initiates96
4.9d	Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Selected Demographic and Socioeconomic Variables97
4.9e	Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Health Insurance Variables.....98
4.9f	Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Income Variables99
4.10a	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older)114

List of Tables (continued)

Table	Page
4.10b	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17)117
4.10c	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25)120
4.10d	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49)123
4.10e	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64)126
4.10f	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older)129
4.10g	Overall and Module Mean/Median Timing Data for All Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older)132
4.11a	Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older)139
4.11b	Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17)141
4.11c	Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25)143
4.11d	Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49)145
4.11e	Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64)147

List of Tables (continued)

Table	Page
4.11f	Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older)149
4.12a	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 or Older).....151
4.12b	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 to 17)154
4.12c	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 18 to 25)157
4.12d	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 26 to 29)160
4.12e	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 50 to 64)163
4.12f	Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 65 or Older).....166
4.13a	Overall Interview Timing Data for the Dress Rehearsal Protocol in Minutes, in Total and by Age Groups: All Respondents171
4.13b	Overall Interview Timing Data for the Dress Rehearsal Protocol in Minutes, in Total and by Age Groups: English-Speaking Respondents.....172
4.13c	Overall Interview Timing Data for the Dress Rehearsal Protocol in Minutes, in Total and by Age Groups: Spanish-Speaking Respondents173
4.13d	Overall Interview Timing Data for the 2012 Comparison Protocol in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents174
4.13e	Overall Interview Timing Data for the 2013 Comparison Protocol in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents175

List of Tables (continued)

Table	Page
4.13f	Overall Interview Timing Data for the Dress Rehearsal Tobacco Module in Minutes, in Total and by Age Groups: English-Speaking Dress Rehearsal Respondents Answering LEADCIG176
4.13g	Overall Interview Timing Data for the 2012 Tobacco Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents Answering LEADCIG177
4.13h	Overall Interview Timing Data for the 2013 Tobacco Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents Answering LEADCIG178
4.13i	Overall Interview Timing Data for the Dress Rehearsal Pain Reliever Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents179
4.13j	Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents180
4.13k	Overall Interview Timing Data for the Dress Rehearsal Stimulants Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents181
4.13l	Overall Interview Timing Data for the Dress Rehearsal Sedatives Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents182
4.13m	Overall Interview Timing Data for the Dress Rehearsal Pain Reliever Module in Minutes, in Total and by Age Groups: English-Speaking Respondents183
4.13n	Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents184
4.13o	Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents185
4.13p	Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: English-Speaking Respondents186
4.13q	Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents187
4.13r	Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents188
4.13s	Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: English-Speaking Respondents189

List of Tables (continued)

Table	Page
4.13t	Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents190
4.13u	Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents191
4.13v	Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: English-Speaking Respondents192
4.13w	Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents193
4.13x	Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents194
4.14	Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older199
5.1	Field Interviewer (FI) Feedback on the FI Training Program206
5.2	Field Interviewer (FI) Expectations on Referencing the FI Handbook before Data Collection207
5.3	All Field Interviewers' Satisfaction with the Samsung Laptop (<i>n</i> = 125).....210
5.4	Bilingual Field Interviewers' Satisfaction with the Samsung Laptop (<i>n</i> = 39).....211
5.5	All Field Interviewers' Frequency of Tablet Email Use (<i>n</i> = 125)211
5.6	Bilingual Field Interviewers' Frequency of Tablet Email Use (<i>n</i> = 39)211
5.7	All Field Interviewers' Satisfaction with the Tablet Email Program (<i>n</i> = 99).....212
5.8	Bilingual Field Interviewers' Satisfaction with the Tablet Email Program (<i>n</i> = 33)212
5.9	Comments about the Laptop216
5.10	Positive Comments about the Laptop217
5.11	Negative Comments about the Laptop.....217
5.12	Comments about the Laptop, by Interview Respondent Age217
5.13	Respondent Comments on the Laptop, by Interview Respondent Education.....218
5.14	Timing of Providing Q&A Brochure.....218

List of Tables (continued)

Table	Page
5.15 Respondent Comments on the Interview Being Too Long.....	218
5.16 Respondent Comments on the Interview Being Too Long, by Interview Respondent Age.....	219
5.17 Respondent Comments on the Interview Being Too Long, by Interview Respondent Education	219
5.18 Any Interview Respondent Questions or Comments on On-Screen Calendars.....	219
5.19 Types of Interview Respondent Questions or Comments on On-Screen Calendars	219
5.20 Interview Respondents' Troubles with Other Questions	220
5.21 Proxy Used for Income and Health Insurance Questions.....	220
5.22 Proxy Used for Income and Health Insurance Questions, by Interview Respondent Age.....	220
5.23 Interview Respondent Concerns about Revealing Answers to Proxy Respondent	221
5.24 Interview Respondent Questions or Comments about Proxy Interview.....	221
5.25 Problems with Proxy's Use of ACASI to Answer Income and Health Insurance Questions	222
5.26 Types of Problems with Proxy's Use of ACASI to Answer Income and Health Insurance Questions.....	222
5.27 Interviews Conducted at Respondent's Home for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal	222
5.28 Interview Location Not at Respondent's Home for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal	223
5.29 Field Interviewer Evaluation of Interview Privacy in Respondent's Home for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal.....	223
5.30 Field Interviewer Reports of Others Present during Interview for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal.....	224
5.31 Debriefing Call Field Interviewer Characteristics, by Call	226
5.32 DR Screening Error Rates	236
5.33 Dress Rehearsal-Specific Errors: Screening.....	237
5.34 Dress Rehearsal Interviewing Error Rates.....	238
5.35 Dress Rehearsal-Specific Errors: Interviewing.....	238

List of Tables (continued)

Table	Page
6.1A	Past Year Initiation of Illicit Drug Use among Persons Aged 12 or Older: Numbers in Thousands, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal.....243
6.1B	Past Year Initiation of Illicit Drug Use among Persons Aged 12 or Older: Percentages of All Persons Aged 12 or Older, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal.....244
6.2	Past Year Initiation of Illicit Drug Use among Persons Aged 12 or Older: Percentages of Persons at Risk for Initiation of Illicit Drug Use, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal.....246
6.3	Past Year Initiation of Use of Selected Illicit Drugs among Persons Aged 12 or Older: Percentages of Past Year Users, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal247
6.4	Mean Age at First Use of Selected Illicit Drugs among Past Year Initiates Aged 12 to 49: Differences and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal249
6.5A	Past Year Misuse of Prescription Drugs and Initiation of Misuse among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Numbers in Thousands, Differences, and Standard Error of Differences, 2012 QFT and 2013 Dress Rehearsal.....251
6.5B	Past Year Misuse of Prescription Drugs and Initiation of Misuse among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages of All Persons Aged 12 or Older, Differences, and Standard Error of Differences, 2012 QFT and 2013 Dress Rehearsal.....252
6.6	Alternate Measures of Past Year Use and Misuse of Specific Pain Relievers among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal255
6.7	Alternate Measures of Past Year Use and Misuse of Specific Tranquilizers for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....259
6.8	Alternate Measures of Past Year Use and Misuse of Specific Stimulants for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....261

List of Tables (continued)

Table	Page
6.9	Alternate Measures of Past Year Use and Misuse of Specific Sedatives for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....263
6.10	Summary Statistics for Height in Inches among Persons Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....267
6.11	Summary Statistics for Height in Inches among Males Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....268
6.12	Summary Statistics for Height in Inches among Females Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....269
6.13	Summary Statistics for Height in Inches among Persons Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....270
6.14	Summary Statistics for Height in Inches among Males Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....271
6.15	Summary Statistics for Height in Inches among Females Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....272
6.16	Summary Statistics for Weight in Pounds among Persons Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....273
6.17	Summary Statistics for Weight in Pounds among Males Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....274
6.18	Summary Statistics for Weight in Pounds among Females Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....275
6.19	Summary Statistics for Weight in Pounds among Persons Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....276
6.20	Summary Statistics for Weight in Pounds among Males Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....277
6.21	Summary Statistics for Weight in Pounds among Females Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal.....278
6.22	Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....307
6.22sp	Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal.....308

List of Tables (continued)

Table	Page
6.23	Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....309
6.24	Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....310
6.25	Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....311
6.26	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....312
6.26sp	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal313
6.27	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....314
6.28	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....315
6.29	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....316

List of Tables (continued)

Table	Page
6.30	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....317
6.30sp	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal318
6.31	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....319
6.32	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....320
6.33	Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....321
6.34	Specific Hallucinogen Use in the Lifetime, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal322
6.35	Specific Inhalant Use in the Lifetime, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal323
6.36	Alcohol Use in the Lifetime among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....324

List of Tables (continued)

Table	Page
6.37	Alcohol Use in the Past Year among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....
	325
6.38	Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....
	326
6.38sp	Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal.....
	327
6.39	Binge Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....
	328
6.39sp	Binge Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal.....
	329
6.40	Lifetime Use of Felt-Tip Pens, Computer Cleaners or Other Inhalants, by Age Group and Past Year Use of Inhalants according to Types of Inhalants Used in the Lifetime among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....
	330
6.41	Use of Hallucinogens in Lifetime among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal
	331
6.42	Misuse of Prescription Drugs or Methamphetamine in the Lifetime among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....
	332

List of Tables (continued)

Table	Page
6.42sp	Misuse of Prescription Drugs or Methamphetamine in the Lifetime among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal333
6.43	Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....334
6.44	Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....335
6.45	Misuse of Stimulants in the Lifetime among Persons Aged 12 or Older with or without Noncore Adderall [®] Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal336
6.46	Misuse of Stimulants in the Past Year among Persons Aged 12 or Older with or without Noncore Adderall [®] Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal337
6.47	Misuse of Stimulants in the Past Month among Persons Aged 12 or Older with or without Noncore Adderall [®] Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal338
6.48	Misuse of Sedatives in the Lifetime among Persons Aged 12 or Older with or without Noncore Ambien [®] Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal339
6.49	Misuse of Sedatives in the Past Year among Persons Aged 12 or Older with or without Noncore Ambien [®] Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal340

List of Tables (continued)

Table	Page
6.50	Misuse of Sedatives in the Past Year among Persons Aged 12 or Older with or without Noncore Ambien [®] Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal341
6.51	Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....342
6.52	Substance Use with a Needle in the Lifetime, Past Year, and Past Month among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....343
6.53	Perceived Great Risk of Harm Associated with Substance Use among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....344
6.54	Number of Years Since Last Use for Selected Substances among Lifetime Users Aged 12 to 49 for English-Language Non-Hispanic Interviews: Averages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....345
6.55	Received Substance Use Treatment in the Lifetime and Past Year and Types of Past Year Substance Use Treatment among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....346
6.56	Adult Mental Health Treatment in the Past Year and Type of Facility Where Received Treatment among Persons Aged 18 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal347
6.57	Youth Mental Health Treatment in the Past Year and Number of Nights Received Treatment among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic and <i>P</i> Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....348

List of Tables (continued)

Table	Page
6.58	Selected Mental Health Measures among Persons Aged 18 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal349
6.59	Adolescent Depression Characteristics among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....350
6.60	Arrested and Booked in the Lifetime and Past Year for Breaking the Law among Persons 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal.....350
7.1	Received Income and Program Participation among Persons Aged 12 or Older: Percentages and Standard Errors for 2012 Comparison, 2013 Comparison, 2013 Dress Rehearsal, and Other Surveys.....353
7.2	Levels of Current Employment among Persons Aged 18 or Older: Percentages and Standard Errors for 2012 Comparison, 2013 Comparison, 2013 Dress Rehearsal, and CPS Data354
7.3	Unemployment Rates among Persons Aged 18 or Older, by Age Group: Percentages and Standard Errors for 2012 Comparison, 2013 Comparison, 2013 Dress Rehearsal, and CPS Data355
7.4	Health Insurance Coverage among Persons Aged 12 or Older: Percentages and Standard Errors for 2012 Comparison Data, 2013 Comparison Data, 2013 Dress Rehearsal, and Other Surveys.....356
7.5	Income among Persons Aged 12 or Older: Percentages and Standard Errors for 2012 Comparison Data, 2013 Comparison Data, 2013 Dress Rehearsal, and 2013 NHIS357
7.6	2012 NHIS, 2009-2010 NHANES, and 2011-2012 NHANES Height Statistics among Persons Aged 16 or Older for Comparison with the 2013 Dress Rehearsal.....359
7.7	2012 NHIS, 2009-2010 NHANES, and 2011-2012 NHANES Weight Statistics among Persons Aged 16 or Older for Comparison with the 2013 Dress Rehearsal.....359
7.8	Conditions Told to Respondent by Doctor or Other Health Professional among Persons Aged 12 or Older: Percentages and Standard Errors, 2013 Dress Rehearsal and 2012 National Health Interview Survey.....361

List of Tables (continued)

Table	Page
7.9	Disabilities or Physical Limitations among Persons Aged 12 or Older: Percentages and Standard Errors, 2013 Dress Rehearsal, 2012 National Health Interview Survey, and 2012 American Community Survey.....361
7.10	English-Speaking Proficiency among Persons Aged 12 or Older: Percentages and Standard Errors, 2013 Dress Rehearsal and 2012 ACS.....362
7.11	Sexual Identity among Persons Aged 18 or Older, by Gender: Percentages and Standard Errors for 2013 Dress Rehearsal and 2012 GSS Data.....364
7.12	Sexual Identity among Persons Aged 18 to 44, by Gender: Percentages and Standard Errors for 2013 Dress Rehearsal and 2012 GSS Data.....364
8.1	Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire.....379
8.2	Issues Identified for Training and Materials from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Protocol.....389
8.3	Issues Identified for Field Equipment from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Protocol.....391
8.4	Estimates and Items Identified from the QFT or DR Analysis for Preview in the 2015 Early Data Review.....392
8.5	Estimates and Items Identified from the QFT or DR Analysis for Priority Examination in the 2015 6-Month Tables.....394
A.1	Changes between the 2012 NSDUH Screener and the 2012 Questionnaire Field Test (QFT) Screener.....A-1
A.2	Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire.....A-2
A.3	Changes between the 2012 Questionnaire Field Test (QFT) Screener and the 2013 Dress Rehearsal (DR) Screener.....A-9
A.4	Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire.....A-10
B.1	Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older.....B-1
B.2	Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older.....B-10

List of Tables (continued)

Table	Page
B.3	Item Missingness Rates for New and Revised Items for English-Language Non-Hispanic Interviews in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among All Persons Aged 12 or OlderB-19
B.4	Item Missingness Rates for New and Revised Items for Spanish-Language Interviews in the 2013 Dress Rehearsal among All Persons Aged 12 or OlderB-20
D.1	FI Satisfaction with Laptop – All Field Interviewers D-1
D.2	FI Satisfaction with Laptop – Bilingual Field Interviewers Only D-2
D.3	All FI Comments about Laptop, Training, and Carrying Case..... D-3
D.4	Frequency of FI Email Use – All Field Interviewers..... D-6
D.5	Frequency of FI Email Use – Bilingual Field Interviewers..... D-6
D.6	FI Satisfaction with Tablet Email – All Field Interviewers..... D-6
D.7	FI Satisfaction with Tablet Email – Bilingual Interviewers D-7
D.8	FI Comments about Email, Training, or Transmitting on the Tablet D-10
H.1	Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older H-1

List of Exhibits

Exhibit		Page
2.1	Dress Rehearsal Field Interviewer Training Agenda.....	18
3.1	Collapsing Imputation Classes: Race.....	49
3.2	Collapsing Imputation Classes: Race and Gender	50
6.1	Substances Included in Definitions of Illicit Drugs and Illicit Drugs Other than Marijuana	285

List of Figures

Figure		Page
5.1	All Field Interviewers' Tablet Keypad Preference.....	213
5.2	Bilingual Field Interviewers' Tablet Keypad Preference.....	213
5.3	All Field Interviewers' Satisfaction with the Tablet's Wireless Transmission.....	214
5.4	Bilingual Field Interviewers' Satisfaction with the Tablet's Wireless Transmission.....	214
D.1	FI Tablet Keypad Preference – All Field Interviewers.....	D-8
D.2	FI Tablet Keypad Preference – Bilingual Field Interviewers.....	D-8
D.3	Tablet Wireless Transmission Satisfaction – All Field Interviewers.....	D-9
D.4	Tablet Wireless Transmission Satisfaction – Bilingual Field Interviewers.....	D-9

1. Background and Goals

This report summarizes the data collection and analytic methods and results for the 2013 Dress Rehearsal (DR) for the National Survey on Drug Use and Health (NSDUH). Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH is a national survey of the U.S. civilian, noninstitutionalized population aged 12 or older.

In order to continue producing current and accurate data, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must update NSDUH periodically to reflect changing patterns in substance use and new mental health priorities. CBHSQ is planning to implement changes related to a partial NSDUH redesign. These changes include use of a new sample design in 2014 and a limited update to the interview questionnaire in 2015. The new sample design will allow for continued national, State, and substate-level estimation comparable with estimation from previous surveys. The sample design's improved efficiency will result in significant cost savings. CBHSQ plans to redesign NSDUH for the 2015 survey year to achieve two main goals: (1) revise the questionnaire to address changing policy and research data needs, and (2) modify the survey methodology to improve the quality of estimates and the efficiency of data collection and processing.

A Questionnaire Field Test (QFT) conducted in 2012 tested revisions to the NSDUH respondent materials, questionnaire, procedures, and equipment associated with the 2015 partial redesign goals (Currivan et al., 2013). *Section 2.4.1* provides a complete list of the revisions that were implemented and evaluated for the QFT. Following the QFT, the DR aims to further test revisions made to the QFT materials, questionnaire, procedures, and equipment, as well as further revisions made to the questionnaire and equipment specifically for the DR. Two major differences between the QFT and the DR are the addition of Spanish-language interviews and a test of new lightweight laptop computers. Field interviewers (FIs) used the same tablet computer for the DR that was originally tested during the QFT for screening, respondent selection, and case management, with a few administrative enhancements for the DR. *Section 2.4.1* and *Appendix A* describe and provide a complete list of the additional questionnaire and protocol changes that were implemented for the DR. The DR provides another opportunity to further refine and improve the redesigned questionnaire, materials, and procedures prior to any full-scale changes for the 2015 partial redesign. Specifically, the DR presents an opportunity to do the following:

- assess how the partially redesigned protocol performs for Spanish-language screenings and interviews;
- evaluate whether problems identified in the QFT, such as data quality issues with items moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) administration, persisted in the DR;
- use the combined QFT and DR samples to increase the statistical power for analyses that were inconclusive in the QFT because of limited sample size; and
- examine new items that were introduced in the QFT and then modified for the DR.

Using multiple indicators and data sources, the primary goal of the DR is to measure the total effect on NSDUH estimates and outcomes from *all* changes to the materials, questionnaire, and procedures planned for the 2015 partial redesign. Specifically, the DR provides data to attempt to address the following research questions, to the extent that sample sizes allow:

1. What do assessments of the DR protocol—obtained from equipment surveys, debriefing questions, debriefing calls, and field observations of FIs—indicate about the likely effectiveness of the 2015 partial redesign protocol?
2. What impact does the redesigned protocol, including revisions made to the DR questions or protocol based on QFT experiences or results, have on the overall interview timing and module timings across age groups?
3. Does the DR protocol, including changes made from the QFT protocol, meet similar data quality standards as the QFT data collection and the current NSDUH main study, as measured by unit nonresponse, item missingness rates, imputation rates, and other indicators of data quality?
4. Does the DR protocol produce any significant differences in key estimates with the QFT and the main study comparison data, both for all respondents and across age groups and for both English-language and Spanish-language interviews?
 - 4a. To what extent do DR estimates for core substance use items other than methamphetamine and prescription drugs differ from the QFT (English-language interviews only) and the main study comparison estimates (not restricted to English-language interviews)? To what extent do these core substance use estimates based on the combined QFT and DR English-language non-Hispanic data differ from the corresponding main study English-language non-Hispanic comparison estimates?
 - 4b. To what extent do DR estimates for methamphetamine and prescription drug items differ from the QFT (English-language interviews only) and the current NSDUH main study (not restricted to English-language interviews)? To what extent do these estimates based on the combined QFT and DR English-language non-Hispanic data differ from the corresponding main study English-language non-Hispanic comparison estimates?
 - 4c. To what extent do DR and QFT data for individual prescription drugs contribute to estimates of past year use or misuse for the overall category (e.g., pain relievers) and for related prescription drugs within a category? What effect does including or dropping data for specific drugs have on the combined QFT and DR English-language non-Hispanic estimates?
 - 4d. To what extent do DR estimates for selected noncore items—such as substance dependence or abuse, substance use treatment, selected mental health measures, mental health treatment, and demographic and household items—differ from the QFT (English-language non-Hispanic estimates) and the current NSDUH main study?
5. Does the DR protocol produce any significant differences in key estimates relative to estimates from other surveys or other sources of data?

This report summarizes how the DR was conducted and the results obtained to address the five main research questions. **Chapter 2** describes the study design, field preparations, and data collection procedures. **Chapter 3** describes procedures for defining usable cases, data editing and coding, imputation, weighting, data file preparation, and data analysis issues for the DR data and the two NSDUH datasets that were used to compare with the DR data. This chapter also discusses key analytic issues, especially comparisons of the DR data with the 2012 and 2013 quarters 3 and 4 NSDUH main study data. **Chapter 4** addresses research questions 2 and 3 by detailing data collection outcomes, such as screenings and interviews completed, screening and interview response rates, overall and module interview timings, imputation rates, item missingness rates, and other data quality indicators. **Chapter 5** describes data collected from DR interviewers through multiple methods—including an FI training survey, FI equipment survey, FI debriefing items, debriefing calls with FIs, and field observations of FIs—to address research question 1 about the general performance of the redesigned protocol. **Chapter 6** presents comparisons of selected core and noncore estimates for English- and Spanish-language DR data and comparison data to address research question 4. **Chapter 7** addresses research question 5 through an examination of QFT and DR estimates for moved, revised, and new items in the QFT and DR protocols and, where applicable, comparisons with parallel estimates from the two NSDUH main study datasets and other national survey datasets. **Chapters 6 and 7** are both organized in two sections, with the first covering priority analyses that will directly inform decisions for the 2015 partial redesign and the second covering additional analyses that will provide a preview of how specific estimates will look in the 2015 main study data. Finally, **Chapter 8** summarizes the key findings in the report with respect to each of the five main research questions and the main implications of these results for finalizing the partially redesigned questionnaire and protocol to be implemented in the 2015 NSDUH main study.

2. Study Design, Field Preparations, and Data Collection Procedures

2.1 Overview of Study Design, Field Preparations, and Data Collection Procedures

This chapter provides details of the design and implementation of the 2013 Dress Rehearsal (DR). *Section 2.2* describes the study design, including the sample design and selection procedures. *Section 2.3* addresses preparations made for data collection, including preparing the field equipment, selecting the field interviewers (FIs), and training the FIs and field supervisors (FSs). *Section 2.4* describes all of the data collection procedures followed in implementing the DR, which was fielded from September 1 through October 31, 2013.

2.2 Study Design

This section describes the target population represented by the DR, the oversampling of Spanish-language interviews, procedures for selecting State sampling regions (SSRs) and segments, selection of dwelling units (DUs), allocation of respondents across age groups, and selection of persons to be respondents for the interviews.

2.2.1 Target Population

Similar to the main study of the National Survey on Drug Use and Health (NSDUH), the respondent universe for the DR was the civilian, noninstitutionalized population aged 12 or older. In order to control costs, persons residing in Alaska and Hawaii were excluded from the DR. Therefore, the sample is representative of the noninstitutionalized population aged 12 or older in the contiguous United States.

2.2.2 Spanish-Language Interview Oversample

One primary goal of the DR was to evaluate the Spanish-language questionnaire, so it was critical to complete enough DR interviews in Spanish to allow for this evaluation. To achieve a higher yield of Spanish-language interviews than what would be observed with a probability proportional to size (PPS) sample, a special certainty stratum was created that comprised the SSRs with a historically high percentage of interviews conducted in Spanish. SSRs that had 10 percent or more of their 2011 NSDUH interviews conducted in Spanish were assigned to the certainty stratum. The percentage of interviews conducted in Spanish was calculated at the SSR level rather than the segment level because sample sizes at the segment level were too small to provide reliable estimates. A total of 101 of the NSDUH SSRs fell into the certainty stratum and were selected for the DR with certainty.

Because of the oversampling of areas with historically high concentrations of Spanish-language interviews, 207 of the 2,000 total interviews were expected to be completed in Spanish. *Table 2.1* presents the expected number of interviews and estimated precision of survey estimates for the total interviews and for the Spanish-language interviews. Although this oversampling approach led to a higher yield of Spanish-language interviews compared with a

design where all of the segments were selected PPS, it decreased the precision of the overall estimates by increasing the design effects. Areas with high concentrations of Spanish-language interviews had a much higher probability of selection under this design than they would have had under a PPS design. This design balanced the goals of testing the Spanish-language questionnaire and producing efficient overall estimates.

Table 2.1 Expected Number of Interviews and Precision of Dress Rehearsal Estimates

Number and Precision	Total Interviews	Spanish-Language Interviews
Expected Number of Interviews	2,000	207
Standard Errors (SEs) of Estimates ¹	1.30%	4.08%
Relative Standard Errors (RSEs) of Estimates ¹	12.98%	40.83%

¹SE and RSE calculations assume a design effect of 2.5 and a prevalence of $p = 0.10$.

2.2.3 Selection of State Sampling Regions and Segments

NSDUH is designed to yield 67,500 interviews from 7,200 segments each calendar year (Morton & Shook-Sa, 2012). Thus, an estimated 200 segments were needed to yield approximately 2,000 completed DR interviews. As discussed in *Section 2.2.2*, a special certainty stratum was developed to ensure that a sufficient number of DR interviews would be completed in Spanish. As mentioned in *Section 2.2.2*, 101 of the NSDUH SSRs fell into the certainty stratum and were selected with certainty. To ensure national representation, the remaining 775 SSRs were stratified by census region, and 99 SSRs were selected PPS for inclusion in the DR. Implicit stratification was achieved by sorting the frame of SSRs by the percentage urban and the percentage of interviews completed in Spanish in 2011 prior to selecting the sample.

This design had the benefit of placing much of the sample in heavily populated areas where a sufficient mix of FIs with various experience levels were available to meet the DR staffing needs. As shown in *Table 2.2*, a large portion of the sample was selected from the eight largest States (i.e., California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas). In addition, the majority of the Spanish-language interviews were expected to be completed in States where bilingual FIs were already employed.

Within each selected SSR, a sample of DUs was drawn from the segment that was retired from use in quarter 1 of the 2013 NSDUH. DUs that were not selected for the main study in 2012 and 2013 were eligible for selection in the field test. If an insufficient number of DUs remained in a segment, or if significant access problems were expected, the segment was replaced with the quarter 3 or quarter 4 2012 retired segment in the same SSR. That is, the quarter 1 2013 segment with insufficient DUs or expected access problems was removed from the sample, and the quarter 3 or quarter 4 2012 retired segment was included in the sample of segments prior to the allocation of DUs across segments. One segment was replaced because it had fewer than 10 DUs remaining, and 10 segments were replaced because of anticipated access problems in the segments.

Table 2.2 Number of 2013 Dress Rehearsal State Sampling Regions and Sample Sizes, by State

State	Population Rank (12 or Older)	Current Design	NSDUH SSR Regions	Number of DR SSR Regions/ Segments	2013 DR Total Interviews	2013 DR Spanish-Language Interviews
CA	1	3,600	48	38	640	60
TX	2	3,600	48	23	265	59
NY	3	3,600	48	15	142	11
FL	4	3,600	48	13	121	22
IL	5	3,600	48	12	96	8
PA	6	3,600	48	4	41	1
OH	7	3,600	48	5	49	2
MI	8	3,600	48	3	29	0
GA	9	900	12	4	23	0
NC	10	900	12	4	44	0
NJ	11	900	12	3	19	0
VA	12	900	12	4	28	0
MA	13	900	12	4	42	0
WA	14	900	12	1	5	0
IN	15	900	12	2	19	0
AZ	16	900	12	7	58	7
TN	17	900	12	3	22	0
MO	18	900	12	2	22	0
WI	19	900	12	5	51	1
MD	20	900	12	2	22	3
MN	21	900	12	2	20	0
CO	22	900	12	3	10	0
AL	23	900	12	3	32	0
SC	24	900	12	1	9	0
KY	25	900	12	1	8	0
LA	26	900	12	2	17	0
OR	27	900	12	1	12	0
OK	28	900	12	1	8	0
CT	29	900	12	1	2	0
IA	30	900	12	1	13	0
MS	31	900	12	0	0	0
AR	32	900	12	1	11	0
KS	33	900	12	2	19	0
NV	34	900	12	5	31	4
UT	35	900	12	2	11	0
NM	36	900	12	4	16	1

(continued)

Table 2.2 Number of 2013 Dress Rehearsal State Sampling Regions and Sample Sizes, by State (continued)

State	Population Rank (12 or Older)	Current Design	NSDUH SSR Regions	Number of DR SSR Regions/ Segments	2013 DR Total Respondents	2013 DR Spanish-Language Respondents
WV	37	900	12	3	35	0
NE	38	900	12	1	7	2
ID	39	900	12	1	1	0
ME	40	900	12	3	34	0
NH	41	900	12	0	0	0
HI	42	900	12	0	0	0
RI	43	900	12	3	7	0
MT	44	900	12	0	0	0
DE	45	900	12	1	4	2
SD	46	900	12	1	15	0
AK	47	900	12	0	0	0
VT	48	900	12	1	14	0
ND	49	900	12	0	0	0
DC	50	900	12	1	4	2
WY	51	900	12	1	9	0
Total		67,500	900	200	2,087	185

DR = Dress Rehearsal; SSR = State sampling region.

2.2.4 Selection of Dwelling Units

The starting sample size and the sample allocation across the segments were determined based on anticipated eligibility, nonresponse, and the person-level sample selection procedures. Similar to the main study, a small reserve sample (15 percent) of DUs from each segment was selected, and the total sample was partitioned into four probability subsamples within each segment: 100 percent and three 5 percent partitions, for a total of 115 percent. Although the majority of the sample (100/115) was released at the beginning of the DR data collection period, having the additional sample partitions allowed for greater flexibility in controlling the sample size and provided the ability to ensure that the data collection goals were attained within the field period. No additional sample partitions were needed to achieve the target of 2,000 completed interviews.

A total of 5,016 DUs were sampled and yielded 2,087 completed interviews (*Table 2.3*). As shown in *Table 2.2*, 185 Spanish-language interviews were yielded from the DR sample. The half-open interval procedure for missed DUs was implemented during the DR, but it is not scheduled to be implemented in the 2014 or 2015 NSDUHs. *Table 2.3* compares the expected DR unweighted response rates and yields to the actual unweighted response rates and yields.

Table 2.3 Summary of the Dress Rehearsal Sample Design and Results

Statistic	Expected		Actual	
	Total	Unweighted Response Rate ¹	Total	Unweighted Response Rate
State Sampling Regions	200	N/A	200	N/A
Segments	200	N/A	200	N/A
Selected Dwelling Units	5,146	N/A	5,016	N/A
Eligible Dwelling Units	4,426	0.86	4,392	0.88
Completed Screening Interviews	3,673	0.83	3,511	0.80
Selected Persons	2,703	N/A	2,808	N/A
Completed Interviews	2,000	0.74	2,087	0.74

N/A = not applicable; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test.

¹ Expected eligibility and screening rates are the observed rates from the 2012 QFT (unweighted). The expected interview response rate is the observed rate from the QFT adjusted with 2011 NSDUH rates to account for the oversampling of high Spanish-language interview areas.

2.2.5 Age Group Allocations

The respondent sample was allocated to the three major age groups in the following proportions: 25 percent aged 12 to 17, 25 percent aged 18 to 25, and 50 percent aged 26 or older. Among the 26 or older age groups, 15 percent of the sample was allocated to persons aged 26 to 34, 20 percent of the sample was allocated to persons aged 35 to 49, and 15 percent was allocated to persons aged 50 or older. This sample allocation matched the planned allocation for the 2014 NSDUH and the 2012 Questionnaire Field Test (QFT). One implication of the respondent sample allocation by age groups is a potential impact on DR response rates. As with the QFT, having a higher sampling rate for the 26 or older adults identified in DR households compared with the NSDUH main interview had a negative effect on unweighted interview response rates because response rates are typically lower for the 26 and older age group. As shown in **Table 4.4** in **Chapter 4**, both the weighted and unweighted interview response rates for persons younger than 26 were higher than the response rates for persons aged 26 or older. Therefore, sampling more persons 26 or older led to a lower overall unweighted interview response rate for the DR compared with the main study. The unweighted interview response rate for the DR sample was 74.32 percent compared with 78.01 percent for the 2012 main study comparison sample and 80.71 percent for the 2013 quarters 3 and 4 main study comparison sample (see **Table 4.1** in **Chapter 4**). Weighted interview response rates are not affected by the change in age allocation. Although a smaller proportion of 12 to 17 year olds were selected, this age group continued to drive the number of DUs needed (i.e., relative to the total population in this age group, the age group continued to be sampled at the highest rate). Thus, fewer DUs were needed to yield the desired sample than would be needed under the current sample design.

2.2.6 Selection of Persons

After DUs were selected within each DR segment, an FI visited each selected DU to obtain a roster of all persons aged 12 or older residing in the DU. This roster information was used to select 0, 1, or 2 persons for the survey. Sampling rates were preset by segment and age group. Roster information was entered directly into the electronic screening program, which

automatically implemented this stage of selection based on the segment and age group sampling parameters. As indicated in **Table 2.3**, 2,808 people were selected from within 3,511 screened and eligible DUs, which yielded 2,087 completed interviews.

The sampling algorithm in NSDUH is based on the Chromy and Penne (2002) adaptation of a Brewer (1963, 1975) method for selecting samples of size two. The adaptation allows for selecting samples of 0, 1, or 2 persons within a selected DU containing at least one eligible person. Chromy and Penne (2002) also introduced a pair sampling parameter λ , which governs the number of pairs selected. The following text describes how the sample selection algorithm and pair sampling parameter are implemented for NSDUH.

Define the target selection probability for person i in DU h as P_{hi} . Then, to ensure that all of the pairs have a positive probability of selection, all of the person probabilities have to be strictly less than 1; and arbitrarily, the maximum P_{hi} is set to 0.99. In Brewer's (unadapted) method of sampling pairs, the sum of the first-order inclusion probabilities is always equal to $n = 2$. However, because the design calls for a selection of 0, 1, or 2 persons per DU, it is unlikely that the sum of person probabilities within a DU sums to 2 (i.e., $S_h = \sum_i P_{hi} = 2$).

The following adaptations were then applied to the sampling algorithm.

If $S_h > 2$, a multiplicative scaling factor, $F_h = 2/S_h$, was applied to all of the target selection probabilities so that they were scaled down to sum to exactly 2.

If $S_h < 2$, the problem was remedied by creating three dummy persons and distributing the remaining size measure ($2 - S_h$) to them equally (i.e., the inclusion of dummy persons in the selection could result in the selection of 0 or 1 actual persons). Operationally, this initially required the application of the following multiplicative scaling factor to the person probabilities:

$$F_h = \min \left\{ \frac{2}{S_h}, \frac{0.99}{\max(P_{hi})} \right\}.$$

However, a further modification was applied to this scaling factor that allowed some flexibility in the actual number of pairs selected. This modification was governed by the pair sampling parameter λ . Define

$$T(\lambda) = S_h + \lambda(2 - S_h); 0 \leq \lambda \leq 1.$$

Then the modified multiplicative scaling factor was expressed as

$$F_h^* = \min \left\{ \frac{T(\lambda)}{S_h}, \frac{0.99}{\max(P_{hi})} \right\}.$$

Simulation analyses resulted in the selection of $\lambda = 0.50$ for the 2002 to 2013 NSDUH sample designs. However, changes to the 2014 sample design with respect to age group and State necessitated further simulation analyses to identify the value of λ best suited for the 2014 design. Simulation analyses based on the 2012 screening data, modified to reflect the required 2014 age group sample proportions (but not modified to reflect the new State proportions), were conducted, and $\lambda = 0.25$ was selected.¹ **Table 2.4** displays expected pair selection counts for the

¹ This 0.25 value was finalized for the 2014 NSDUH on November 25, 2013.

2014 NSDUH (scaled to sum to 67,500) for different values of λ in the simulation exercise, and **Table 2.5** displays the corresponding unweighted response rates. However, these simulation analyses had not been conducted in time to be implemented for the QFT and DR studies; therefore, $\lambda = 0.50$ was used for these studies. The selection of $\lambda = 0.50$ for the DR also maintained consistency with the QFT, 2012, and 2013 DR comparison samples.

Table 2.4 Simulated Pair Selection Counts for Different Values of λ

Age Group for Pairs	$\lambda =$				
	0.00	0.25	0.50	0.75	1.00
12+, 12+	18,054	22,752	28,630	34,047	37,809
12 - 17, 12 - 17	2,951	3,041	3,169	3,340	3,489
12 - 17, 18 - 25	2,170	2,326	2,517	2,671	2,775
12 - 17, 26+	5,211	6,208	7,317	7,726	7,956
18 - 25, 18 - 25	2,728	3,185	3,606	4,142	4,576
18 - 25, 26+	2,962	3,833	4,908	5,629	5,867
26+, 26+	2,032	4,160	7,113	10,538	13,146

Table 2.5 Simulated Pair Unweighted Response Rates for Different Values of λ

Age Group for Pairs	$\lambda =$				
	0.00	0.25	0.50	0.75	1.00
12+, 12+	72.7	71.4	70.3	69.3	68.7
12 - 17, 12 - 17	81.4	81.4	81.4	81.4	81.4
12 - 17, 18 - 25	76.1	76.1	76.1	76.1	76.1
12 - 17, 26+	74.8	74.8	74.8	74.9	74.8
18 - 25, 18 - 25	71.2	71.2	71.2	71.2	71.2
18 - 25, 26+	67.1	67.1	67.1	67.1	67.1
26+, 26+	61.7	60.7	60.4	60.1	59.8

2.3 Field Preparations

This section describes the procedures undertaken to plan and implement the DR data collection.

2.3.1 Preparing Field Equipment

2.3.1.1 Hardware Selection

As part of the process to resupply field staff with new data collection equipment for the 2015 NSDUH, the NSDUH team has been engaged in an ongoing equipment evaluation process. In early 2012, after considering both a one-device and a two-device approach for equipment resupply, the Substance Abuse and Mental Health Services Administration (SAMHSA) and RTI decided to proceed with a two-device approach that involves the use a small mobile Android tablet for doorway screening and a lightweight conventional Windows laptop for interviewing. As part of the QFT, a small mobile tablet computer (Samsung Galaxy Tab 7.0") was tested as a screening device. The tablet proved to be durable and reliable and was very well received by the

FIs because of the bright, large 7-inch display and the fact that the FIs felt that the touch-screen interface was efficient and easy to use. As a result, the Samsung Galaxy Tab 7.0" was employed for doorway screening in the DR.

The next step was to test a lightweight laptop for conducting the NSDUH interviews. The DR presented an ideal opportunity to field test a smaller and lighter laptop. After considering a variety of laptop models ranging in display size from 13 to 15 inches and in weight from 2.5 to 6.0 pounds, SAMHSA and RTI narrowed the options to two lightweight models offered by Samsung and Lenovo that were purchased for further hands-on evaluation. The Samsung Series 9 Ultrabook was the lightest of all models (weighing 2.5 pounds) and has a screen display size of 13.3 inches, while the Lenovo ThinkPad X1 Carbon was slightly larger with a 14-inch display and a weight of 3.0 pounds. Both laptops include a solid-state drive (SSD), which is typically considered faster to boot and less vulnerable to physical shock than traditional electromechanical hard disk drives (HDD). SAMHSA decided to proceed with the Samsung laptop for the DR field test primarily because of its brighter, crisper, and more colorful display and its light weight.

2.3.1.2 Software Development

In preparation for the DR training and data collection, the programming team developed screening, interview, and transmission software for all devices, as well as modified the case management system (CMS) to accommodate the DR case assignment and transfer requirements. The screening software developed for the Samsung Galaxy Tab 7.0" used in the QFT was used again for the DR with several enhancements, including an integrated calendar for setting appointments, a call distribution function that enables FIs to see their record of calls (ROC) distributed across time of day and day of week, and a stand-alone wireless transmission component that enabled FIs to transmit screening data independently of the NSDUH laptop.

In addition to training the DR FIs on using the default tablet keypad, a second keypad, called the "hacker's" keypad, was loaded onto tablets as an alternative for the DR. The hacker's keypad is more similar in layout to the iPAQ keyboard in that the main view displays the number keys across the top of the keyboard. This feature means that FIs do not need to change the keyboard view to enter numbers versus letters.

Also, the tablet was configured with an email program that was tested during the DR and allowed FIs to both send and receive messages. FIs were trained that this email capability is not for private use, but primarily for communication with their field supervisor (FS).

NSDUH's computer-assisted interviewing (CAI) software was modified to fit the 13.3-inch display of the laptop and to incorporate all of the approved changes recommended from the QFT. Transmission software was modified to enable tethered transmission between the Android tablet and the new Windows 7 laptop via Wi-Fi or independent transmission on each device via Wi-Fi. More information is provided on the screening and questionnaire changes for the DR in *Section 2.4.1*.

2.3.1.3 Preparing and Implementing the Equipment

The programming team prepared and quality checked the master configurations for the field test equipment. Once the master configurations had been reviewed for quality control

purposes, the technical support group duplicated the masters to produce the quantity of equipment needed for the DR training and data collection. FIs completed equipment survey questions (*Appendix D*) to provide structured feedback about the new laptop, tablet email program, tablet keypad options, and transmission. Also, calls made to the NSDUH technical support group were monitored in order to assess any hardware, software, and transmission problems encountered by the FIs while using the DR equipment.

There were important advantages to integrating the evaluation of the new laptop into the DR. Using a new laptop allowed for an evaluation of the viability of the chosen device. One significant consideration was that the Samsung laptop has a smaller display (13.3 inches) than the current Gateway laptop used for NSDUH (15.4 inches). The results of the initial hands-on evaluation indicated that despite its smaller size, the bright, crisp display of the Samsung was sufficient for displaying the NSDUH interview. Information gathered in the DR demonstrates that the smaller display is large enough to effectively present the NSDUH interview. Also, the Samsung laptop is much lighter (2.5 pounds) than the current Gateway laptop (6.8 pounds) and is designed to be used primarily with Wi-Fi Internet access, which offers a significant advantage with regard to portability.

Introducing a new laptop for the DR also presented some challenges to overcome. The CAI interview and laptop transmission software were modified to run on the new laptops, which was configured with Windows 7 operating system (as opposed to the current operating system, Windows XP). The QFT tablet software was enhanced to support direct Wi-Fi based transmission of tablet data, and the tablet email client was configured to access FI email accounts. Modifications to the Web-based CMS were necessary to accommodate the case assignment and transfer needs of the DR. Finally, the Samsung laptop did not contain an internal dial-up modem or Ethernet port, which meant that FIs using these devices had to use Wi-Fi Internet or external Ethernet/dial-up adapters to transmit data back to RTI. All of the NSDUH FIs recruited for the DR indicated that they had Wi-Fi Internet access at home or had easy access to a Wi-Fi network. A small set of Ethernet and dial-up adapters was purchased in case the FIs encountered significant problems using Wi-Fi transmission. None of the dial-up modems were needed during the DR, and one FI temporarily used an Ethernet adapter to transmit while she was resolving problems with her home wireless network.

It should also be noted that equipment models change frequently. It is unlikely that the exact equipment used in 2013 will be available for purchase for 2015 when new equipment will be needed. However, devices with similar form factors, including similarly sized displays, will likely be available for deployment in 2015.

2.3.2 Staffing

The field management team and structure for the 2013 DR were identical to those used for the 2012 QFT and the 2013 main study. All of the FIs selected for the DR also collected data during the 2013 main study's quarters 3 and 4, which overlapped with the DR field period. FIs were chosen for the DR data collection based on several factors. Initial consideration of FIs was determined by proximity to DR segments. Field managers analyzed the DR sample distribution to determine which FIs would be strategic choices for consideration, taking into account the high Spanish-speaking segments included in the sample. Location and bilingual status, however, were not the only determining factors.

Length of service on NSDUH was also an important selection criterion for DR FIs. The goal for the DR interviewing team was to have a mix of veteran and newer FIs working on the DR data collection effort that was similar to the distribution for FIs working in quarters 3 and 4 of the main study. FIs who had attended the January 2013 new-to-project (NTP) training session or who had attended an earlier NTP session were eligible for selection for the DR data collection. **Table 2.6** shows the distribution of the DR FIs by tenure level compared with the FIs from the 2013 main study's quarters 3 and 4 who were collecting data at the same time.

Table 2.6 Tenure Distribution of 2013 Quarters 3 and 4 Main Study Field Interviewers Compared with 2013 Dress Rehearsal Field Interviewers

Number of Quarters Worked on NSDUH Since 2005	2013 Quarters 3 and 4 NSDUH Field Interviewers		2013 Dress Rehearsal Field Interviewers		Difference between 2012 QFT and 2013 DR
	Count	Percent	Count	Percent	Percent
0 - 4	147	19.9	6	4.5	-15.4
5 - 8	101	13.7	17	12.8	-0.9
9 - 12	78	10.6	19	14.3	3.7
13 - 16	56	7.6	15	11.3	3.7
17 - 20	27	3.7	3	2.3	-1.4
21 - 24	53	7.2	14	10.5	3.3
25 - 28	34	4.6	7	5.3	0.7
≥ 29	241	32.7	52	39.1	6.4
Total	737	100.0	133	100.0	N/A

DR = Dress Rehearsal; N/A = Not applicable; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test.

NOTE: Percentages may not sum to 100 percent because of rounding.

Proximity to sample segments and experience level were balanced with each FI's previous data quality and cost-efficiency results, availability, and dependability to take on the additional DR work from September 1 through October 31, 2013. FIs who had poor data quality ratings or high costs on their main study work were not considered for the DR data collection. A group of alternates was also recruited as replacements in case there was any attrition among the initially selected group of FIs. In total, 133 FIs successfully completed the DR FI training and conducted the DR data collection (see **Section 2.3.3**).

2.3.3 Training Procedures

2.3.3.1 Training Materials

Using a master list of needed supplies, all of the training materials were prepared and ordered (if necessary) in preparation for DR training activities. A detailed, near-verbatim training guide was prepared and given to each member of the training team. Along with the training guide, numerous printed materials were also developed:

- DR FI handbook that contained protocols and procedures for conducting work on the DR;

- training workbook that contained necessary exercises, screening and interviewing mock scripts, and additional instructions;
- quality control forms specifically for the various training cases;
- interview incentive receipts for use during the practice interviews;
- showcard booklets for training and use during subsequent fieldwork;
- supplies to be used during the course of training, including the lead letter, study description, and question & answer (Q&A) brochure;
- administrative forms providing session-specific details for proper travel reimbursement;
- evaluation forms used by trainers when observing FIs in class; and
- bilingual training packets with materials for use during the bilingual training session.

Additionally, PowerPoint slides were developed to accompany the various training guide sections, providing illustrations of the items under discussion or summarizing the main points conveyed in the guide.

As part of the DR training plan, an electronic multimedia and interactive training application, referred to as iLearning (which stands for independent learning), was used. Using iLearning allowed FIs to complete an introductory DR iLearning course at their own pace and review portions of the course again as needed. The DR iLearning course consisted of slides with both text and graphics, an audio component providing important information and instructions, a training video, interactive practice exercises, and an assessment portion to ensure each FI's comprehension of the DR material presented during the course and within the DR FI handbook. At the end of the course, assessment results were transmitted to RTI and posted to the CMS for field management staff review. The DR iLearning course was completed by all of the FIs who were selected for the DR prior to their attending the in-person training. All 140 DR FIs scheduled to attend the in-person DR FI training sessions successfully completed and passed the DR iLearning course. (See *Section 2.3.3.3* for more details on the number of FIs who actually completed the DR FI training sessions.)

2.3.3.2 Training and Materials for Trainers and Field Management Staff

The training teams for the in-person session consisted of a lead trainer (an experienced project instrumentation or operations team member), an assistant trainer (a survey specialist), and a technical support representative. In addition, two site leaders, a logistical assistant, and a lead technical support manager handled operations at the training site. All of the training staff received the same handbook and iLearning course that were sent to the FIs, as well as a near-verbatim training guide containing detailed instructions and text to ensure that all of the necessary instructional points were covered.

To prepare trainers for their role at the in-person FI training session, a master trainers' session was held on RTI's main campus in North Carolina on August 1, 2013. Additional RTI staff selected to complete DR FI observations with RTI-certified bilingual DR FIs (see *Section 2.3.3.4*) also attended to increase their knowledge of NSDUH and DR protocols.

The session was led by members of the instrumentation team who reviewed all portions of the DR training guide and materials, as well as the logistics for the DR FI training and instruction on the equipment being used. In addition, a short kickoff meeting was held with trainers at the training site on August 23, 2013, to further review pertinent training guide details and important reminders so that all of the trainers were fully prepared to conduct the session.

To ensure that NSDUH's regional supervisors (RSs) and field supervisors (FSs) could appropriately manage DR FIs during the DR data collection, each RS and FS received the DR handbook and iLearning course sent to the FIs, as well as a DR management guide outlining the administrative duties and questions they might encounter. On August 6, 2013, members of the management team led a special video-streamed DR management session for all of NSDUH's data collection management staff, including FSs, RSs, and regional directors (RDs), as well as other NSDUH team members. During the session, the leaders reviewed the DR schedule and procedures, along with staff roles and responsibilities, and answered questions related to managing the DR fieldwork.

2.3.3.3 Field Interviewer Training Sessions

Training for DR FIs was held in Bethesda, Maryland, during two separate sessions. Session A was held on August 24 and 25, 2013. Session B took place on August 26 and 27, 2013. Of the 140 DR FIs scheduled to attend the in-person DR FI training, 1 FI was unable to attend the training due to illness. Of the 139 DR FIs who attended the DR FI training sessions, 135 FIs successfully completed the training. Four FIs demonstrated significant performance issues during the DR training session and, therefore, did not successfully complete the training. These FIs were excused from the DR data collection, and the cases originally assigned to them were reassigned to other FIs.

Of the 135 FIs who successfully completed the DR FI training, 62 FIs had also been trained as FIs for the QFT. **Table 2.7** summarizes the results of the DR FI training sessions.

Table 2.7 Dress Rehearsal Field Interviewer Training Program

DR FI Training Session	FIs Attending	FIs Successfully Completing Training	FIs Trained on the QFT	Bilingual FIs Successfully Completing Training
Session A (August 24 and 25, 2013)	70	68	34	21
Session B (August 26 and 27, 2013)	69	67	28	20
Total DR FIs Completing Training	139	135	62	41

DR = Dress Rehearsal; FI = field interviewer; QFT = Questionnaire Field Test.

With the inclusion of Spanish-language instruments and materials for the DR, a bilingual FI training session was conducted at the end of day 2 for both the A and B sessions of the DR FI training. During these bilingual training sessions, a total of 41 veteran, RTI-certified bilingual FIs participated and successfully completed the training (see **Table 2.7**).

The DR FI training program included an initial self-study component (completed at home prior to attending the in-person training) in which FIs read the DR FI handbook and completed the DR iLearning course. During the 2-day in-person classroom training, FIs had hands-on

practice with the DR equipment, programs, and DR-specific procedures. In addition to detailed instruction on specific DR procedures, FIs were reminded of key NSDUH protocols, such as reading all screens verbatim, protecting respondent privacy, and following administrative procedures. The 2-day DR FI training agenda is provided in *Exhibit 2.1*.

Day 1. Training classes began with an introduction to the DR and the FI's responsibilities on the study. The next topic focused on the DR equipment and provided instruction in the use of the laptop computer hardware and the basics of the tablet hardware and software, including the screening program. After a short break, the FIs learned about locating and contacting respondents, completed a group walk-through of a DR screening, and were able to practice effectively answering respondent questions and dealing with nonresponse, as well as using the tablet for screening as they completed paired mock screening exercises.

Following a lunch, FIs were introduced to the DR interview materials and procedures and completed a group walk-through of a DR interview. The FI debriefing questions were covered, as well as additional tips for answering DR-related respondent questions and dealing with nonresponse. After a break, the late afternoon session was spent completing two paired mock screening and interview exercises to gain more practice with the overall DR process. During all of the paired mock exercises, FIs were observed by trainers and were given constructive feedback on their performance and understanding. This was also a time when retraining could take place and FIs could ask questions.

All of the FIs were invited to attend an evening FI laboratory session for additional practice or assistance. For homework during the evening, FIs completed a DR screening and interview exercise and some additional tasks on the tablet. RTI-certified bilingual FIs completed the evening homework using the Spanish-language versions of the DR screening and interview.

Day 2. The training session on day 2 started with instruction on the transmission process and how to troubleshoot problems with the equipment. The homework from the previous evening was also reviewed. FIs practiced actual transmission procedures to ensure that everything was working properly, both with a combination tablet/laptop transmission and a tablet-only transmission. The FIs in Session A also received their assigned DR cases. The FIs in Session B transmitted again later in the day to pick up the patch for the CAI instrument; they were told to transmit again from home to receive their cases. The Session A FIs also transmitted again from home to pick up the patch before beginning data collection. (See *Section 2.4.8* for more information regarding the CAI patch.)

Also in the morning on day 2 of training, FIs completed two more paired mock exercises while their trainers observed them, and they received feedback from their trainers. Starting late in the morning and continuing after lunch, administrative tasks were reviewed, including email on the tablet, reporting to their FS, how to record time and expenses, and tips on organization. During a session wrap-up in the midafternoon, key procedures and protocols of the DR were reviewed, and FI questions were answered. FIs also completed the first installment of the FI feedback survey covering the training topics. (See *Section 5.2* for details and results of the DR FI training survey.)

Exhibit 2.1 Dress Rehearsal Field Interviewer Training Agenda

DAY 1	DAY 2
<p>8:30 (1) Introduction to the Dress Rehearsal (DR) [20 minutes]</p> <ul style="list-style-type: none"> • Introductions • Training Agenda • DR Overview • DR Field Interviewer (FI) Responsibilities <p>8:50 (2) Introduction to the DR Equipment [1 hour, 10 minutes]</p> <ul style="list-style-type: none"> • Reviewing the Equipment Assignment and Receipt Form (EARF) • Laptop Hardware • Getting Started on the Laptop • Tablet Hardware • Getting Started on the Tablet • Equipment Care & Maintenance <p>10:00 Break</p> <p>10:15 (3) Administering the DR Screening [1 hour, 45 minutes]</p> <ul style="list-style-type: none"> • Locating & Contacting Respondents • Screening Procedures • DR Screening - Group Walk-Through • Answering Respondent Questions & Nonresponse • DR Paired Screening Exercises <p>12:00 Lunch</p> <p>1:00 (4) Administering the DR Interview [2 hours]</p> <ul style="list-style-type: none"> • Interview Materials & Procedures • DR Interview - Group Walk-Through • FI Debriefing Questions - Interview • Answering Respondent Questions & Nonresponse <p>3:00 Break</p> <p>3:15 (5) DR Paired Mocks 1 & 2 [1 hour, 45 minutes]</p> <ul style="list-style-type: none"> • Review of DR Process • Paired Mocks 1 & 2 • Review of Paired Mocks 1 & 2 • Day 1 Question • Day 1 Wrap-Up <p>5:00 Adjourn</p> <p>6:00 – 8:00 Field Interviewer Lab Homework Exercise</p>	<p>8:30 (6) Transmission & Troubleshooting [45 minutes]</p> <ul style="list-style-type: none"> • Review of Homework Exercise and Answer FI Questions from Day 1 • Transmission Procedures (including Actual Transmission) • Troubleshooting & Technical Support <p>9:15 (7) DR Paired Mocks 3 & 4 [2 hours]</p> <ul style="list-style-type: none"> • Paired Mocks 3 & 4 <p>10:00 Break</p> <p>10:15 (7) DR Paired Mocks 3 & 4 (continued)</p> <ul style="list-style-type: none"> • Review of Paired Mocks 3 & 4 <p>11:30 (8) Administrative Tasks [1 hour, 15 minutes]</p> <ul style="list-style-type: none"> • Email on the Tablet <p>12:00 Lunch</p> <p>1:00 (8) Administrative Tasks (continued)</p> <ul style="list-style-type: none"> • Reporting to Field Supervisor (FS) • Recording Time & Expenses • Organization <p>1:45 (9) Session Wrap-Up [45 minutes]</p> <ul style="list-style-type: none"> • Review of Key Procedures & Protocols • Day 2 Questions • FI Feedback Survey • Wrap-Up <p>2:30 Adjourn [Bilingual FIs have a 15-minute break]</p> <p>2:45 (10) DR Bilingual FI Training [1 hour, 30 minutes]</p> <ul style="list-style-type: none"> • Introductions • Overview of Translation Process • Review of Spanish-Language DR Materials • Review of Spanish-Language DR Screening Instrument • Review of Spanish-Language DR Computer-Assisted Interviewing CAI Instrument (Audio Computer-Assisted Self-Interviewing [ACASI] Changes and Computer-Assisted Personal Interviewing [CAPI] Questions) • Handling Respondent Questions & Nonresponse with Spanish-Speaking Populations <p>4:15 Adjourn</p>

2.3.3.4 Bilingual Field Interviewer Training Sessions

With the inclusion of Spanish-language instruments and materials for the DR, bilingual NSDUH DR FIs who passed certification procedures administered by RTI's Spanish-language specialists participated in an additional bilingual FI training session at the end of day 2. For both the A and B sessions of the DR FI training, there were two classrooms for the bilingual training.

The sessions were led by two of the Spanish-speaking RTI language specialists who assisted with the translation and development of the DR Spanish-language questionnaire and the development of the bilingual training guide's contents. Members of the instrumentation team provided additional support.

Prior to attending this in-person session, bilingual FIs reviewed the Spanish-language versions of all respondent materials and completed the day 1 homework using the Spanish-language DR screening and interview instruments. FIs were asked to make note of any questions about the translations and DR changes to discuss during the training session.

During the 90-minute in-person session, bilingual FIs reviewed the Spanish-language versions of the DR materials, screening, and CAI instruments, and they discussed issues specific to dealing with Spanish-speaking respondents.

2.4 Data Collection Procedures

This section describes the procedures followed in conducting the DR data collection, which was fielded from September 1 through October 31, 2013.

2.4.1 Questionnaire and Protocol Changes for the 2013 Dress Rehearsal

The DR screener and questionnaire used the QFT survey instruments as a base and made appropriate edits to question text, response options, and routing logic. To document the changes made to the main study screener and questionnaire from the 2012 protocol for the QFT and further changes made to the QFT screener and questionnaire for the DR, *Appendix A* includes the following tables of screener and questionnaire changes:

- **Table A.1** Changes between the 2012 NSDUH Screener and the 2012 Questionnaire Field Test (QFT) Screener;
- **Table A.2** Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire;
- **Table A.3** Changes between the 2012 Questionnaire Field Test (QFT) Screener and the 2013 Dress Rehearsal (DR) Screener; and
- **Table A.4** Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire.

Table A.1 in *Appendix A* lists the changes made to the QFT screener and questionnaire in preparation for the DR. These edits are not as far-reaching compared with the edits that were made to prepare the QFT questionnaire. (The QFT edits are also included in *Appendix A*.)

The edits are organized by questionnaire module, and a justification for making each edit is included where applicable. Edits were made to the questionnaire programs to reflect updated analytic goals, to correct inconsistencies that were present in the QFT questionnaire, and to improve questions per recommendations stemming from the QFT analysis. A selected number of these edits are listed here:

- A question was added in each prescription drug module to ask about initiation of the misuse of prescription drugs more than 12 months ago if the only definite reports of initiation occurred in the past 12 months, or all initiation data were missing. This question was added to produce accurate estimates of recent initiation.
- The wording of the medical marijuana questions was edited to include "or other health care professional" for specificity. This wording change was also made in the 2013 NSDUH questions.
- Two new questions were added to the back-end demographics module to ask about sexual attraction and identity of adults.
- The military family questions were edited to include the definition of "immediate family" in the question and to provide an "Other, Specify" response to the relationship question.
- Questions about the size of the workplace were deleted from the employment module. Also, a question about whether income or pay was earned while working at a job or business was deleted from the income module.

Changes that were introduced in the QFT survey instruments were carried through to the DR as well. These changes represent a departure from the main study NSDUH instrument and are listed in **Table A.2** in **Appendix A**. The majority of instrumentation changes made to the main study NSDUH occurred in the QFT. The DR served to refine these changes, identify minor issues that needed resolution, and implement edits to the questionnaire that were recommended from the QFT analysis. In order to provide a comprehensive list of items that were changed during the redesign process, compared with the main study NSDUH, this chapter also includes a discussion of the changes that were first implemented in the QFT.

Revisions implemented and evaluated for the QFT included the following:

- revised the contact materials that describe the survey to respondents, including the lead letter and a Q&A brochure;
- made general questionnaire revisions to improve questions that cause known or suspected problems with data, to add new content to address current data needs, to reduce errors associated with usability problems in the design and layout of the CAI questionnaire, and to group questions about various substances in a more intuitive manner;
- revised the front-end demographic questions;
- added a new methamphetamine module;

- revised the questionnaire modules on prescription drugs to improve the measurement of nonmedical use of prescription drugs (Colliver, Kroutil, Dai, & Gfroerer, 2006), to ask about any use of these drugs prior to measuring misuse, to add questions about drugs that are newly available on the market, to delete questions about drugs that are no longer commercially available, and to add questions about any use of these drugs;
- revised the questionnaire modules for special drugs (needle use), consumption of alcohol, health, and back-end demographics questions;
- deleted the industry and occupation questions;
- moved the electronic pill images and a reference date calendar so they display on the laptop screen where appropriate during the audio computer-assisted self-interviewing (ACASI) portion of the interview (as opposed to the hard-copy versions of these materials used in the current NSDUH questionnaire administration);
- added new questions on disability status and primary language in response to U.S. Department of Health and Human Services (HHS) data standards;
- added new questions about military families;
- edited the definition of binge drinking for females, which was identified during consultations within and outside SAMHSA;
- converted the back-end demographics module to ACASI from computer-assisted personal interviewing (CAPI) to decrease FI burden and allow for greater respondent privacy and shorter administration times;
- added a new tutorial module to introduce proxy respondents to the CAI instrument and to help them answer the new self-administered proxy questions about respondent and household income and health insurance; and
- modified a question about landline telephones and added a new question about cellular phones in the home.

In addition to these changes to the materials, questionnaire, and procedures, QFT FIs tested the use of a new Samsung Galaxy Tab 7.0", a touch-screen Android tablet computer, for screening, interview respondent selection, and case management. Each of these changes was also included in the DR protocol and instruments.

Additional edits are planned for implementation in the 2015 NSDUH screener and questionnaire. Edits that have been approved for inclusion in the 2015 CAI questionnaire as of December 19, 2013, are listed in **Table A.3** in **Appendix A**. These changes were proposed in response to experiences during DR training, DR field observations, recommendations from FIs, and feedback received during the DR debriefing calls. In addition, an analysis of the levels of item-missing data in the health insurance and income modules in the QFT revealed an increase in "don't know" and "refused" responses for selected items that were administered using ACASI and because there were large changes in certain estimates such as estimates of private insurance. The change in mode from the main study was hypothesized to be correlated with this increase in item-missing data. Because it cannot be established that these estimates are more accurate, the 2015 instrument will return these modules to an interviewer-administered mode. These changes are listed among the approved edits in **Table A.4**.

2.4.2 Contacting Dwelling Units

The procedures for contacting respondents during the DR were the same as those used for the NSDUH main study, with the exception of a few changes to the terminology and contact materials used with respondents. Similar to the QFT, when contacting respondents, FIs referred to "RTI International" (or "RTI") and the "U.S. Department of Health and Human Services (DHHS)," as opposed to "Research Triangle Institute" and the "U.S. Public Health Service." These updates were reflected in all field materials, including the lead letter, study description, Q&A brochure, "Sorry I Missed You" (SIMY) card, Spanish card, interview appointment card, "Who Uses the Data?" sheet, RTI/SAMHSA fact sheet, interview incentive receipt, certificate of participation, and the door person letter. The majority of the DR field materials were printed on gray paper and had the DR version number (v. DR 9.13) in the lower right corner in order to distinguish them from the NSDUH main study materials.

Aside from any annual updates to reflect the survey year, only the Q & A brochure and questionnaire summary were modified from the QFT. In the Q&A brochure, a picture was replaced because the picture in the QFT version showed a respondent using a paper reference date calendar. The questionnaire summary was updated to read in the third person, and some terminology and wording in the tobacco products and illicit drugs sections were revised to match the questionnaire. Additionally, because the interviews were conducted in Spanish for the DR, all of the DR field materials were translated to Spanish. The Spanish-language versions of the DR materials were printed on blue paper and included the DR version number.

2.4.2.1 Lead Letters

Similar to the lead letter procedures followed during the main study and the QFT, prior to a DR FI's arrival at a sampled dwelling unit (SDU), a lead letter was mailed to the address to briefly explain the study and request the resident's cooperation (see *Appendix A*). This letter was printed on DHHS letterhead with the signature of DHHS national study director and RTI's national field director. Upon arrival at the SDU, the FI referred the respondent to this letter and answered any questions. If the respondent had no knowledge of the lead letter, the FI provided another copy, explained that one was previously sent, then answered any further questions.

The lead letter was the same as the one used during the QFT. The main study lead letter was modified for the QFT and DR with redesigned content and format changes to the FI ID and letterhead. As previously mentioned, the "U.S. Public Health Service" reference was replaced with the "U.S. Department of Health and Human Services" in the letter. Additionally, the letters were preaddressed to include the county, parish, or district name as part of the address and salutation. These changes were based on a contact materials redesign study, which included 12 English-language focus groups and five Spanish-language focus groups in five metropolitan areas in the United States (Currivan et al., 2009).

2.4.2.2 Introduction, Study Description, and Informed Consent

When in-person contact was made with an adult resident of an SDU, the DR FIs followed the same introductory and informed consent scripts and procedures for the screening as were used during the NSDUH main study, with one exception. As mentioned previously, the "U.S.

Department of Health and Human Services" was identified as the sponsor of the study, and "RTI International" was used instead of "Research Triangle Institute" in the study introduction script. These same wording changes were made to the study description. All other informed consent procedures remained the same for the DR, including handing a study description to the respondent. The only change to this process between the QFT and DR was the addition of the Office of Management and Budget (OMB) number and burden statement to the study description.

2.4.2.3 Callbacks

FIs followed similar guidelines for callbacks during the DR as the main study and QFT, including the use of SIMY cards and appointment cards. In cases where no one was at home during the initial visit to the SDU, the FI left a SIMY card to inform the resident(s) that the FI planned to make another callback at a later date and time. Appointment cards were used to remind respondents when the FI would return to complete the interview. If the FI was unable to contact anyone at the SDU after repeated attempts, the FI requested an unable-to-contact (UTC) letter. During the DR, these letters were not actually sent to respondents, however, because of a system error (see *Section 2.4.8.2*).

Similar to the main study, except in the case of adamant refusals, FIs attempted to make at least four callbacks (in addition to the initial call) to each SDU in order to complete the screening process and complete an interview. These contacts were made at varying hours on different days of the week to increase the likelihood of completing the screening. These same guidelines were followed as closely as possible for the DR, but the more widely dispersed sample and the limited number of DR FIs available to travel longer distances resulted in less flexibility for assignments and fewer staff for remote segments. For the main study, FSs were able to generate more effective callbacks by strategically assigning and transferring cases based on FI availability and experience.

2.4.3 Dwelling Unit Screening

DR procedures for screening at a DU were similar to those used for the NSDUH main study. Similar to the QFT, the most significant change was that all screenings were completed on the tablet as opposed to the iPAQ (see *Section 2.3.1* for more information on the new equipment). The introduction and informed consent scripts incorporated the changes specified above. The information gathered from the respondent during the screening was the same as what was collected in the main study and QFT. Unlike during the QFT, however, the DR screening instrument was available in Spanish.

2.4.4 Interview Administration

FIs conducted the DR interviews using the same techniques as employed in the main study; however, they were trained to answer common respondent questions based on specific DR procedures. For example, FIs used the DR naming conventions of "RTI International" and the "U.S. Department of Health and Human Services" rather than "Research Triangle Institute" and the "U.S. Public Health Service." To describe the types of questions asked, the FIs provided respondents with the DR version of the summary of the questionnaire, but FIs were instructed to

never tell respondents that they were part of a field test or provide specific sample size information. The major change to the DR from the main study and QFT was the use of a new lightweight Samsung laptop (described in *Section 2.3.1*). Also, unlike the QFT, the DR questionnaire was translated into Spanish.

2.4.4.1 Informed Consent and Getting Started

Prior to beginning a DR interview, FIs obtained informed consent using the same procedures employed in the main study. This included reading the DR version of the appropriate introduction and informed consent scripts from the DR showcard booklet before the interview began and providing the DR study description to the respondent if not already given one during the screening. Similar to the QFT, the informed consent scripts were modified for the DR from the main study version to ensure that respondents were accurately informed about the study. Specifically, the main study informed consent states that the individual respondent will represent thousands of others. Because the representativeness of each respondent differs in the DR sample, the sample size information was removed from the DR script. In addition, the reference to the "U.S. Public Health Service" in the introduction and informed consent scripts for respondents aged 18 or older was replaced with the "U.S. Department of Health and Human Services." Respondents in the DR were not informed that the interview was part of a field test.

2.4.4.2 Computer-Assisted Interviews

FIs began the DR interview with the front-end CAPI section, which contained demographic questions similar to those on the main study with a few key differences. As with the QFT, new questions were added regarding the respondent's prior military service, two new categories were added to the race question ("Guamanian or Chamorro" and "Samoan"), and response categories were adjusted in the education-level question. The new race categories were also added to the 2013 and 2014 NSDUH main study questionnaire. As in the main study interview, the FI introduced the respondent to the computer prior to the respondent completing the practice session and ACASI section on his or her own. As noted in *Section 2.4.1*, there were several key changes to the ACASI portion of the main study interview for the QFT and DR, including the electronic reference calendar and on-screen pill cards. Also, for the DR only, two new sexual orientation questions were asked of adults.

Following the ACASI section of the interview, the FI took the computer back and asked the household roster questions. Following these questions, the FI inquired about the use of a proxy for the health insurance and income questions. For the DR and the QFT, a second ACASI section administered the health insurance and income questions. If a proxy was used, the FI introduced the proxy to the computer prior to the proxy completing a short practice session and the health insurance and income questions on his or her own. However, if the respondent answered the questions or the proxy had previously used the computer, there was no additional practice session.

In addition to the new sexual orientation questions, questionnaire changes between the QFT and DR included routine updates to routing and logic, minor changes to question wording throughout the instrument to clarify intent, and the deletion of a question in the employment module about the number of employees who work at the respondent's business. A question about

whether the respondent earned wages or pay from working was also deleted from the income module. A question about whether the respondent earned wages or pay from working also was deleted from the income module, and this source was added to the list of income sources. Differences between the main study NSDUH, the QFT, and the DR are explained in *Section 2.4.1*.

2.4.4.3 End of Interview Procedures

DR quality control forms were completed in the same manner as on the main study and QFT. Minor changes were made to the main study verification screen for the DR, including removing the word "home" in the telephone number reference to match the wording on the DR quality control form and asking respondents to enter their current address. Text was added that told the respondent to return the form in the sealed envelope to the FI. This verification screen wording was also used on the QFT.

Respondents received a \$30 incentive for completing the interview following the same procedures used on the main study and QFT. At this point, if not given earlier, the FI provided the respondent with the DR version of the Q&A brochure (see *Appendix A*). DR certificates of participation were also available for youth respondents and were presented in the same way as in the main study and QFT.

As in the QFT, the FI debriefing questions were removed from the end of the interview because these questions were answered in the tablet upon entering a code of 70 for the completed interview. This change allowed the FIs to answer the questions after leaving the household and reduce the length of time in the respondent's home. The questions were answered by the FIs based on the interview and any comments the respondent may have offered. After entering a code 70 to document a completed interview, the FI was prompted by the tablet to complete the debriefing questions. The questions were not read out loud to the respondent; rather, the FI completed them on his or her own after leaving the SDU.

2.4.5 Controlled Access Procedures

Controlled access during the DR was treated similarly as for the NSDUH main study and QFT. When controlled access situations were encountered, controlled access packets were requested by the FS. The DR controlled access packets reflected the differences in the naming conventions implemented for the DR. To gain access in difficult situations, FSs also transferred cases between DR FIs. If those attempts failed, "Call-Me" letters were sent directly to a selected household. These letters informed residents that an FI had been trying to contact them and asked that they contact an FS by telephone.

2.4.6 Refusal Conversion Procedures

Refusal conversion procedures followed during the DR were similar to those used for the NSDUH main study and the QFT. If a potential respondent refused, the FI attempted to address the respondent's concerns and was trained to accept the refusal in a positive manner, thereby avoiding the possibility of creating an adversarial relationship and precluding future opportunities for conversion. If the potential respondent still refused to participate, a refusal letter was requested by the FI. The refusal letter was tailored to the specific concerns expressed

by the potential respondent and asked him or her to reconsider participation. Based on the refusal situation, an in-person conversion was then generally attempted by the original FI or another DR FI available nearby or on travel assignment. In certain FS regions, another FI was not available nearby or on travel assignment because of the small number of cases remaining in the area. Also, refusal letters were requested by DR FIs, who thought the letters were sent to respondents, but the letters were not sent because of a system error (see *Section 2.4.8.2*).

2.4.7 Data Collection Management and Quality Control

FIs and field management staff worked strategically to balance quality, cost, and production goals for the DR, just as they do for NSDUH's main study. The case management tools, features, and reports used by the management team to monitor fieldwork for the main study were adapted for use during the DR.

2.4.7.1 Web-Based Case Management Reports

The Web-based CMS housed a DR reports page that mirrored the NSDUH main study reports pages and was the same as was used for the QFT. The following daily reports were available for case management on the DR: daily FS and State response rate report, daily status reports, edited address reports, duplicate address reports, and recruit reports. The following weekly reports were also available on the CMS: executive summary report (including production and cost data), data quality summary report, missing screening data report, ROC time discrepancies, and interview length report. These reports were the same as the main study reports except that DR data were used. To help track the status and progress of the DR, weekly response rate, interview completion, and cost reports comparing the DR with the QFT were also available to project and field management for the DR.

2.4.7.2 Field Interviewer Observation Procedures

In conjunction with DR data collection, field observations of FIs were conducted by RTI staff and SAMHSA staff members. RTI staff included language methodologists, training and field materials team members, instrument assessment and development team members, among others. Groups of three to four FIs were chosen for field observations in each of seven metropolitan areas: Miami, Florida; New York, New York; Los Angeles, California; San Francisco, California; Dallas, Texas; Houston, Texas; and Chicago, Illinois. RTI staff also observed FIs locally in North Carolina. SAMHSA staff observed an additional four FIs in Louisiana, Maryland, Virginia, and the District of Columbia. These observations covered interviews completed in both English and Spanish. Spanish-speaking bilingual observers conducted all observations of interviews conducted in Spanish. An observation was considered complete only after a full interview was observed; therefore, observations where only screenings or partial interviews took place were not considered complete.

Observers used the DR field observation screening checklist and the DR field observation interviewing checklist to document their observations. A field observer reference sheet and a field observer task list were used to help maintain consistency in planning observation assignments and interacting with FIs and respondents (see *Appendix G*). Observers were asked to ensure that a field observation FI instruction sheet was sent to each FI prior to the FI's arrival

in the field. The DR housing unit (HU) and group quarters unit (GQU) scripts and CAI specifications for the front-end and back-end CAPI questions were provided to observers for their use during the observations. These materials were developed specifically for the DR data collection effort based on similar materials used for the main study and QFT field observation process.

Observers were asked to transfer information from paper field observation screening checklists and field observation interviewing checklists to spreadsheets designed specifically for the DR field observations. The DR field observation manager then used the spreadsheets to process the results of the field observation, which included issuing any appropriate disciplinary action, creating a retraining plan to address any observed errors, and sending any comments about the performance of the questionnaire, equipment, or materials to the appropriate RTI staff member.²

The same standardized retraining process from the NSDUH main study was used for the DR field observations. After the DR field observation manager reviewed each observation form for an FI who had errors reported on his or her observation, a member of the NSDUH operations team completed a document referred to as the FI retraining template. This template indicates the errors the FI made, the type of retraining required, and the dates by which the retraining must be completed. The FS used this form to provide standardized feedback and retraining (as scripted on the template) and issued any appropriate disciplinary action as directed by the DR field observation manager. Results of the field observations are provided in *Section 5.6* in *Chapter 5*.

2.4.7.3 Verification of Completed Cases

Only minor changes were made to the NSDUH main study verification script for the DR. These changes were also made to the QFT verification script. These changes included referencing a tablet instead of an iPAQ, providing a different computer tutorial question as an example to the respondent, and saying "U.S. Department of Health and Human Services" and "RTI." Unlike the QFT, the DR included a Spanish-language version of the verification script.

Of the 2,087 completed DR interviews, 45 DR quality control forms were not returned. Of the completed DR interviews, 694 cases were selected for telephone verification. No problems were found with 434 cases, 79 cases were coded as problems, 153 cases were unable to be contacted, and 28 cases had other issues. Of the completed DR screenings, 559 cases were selected for telephone verification. No problems were found for 312 of the cases, 81 cases were coded as problems, 108 cases were unable to be contacted, and 58 cases had other issues. Problem cases were those that verified with errors, such as items the respondent did not remember the FI performing, the respondent reported that this was not the correct phone number

² FIs who committed a serious breach of protocol in DR data collection (defined as those that could potentially violate a respondent's rights and/or significantly compromise the accuracy of the data collected) and those observed committing four or more unrelated errors were issued a disciplinary action. All disciplinary actions issued for the DR field observations were verbal warnings. During DR field observations, four verbal warnings were issued. The FIs who received verbal warnings were added to the main study field observation list to be observed in the next possible quarter.

for that address, or if the respondent said that he or she was not given the \$30 incentive.³ Cases with "other issues" were considered unresolvable and included situations in which the telephone interviewer was never able to speak with the respondent, someone answered the phone but refused or hung up, or an initial problem was reported but callback verification staff were not able to recontact the respondent to confirm the issue. Staff on the callback verification team recontacted respondents when a problem was reported and more information was needed to confirm or clarify the situation because, during the initial call, the verification script was read verbatim by the telephone verifiers.

2.4.8 Problems Encountered

2.4.8.1 CAI Questionnaire Issues

During DR data collection and analysis, some minor irregularities in the CAI program were uncovered. One issue was uncovered in the English-language questionnaire: Respondents who reported using tobacco in their lifetime, but not necessarily in the past year, were later asked if a doctor had advised them to quit smoking in the past year in HLTH21. This routing caused an unnecessary question to be asked of respondents who were not current smokers. The routing logic for the comparable question in 2014 (HLTH18) was updated to prevent respondents who reported not smoking in the past year in the tobacco module from receiving this question. This edit will be carried over to the 2015 questionnaire as well.

A couple of additional items were uncovered in the Spanish-language questionnaire. On the INCENT01 screen, a minor mistake in translation occurred, causing extra wording to appear on the screen. When translated into English, this extra screen text read, "Now I will finish some questions to show that I did the interview. Thank you very much for your help." This additional wording was likely carried over from the specifications from the 2013 main study instrument. This wording only appeared in the Spanish-language instrument and likely did not affect responses to subsequent questions. There was also some confusion over a term used in the Spanish-language instrument. The use of the phrase "heterosexual, that is, straight," in item QD63 is problematic for some Spanish speakers, as identified in the FI debriefing calls. Some Spanish speakers did not understand the term "heterosexual" in reference to sexual identity and thought it meant being attracted to the same sex or was a shameful or embarrassing term. RTI language methodologists have seen similar reactions in other surveys and are working to find a translation that can better meet the expectations of Spanish-speaking respondents.

The team discovered an error in the specifications for both the English- and Spanish-language CAI instrument, which was addressed prior to fielding the instrument. The routing logic for the sexual attraction (QD62) and sexual orientation (QD63) questions was incorrect and was missing a reference to the age variable that restricts these questions to adult respondents. This routing was corrected at DR FI training with an instrument patch, and only adults received these questions during the actual 2013 DR data collection.

³ None of the problem or unresolved telephone verification cases for DR screenings and interviews involved cases worked by FIs who were found to have falsified data in quarter 3 of 2012 or in subsequent quarters. One DR FI was found to have falsified data in quarter 4 of 2013; this FI's DR cases that were not phone verified "okay" or were completed during a field observation were removed from the dataset.

Interview length was fairly consistent across subgroups of respondents, with the exception of Spanish-speaking respondents over the age of 65. This subgroup took significantly longer than the rest of Spanish-speaking respondents to complete their ACASI sections of the interview. This discrepancy is discussed in detail in *Section 4.5* of this report. In general, there is no evidence, however, that the increased completion time for Spanish-speaking respondents aged 65 or older is due to an issue with the CAI instrument or had an overall impact on data quality. Interview timing for this age group will continue to be monitored in order to inform burden concerns for this portion of the population.

2.4.8.2 Data Collection Issues

At the end of the DR data collection period, a problem was discovered in the letter-generating system that prevented refusal and UTC letters from being sent. Although letters were requested by the field, the letters were not sent to respondents from RTI as planned. This system glitch did not occur during the QFT.

Overall, a higher percentage of refusals were finalized on the DR than the QFT, especially for screenings. However, a smaller percentage of screenings and interviews were final coded as unable to contact on the DR than the QFT. An investigation was conducted to determine what the impact was of not sending the refusal and UTC letters on these DR final dispositions.

For screening conversion, a higher percentage of screening refusals were converted on the DR (28.73 percent) than on the QFT (27.95 percent), but a lower percentage of screening refusals were converted on the DR than on the 2013 NSDUH (32.83 percent). When a refusal conversion letter was requested, the refusal conversion rate was slightly higher on the DR (27.82 percent) than on the QFT (27.40 percent), even though the DR letters were not actually sent to respondents. If no refusal conversion letter was requested, the DR screening refusal conversion rate (33.33 percent) was higher than the QFT's (31.03 percent) and the 2013 NSDUH's (28.96 percent). For the interview refusal conversion rates, the DR rate (15.08 percent) was higher than the QFT's (11.04 percent) and the 2013 NSDUH's (13.76 percent), including the rates for interview refusals where a conversion letter was and was not requested. Although a higher percentage of refusals were finalized on the DR than on the QFT, it was difficult to determine the causal impact of not sending the refusal conversion letters on DR response rates because refusal conversion rates were higher on the DR. These data suggest that these letters may be most effective at providing FIs with a confidence booster to return to the household and an introduction to their refusal conversion efforts at the door (rather than the letter itself converting respondents).

For cases where a UTC letter was requested (but not sent for the DR), the screening completion rate was lower on the DR (54.30 percent) than on the QFT (74.25 percent), while the interview completion rate was just slightly higher for the DR. Despite the lower completion rate for screenings when a letter was requested, it was difficult to determine the causal impact of not sending the UTC letters because the completion rates depend on whether the respondent was home when the FI made the next contact.

3. Processing and Analysis of Dress Rehearsal and Comparison Data

3.1 Overview of Data Processing and Analysis Approach

This chapter describes the procedures followed to process the 2013 Dress Rehearsal (DR) data, the 2102 Questionnaire Field Test (QFT) data, the 2012 National Survey on Drug Use and Health (NSDUH) main study comparison data, and the 2013 quarters 3 and 4 NSDUH main study comparison data. All of the data processing procedures were developed and implemented to provide the greatest possible degree of comparability among these three datasets to facilitate valid comparisons. *Section 3.2* describes the usable case rules followed, and *Section 3.3* details the editing and coding procedures. *Section 3.4* presents the imputation procedures, while *Section 3.5* describes the weighting steps followed and the creation of variance estimation strata and replicates. *Section 3.6* describes the preparation of all of the data files, and *Section 3.7* discusses important data analysis issues, especially those related to the comparison of the DR or combined QFT and DR data with the main study data and other data sources.

3.2 Defining Usable Cases

3.2.1 Overview of Defining Usable Cases

A key step in the preliminary data processing procedures established the minimum item response requirements in order for cases to be used in weighting and further analysis (i.e., "usable" cases). These procedures were designed to disregard data from cases with unacceptable levels of missing data, thereby using data from cases with lower levels of missing data and reducing the amount of statistical imputation that would be needed for any given record.

3.2.2 Usable Case Definitions

The usable case criteria that were in place for the main survey were used for the 2012 main study and the 2013 quarters 3 and 4 NSDUH main study comparison data, as defined below:

1. The lifetime cigarette gate question CG01 must be answered as "yes" or "no."
2. At least nine (9) of the following additional gates must have answers of "yes" or "no":
(a) chewing tobacco, (b) snuff, (c) cigars, (d) alcohol, (e) marijuana, (f) cocaine (in any form), (g) heroin, (h) hallucinogens, (i) inhalants, (j) misuse of pain relievers, (k) misuse of tranquilizers, (l) misuse of stimulants, and (m) misuse of sedatives. (For the "multiple gate" modules for hallucinogens through misuse of sedatives, at least one gate question in the series for that module must have an answer of "yes" or "no.")

For the DR, fully defined data for lifetime use or nonuse of cigarettes continued to be a requirement. Because of changes to the instrument for the QFT and for the DR, the following was the second criterion for usable cases in the DR:

- "Usability" must be determined for at least nine (9) of the following additional modules: (a) smokeless tobacco, (b) cigars, (c) alcohol, (d) marijuana, (e) cocaine (in any form), (f) heroin, (g) hallucinogens, (h) inhalants, (i) methamphetamine, (j) pain relievers, (k) tranquilizers, (l) prescription stimulants (i.e., independent of methamphetamine), and (m) sedatives.

As in the main survey, the usability criterion for smokeless tobacco through heroin was that lifetime use or nonuse must be determined. For the "multiple gate" modules for hallucinogens and inhalants, at least one gate question in the series for that module was required to have an answer of "yes" or "no."

The usability criterion for the prescription drugs in the DR required that any past year or lifetime use or nonuse can be determined from the data. Specifically, any of the following met the usability criteria for prescription drugs:

- past year use of at least one specific prescription drug in a category (e.g., pain relievers) is reported in the screener questions; or
- lifetime use or nonuse of any prescription drugs in the category is reported; or
- past year nonuse of *all* specific prescription drugs in the screener is reported, regardless of whether lifetime use or nonuse can be determined.

In the 2012 main study, 0.06 percent of all completed interviews (including interviews from Alaska and Hawaii) did not meet the usable case criteria.⁴ In the 2013 quarters 3 and 4 NSDUH main study comparison data (which excluded interviews from Alaska and Hawaii), 0.06 percent of the completed interviews also did not meet the usable case criteria. Three DR respondents (0.14 percent of 2,092 completed interviews) did not meet the usable case criteria and were not included for further analysis. One case had missing data for cigarettes, and the remaining two cases ended the interview before answering a sufficient number of gate questions.

3.3 Editing and Coding Procedures

3.3.1 Overview of Editing and Coding Procedures

Data that field interviewers (FIs) transmit to RTI are processed to create a raw data file in which no logical editing of the data has been done. The raw data file consists of one record for each transmitted interview. Cases were eligible to be treated as final respondents if they met the usable case criteria described in *Section 3.2*.

Logical editing was the first step in processing the raw DR data and the raw comparison data from 2012 and quarters 3 and 4 of 2013. Logical editing involved using data from within a

⁴ The 2012 comparison dataset (excluding interviews in Alaska and Hawaii) was created from the cases in the full survey that had already been identified as meeting the usable case criteria.

respondent's record to (a) reduce the amount of item nonresponse (i.e., missing data) in interview records, including identification of items that were legitimately skipped; (b) make related data elements consistent with each other; and (c) identify ambiguities or inconsistencies to be resolved through statistical imputation procedures (see *Section 3.4*).

In addition, a limited set of written answers that interviewers or respondents typed for responses that did not fit any of the listed categories or examples were assigned numeric codes to facilitate further use of these data in creating final variables or in analysis. These are subsequently referred to as "OTHER, Specify" data.

3.3.2 Coding of "OTHER, Specify" Data

Written answers that respondents or interviewers typed were assigned numeric codes for the following: other Hispanic origin, other racial groups, other Asian origin, other drugs that respondents used, and other relationships for family members who were currently serving in the United States military (DR only).⁵ Except for the relationship data for other family members in the military, typed "OTHER, Specify" responses first were compared against databases for the relevant "OTHER, Specify" variables that contained typed entries and the associated numeric codes. If an exact match was found between the typed response and an entry in the system, the response was assigned the appropriate numeric code. Typed responses that did not match an existing entry were output for manual analyst review and coding.

Coding of data for Hispanic origin, Asian origin, and race made these data available for creating final demographic variables. Coding of "OTHER, Specify" data for drugs made these data available for examining the quality of responses to the drug use questions.

"OTHER, Specify" data also were coded for DR respondents' relationships to other family members in the military because of the number of respondents who reported that another member of their immediate family was serving in the United States military (see *Section 4.6.2* and *Table 4.14*). Unlike the data for Hispanic origin, Asian origin, race, and drugs, all of the "OTHER, Specify" data in the DR were manually coded for relationships to other family members who were serving in the military.

Although "OTHER, Specify" data were not coded for other variables, weighted DR percentages were generated for affirmative reports to selected lead questions governing "OTHER, Specify" data, such as reports of obtaining misused prescription drugs "some other way." Findings for these additional "OTHER, Specify" data are discussed in *Section 4.6* in *Chapter 4*.

3.3.3 General Editing Principles

To reduce the potential for differences to be attributable to the effects of editing, data for the main study comparison samples from 2012 and quarters 3 and 4 of 2013 (referred to in the remainder of *Section 3.3* as "comparison" data) and for the DR were edited in the same manner

⁵ Additional "OTHER, Specify" variables had previously been coded for the 2012 survey. These variables were not included for the 2012 comparison data analysis because corresponding variables were not coded in the DR or the comparison data from quarters 3 and 4 of 2013.

wherever possible. If questionnaire changes for the DR did not permit total comparability between the editing procedures for the DR and the comparison data, the aim was to make the procedures as comparable as possible. Also, where the questionnaire did not change between the QFT and the DR, data for the DR were edited in the same manner as in the QFT (Currivan et al., 2013) to allow QFT data to be combined with DR data for non-Hispanic English-language respondents for some analyses.

One of the initial steps in the editing involved development and implementation of procedures for identifying potential patterned responses in the data (subsequently referred to as data "diagnostics"). Specifically, respondents may enter patterned responses in the core drug use modules that raise questions about the validity of their answers in a particular module or in the interview as a whole. The types of patterned responses that were reviewed in the core modules for the comparison data are documented in the editing and coding section (Section 10) of the 2010 methodological resource book (Kroutil, Handley, & Bradshaw, 2012a). Checks were made for these same patterns in core DR modules that did not change (or underwent minimal change) relative to the main survey. Because the content of the new methamphetamine module in the DR was similar to the content in the core modules for marijuana, cocaine, and heroin, the same types of data checks in these latter modules were implemented for the methamphetamine module. Particular attention was given to developing specifications and reviewing data for the DR prescription drug questions because of changes to these questions for the DR. Depending on the results, cases that otherwise met the usable case criteria could be treated as nonrespondents because their answer patterns raised questions about the overall validity of their interview data. Alternatively, cases could be kept as final respondents but with all variables in one or more of their modules being assigned codes for "bad data," provided that these cases still met the usable case criteria after the assignment of "bad data" codes (see *Section 3.2*); codes for "bad data" were treated as missing values in subsequent data processing or analysis. Findings based on these data diagnostics reviews are discussed in *Section 4.6* in *Chapter 4*.

A key component of the editing procedures for the DR and comparison data involved assignment of codes to indicate when it could be determined unambiguously that respondents legitimately skipped out of questions because of their answers to previous questions. For example, if respondents answered the lifetime alcohol use question AL01 as "no," all of the remaining questions in the alcohol module were skipped. In this situation, the editing procedures assigned codes to the remaining alcohol variables to indicate that the questions were not applicable because the respondents never used alcohol. However, if respondents did not know or refused to report whether they had ever used alcohol, the remaining questions for alcohol use also were skipped. In this situation, the edited alcohol use variables that had been skipped continued to have missing values. Determination of whether these respondents were lifetime alcohol users or nonusers was handed through the imputation procedures described in *Section 3.4*.

Because the DR and comparison interviews consisted of "core" sections (i.e., certain demographic characteristics and use of cigarettes through misuse of sedatives) and noncore sections starting with the special drugs section, a second key principle of the editing procedures was that data from supplemental sections typically were not used to edit core data. An exception discussed in *Section 3.3.4* is that comparison data on methamphetamine use from the

supplemental special drugs module along with core data were taken into account in a special set of edited variables for methamphetamine and stimulants.

However, core drug data could be used to edit supplemental data when respondents were not asked supplemental questions about a given drug based on their report of most recent use of that drug in the corresponding core module. For example, respondents in the DR or comparisons were not asked questions about cocaine dependence or abuse in the supplemental substance dependence and abuse module if they last used cocaine or crack cocaine more than 12 months ago. In this situation, the edited variables for cocaine dependence or abuse were assigned codes to indicate that respondents were not asked these questions because the questions did not apply.

In all of the core drug modules for the comparison data and in the cigarette through methamphetamine core DR modules, respondents were asked "gate" questions to determine lifetime use or nonuse; because of changes to the questioning strategy and routing logic in the QFT and DR for prescription drugs, principles for editing the DR prescription drug variables are discussed in *Section 3.3.4*.⁶ The modules for hallucinogens and inhalants in all of the datasets and the prescription drug modules in the comparison data included multiple gate questions about lifetime use (or misuse) of specific drugs in the category. Respondents who reported lifetime use of the particular drug (e.g., marijuana) or any drug in the category (e.g., hallucinogens) were asked when they last used the drug (or any drug in the category). Respondents who did not know or refused to report when they last used were asked follow-up questions in an attempt to obtain data on the specific period when they last used (e.g., within the past 30 days, more than 30 days ago but within the past 12 months, or more than 12 months ago). If these respondents indicated the specific period when they last used, the data from these follow-up questions were incorporated into the edited variables for most recent use. If these respondents on follow-up still did not know or refused to report when they last used, the edited variable for most recent use was assigned a code to indicate that these respondents logically could be inferred to be users at some point in their lifetime based on the computer-assisted interviewing (CAI) routing. A definite period of most recent use was statistically imputed (see *Section 3.4*).

The CAI program included checks that alerted respondents or interviewers when an entered answer was inconsistent with a previous answer. In this way, the inconsistency could be resolved while the interview was in progress. In situations where a "consistency check" was triggered during the interview, final values from these checks were incorporated into the edited variables for drugs and selected additional measures in the DR and comparison data.

Not every inconsistency was resolved during the interviews, and the CAI program did not include checks for every possible inconsistency that might have occurred in the data. In NSDUH editing for the main survey, inconsistencies between related variables in core substance use modules are flagged and the inconsistencies are resolved through statistical imputation (Kroutil et al., 2012a). To facilitate timely data processing, however, only a limited set of additional inconsistencies were resolved in the editing procedures. Consequently, inconsistencies could exist between related variables in the DR or comparison data that would otherwise have been handled in the editing procedures for the main study. However, special "flag" variables were

⁶ The text typically mentions "use" when referring both to prescription drugs and other substances. For prescription drugs, however, this term means "misuse," unless otherwise indicated.

created to alert analysts to the occurrence of these inconsistencies. Findings based on these flag variables are discussed in *Section 4.6* in *Chapter 4*.

3.3.4 Special Editing Situations

Most editing of the DR and comparison data followed the principles discussed in *Section 3.3.2*. In the alcohol module, the question in the comparison data that was used to define binge alcohol use asked both males and females about the number of days that they consumed five or more drinks on the same occasion in the past 30 days. In the QFT and DR, males were asked about consumption of five or more drinks on the same occasion, and females were asked about consumption of four or more drinks on the same occasion. These binge alcohol use variables were edited in the same manner in both the DR and comparison data. However, the edited DR variable was given a name that was different from the name for the corresponding variable in the comparison data to indicate the differences in content.

In addition, the following special situations were relevant to the editing of the DR or comparison data:

- In the comparison data, respondents were asked separate questions about their use of snuff or their use of chewing tobacco. In the QFT and DR, respondents were asked about their use of any smokeless tobacco product (i.e., snuff or chewing tobacco).
- In all of the datasets, respondents could report more recent use of crack cocaine than they reported for use of any cocaine. Respondents also could report more recent use of specific hallucinogens (lysergic acid diethylamide [LSD], phencyclidine [PCP], or Ecstasy in the comparison data; LSD, PCP, Ecstasy, ketamine, dimethyltryptamine [DMT], alpha-methyltryptamine [AMT], N, N-diisopropyl-5-methoxytryptamine [5-MeO-DIPT], or *Salvia divinorum* in the comparison data) than they reported for use of any hallucinogen. In addition, respondents in the comparison data could report more recent misuse or use of OxyContin[®] or methamphetamine than they reported for any pain reliever or any stimulant, respectively.
- In all of the datasets, respondents were asked whether they used hallucinogens, inhalants, pain relievers, tranquilizers, stimulants, or sedatives other than those they were asked about. Respondents were asked to specify the names of up to five additional drugs (subsequently referred to as "OTHER, Specify" data). However, respondents could fail to report use of specific drugs in direct questions about these drugs and then mention these drugs in the "OTHER, Specify" data.
- Respondents could indicate that the only prescription drugs they misused in the lifetime period (for the comparison data) or the past year (for the QFT and DR) were over-the-counter (OTC) medications, despite being instructed not to include use of OTCs in answering the questions.
- A new methamphetamine module was added for the QFT and DR. In the comparison data, methamphetamine questions were included in the core stimulants module, and methamphetamine was considered to be part of the general category of stimulants. The comparison data also included methamphetamine questions in the noncore

special drugs module that were used in determining methamphetamine use, stimulant misuse, and most recent use (or misuse).

- The focus of the questions for specific prescription drugs in the QFT and DR was on the past 12 months and on the lifetime period in the comparison data. In addition, QFT and DR respondents first were asked a series of screening questions about *any* use of specific prescription drugs in the past 12 months (i.e., use or misuse) or any lifetime use if they did not report past year use. QFT and DR respondents were asked about misuse in the past year of any of the specific prescription drugs that they reported using in that period. In contrast, respondents in the comparison data were asked about misuse of specific prescription drugs in the lifetime period, and questions about more recent misuse applied to the general categories (e.g., past year or past month misuse of any tranquilizers).
- Questions in the QFT and DR about use of stimulants with a needle were moved from the noncore special drugs module to the core stimulants module. These questions applied only to use of stimulants with a needle in the past 12 months or past 30 days.
- New questions about methamphetamine dependence or abuse were added to the substance dependence and abuse module.
- Sections of the interview in the comparison data that were interviewer-administered were self-administered in the QFT and DR (e.g., health insurance, income).

For the special editing procedures described in this section that were relevant to the comparison data, additional details are provided in the editing and coding section of the 2010 methodological resource book (Kroutil et al., 2012a).

3.3.4.1 Smokeless Tobacco

Editing of the DR variables for smokeless tobacco use followed the general principles discussed previously. In the comparison data, variables for any smokeless tobacco use were created based on the data for the use of snuff and the use of chewing tobacco. The following principles were applied in creating the smokeless tobacco variables in the comparison data:

- Respondents who answered "no" to both questions about lifetime use of snuff and chewing tobacco were classified as nonusers of smokeless tobacco.
- Respondents who answered "no" to one of the questions about lifetime use of snuff or chewing tobacco but who did not know or refused to report whether they ever used the other type of smokeless tobacco were assigned a missing value for lifetime use or nonuse of smokeless tobacco. Lifetime use or nonuse was statistically imputed (see *Section 3.4*).
- Respondents who reported use of either snuff or chewing tobacco at a minimum were classified as lifetime users of smokeless tobacco. The period of most recent use was determined from respondents' answers to the questions about most recent use of the smokeless tobacco products.
- In general, the report of most recent use of either snuff or chewing tobacco was chosen for the variable pertaining to most recent smokeless tobacco use. If relevant

variables for one of the smokeless tobacco products had missing data, special codes were assigned for use in statistically imputing a final period of most recent use. For example, if a respondent reported last using snuff more than 30 days ago but within the past 12 months but did not know when he or she last used chewing tobacco, the variable for most recent use of smokeless tobacco was assigned a code to indicate that the respondent logically last used at some point in the past 12 months. This respondent could have been a past month user of any smokeless tobacco if he or she used chewing tobacco in the past month. A specific period of most recent use was statistically imputed.

3.3.4.2 More Recent Use for General Drug Categories and Specific Drugs

For hallucinogens in the DR and comparison data and for pain relievers and stimulants in the comparison data, consistency checks were triggered if respondents reported more recent use of a specific type of drug in the category (e.g., Ecstasy) than they reported for their last use of any drug in the category (e.g., any hallucinogen). As noted in the general principles (Kroutil et al., 2012a), the editing procedures took into account data from these consistency checks. For example, suppose a respondent reported last using any hallucinogen more than 30 days ago but within the past 12 months and last using Ecstasy within the past 30 days. If this respondent reported in the consistency checks that his or her last use of any hallucinogen also was in the past 30 days, the edited variable for most recent hallucinogen use reflected this change, and the data were no longer inconsistent.

However, if the data continued to indicate more recent use of a specific drug than for use of any drug in the category despite the respondent being given the opportunity to resolve the inconsistency, then the editing procedures logically inferred more recent use of any drug in the category. For example, if a respondent's answers continued to indicate last use of Ecstasy in the past 30 days and last use of any hallucinogen more than 30 days ago but within the past 12 months, the respondent was logically inferred to have last used any hallucinogen in the past 30 days; a special code was assigned to the variable for most recent hallucinogen use to indicate that this edit had been performed.

In the comparison data, these principles applied to editing of the variable for most recent use of any hallucinogen relative to reports of most recent use of LSD, PCP, or Ecstasy. Questions in the comparison data about most recent use of the hallucinogens ketamine, DMT, AMT, or 5-MeO-DIPT ("Foxy"), and *Salvia divinorum* were in the supplemental special drugs module and therefore were not used in editing the data for most recent use of any hallucinogen. For the DR, questions about these three additional hallucinogens were moved from the special drugs module to the core hallucinogens module. The hallucinogens module for the DR also included consistency checks that were triggered if respondents reported more recent use of any of these three hallucinogens than was reported for most recent use of any hallucinogen. Consequently, data on most recent use of these additional hallucinogens, along with data on most recent use of LSD, PCP, or Ecstasy, were used in editing the data for most recent use any hallucinogen in the DR. The same principles applied to editing the DR data when respondents reported more recent use of any of these additional hallucinogens compared with reports of most recent use of any hallucinogen.

The cocaine and crack cocaine modules in the DR and comparison data did not include consistency checks if respondents reported more recent use of crack cocaine than for cocaine in general. Consequently, data on the most recent use of crack were used to infer more recent use of cocaine in general, as per the example discussed previously for hallucinogens. Additional issues related to the editing of the data for most recent use of methamphetamine and misuse of any stimulant are discussed in the methamphetamine section.

3.3.4.3 "OTHER, Specify" Data for Drugs

For hallucinogens and inhalants in all three datasets and for prescription drugs in the comparison data, questions about lifetime use (or misuse) were logically inferred to be "yes" if respondents originally did not report use of these drugs in the direct questions but reported them in the "OTHER, Specify" data. Additional details about these editing procedures for the comparison data are provided in the editing and coding section of the 2010 methodological resource book (Kroutil et al., 2012a).

As noted previously, DR respondents were asked about the use of specific prescription drugs in the past year and misuse of those drugs that they used in the past year. Consistent with the structure of questions in the comparison data, DR respondents who reported that they misused "any other" drug in the category (e.g., any other prescription pain reliever) in the past 12 months could specify past year misuse of up to five individual drugs. If a respondent reported past year use of a specific drug (e.g., the generic pain reliever hydrocodone), did not report misusing the drug in the past year, but then reported it in the "OTHER, Specify" data, the response in the edited variable for past year misuse was logically inferred to be "yes"; no editing needed to be done for the variable pertaining to any use in the past year. If the respondent reported misuse of a particular drug in the "OTHER, Specify" data but did not report using it in the past year (and therefore was not asked about past year misuse of the drug), both the variable for any past year use and the variable for past year misuse of that drug were assigned codes to indicate that the respondent used and misused that drug in the past year.

3.3.4.4 OTC Misuse

One way that persons can misuse prescription drugs is by taking them without having their own prescription. Because OTC drugs by definition are available without a prescription, respondents in both the DR and the comparison data interviews were instructed not to include OTCs when answering the prescription drug questions. For the comparison data, respondents who specified that they misused OTCs were logically inferred never to have misused any of the prescription drugs in the overall category (e.g., pain relievers) if they reported never misusing any of the specific prescription drugs in the gate questions and the only other "prescription" drugs they reported misusing in their lifetime were OTCs.

A similar principle was applied to the editing of the DR prescription drug data, except that these edits focused on the misuse of prescription drugs in the past year. Specifically, DR respondents were logically inferred not to have misused any of the prescription drugs in that category in the past year if they did not use or misuse any of the drugs in that category except for "any other" drug, and the only other drugs they reported misusing in the past year were OTCs. However, no editing was done to the screening question about any use of other drugs in that

category in the past year (which resulted in respondents being routed to the question about misuse of any other drug in the category) because respondents could have used other *prescription* drugs in the past year that they did not misuse.

3.3.4.5 Methamphetamine Use

Editing of the methamphetamine variables in the comparison data took into account the placement of the methamphetamine questions in the core stimulants module. Specifically, the CAI program for the comparison data required answers to questions about methamphetamine use to be consistent with answers to related questions about misuse of stimulants in general. As noted previously, for example, a consistency check was triggered if respondents reported more recent use of methamphetamine than they reported for the most recent misuse of any prescription stimulant. In keeping with the general editing principles for the comparison data, the editing procedures took answers in these consistency checks into account when creating the edited methamphetamine and general stimulant variables. Furthermore, the editing procedures for the comparison data required misuse of any stimulant always to be as recent as or more recent than the last use of methamphetamine.

Since 2005, questions about methamphetamine use have been included in the supplemental special drugs module for respondents who did not previously report methamphetamine use in the core stimulants module. Because methamphetamine in recent years has typically been manufactured illegally rather than through the legitimate pharmaceutical industry, methamphetamine users may fail to report their use when questions about the drug are asked in the context of questions about misuse of stimulants that are (or have been) available by prescription in the United States. Data from these methamphetamine questions in the special drugs module were used to create "core-plus-noncore" (CPN) measures of lifetime and most recent use of methamphetamine in the comparison data. For example, if respondents in the comparison data did not report methamphetamine use in the core stimulants module because they did not think of it as a prescription drug but they reported use in the special drugs module, their reports for their most recent use of methamphetamine in the special drugs module were incorporated into the CPN variable for most recent use. In addition, if these respondents who did not think of methamphetamine as a prescription drug reported more recent use of methamphetamine in the special drugs module than they reported for their most recent misuse of any stimulant, the edited CPN variable for most recent stimulant misuse reflected the special drugs data for methamphetamine.

Editing of the DR data for lifetime and most recent use of methamphetamine followed the general principles described in *Section 3.3.3*. Because the methamphetamine use questions in the DR were placed in a module separate from questions about misuse of prescription stimulants, the edited data for use or most recent use of methamphetamine were not required to be consistent with data from the core stimulants module. For example, DR respondents could report lifetime use of methamphetamine without reporting misuse of prescription stimulants in their lifetime; these responses were not considered to be inconsistent.

3.3.4.6 Prevalence of Prescription Drug Misuse

Editing of the prescription drug variables in the comparison data generally followed the overall principles described in *Section 3.3.3*. Editing of these variables also included the special situations for "OTHER, Specify" data and reports of misuse of only OTC drugs that were described previously in *Sections 3.3.4.3* and *3.3.4.4*.

In the DR, respondents first were asked to report any use of a series of prescription drugs in that psychotherapeutic category (e.g., pain relievers) in the past 12 months (subsequently referred to in this section as "screener" questions). Respondents who did not report past year use of any prescription drug in that category (including use of "any other" prescription drug) were asked whether they ever used any prescription drug in that category. Respondents who endorsed use of one or more specific prescription drugs in the past 12 months in the screener questions were asked about past year misuse of the prescription drugs that they reported using in that period. If respondents reported misuse of any prescription drugs in a given category in the past 12 months, they were asked whether they misused any prescription drugs in that category in the past 30 days. Thus, unlike the 12-month questions, misuse in the past 30 days applied only to the broad prescription drug category rather than to specific prescription drugs. If respondents used prescription drugs in a given category in the past 12 months but they did not report misuse, they were asked about lifetime misuse of any prescription drugs in that category. Similarly, respondents who reported lifetime but not past year use of any prescription drugs in that category were asked about lifetime misuse. Thus, as for misuse in the past 30 days, lifetime misuse applied only to the broad prescription drug category.

Consistent with the general editing principles described in *Section 3.3.3*, an important component of editing the prescription drug variables in the DR for determining the prevalence of use or misuse involved assignment of codes to indicate when respondents were not asked questions that were not applicable. For example, if respondents did not report use of a particular drug in the past 12 months, then the corresponding edited variables for misuse of that drug in the past 12 months were assigned codes to indicate that the questions did not apply.

As an exception to the general principle of retaining missing values when respondents answered a question governing a skip pattern as "don't know" (DK) or "refused" (REF), DR respondents who had responses of DK or REF in their screener data for past year use of specific prescription drugs and reported no past year use of other drugs in the screener could answer the question about lifetime use of any prescription drugs in the category as "no." In this situation, the report of no lifetime use of any prescription drug in the category took precedence over the responses of DK or REF in editing the DR prescription drug variables. Similarly, if respondents answered one or more questions about past year misuse of specific prescription drugs as DK or REF and answered questions about past year misuse of other prescription drugs as "no" (or were skipped out of the past year misuse questions because they did not report any past year use of these drugs), they were asked whether they ever misused any prescription drug in that category in their lifetime. Again, if these respondents answered this lifetime misuse question as "no," this report overruled the responses of DK or REF in editing the past year misuse variables.

Because of the structure of the prescription drug questions in the DR, respondents were not asked a specific question for their most recent misuse of any prescription drugs in that category. Rather, variables for the most recent misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives were created from respondents' answers to questions about the misuse of any prescription drug in the category in the past 30 days, misuse of specific prescription drugs in a given category in the past 12 months, and lifetime misuse of any prescription drug in the category. The following general principles were applied in creating the variables for the most recent use of any prescription drugs in a given category in the DR data:

- Respondents who reported misuse of prescription drugs⁷ in the past 30 days were classified as having last misused prescription drugs in the past 30 days.
- Respondents who reported misuse of one or more specific prescription drugs in the past 12 months were classified as having last misused prescription drugs more than 30 days ago but within the past 12 months, provided that they answered "no" to the question about misuse in the past 30 days.
- Respondents who reported lifetime (but not past year) misuse of prescription drugs were classified as having last misused prescription drugs more than 12 months ago, provided that (a) they answered all applicable questions about misuse of specific prescription drugs in the past 12 months as "no"; or (b) they reported any use of prescription drugs in their lifetime and they explicitly reported that they did not use any prescription drugs in that category in the past 12 months.
- Respondents who reported that they never used or never misused prescription drugs were classified as never having misused prescription drugs. (The coding of the variables for most recent use did not distinguish between respondents who never used prescription drugs and lifetime users who never misused prescription drugs.)

3.3.4.7 Initiation of Use of Illicit Drugs Other Than Prescription Drugs

For marijuana through inhalants in the comparison data and for marijuana through methamphetamine in the DR, lifetime users were asked to report the age when they first used the drug, and respondents who first used within 1 year of their current age were asked to report the year and month when they first used. The age, year, and month data were used to establish whether the respondent initiated use in the past 12 months. Specifically, respondents were defined as a past year initiate if any of the following occurred:

- They first used the drug at their current age.
- They first used at the age that was 1 year prior to their current age, but they first used in the current calendar year (e.g., 2013 for DR interviews).
- They first used at the age that was 1 year prior to their current age and in the year prior to the current calendar year, but their month of first use was unambiguously within 12 months of the interview date (e.g., first use in October, November, or December 2012 for DR interviews in September 2013).

⁷ In this text, "prescription drugs" refers to any prescription drugs in a given category (e.g., any prescription pain reliever).

Because all lifetime users were asked to report the age at first use (AFU), a special AFU did not need to be created for past year initiates. At a minimum, all past year initiates would have an AFU.

As noted in *Section 3.3.3*, however, inconsistencies could exist between related variables in the DR or comparison data that would otherwise have been handled in the editing procedures for the main study. In particular, some respondents who were classified as past year initiates based on their age, year, or month of first use could have reported that they last used a drug "more than 12 months ago." In these situations, neither the data for the most recent use or initiation were edited to be consistent with one another. However, if respondents had missing data for initiation (e.g., the AFU was answered as DK or REF) but they reported last using the drug more than 12 months ago, the recency variable took precedence, and the respondents were classified as not being past year initiates.

Respondents were defined as being unknown for past year initiation if they last used a drug in the past 12 months (including use in the past 30 days) or at some point in their lifetime and any of the following occurred:

- Their age at first use was answered as DK or REF.
- They first used at the age that was 1 year prior to their current age, and their year of first use was answered as DK or REF.
- They first used at the age that was 1 year prior to their current age, their year of first use was in the previous calendar year, and their month of first use was answered as DK or REF.
- They first used at the age that was 1 year prior to their current age, their year of first use was in the previous calendar year, and their month of first use was the same month as the interview month (e.g., first use in September 2012 for a DR interview in September 2013).

In the main survey, a full date of first use (DFU) is imputed for all lifetime users. Therefore, if respondents reported first use in the same month in the calendar year that was 1 year prior to the interview, they could be imputed to be past year initiates or not to be past year initiates depending on whether the imputed DFU was within 12 months of the interview date or more than 12 months prior to the interview date. For this reason, the final initiation status for this last group of respondents was handled through imputation.

3.3.4.8 Initiation of Prescription Drug Misuse

In the comparison data, respondents who reported lifetime misuse of prescription drugs were asked about initiation of prescription drug misuse in the same manner as for the other substances in the core modules. Therefore, the procedures that were described in *Section 3.3.4.7* also applied to identification of past year initiates or determination of unknown initiation status for misusers of prescription drugs in the comparison data.

In the QFT and DR, respondents were asked about initiation of misuse only for the individual prescription drugs that they had misused in the past 12 months. However, a limitation

of the QFT questions for measuring past year initiation of misuse of any prescription drug in an overall category (e.g., pain relievers) was that respondents who reported only past year initiation for the prescription drugs that they misused in the past 12 months could have initiated misuse of other drugs in the category more than 12 months ago. Consequently, it could be determined that these respondents were past year initiates for the specific prescription drugs that they misused in the past year, but past year initiation for the overall category could not be determined.

Therefore, the DR questionnaire was modified so that respondents who reported only past year initiation of the drugs they misused in that period were asked a follow-up question to determine whether they ever misused any drugs in that category more than 12 months prior to the interview.⁸ There was no need to ask this follow-up question if respondents reported initiation more than 12 months ago for any of the prescription drugs that they misused in the past year because these respondents by definition were not past year initiates.

Creation of the edited variables for past year initiation of misuse of any pain reliever, tranquilizer, stimulant, or sedative involved reverse coding of the answers for these follow-up questions. Specifically, if DR respondents were routed to a given follow-up question and answered it as "yes," then they were defined as *not* being past year initiates for the overall category. Respondents who answered the question as "no" *were* defined as past year initiates for the overall entire category. If respondents were skipped out of the follow-up question because they reported initiation of misuse of some prescription drugs more than 12 months ago, the edited variable was assigned a code of 4 (Not a past year initiate LOGICALLY ASSIGNED).

If respondents answered the follow-up question as DK or REF, the edited variable retained a missing value. Their status as a past year initiate (or not) was resolved through imputation (see *Section 3.4*). Respondents also could have missing data for the edited past year initiation variable for a given prescription drug category for the following reasons:

- Respondents reported misuse of a given category of prescription drugs at some point in their lifetime, but their most recent period of misuse was unknown.
- Respondents reported initiation of misuse of some prescription in the past 12 months, but they reported initiation of misuse of the remaining drugs in the same month as the interview month but in the previous calendar year (e.g., September 2012 for respondents who were interviewed in September 2013).

For this second group of respondents, the CAI logic did not consider initiation in the same month 1 year ago as being a potential indication of past year initiation. Consequently, these respondents were not asked the follow-up questions about first misuse of any prescription drugs in the category more than 12 months ago. These respondents' status as a past year initiate (or not) was resolved through imputation.

In addition, if the edited variable indicated that the respondent was a past year initiate, the initiation data were checked for the individual drugs that respondents misused in the past 12 months to determine an AFU among past year initiates. Generally, this was the minimum

⁸ Respondents also were asked the follow-up question if the sum of the reports of past year initiation plus missing data for initiation equaled the number of specific drugs that they misused in the past year.

AFU (i.e., either current age or current age minus 1 year) among the AFUs for the individual prescription drugs that respondents misused. If some AFU questions were answered as DK or REF, it also was possible to infer logically that first misuse happened at the age that was 1 year prior to a respondent's current age if at least one AFU was reported to be at the respondent's current age minus 1 year. If the respondent was a past year initiate of misuse but all AFUs had missing data or there was a combination of missing AFU data and remaining AFUs at the respondent's current age, then the edited AFU for the overall prescription drug category retained a missing value.

3.3.4.9 Needle Use

Editing of the needle use data in the DR and comparison samples principally involved assignment of the appropriate codes to indicate when respondents were not asked questions that did not apply. For example, respondents were not asked the needle use questions for a given drug (e.g., cocaine) if they reported in the corresponding core module that they never used the drug. Respondents also were not asked the follow-up questions in the special drugs module about most recent use of a drug with a needle if they used the drug in their lifetime but never used a needle to inject it.

In addition, "OTHER, Specify" data on the use of other drugs with a needle were used to edit needle use data within the special drugs module. For example, if respondents did not report using cocaine with a needle but they specified it as some "other" drug they used with a needle, the edits inferred that these respondents used cocaine with a needle at some point in their lifetime.

Consistent with editing in the core modules (and with general principles of editing described previously), however, data on needle use from the special drugs module were not used in editing drug use data from the corresponding core module. For example, if respondents reported more recent use of cocaine with a needle in the special drugs module compared with their reports of most recent use of cocaine (including any reports of crack cocaine), the editing procedures for both the DR and comparison data did not resolve this inconsistency.

As noted previously, the needle use questions for stimulants in the DR were moved from the special drugs module to the core stimulants module. In addition, the questions about use of stimulants with a needle applied to stimulants that respondents misused in the past 12 months. Even if the editing procedures allowed editing of core data based on data in the special drugs module, reports of lifetime use of prescription stimulants with a needle in the "OTHER, Specify" data for special drugs could *not* be used to infer past year use of stimulants with a needle or to infer past year misuse of specific stimulants in the core stimulants module.

3.3.4.10 Methamphetamine and Prescription Stimulant Dependence or Abuse

In the comparison data, because methamphetamine was grouped together with other stimulants, comparison data respondents who reported past year methamphetamine use were asked questions about dependence or abuse for *prescription stimulants*. The DR included questions about dependence and abuse for methamphetamine that were separate from questions about dependence and abuse for prescription stimulants that were misused in the past 12 months.

Consequently, DR respondents who reported methamphetamine use in the past year but who did not report past year misuse of prescription stimulants were asked dependence and abuse questions for methamphetamine but were not asked corresponding questions for stimulants.

DR respondents who reported past year use of methamphetamine and past year misuse of prescription stimulants were asked both sets of dependence and abuse questions. For these respondents, no editing was done to the methamphetamine dependence or abuse variables based on respondents' answers to questions about corresponding symptoms of dependence or abuse for prescription stimulants. Similarly, no editing was done to the stimulant dependence or abuse variables based on respondents' answers to questions about corresponding symptoms of dependence or abuse for methamphetamine.

3.3.4.11 Interviewer-Administered versus Self-Administered Data

The basic content of the DR variables for marital status, employment status, health insurance, and income underwent little or no change relative to the variables in the comparison data, except that they were self-administered instead of being interviewer-administered. Consequently, little or no change to the editing procedures for these variables in the DR were required relative to the procedures for editing these variables in the comparison data. Editing of these variables in all three datasets principally involved assignment of codes to indicate when it could be determined unambiguously that respondents were not asked questions that did not apply.

3.4 Imputation Procedures

3.4.1 Overview of Imputation Procedures

This section describes the imputation procedures that were implemented for the 2013 DR data and the two comparison datasets—the 2012 main study data and the 2013 quarters 3 and 4 main study data. The advantages of performing imputation include the following: (1) reducing bias due to differential nonresponse, (2) allowing all cases to be used for analysis, and (3) improving the quality of data at the subdomain level. The small DR sample sizes and sparse donor pools made it difficult to implement the standard NSDUH imputation methods. Because the comparison of the DR data with the main study data was performed at a fairly aggregate level, a simple mean imputation procedure satisfies the needs of the DR and could be implemented within the relatively shorter data processing period for the DR. The two main study comparison datasets—all four quarters from 2012 and quarters 3 and 4 from 2013—were imputed using the same approach. One of the simplest methods of imputing for missing data is to replace each missing value with the weighted mean of the observed values for a variable within a class of respondents containing the respondent with the missing value. This method provides an unbiased estimate of the overall variable mean either if the probability of the value being missing is the same for every respondent in a class or if values within a class are not related to their probabilities of being missing. If neither of these conditions holds, the estimated variable mean after imputation is biased, but the bias is likely to be less than if no imputation had taken place, which is equivalent to treating the entire sample as a single imputation class.

3.4.2 Imputation Methodology

Variables that were imputed include demographics, health insurance, income, recency of drug use, an indicator of past year initiation of drug use, and age of first drug use for past year

initiates. The noncore variables associated with drug abuse were not imputed.⁹ *Table 3.1* lists the variables that were imputed for each of the three sets of data. As was done in the main study, imputation indicators were created for each imputed variable. For the drug use variables, three variables indicating lifetime use, past year use, and past month use were created from the imputed recency of use variables. In addition to misuse, the DR instrument asked about any use of prescription drugs. These variables were not imputed for this analysis. Questions about lifetime and past month use of OxyContin[®] were not included in the DR instrument; therefore, only the past year indicator variable for OxyContin[®] misuse was imputed for the DR data. The DR instrument contained separate modules for methamphetamine and prescription stimulants. Therefore, an additional recency of misuse of stimulants excluding methamphetamine was imputed for the DR only. For the 2012 and 2013 quarters 3 and 4 comparison data, the CPN measures for methamphetamine and misuse of stimulants were created to compare with the combined stimulants and methamphetamine variables in the DR.

For categorical variables (including both nominal and ordinal), the weighted percentage for each variable level within an imputation class was used to impute the missing values. Imputation classes were based, where possible, on categorical age (12 to 17 years old, 18 to 25 years old, and 26 years old or older), gender, and four-level race (white, black, Hispanic, and other). For the race variable imputation, only age group and gender were used to create imputation classes. For the continuous variable WELMOS—number of months on welfare—the weighted mean was computed within an imputation class, then used to impute the missing values. Weighted means were computed using PROC DESCRIPT from SUDAAN[®] (RTI International, 2008), and weighted percentages were computed using PROC CROSSTAB. As an example, assume that among white females aged 26 or older the marital status variable has a complete case weighted distribution as follows: married (65 percent), widowed (10 percent), divorced (15 percent), and never married (10 percent). If 20 cases within this imputation class have missing values, then 13 cases would be imputed as married, 2 cases as widowed, 3 cases as divorced, and 2 cases as never been married. Rounding was used when the percentages did not result in exact numbers of cases and when there were fewer records with missing values than there were levels of the imputed value. For example, an imputation class for the four-level recency variable may have had only two records requiring imputation. In these cases, the distribution of imputed cases may have looked very different from the distribution of complete cases. However, the rounding algorithm was such that the distribution of imputed values would match the weighted distribution of complete values in expectation.

⁹ Variables that regularly undergo imputation, but did not for the DR include the following: roster variables; roster pair variables; Hispanic group and immigrant status; personal income variables; "old method" insurance variables; daily cigarette use, cigar, pipe, chewing tobacco, and snuff use variables; core-only stimulants and methamphetamine use variables; 12-month and 30-day frequency of drug use variables; age at first drug use variables; and nicotine dependence variables.

Table 3.1 Imputed Variables

Demographic Variables	
Race	Education
Hispanic Indicator	Employment Status
Marital Status	
Income Variables	
Family Income	Food Stamps
Wages (2012/2013 Comparison Only)	Welfare Payments
Social Security	Welfare Services
Supplemental Security	Number of Months on Welfare
Health Insurance Variables	
Medicaid/CHIP (Children's Health Insurance Program)	Private Health Insurance
Medicare	Other Health Insurance
CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)	
Drug Use Variables	
Cigarette Use	Inhalant Use ^a
Smokeless Tobacco Use	Marijuana Use ^a
Alcohol Use	Core plus Noncore Stimulant Misuse ^a
Binge Alcohol Use (Past Month Only)	Core plus Noncore Stimulant Misuse, Excluding Methamphetamine Use (DR Only) ^a
Cocaine Use ^a	Core plus Noncore Methamphetamine Misuse ^a
Crack Use ^a	Pain Reliever Misuse ^a
Hallucinogen Use ^a	OxyContin [®] Misuse (DR: Past Year Only) ^a
LSD Use (Lysergic Acid Diethylamide) ^a	Sedative Misuse ^a
PCP Use (Phencyclidine) ^a	Tranquilizer Misuse ^a
Ecstasy Use ^a	
Heroin Use ^a	

DR = Dress Rehearsal.

^a Imputed values indicating past year initiation and age at first use for past year initiates were also calculated. For OxyContin[®] misuse, these measures were only created for the 2012 and 2013 comparison files.

For the age at first use (AFU) variables, imputations were performed only for past year initiates. Therefore, all nonrespondents had to initiate at either their current age or at age – 1. If they initiated prior to this point, then they would not have been classified as a past year initiate. For each past year initiate with a missing AFU, the year preceding the interview date was divided into two parts based on the birth date of the individual. The proportion of the year prior to the interview in which the individual was at his or her current age and at his or her current age – 1 was then calculated. Each individual requiring imputation was next assigned a random number between zero and one from a uniform distribution, and this value was used to determine the final imputed AFU. For example, suppose a past year initiate of marijuana with a missing age of first marijuana use was 25 years old at the time of the interview and he or she was 25 years old for 292 days (80 percent) in the year prior to the interview and 24 years old for 73 days (20 percent) in the year prior to the interview. For this individual, there was an 80 percent chance that the imputed age of first marijuana use would equal his or her current age (25 years old) and a 20 percent chance that the imputed age of first marijuana use would equal age – 1 (24 years old).

Imputation was occasionally restricted to a few categories when partial information about the nonrespondent was known or in order to maintain consistency with other variables. For example, when imputing employment status, if the nonrespondent was known to be

employed, but the level of employment (full time or part time) was not known, the weighted percentages were calculated among employed respondents in each imputation class, and imputation was restricted to full- or part-time employment.

In a few cases, the imputation class contained only nonrespondents. When this happened, imputation classes were collapsed by race, then by gender, then by age until at least one respondent was in the imputation class. For example, *Exhibit 3.1* shows the imputation classes for the 12- to 17-year-old age category. If the nonrespondent was a 15-year-old, Hispanic, and female, and no respondents were in the imputation class for 12- to 17-year-old, Hispanic females, that class would be merged with the class containing 12- to 17-year-old females of other races. Collapsing would continue up the hierarchy until at least one respondent was in the imputation class. Continuing the example above, it may have been necessary to collapse all races or both genders. Note that if collapsing was necessary, care was taken to collapse as few classes as possible. As shown in *Exhibit 3.1*, if collapsing of the race categories was only necessary among females, parallel collapsing was not done among males. Similarly, if collapsing was only necessary among 12- to 17-year-olds, no collapsing was done within the other age categories (see *Exhibit 3.2*).

Exhibit 3.1 Collapsing Imputation Classes: Race

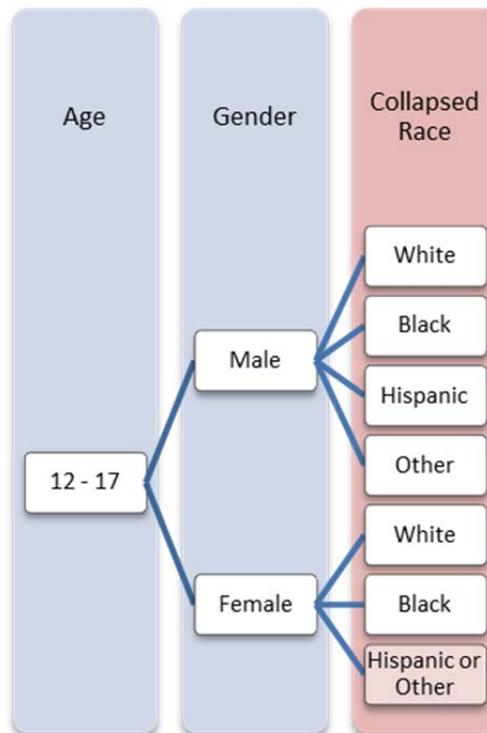
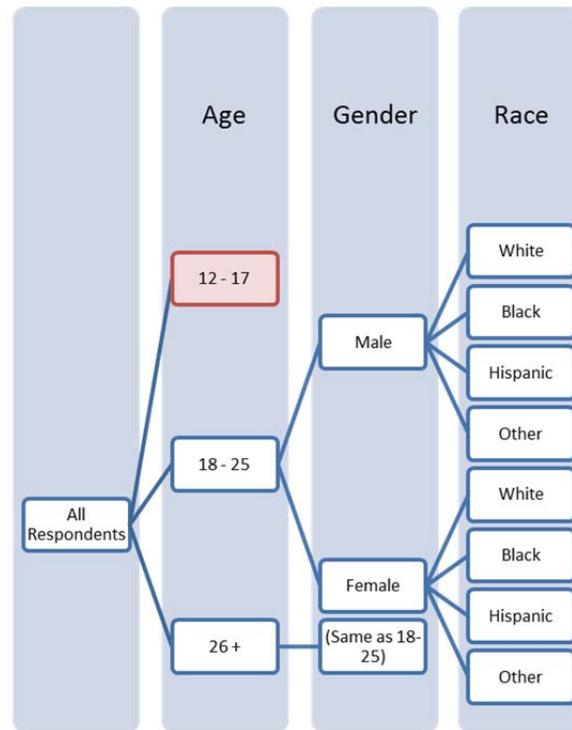


Exhibit 3.2 Collapsing Imputation Classes: Race and Gender



3.5 Weighting Procedures

3.5.1 Overview of Weighting Procedures

Estimates and measures of data quality from the DR sample were compared with those from the 2013 main study during the same quarters (2013 quarters 3 and 4) and from the full year for the 2012 main study. Analysis weights for those three samples needed to be developed for the DR analysis. This section discusses the methods used to develop sample weights for the DR analysis.

For some research questions, DR respondents were compared with the 2013 quarters 3 and 4 and the 2012 NSDUH respondents. To increase the efficiency of the comparisons by removing the impact of differences between the demographic characteristics of the three samples caused by random sampling, then exacerbated by nonresponse, nonresponse-adjusted weights were calibrated for the DR sample and the 2013 quarters 3 and 4 main study sample to distributions of demographic variables from the 2012 sample. Instead of the full process (Chen et al., 2014) that was used in developing 12-month analysis weights, where five adjustment steps were implemented, a shortened process was used similar to producing weights for the 6-month detailed tables. That is, the design weights were computed for both the DR sample and the 2013 quarters 3 and 4 main sample in a manner consistent with 2012 NSDUH weighting procedures. The design weights were then adjusted for nonresponse at the dwelling unit and person level, followed by a poststratification adjustment where nonresponse-adjusted weights were further poststratified to the sum of the analysis weights from the 2012 NSDUH sample for selected demographic domains.

The weight distributions were calculated for the final analysis weights of the 2012 comparison data, DR data, and 2013 quarters 3 and 4 main study data. The weight distribution results are presented in *Table 3.2* in *Section 3.5.3*.

3.5.2 Weighting Procedures

This section discusses in detail the procedures used to develop the analysis weights for the three samples and summarizes the distribution of the DR analysis weights.

3.5.2.1 2012 NSDUH Sample Weights

The analysis weights (ANALWT) for the 2012 NSDUH sample had 15 weight components, and among them 5 were adjustment factors at both the dwelling and person levels (Chen et al., 2014). The generalized exponential model (GEM) (Folsom & Singh, 2000) was used for the nonresponse and poststratification adjustments within nine model groups corresponding to nine census divisions. ANALWT is the product of all 15 weight components.

After removing respondents from Hawaii and Alaska, analysis weights for the remaining respondents in the 2012 NSDUH were used for the DR analyses. The domain-level sums of the ANALWT for these retained respondents were used as control totals in the poststratification for the DR sample and the 2013 quarters 3 and 4 main study sample, as discussed in the following section.

3.5.2.2 2013 Quarters 3 and 4 Main Study Sample Weights

Design-based weights were computed for the 2013 quarters 3 and 4 main study sample in a manner consistent with standard NSDUH weighting procedures. To facilitate timely completion of the DR analyses, quarter 4 screenings and interviews completed after December 1, 2013, were considered nonrespondents. After December 1, 2013, an additional 3,222 screenings and 715 interviews were completed that would have been included in the 2013 quarters 3 and 4 main study comparison data had the December 1, 2013, cutoff date not been implemented. The nonresponse adjustments at both the dwelling unit level (DUNR) and person level (PRNR) for the 2013 quarters 3 and 4 main study sample were similar to those used to develop the regular 6-month analysis weights. However, the person-level poststratification (PRPS) for the 2013 quarters 3 and 4 main study sample was different from the regular 6-month analysis weights, where the nonresponse-adjusted weights were adjusted to the census population estimates. For the DR analyses, the person-level poststratification adjusted the weights to match ANALWT sums for eligible respondents from the 2012 NSDUH sample. GEM was used to implement all three adjustment steps.

The final analysis weights for the 2013 quarters 3 and 4 main study sample were the product of various design weights and three adjustment factors. The various design weights were as follows:

- inverse probability of selecting census tracts;
- inverse probability of selecting segments;
- quarter segment weight adjustment;

- subsegmentation inflation adjustment;
- inverse probability of selecting dwelling units;
- added/subsampled dwelling unit adjustment;
- dwelling unit sample release adjustment;
- dwelling unit-level nonresponse adjustment;
- inverse probability of selecting a person from a dwelling unit;
- person-level nonresponse adjustment; and
- person-level poststratification adjustment.

The three adjustment factors were as follows:

- *Dwelling Unit-Level Nonresponse Adjustment (DUNR)*. One model was used to account for the failure to obtain screening interviews from eligible dwelling units. The proposed variables in the model are listed below, and they were all kept in the final model.
 - State,
 - quarter,
 - population density (metropolitan statistical area [MSA], ≥ 1 million; MSA, < 1 million; non-MSA, urban; non-MSA, rural),
 - group quarters (college dorm; other group quarters; non-group quarters),
 - percent of owner-occupied dwelling units in a segment (CO) (> 50 percent; 10 to 50 percent; < 10 percent),
 - percent of blacks or African Americans in a segment (CB) (> 50 percent; 10 to 50 percent; < 10 percent),
 - percent of Hispanics in a segment (CH) (> 50 percent; 10 to 50 percent; < 10 percent),
 - segment combined median rent and housing value (CV) (1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
 - CO * CB,
 - CO * CH,
 - CO * CV,
 - CV * CB, and
 - CV * CH.
- *Person-Level Nonresponse Adjustment (PRNR)*. One model was used to adjust person-level nonresponse, and the proposed variables in the model are listed below (they were all kept in the final model):
 - State,

- quarter,
 - age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 or older),
 - race (white; black; Native American; Asian; multiple races),
 - Hispanicity (Hispanic; non-Hispanic),
 - gender (male; female),
 - population density (MSA, \geq 1 million; MSA, $<$ 1 million; non-MSA, urban; non-MSA, rural),
 - group quarters (college dorm; other group quarters; non-group quarters),
 - percent of owner-occupied dwelling units in a segment (CO) ($>$ 50 percent; 10 to 50 percent; $<$ 10 percent),
 - percent of blacks or African Americans in a segment (CB) ($>$ 50 percent; 10 to 50 percent; $<$ 10 percent),
 - percent of Hispanics in a segment (CH) ($>$ 50 percent; 10 to 50 percent; $<$ 10 percent),
 - segment combined median rent and housing value (CV) (1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
 - CO * CB,
 - CO * CH,
 - CO * CV,
 - CV * CB,
 - CV * CH,
 - age group * Race3 (white; black; others),
 - age group * Hispanicity,
 - age group * gender,
 - Race3 * Hispanicity,
 - Race3 * gender,
 - Hispanicity * gender,
 - age group * Race3 * Hispanicity,
 - age group * Race3 * gender,
 - age group * Hispanicity * gender, and
 - Race3 * Hispanicity * gender.
- *Person-Level Poststratification Adjustment (PRPS)*. The respondents in the 2013 quarters 3 and 4 main sample from Hawaii and Alaska and interviews completed with the Spanish-language questionnaire were removed before the PRPS. One model was used to force the weights of the 2013 quarters 3 and 4 main study sample to sum up to

the ANALWT totals for eligible respondents in the 2012 NSDUH by the following proposed demographic domains (all proposed variables were kept in the final model):

- State,
- age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 to 64; 65 or older),
- race (white; black; Native American; Asian; multiple races),
- Hispanicity (Hispanic; non-Hispanic),
- gender (male; female),
- age group * Race3 (white; black; others),
- age group * Hispanicity,
- age group * gender,
- Race3 * Hispanicity,
- Race3 * gender,
- Hispanicity * gender,
- age group * Race3 * Hispanicity,
- age group * Race3 * gender,
- age group * Hispanicity * gender, and
- Race3 * Hispanicity * gender.

3.5.2.3 2013 DR Sample Weights

Design-based weights for the 2013 quarters 3 and 4 DR sample were computed in a manner consistent with standard NSDUH weighting procedures. The three adjustment steps (i.e., DUNR, PRNR, and PRPS) were implemented in a similar fashion as for the 2013 quarters 3 and 4 main study sample weights using GEM. The differences were that fewer variables in the GEM models were used to develop DR sample weights because of the relatively small DR sample.

The final analysis weights for the 2013 quarters 3 and 4 DR sample were the product of various design weights and three adjustment factors. The various design weights were as follows:

- inverse probability of selecting DR State sampling regions (SSRs);
- inverse probability of selecting census tracts;
- inverse probability of selecting segments;
- quarter segment weight adjustment;
- subsegmentation inflation adjustment;
- inverse probability of selecting dwelling units;
- added or subsampled dwelling unit adjustment;
- dwelling unit sample release adjustment;

- dwelling unit-level nonresponse adjustment;
- inverse probability of selecting a person from a dwelling unit;
- person-level nonresponse adjustment; and
- person-level poststratification adjustment.

The three adjustment factors were as follows:

- *Dwelling Unit-Level Nonresponse Adjustment (DUNR)*. One model was used to account for the failure to obtain screening interviews from eligible dwelling units. The variables in the model are listed below, and some two-way interactions of segment-level variables (CO, CB, CH, and CV) were collapsed in order to get a convergent model:
 - State,
 - population density (MSA, ≥ 1 million; MSA, < 1 million; non-MSA, urban; non-MSA, rural),
 - group quarters (college dorm; other group quarters; non-group quarters),
 - percent of owner-occupied dwelling units in a segment (CO) (> 50 percent; 10 to 50 percent; < 10 percent),
 - percent of blacks or African Americans in a segment (CB) (> 50 percent; 10 to 50 percent; < 10 percent),
 - percent of Hispanics in a segment (CH) (> 50 percent; 10 to 50 percent; < 10 percent),
 - segment combined median rent and housing value (CV) (1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
 - CO * CB,
 - CO * CH,
 - CO * CV,
 - CV * CB, and
 - CV * CH.
- *Person-Level Nonresponse Adjustment (PRNR)*. One model was used to adjust person-level nonresponse, and the proposed variables in the model are listed as follows (they were all kept in the final model):
 - State,
 - age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 or older),
 - race (white; black; Native American; Asian; multiple races),
 - Hispanicity (Hispanic; non-Hispanic),
 - gender (male; female),

- population density (MSA, ≥ 1 million; MSA, < 1 million; non-MSA, urban; non-MSA, rural),
 - group quarters (college dorm; other group quarters; non-group quarters),
 - percent of owner-occupied dwelling units in a segment (CO) (> 50 percent; 10 to 50 percent; < 10 percent),
 - percent of blacks or African Americans in a segment (CB) (> 50 percent; 10 to 50 percent; < 10 percent),
 - percent of Hispanics in a segment (CH) (> 50 percent; 10 to 50 percent; < 10 percent),
 - segment combined median rent and housing value (CV) (1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
 - CO * CB,
 - CO * CH,
 - CO * CV,
 - CV * CB,
 - CV * CH,
 - age group * Race3 (white; black; others),
 - age group * Hispanicity,
 - age group * gender,
 - Race3 * Hispanicity,
 - Race3 * gender, and
 - Hispanicity * gender.
- *Person-Level Poststratification Adjustment (PRPS)*. One model was used to force the weights of the 2013 quarters 3 and 4 DR sample to sum up to ANALWT totals for eligible respondents in the 2012 NSDUH by the following proposed demographic domains (all variables were kept in the final model):
 - age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 to 64; 65 or older),
 - race (white; black; Native American; Asian; multiple races),
 - Hispanicity (Hispanic; non-Hispanic),
 - gender (male; female),
 - age group * Race3 (white; black; others),
 - age group * Hispanicity,
 - age group * gender,
 - Race3 * Hispanicity,

- Race3 * gender, and
- Hispanicity * gender.

3.5.3 Distribution of DR Analysis Weights

The distribution of analysis weights for the 2012 NSDUH sample, 2013 quarters 3 and 4 DR sample, and 2013 quarters 3 and 4 main study sample are summarized in *Table 3.2*.

Table 3.2 Weight Distribution of Dress Rehearsal Analysis Weights

Statistics	2012 NSDUH Sample Weights	2013 Quarters 3 and 4 Dress Rehearsal Sample Weights	2013 Quarters 3 and 4 Main Study Sample Weights
100% Maximum	133,926	1,648,168	200,068
99%	29,474	765,303	54,299
95%	15,629	478,051	32,194
90%	10,182	313,542	21,434
75% Quarter 3	4,181	150,227	8,966
50% Median	1,590	66,812	3,365
25% Quarter 1	749	22,715	1,838
10%	342	12,390	905
5%	203	7,758	519
1%	78	3,384	241
0% Minimum	1	2,310	42
<i>n</i>	66,542	2,089	32,162
Mean	3,883	123,671	8,033
Sum of Weights	258,349,358	258,349,358	258,349,358
Unequal Weighting Effect (UWE) ¹	3.5016	2.6950	3.0258

¹UWE measures the variation in weights.

3.5.4 Creation of Variance Estimation Strata and Replicates

The nature of the stratified, clustered sampling design of the NSDUH main study, DR, and QFT samples requires that the design structure be taken into consideration when computing variances of survey estimates. Because the DR and QFT samples are assumed to be independent, two sets of key nesting variables (pseudo-strata and replicates) were utilized in the analyses. One set captured the design structure of the DR, and the other captured the design structure of the QFT. Both sets of nesting variables were mapped to the main study comparison data to allow for comparisons with the DR and QFT samples. The development of the QFT nesting variables is further discussed in the 2012 QFT final report (Currivan et al., 2013). This section outlines the creation of the DR nesting variables.

To allow for comparisons between the DR and main study samples, a common set of stratification and clustering variables were defined. Because State sampling regions (SSRs) serve as strata for the main study samples and as primary sampling units (PSUs) for the DR sample,

there was no direct way of capturing the covariance between the samples and using the entire main study sample. Instead, the approach used for the 1999 paper-and-pencil interviewing (PAPI) and CAI mode of analysis was followed in developing a design structure that could be used to simultaneously analyze all three samples (Gfroerer, Eyerman, & Chromy, 2002). This methodology was also used to create the nesting variables for the QFT. Steps in the process were as follows:

- Within the five DR sampling strata (high Spanish certainty stratum and four noncertainty census region strata), variance pseudo-strata were formed by assigning two sequential DR-selected SSRs to the same variance pseudo-strata on the sorted sampling frame. Each sampled SSR was then assigned to a replicate (1 or 2). However, there were three DR SSRs per variance pseudo-strata for four randomly selected pseudo-strata. This was necessary because an odd number of DR SSRs were selected in four of the strata. Within these four pseudo-strata, the third SSR was randomly assigned to either replicate 1 or replicate 2. This led to a total of 98 DR variance pseudo-strata, with two replicates per pseudo-strata.
- The main study SSRs that comprised the DR certainty stratum received the same pseudo-strata assignments as the DR certainty SSRs. For the noncertainty SSRs, the main study SSRs not selected for the DR were assigned to DR sampling pseudo-strata sequentially on the sorted SSR frame, in accordance with the assignments of selected DR SSRs. These assignments kept the number of SSRs per pseudo-strata as equal as possible given the distribution of DR-sampled SSRs within the sorted SSR frame. For both certainty and noncertainty SSRs, the original replicate assignments of either replicate 1 or replicate 2 were maintained for the main study. A further discussion of the assignment of main study replicates can be found in the 2012 sample design report (Morton, Martin, Shook-Sa, Chromy, & Hirsch, 2013).

Although this approach to design structure variables does not fit the main study perfectly, it does capture the total variance and allows for taking advantage of any covariance induced by the overlapping SSRs between the DR and main study samples.

3.6 Data File Preparation

Three data files were prepared for the DR analysis. In order to evaluate the DR results and estimates, two comparison data files from all four quarters of 2012 and quarters 3 and 4 of 2013 were created from the main study cases.

3.6.1 DR Data File

The DR data file was comprised of interviews conducted from September 1, 2013, through October 31, 2013. No interviews in Alaska and Hawaii were conducted, and these data underwent the normal data quality checks and telephone verification. Falsification was detected after the initial DR data file was produced for data processing and analysis. Two such cases were excluded from the final set of respondents, but the imputation and weighting were not redone once these cases were dropped from the data file. The final DR analysis data file resulted in 2,087 respondents.

3.6.2 2012 Comparison Data File

The 2012 comparison data file was created from the 2012 main study analysis file. The full set of respondents was reduced to 66,542 cases because of the exclusion of screenings and interviews conducted in Alaska and Hawaii.

3.6.3 2013 Quarters 3 and 4 Comparison Data File

The 2013 comparison data file was created using most of the 2013 main study cases fielded in quarters 3 and 4. As was done for the 2012 comparison file, screenings and interviews conducted in Alaska and Hawaii were also excluded. In order to allow time for analysis under the DR schedule, the 2013 comparison file only included cases with a completed date prior to December 2, 2013. Because this time frame was prior to completing verification on the full 2013 main study sample, some decisions were made to exclude cases undergoing field verifications at the time, based on the following criteria:

- *Cases completed by quarter 3 or 4 FIs found to have been falsified as of December 1, 2013.* In addition to cases that were determined to have some form of falsification, cases completed by these same FIs were dropped whenever it could not be determined whether the interview was actually completed or whether informed consent was completed. This second set of cases usually resulted from being unable to contact the respondent.
- *Quarter 4 cases that were worked by FIs whose work was still being field verified as of December 1, 2013.*
- *Quarter 3 interviews for FIs whose work was still being field verified as of December 1, 2013.* If falsification of quarter 4 cases was found, previous 2013 work completed by these FIs needed to be field verified.

Interviews scheduled for telephone verification that were not finalized by close of business on December 2, 2013, and met any of the three exclusion criteria above were not included in the 2013 quarters 3 and 4 comparison data file.

Additional falsification was detected after the initial 2013 comparison data file was produced for data processing and analysis. A total of 48 cases were excluded from the final set of respondents, but the imputation and weighting were not redone once these cases were dropped from the data file. The resulting 2013 quarters 3 and 4 comparison data file contained 32,162 interviews (see **Table 3.3**).

Table 3.3 Data Files Created for the 2013 Dress Rehearsal Analyses

Data File	Data Collection Period	Number of Respondents
Dress Rehearsal (DR)	9/1/2013 – 10/31/2013	2,087
2012 Comparison	1/1/2012 – 12/31/2012	66,542
2013 Comparison	7/1/2013 – 12/1/2013	32,162

3.7 Data Analysis Issues

3.7.1 Primary Analytic Goals

The QFT provided evidence on the potential effects of changes to the protocol planned for the 2015 partial redesign on NSDUH estimates. The primary goal of the DR was to provide additional evidence to support the QFT results, and especially whether these results were generalizable to a data collection effort that includes Spanish-language interviews. The main focus of the statistical analysis is the measurement of how the collective set of protocol changes could affect key NSDUH estimates—overall and by the three major age groups—when the new protocol is implemented in 2015. The DR sample size was not large enough to permit quantitative assessments of the impact of individual changes in the protocol because such analyses would require dedicated samples for assessing each change. To carry out such a design to estimate the effects of each protocol change would be prohibitively costly and infeasible. Also, the resources needed to carry out such extensive testing would have risked having an impact on the main 2013 survey's estimates by affecting the availability of FIs to work on the main study.

3.7.2 Comparison with Current NSDUH Data

Most of the analyses in this report compare outcomes and estimates from the combined QFT and DR data from English-language interviews with non-Hispanic respondents with outcomes and estimates from the 2012 main study and 2013 quarters 3 and 4 main study for the same subgroups. These comparisons are limited to English-language interviews, given that Spanish-language interviews were not conducted in the QFT. In addition, comparisons are limited to non-Hispanics because the absence of a Spanish-language protocol could have affected the likelihood of participation in the QFT for Hispanics relative to the DR. (This factor would have any impact on the likelihood of response for non-Hispanics.) Hispanics who chose to participate in the QFT despite the lack of a Spanish-language instrument cannot be considered comparable with Hispanics who chose to participate in the DR in English, unless the participation decision was completely independent from the availability of a Spanish-language instrument. Including Hispanics in comparisons between the combined QFT and DR data and the 2012 and 2013 quarters 3 and 4 main study data from English-language interviews would require an assumption that those who participated in the QFT would still have chosen to participate in English had a Spanish-language version been available. Given that this is a questionable assumption, English-language interview data from Hispanic respondents were removed from the datasets to provide more comparable sets of respondents. For Spanish-language interviews, only outcomes and estimates from the DR could be compared with Spanish-language interviews from the 2012 main study and 2013 quarters 3 and 4 main study because the QFT interviews were completed in English only. Where appropriate and useful, comparisons examining both QFT and DR separately in relation to the two main study datasets were also presented.

Comparing the combined QFT and DR data or the DR data separately with data from quarters 3 and 4 from 2013 allowed for estimating the effects of the overall protocol change over approximately the same time period, with the DR being conducted during the last month of quarter 3 and the first month of quarter 4 of the 2013 main study. An additional point of comparison is provided by estimates from the 2012 main study. Use of the 2012 main study

provides additional sample with which to compare against the combined QFT and DR sample and the DR sample. Rather than relying solely on comparisons with the 2013 quarters 3 and 4 sample, the survey designers felt that it would be informative to compare estimates from the combined QFT and DR sample and the DR with the 2012 main study sample as well. The 2012 main study provides another data point with a larger sample size for these comparisons. This provides assurance that differences in estimates between either the combined QFT and DR data or the DR data alone and the 2013 quarters 3 and 4 sample are not unique to that comparison.

Comparisons using the pooled field test samples (QFT and DR) among non-Hispanics who were interviewed in English with the 2012 and 2013 quarters 3 and 4 comparison samples (also limited to non-Hispanics interviewed in English) were particularly useful for items that were modified for the QFT and retained in the DR questionnaire. If the difference between estimates for the QFT and DR samples are not statistically significant, these two datasets can be pooled to create an estimate with a larger sample size for comparison with the main study comparison datasets.

In addition to comparisons of estimates between the DR and 2012 and 2013 quarters 3 and 4 main study samples, two other types of analyses were completed in order to identify or rule out potential confounders of comparisons between the DR and the 2013 quarters 3 and 4 samples.

3.7.2.1 Comparison of DR Data and 2013 Quarters 3 and 4 Data to Assess "Seasonality" Effects on Estimates

In principle, the 2013 DR and comparison cases from quarters 3 and 4 of the 2013 NSDUH generally cover the same time period—late summer and early fall. Estimates from quarter 3 in the 2013 NSDUH were compared with estimates from quarter 4 in the 2013 NSDUH as a check for differences in estimates between the two quarters. Because the DR was conducted in only 2 months out of the 6 months of quarters 3 and 4, there was concern that the particular months chosen for the DR sample (September and October 2013) may not be representative of all 6 months in the last half of 2013, particularly if there were differences in estimates between quarters 3 and 4. If there were underlying changes in behavior taking place throughout the 6 months of quarters 3 and 4, the ideal design would involve collecting data using the redesigned instrument throughout the same time period. However, because of resource constraints, the DR sample could not be fielded in all of the 6 months of quarters 3 and 4 in 2013. If estimates in quarter 3 were similar to those in quarter 4 and there was no underlying change in the behaviors estimated by NSDUH, the time point at which the DR was fielded would be of less concern.

Given that the DR was conducted during a 2-month period, an assumption needed to be made that the net impact of the protocol changes will not be different for the 2 months of the field test than for the other 10 months of the year. This does not imply an assumption that drug and mental health reporting cannot be affected by the month of data collection, only that the net impact of the changes in the redesign protocol will not be affected by the particular month or season chosen.

Comparisons were carried out for the following lifetime use measures between quarters 3 and 4 data in the 2013 comparison data: marijuana, cocaine, crack, heroin, hallucinogens, LSD,

PCP, Ecstasy, inhalants, cigarettes, smokeless tobacco, and alcohol. The same comparisons were carried out for lifetime misuse of pain relievers, tranquilizers, sedatives, stimulants (based on the standard definition that includes methamphetamine), methamphetamine, any illicit drug (standard definition that includes prescription drug misuse and methamphetamine), and any illicit drug other than marijuana. For 13 of the 19 measures, differences were not statistically significant. Six measures showed statistically significant differences between estimates from quarters 3 and 4: cocaine, PCP, inhalants, stimulant misuse (standard definition), methamphetamine, and any illicit drug (standard definition that includes prescription drug misuse and methamphetamine). These differences were all in the direction of higher prevalence rates in quarter 4 than in quarter 3. Consequently, DR estimates may be slightly underestimated if it is assumed that conducting more DR interviews later in the year would result in higher DR estimates. The magnitudes of the differences, however, suggest that this underestimate would be very small.

3.7.2.2 Comparison of DR Outcomes with 2013 Quarters 3 and 4 Main Study Outcomes to Assess Level of Effort Effects on Estimates

Another concern with comparing estimates from the QFT sample with those from the 2013 quarters 3 and 4 main study sample is that that field efforts for NSDUH are not distributed equally across the 3 months of each quarter. Typically, many interviews are conducted in the first month of each quarter, fewer are conducted in the second month, and fewer still in the third month. First-month responses may be systematically different from third-month responses, given differences in the level of effort required to screen households and interview selected respondents in the first month versus the third month. Analyses of the relationship between indicators related to length of time in the field, such as interview visits, have shown that respondents requiring more calls to complete the interview may have higher self-reported rates of illicit drug use (Biemer & Wang, 2006). Given that the DR data were collected in a compressed 2-month time period, a reduced calling effort may lead to differences between estimates from the DR sample and the 2013 quarters 3 and 4 samples.

To investigate this possibility, estimates for a limited number of measures were examined by the number of visits required to complete the interview for both the DR and 2013 quarters 3 and 4 samples. Estimates examined for both the DR sample and the 2013 comparison sample were for the lifetime use measures for a number of substances were examined, including marijuana, cocaine, crack, heroin, hallucinogens, inhalants, cigarettes, smokeless tobacco, and alcohol, as well as the misuse of pain relievers, tranquilizers, sedatives, and stimulants (measures including and excluding methamphetamine) and methamphetamine use. Overall, there was little evidence of strong differences in estimates by the number of visits and little indication that any such patterns differed by sample. Overall, estimates for the lifetime use (or misuse) of these substances were not strongly correlated with the number of visits required to complete the interview in either sample. In addition, the results indicated that these patterns did not differ in any meaningful way across the two samples. For the 2013 quarters 3 and 4 sample, estimates for lifetime misuse of prescription drugs (and methamphetamine use) were not available when this report was produced. As with the DR sample, estimates of lifetime use for other substances were mostly uncorrelated with the numbers of visits needed to complete the interviews.

3.7.3 Comparisons with Other Survey Data

Estimates from the DR sample were also compared with estimates from other appropriate sources, primarily for the purpose of providing further evidence on differences in estimates for items moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) administration. External data sources were also used for benchmark comparisons for items that were introduced in the QFT and repeated for the DR, as well as items that were introduced for the first time in the DR. Comparisons between NSDUH estimates and those from benchmark external data sources are typically shown in the NSDUH national findings report, such as in Appendix C from the 2012 NSDUH national findings report (Center for Behavioral Health Statistics and Quality [CBHSQ], 2013). Such comparisons provide relevant evidence on the effects of changes in the NSDUH data collection protocol. As noted in the 2012 national findings report, the results of such comparisons may be difficult to interpret given differences between NSDUH and other data collection systems in a number of areas, including the population of interest, sample design, data collection periods, screening and interviewing protocols, and estimation procedures.

The following data sources were used in these comparisons:

- National Health Interview Survey (NHIS), which includes measures of program participation, income, health insurance coverage, height and weight, and health conditions, and disabilities and physical limitations;
- National Health and Nutrition Examination Survey (NHANES), which includes self-reported and direct measures of height and weight;
- American Community Survey (ACS), which provides estimates on program participation and health insurance coverage and English proficiency;
- Current Population Survey (CPS), which provides estimates on employment;
- General Social Survey (GSS), which includes an item on sexual identity; and
- National Survey of Family Growth (NSFG), which includes an item on sexual identity.

Results for these comparisons are presented and discussed in *Chapter 7*.

4. Data Collection Outcomes and Data Quality Assessment

4.1 Overview of Data Collection and Data Quality Outcomes

This chapter presents a variety of indicators used to assess the quality of the 2013 Dress Rehearsal (DR) data. Where feasible and appropriate, data quality outcomes for the DR data are assessed in relation to the 2012 main study comparison data and the 2013 quarters 3 and 4 main study comparison data. Examining these indicators identifies the potential impact of the questionnaire and protocol revisions implemented for the DR on data quality when the partial redesign is implemented in the 2015 National Survey on Drug Use and Health (NSDUH).

Section 4.2 presents both screening and interviewing unit response rates for all three datasets, the number of field interviewer (FI) visits for both completed and noncompleted screenings and completed and noncompleted interviews, and comparisons of demographic and geographic characteristics among the datasets. *Section 4.3* details the imputation rates for the variables that were common to the 2012 comparison data, the 2013 quarters 3 and 4 comparison data, and the DR data, while *Section 4.4* details the missing data rates for moved, revised, or new items in the DR questionnaire. *Section 4.5* presents the overall and module-specific interview timing results, including comparisons among the datasets where appropriate. *Section 4.6* describes other data quality indicators for the new prescription drug modules included in the DR questionnaire.

4.2 Unit Response Rates and Sample Characteristics (*Research Question 3*)

4.2.1 Screening Response Rates (SRRs) and Number of Visits for Completed and Noncompleted Screenings

The screening response rate (SRR) is the total number of completed screenings divided by the total eligible dwelling units (DUs). The eligible DUs are computed by subtracting the number of sample dwelling units (SDUs) not eligible to be included in NSDUH from the total number of SDUs. Ineligibles include a vacant unit, not a primary residence, not a DU, a group quarters unit (GQU) listed as housing unit (HU), an HU listed as a GQU, only military, listing errors, other ineligibles, and those SDUs where the residents will live there less than half of the quarter.

SRRs were calculated for the 2012 main study comparison sample, the 2013 quarters 3 and 4 main study comparison sample, the 2012 Questionnaire Field Test (QFT) sample, and the 2013 DR sample. Response rates for 2012 were calculated using final 2012 main study data. Data for Alaska and Hawaii were removed to make rates more comparable with the 2012 QFT and 2013 DR samples. SRRs for the 2013 comparison sample were calculated based on the preliminary results for quarters 3 and 4 of 2013, with Alaska and Hawaii removed. Screeners associated with FIs that were subject to field verification at the time the preliminary data were obtained were considered nonrespondents to minimize the risk of introducing falsified cases onto the comparison file. Because the 2013 comparison data were based on the data collected as of

December 1, 2013, quarter 4 screenings completed after that date were considered nonrespondents for the purposes of the DR analysis. Similarly, any screener completions that were later recoded as screener incompletes were treated as screener completions for the purposes of the DR analysis. An exception to this rule was that cases in the 2013 quarters 3 and 4 comparison data file that were determined (or suspected) to be falsified were removed from the 2013 quarters 3 and 4 comparison data file (see *Section 3.6.3*).

Table 4.1 lists the sample totals and the national screening and interviewing response rates for the 2012 main study comparison file, the 2013 quarters 3 and 4 main study comparison file, the QFT, and the DR. This table provides both the weighted and unweighted screening and interviewing response rates for each sample. The weighted screening response rates for the 2012 main study comparison file, the 2013 quarters 3 and 4 main study comparison file, the QFT, and the DR were 86.09 percent, 79.23 percent, 83.58 percent, and 81.70 percent, respectively.

One difference between the QFT sample and the three other samples (two main study samples and the DR sample) that could not be accounted for is the language used to complete screenings. For the main study and the DR, screenings could be completed in English or Spanish, and the FI had the ability to switch languages as needed. As a result, the language that was used for each screening could not be determined. For the QFT, a Spanish-language version of the screening interview was not available, so households that could not complete the screening in English were treated as nonrespondents. An additional factor that could affect SRRs was improvements to the QFT and DR lead letters, which were expected to improve SRRs.

Table 4.2 presents data on the number of visits made for successfully completed screenings in each of the three samples. The overall distribution of visits for completed screenings in the DR sample looked quite similar to the distributions for the 2012 and 2013 quarters 3 and 4 comparison samples, with only slight differences for a few number of visit categories. These distributions indicate that there were no significant differences in the number of visits required to complete screenings in the DR data collection compared with the 2012 and 2013 quarters 3 and 4 comparison samples.

For comparison, *Table 4.3* presents data on the number of visits made to DUs that were not successfully screened for each of the three samples. This further comparison allows for an assessment of how the DR screening results might have differed from the 2012 and 2013 quarters 3 and 4 comparison samples when screening efforts were not successful. In general, a smaller percentage of the DR sample cases were finalized as noncompleted screenings with one or two visits than noncompleted screenings in the 2012 and 2013 quarters 3 and 4 comparison samples. Only 10.1 percent of noncompleted screenings in the DR sample were finalized on the first visit compared with 18.2 percent and 16.5 percent of noncompleted screenings in the 2012 and 2013 quarters 3 and 4 samples, respectively, and these were finalized on the first visit. Similarly, only 13.0 percent of noncompleted screenings in the DR sample were finalized in two visits compared with 19.0 percent and 17.4 percent of noncompleted screenings in the 2012 and 2013 quarters 3 and 4 samples, respectively. In the highest category, 10 or more screening visits, the results were reversed. In the DR sample, 27.3 percent of noncompleted screenings were finalized after 10 or more visits compared with 20.9 percent and 22.2 percent of noncompleted screenings in the 2012 and 2013 quarters 3 and 4 samples, respectively.

Table 4.1 Screenings, Interviews, and Response Rates for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, 2012 Questionnaire Field Test, and 2013 Dress Rehearsal Estimates

Sample Totals and Rates	2012 Main Study Comparison Sample		2013 Quarters 3 and 4 Main Study Comparison Sample		2012 Questionnaire Field Test		2013 Dress Rehearsal	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Eligible Dwelling Units	173,956		93,509		4,623		4,392	
Completed Screenings	149,992		74,960		3,837		3,511	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Screening Response Rate	86.22%	86.09%	80.16%	79.23%	83.00%	83.58%	79.94%	81.70%
Selected Persons	85,295		39,850		2,823		2,808	
Completed Interviews	66,542		32,162		2,044		2,087	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Interviewing Response Rate	78.01%	73.06%	80.71%	77.26%	72.41%	69.04%	74.32%	70.55%
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Overall Response Rate	67.27%	62.89%	64.70%	61.21%	60.09%	57.71%	59.41%	57.64%

67

Table 4.2 Number of Visits Made for Completed Screenings for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal

Visits	2012 Main Study Comparison Sample			2013 Quarters 3 and 4 Main Study Comparison Sample			2013 Dress Rehearsal		
	Screenings	Percent	Cumulative Percent	Screenings	Percent	Cumulative Percent	Screenings	Percent	Cumulative Percent
1	54,959	36.6	36.6	28,315	36.2	36.2	1,289	36.5	36.5
2	30,964	20.6	57.3	16,031	20.5	56.7	716	20.3	56.8
3	18,436	12.3	69.6	9,543	12.2	68.9	439	12.4	69.2
4	11,998	8.0	77.6	6,223	8.0	76.9	317	9.0	78.2
5 to 9	23,843	15.9	93.4	12,660	16.2	93.1	533	15.0	93.2
10 or More	9,792	6.5	100.0	5,407	6.9	100.0	238	6.7	100.0
Unknown	0	0.0	100.0	0	0.0	100.0	0	0.0	100.0
Total	149,992			78,179			3,532		

Table 4.3 Number of Visits Made for Noncompleted Screenings for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal

Visits	2012 Main Study Comparison Sample			2013 Quarters 3 and 4 Main Study Comparison Sample			2013 Dress Rehearsal		
	Non-completed Screenings	Percent	Cumulative Percent	Non-completed Screenings	Percent	Cumulative Percent	Non-completed Screenings	Percent	Cumulative Percent
1	10,676	18.2	18.2	5,469	16.5	16.5	150	10.1	10.1
2	11,130	19.0	37.2	5,772	17.4	33.9	203	13.7	23.8
3	6,546	11.2	48.3	3,853	11.6	45.5	219	14.8	38.5
4	4,845	8.3	56.6	2,835	8.6	54.1	139	9.4	47.9
5 to 9	13,230	22.5	79.2	7,874	23.8	77.9	368	24.9	72.9
10 or More	12,261	20.9	100.0	7,351	22.2	100.0	405	27.3	100.0
Unknown	1	0.0	100.0	0	0.0	100.0	0	0.0	100.0
Total	58,689			33,154			1,484		

Overall, the results presented in *Tables 4.2* and *4.3* suggest that completed screeners in the DR sample were finalized based on similar numbers of visits as those in the 2012 and 2013 quarters 3 and 4 comparison samples. One notable difference among the three datasets was that a smaller proportion of noncompleted screeners in the DR were finalized with only one or two visits than in the 2012 and 2013 quarters 3 and 4 comparison samples, and a larger proportion of noncompleted screeners in the DR were finalized with 10 or more visits than in the 2012 and 2013 quarters 3 and 4 comparison samples.

4.2.2 Interview Response Rates (IRRs) and Number of Visits for Completed and Noncompleted Screenings

The interviewing response rate (IRR) is the number of completed interviews divided by the total number of eligible respondents chosen through screening. Any ineligible respondents (younger than 12 or actually in the military) were subtracted from the total. For the 2013 main study comparison sample, interview status was determined based on the December 1, 2013, preliminary results. Cases that were undergoing field verification at that time were treated as nonrespondents. Cases that resulted in interview completions after this date were treated as nonrespondents, and cases that were classified as interviews on this date that were later recoded as noncompletes were treated as completed interviews for the purposes of the DR analysis, with the exception of interviews dropped because they were determined (or suspected) to have been falsified (see *Section 3.6.3*). To make the 2012 main study and the 2013 quarters 3 and 4 main study more comparable with the DR and QFT samples, interviews completed in Alaska and Hawaii were excluded. One difference between the QFT and the three other samples (two main study samples and the DR sample) is the language used to complete the interview. Unlike the other three samples, the QFT did not allow for interviews to be completed in Spanish. Persons selected for the QFT who could not complete the interview in English were treated as eligible nonrespondents, while bilingual interviewers were available to interview respondents in Spanish for the other three studies.

Table 4.4 presents the unweighted and weighted IRRs by age group for all four samples. The weighted IRRs for the 2012 main study, the 2013 quarters 3 and 4 main study, the QFT, and the DR were 73.06 percent, 77.26 percent, 69.04 percent, and 70.58 percent, respectively.

Table 4.4 Interview Response Rates, by Age, for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, 2012 Questionnaire Field Test, and 2013 Dress Rehearsal

Age Category	Unweighted Percent				Weighted Percent			
	2012	2013 Quarters 3 and 4	QFT	DR	2012	2013 Quarters 3 and 4	QFT	DR
12 to 17	83.03	85.10	82.05	79.62	82.88	85.67	82.25	78.03
18 to 25	79.43	81.83	75.71	81.54	79.24	81.84	75.26	81.82
26 to 34	75.71	78.30	68.07	72.11	75.31	78.80	68.91	72.00
35 to 49	73.51	77.39	66.25	69.07	73.05	77.44	66.32	68.86
50 to 64	70.40	74.39	67.25	64.34	69.17	75.68	66.78	62.70
65 or Older	66.55	69.15	63.68	68.39	65.64	68.95	63.48	71.07

NOTE: Cases where respondents provided only the age category 50 or older were counted in the 65 or older category.

Table 4.5 presents data on the number of visits made for completed interviews for the DR sample and the 2012 and 2013 quarters 3 and 4 comparison samples. Similar to the results on the

number of visits for completed screenings (see *Table 4.2*), the percentage of completed interviews in each category of the number of visits followed a similar pattern across the three samples. A lower percentage of DR interviews were completed on the first visit than in the 2012 and 2013 quarter 3 and 4 comparison samples. DR interviews were less likely to be completed "on the spot," that is, at the same time the household was screened and one or more respondents were selected. However, by the second visit, the cumulative percentages of cases with two or fewer visits required to complete the interview were all close to 70 percent for all three samples. Overall, the distribution of completed interviews by the number of visits made for the DR sample was similar to the 2012 and 2013 quarters 3 and 4 comparison samples.

Table 4.6 presents results for the number of visits made for selected respondents who were not successfully interviewed for each of the three samples. This further comparison allows for an assessment of how the DR interviewing results might have differed from the 2012 and 2013 quarters 3 and 4 comparison samples when attempts to interview selected respondents were unsuccessful. In general, the proportion of noninterviews for the DR sample across the categories of visits followed a similar pattern as the 2012 and 2013 quarters 3 and 4 comparison samples. The percentage of noninterviews finalized after the first two calls in the DR sample (17.4 percent) was more similar to that of the 2012 comparison sample (17.9 percent) than to that of the 2013 quarter 3 and 4 sample (20.4 percent). By the ninth call, the cumulative proportions of finalized noninterviews were similar for the DR sample (73.1 percent) and the 2013 quarters 3 and 4 comparison sample (74.1 percent). In the 2012 comparison sample, the proportion of noninterviews was slightly lower (70.3 percent) than in the other two samples. Overall, these results indicate some relatively small and inconsistent variation in the distribution of completed noninterviews by the number of visits made for the DR sample relative to the 2012 and 2013 quarters 3 and 4 comparison samples.

4.2.3 Geographic, Demographic, and Household Characteristics for the Complete DR Sample

Another way to assess the relative representativeness of the full DR sample is to compare demographic and household estimates for the combined QFT-DR data and the comparison data. *Tables 4.7a* through *4.7d* present estimates for selected geographic, demographic, and household characteristics across age groups for both English-language and Spanish-language interviews for the DR dataset and the 2012 and 2013 quarters 3 and 4 comparison datasets. To assess the significance of any differences, the tables also provide a chi-square statistic and *p* value for both weighted and unweighted comparisons.¹⁰

¹⁰ Differences in estimates for the selected demographic and household items between the combined QFT-DR data and the main study comparison data presented in *Tables 4.7a* through *4.7d* could result from either (1) differences in the composition of the combined QFT-DR and comparison samples or (2) differences in how respondents reported these items in the QFT and DR interviews versus the main study comparison interviews. Because these demographic and household questions were administered via audio computer-assisted self-interviewing (ACASI) for all QFT and DR respondents and via computer-assisted personal interviewing (CAPI) for all comparison sample respondents, the potentially confounding effects of sample differences and mode differences cannot be directly assessed from this study design.

Table 4.5 Number of Visits Made for Completed Interviews for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal

Visits	2012 Main Study Comparison Sample			2013 Quarters 3 and 4 Main Study Comparison Sample			2013 Dress Rehearsal		
	Completed Interviews	Percent	Cumulative Percent	Completed Interviews	Percent	Cumulative Percent	Completed Interviews	Percent	Cumulative Percent
1	23,898	35.9	35.9	12,659	39.4	39.4	886	42.5	42.5
2	22,821	34.3	70.2	10,290	32.0	71.4	586	28.1	70.5
3	7,698	11.6	81.8	3,520	10.9	82.3	240	11.5	82.0
4	3,574	5.4	87.1	1,737	5.4	87.7	107	5.1	87.2
5 to 9	6,162	9.1	96.3	2,876	8.9	96.6	185	8.8	96.0
10 or More	2,283	3.4	99.8	1,020	3.2	99.8	81	3.9	99.9
Unknown	106	0.2	100.0	60	0.2	100.0	2	0.1	100.0
Total	66,542			32,162			2,087		

Table 4.6 Number of Visits Made for Noncompleted Interviews for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal

Visits	2012 Main Study Comparison Sample			2013 Quarters 3 and 4 Main Study Comparison Sample			2013 Dress Rehearsal		
	Noncompleted Interviews	Percent	Cumulative Percent	Noncompleted Interviews	Percent	Cumulative Percent	Noncompleted Interviews	Percent	Cumulative Percent
1	1,242	6.4	6.4	549	7.5	7.5	40	5.3	5.3
2	2,218	11.5	17.9	936	12.8	20.4	91	12.1	17.4
3	1,895	9.8	27.7	856	11.7	32.1	84	11.2	28.6
4	1,733	9.0	36.7	727	10.0	42.1	62	8.3	36.9
5 to 9	6,491	33.6	70.3	2,338	32.1	74.1	272	36.2	73.1
10 or More	5,579	28.9	99.1	1,864	25.6	99.7	199	26.5	99.6
Unknown	174	0.9	100.0	25	0.3	100.0	3	0.4	100.0
Total	19,332			7,295			751		

Table 4.7a Demographic and Geographic Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 66,542) ^{1,2}			2013 Comparison (n = 32,162) ^{1,3}			2013 DR (n = 2,087) ^{1,4}			2012 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
REGION										1.62, 0.1888	1.61, 0.1929	20.68, 0.0000 ^c	21.39, 0.0000 ^c
Northeast	13,773	20.7	18.3	6,784	21.1	18.3	301	14.4	19.5				
Midwest	19,142	28.8	21.6	9,145	28.4	21.6	340	16.3	25.8				
South	20,886	31.4	37.3	10,169	31.6	37.3	653	31.3	34.5				
West	12,741	19.1	22.8	6,064	18.9	22.8	793	38.0	20.2				
COUNTY TYPE										1.07, 0.3471	0.70, 0.5009	20.21, 0.0000 ^c	18.39, 0.0000 ^c
Large Metro	30,691	46.1	55.3	15,022	46.7	54.0	1,348	64.6	51.1				
Small Metro	22,925	34.5	30.1	11,047	34.3	31.3	499	23.9	30.5				
Nonmetro	12,926	19.4	14.6	6,093	18.9	14.7	240	11.5	18.4				
EDUCATION⁵										5.76, 0.0011 ^c	6.58, 0.0004 ^c	9.28, 0.0000 ^c	12.40, 0.0000 ^c
< High School	6,604	14.8	14.6	2,839	13.3	13.0	291	18.4	16.4				
High School Graduate	14,368	32.2	29.6	7,047	32.9	30.1	440	27.8	28.8				
Some College	13,344	29.9	26.6	6,624	31.0	27.1	530	33.5	31.8				
College Graduate	10,269	23.0	29.2	4,886	22.8	29.8	321	20.3	23.1				
CURRENTLY EMPLOYED⁵	30,342	68.1	64.0	14,812	69.2	65.1	1,031	65.2	62.6	0.36, 0.5486	1.27, 0.2618	4.21, 0.0429 ^c	8.74, 0.0039 ^c
EMPLOYMENT⁵										0.18, 0.9118	1.76, 0.1602	3.25, 0.0250 ^c	4.30, 0.0068 ^c
Full-Time	21,770	48.8	50.0	10,714	50.1	51.0	776	49.1	48.6				
Part-Time	8,572	19.2	14.0	4,098	19.2	14.0	255	16.1	14.0				
Unemployed	3,720	8.3	5.8	1,610	7.5	4.5	136	8.6	6.2				
Other ⁶	10,523	23.6	30.2	4,974	23.2	30.5	415	26.2	31.2				
OVERALL HEALTH⁷										2.12, 0.1024	2.26, 0.0859	13.35, 0.0000 ^c	14.04, 0.0000 ^c
Excellent	18,465	27.8	23.0	8,891	27.6	23.1	494	23.7	19.8				
Very Good	26,899	40.4	37.1	12,954	40.3	36.8	805	38.6	37.0				
Good	16,004	24.1	27.3	7,863	24.5	27.6	553	26.5	28.2				
Fair/Poor	5,166	7.8	12.7	2,448	7.6	12.5	233	11.2	15.0				
COVERED BY ANY HEALTH INSURANCE	56,355	84.7	84.8	27,359	85.1	85.5	1,642	78.7	83.2	0.95, 0.3314	2.35, 0.1289	24.53, 0.0000 ^c	29.26, 0.0000 ^c

See notes at end of table.

(continued)

Table 4.7a Demographic and Geographic Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (n = 66,542) ^{1,2}			2013 Comparison (n = 32,162) ^{1,3}			2013 DR (n = 2,087) ^{1,4}			2012 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
FAMILY INCOME													
< \$20,000	15,763	23.7	18.8	7,507	23.3	18.6	629	30.1	28.0	10.51, 0.0000 ^c	13.03, 0.0000 ^c	5.33, 0.0019 ^c	6.45, 0.0005 ^c
\$20,000-\$49,999	21,677	32.6	32.2	10,350	32.2	31.6	710	34.0	33.3				
\$50,000-\$74,999	10,549	15.9	16.4	4,997	15.5	17.0	285	13.7	14.9				
≥ \$75,000	18,553	27.9	32.6	9,308	28.9	32.8	463	22.2	23.8				
PARTICIPATED IN GOVERNMENT PROGRAM⁸													
RECEIVED INCOME													
Social Security	17,106	25.7	21.1	8,468	26.3	21.2	621	29.8	24.7	5.78, 0.0181 ^c	4.94, 0.0286 ^c	6.07, 0.0155 ^c	4.26, 0.0416 ^c
Supplemental Security Income	9,887	14.9	26.7	5,035	15.7	26.8	316	15.1	23.6	1.87, 0.1744	1.87, 0.1747	0.07, 0.7892	0.20, 0.6519
Food Stamps	4,928	7.4	7.6	2,546	7.9	7.7	174	8.3	8.0	0.17, 0.6773	0.08, 0.7800	1.75, 0.1889	0.33, 0.5675
Welfare Payments	14,153	21.3	16.4	7,032	21.9	16.3	502	24.1	19.9	6.15, 0.0149 ^c	6.17, 0.0147 ^c	2.97, 0.0880	1.84, 0.1776
BETTER PROVIDER OF INFORMATION⁷													
USED PROXY	2,502	3.8	2.5	1,120	3.5	2.1	138	6.6	3.2	1.76, 0.1877	5.77, 0.0182 ^c	11.34, 0.0011 ^c	14.22, 0.0003 ^c
	24,852	43.9	19.1	12,668	46.0	21.2	680	38.2	24.5	9.73, 0.0024 ^c	3.69, 0.0577	19.83, 0.0000 ^c	38.65, 0.0000 ^c
	22,787	34.2	13.8	11,547	35.9	14.9	606	29.0	16.4	4.07, 0.0463 ^c	1.21, 0.2733	18.49, 0.0000 ^c	33.08, 0.0000 ^c

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; Unwtd = unweighted; Wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Education and employment estimates are based only on respondents aged 18 or older. Sample sizes for respondents 18 or older are n = 44,585 for 2012 comparison, n = 21,396 for 2013 comparison, and n = 1,582 for 2013 DR.

⁶ The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

⁷ Respondents with unknown data were excluded.

⁸ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.7b Demographic and Geographic Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 21,957) ^{1,2}			2013 Comparison (n = 10,766) ^{1,3}			2013 DR (n = 505) ^{1,4}			2012 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
REGION										0.43, 0.7349	0.32, 0.8138	23.48, 0.0000 ^c	25.92, 0.0000 ^c
Northeast	4,421	20.1	17.1	2,291	21.3	17.8	66	13.1	19.2				
Midwest	6,387	29.1	21.9	3,051	28.3	22.2	61	12.1	25.2*				
South	6,964	31.7	37.6	3,373	31.3	36.8	163	32.3	32.7				
West	4,185	19.1	23.5	2,051	19.1	23.2	215	42.6	22.9				
COUNTY TYPE										1.08, 0.3420	0.98, 0.3807	11.60, 0.0000 ^c	10.44, 0.0001 ^c
Large Metro	10,211	46.5	56.2	5,097	47.3	55.6	314	62.2	46.5				
Small Metro	7,426	33.8	29.7	3,601	33.4	30.5	137	27.1	36.6				
Nonmetro	4,320	19.7	14.1	2,068	19.2	14.0	54	10.7	17.0				
OVERALL HEALTH⁵										2.13, 0.1011	1.91, 0.1323	1.96, 0.1251	1.92, 0.1308
Excellent	7,405	33.7	35.1	3,572	33.2	33.3	147	29.2	30.0				
Very Good	9,267	42.2	41.0	4,579	42.5	42.8	230	45.6	48.5				
Good	4,452	20.3	20.3	2,220	20.6	20.3	100	19.8	16.1				
Fair/Poor	832	3.8	3.7	395	3.7	3.6	27	5.4	5.3				
COVERED BY ANY HEALTH INSURANCE	20,545	93.6	93.0	10,087	93.7	93.0	467	92.5	94.9	1.12, 0.2921	1.08, 0.3003	0.74, 0.3931	0.91, 0.3416
FAMILY INCOME										4.06, 0.0092 ^c	3.17, 0.0277 ^c	8.69, 0.0000 ^c	8.05, 0.0001 ^c
< \$20,000	4,073	18.5	17.8	2,027	18.8	18.6	153	30.3	25.4				
\$20,000-\$49,999	6,788	30.9	30.0	3,333	31.0	30.4	174	34.5	35.9				
\$50,000-\$74,999	3,718	16.9	16.6	1,759	16.3	15.8	67	13.3	13.2				
≥ \$75,000	7,378	33.6	35.6	3,647	33.9	35.1	111	22.0	25.4				

See notes at end of table.

(continued)

Table 4.7b Demographic and Geographic Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (n = 21,957) ^{1,2}			2013 Comparison (n = 10,766) ^{1,3}			2013 DR (n = 505) ^{1,4}			2012 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
PARTICIPATED IN GOVERNMENT PROGRAM⁶	6,221	28.3	27.2	3,182	29.6	28.7	191	37.8	33.2	2.37, 0.1271	1.17, 0.2812	10.27, 0.0018 ^c	7.20, 0.0086 ^c
RECEIVED INCOME													
Social Security	2,575	11.7	11.6	1,340	12.4	11.4	65	12.9	13.0	0.30, 0.5833	0.41, 0.5235	0.56, 0.4575	0.07, 0.7950
Supplemental Security Income	1,829	8.3	8.0	942	8.7	8.0	54	10.7	10.1	1.10, 0.2970	1.07, 0.3028	2.93, 0.0901	1.94, 0.1665
Food Stamps	5,178	23.6	22.5	2,679	24.9	24.2	161	31.9	28.3	2.53, 0.1149	1.08, 0.3011	8.69, 0.0040 ^c	5.73, 0.0186 ^c
Welfare Payments	950	4.3	4.1	480	4.5	4.2	53	10.5	6.1	2.29, 0.1336	2.10, 0.1504	16.48, 0.0001 ^c	15.91, 0.0001 ^c
BETTER PROVIDER OF INFORMATION⁵	19,681	90.0	89.3	9,759	91.0	90.7	454	90.1	91.4	1.29, 0.2595	0.15, 0.7018	0.00, 0.9780	0.48, 0.4918
USED PROXY	18,804	85.6	84.9	9,323	86.6	86.7	438	86.7	88.3	2.18, 0.1434	0.49, 0.4855	0.49, 0.4856	0.01, 0.9321

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; Unwtd = unweighted; Wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Respondents with unknown data were excluded.

⁶ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.7c Demographic and Geographic Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 21,943) ^{1,2}			2013 Comparison (n = 10,436) ^{1,3}			2013 DR (n = 529) ^{1,4}			2012 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
REGION										0.61, 0.6125	0.58, 0.6303	11.88, 0.0000 ^c	12.32, 0.0000 ^c
Northeast	4,666	21.3	17.9	2,164	20.7	17.8	86	16.3	23.8*				
Midwest	6,220	28.3	21.4	3,019	28.9	21.8	86	16.3	20.6				
South	6,941	31.6	37.1	3,324	31.9	37.7	150	28.4	35.5				
West	4,116	18.8	23.6	1,929	18.5	22.7	207	39.1	20.1				
COUNTY TYPE										0.39, 0.6802	0.24, 0.7872	14.72, 0.0000 ^c	14.05, 0.0000 ^c
Large Metro	10,097	46.0	56.2	4,868	46.6	54.3	352	66.5	51.7				
Small Metro	7,851	35.8	31.2	3,710	35.6	32.4	135	25.5	36.2				
Nonmetro	3,995	18.2	12.6	1,858	17.8	13.3	42	7.9	12.1				
EDUCATION										0.60, 0.6189	1.09, 0.3551	2.75, 0.0467 ^c	2.99, 0.0346 ^c
< High School	3,446	15.7	15.4	1,422	13.6	13.2	91	17.2	15.6				
High School Graduate	7,752	35.3	34.0	3,886	37.2	36.9	184	34.8	35.4				
Some College	7,504	34.2	35.7	3,682	35.3	35.3	205	38.8	38.6				
College Graduate	3,241	14.8	14.8	1,446	13.9	14.6	49	9.3	10.4				
CURRENTLY EMPLOYED	14,690	66.9	66.1	7,174	68.7	67.5	335	63.3	65.3	0.07, 0.7923	0.52, 0.4706	2.80, 0.0974	6.16, 0.0147 ^c
EMPLOYMENT										0.10, 0.9588	0.19, 0.9012	1.31, 0.2757	2.31, 0.0806
Full-Time	8,851	40.3	38.9	4,431	42.5	41.0	209	39.5	39.8				
Part-Time	5,839	26.6	27.2	2,743	26.3	26.6	126	23.8	25.4				
Unemployed	2,565	11.7	11.9	1,158	11.1	10.9	73	13.8	11.9				
Other ⁵	4,688	21.4	22.0	2,104	20.2	21.5	121	22.9	22.9				
OVERALL HEALTH⁶										1.41, 0.2443	0.75, 0.5221	1.88, 0.1374	1.79, 0.1547
Excellent	6,191	28.2	29.5	2,939	28.2	28.4	136	25.7	25.0				
Very Good	9,317	42.5	41.5	4,401	42.2	42.4	211	39.9	45.7				
Good	5,174	23.6	23.4	2,495	23.9	23.8	140	26.5	24.1				
Fair/Poor	1,259	5.7	5.6	600	5.7	5.4	42	7.9	5.3				
COVERED BY ANY HEALTH INSURANCE	17,018	77.6	77.3	8,093	77.5	76.9	360	68.1	74.7	0.78, 0.3802	0.52, 0.4727	18.63, 0.0000 ^c	19.45, 0.0000 ^c

See notes at end of table.

(continued)

Table 4.7c Demographic and Geographic Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (n = 21,943) ^{1,2}			2013 Comparison (n = 10,436) ^{1,3}			2013 DR (n = 529) ^{1,4}			2012 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
FAMILY INCOME													
< \$20,000	7,793	35.5	33.0	3,687	35.3	34.8	216	40.8	43.9	4.53, 0.0051 ^c	3.33, 0.0226 ^c	2.48, 0.0656	3.56, 0.0170 ^c
\$20,000-\$49,999	7,446	33.9	33.3	3,466	33.2	33.0	187	35.3	34.0				
\$50,000-\$74,999	2,783	12.7	13.3	1,309	12.5	12.6	57	10.8	9.8				
≥ \$75,000	3,921	17.9	20.4	1,974	18.9	19.7	69	13.0	12.4				
PARTICIPATED IN GOVERNMENT PROGRAM⁷	5,947	27.1	25.3	2,885	27.6	26.4	168	31.8	29.1	1.51, 0.2223	0.73, 0.3936	4.04, 0.0473 ^c	3.13, 0.0802
RECEIVED INCOME													
Social Security	2,025	9.2	9.6	1,040	10.0	9.6	46	8.7	8.6	0.36, 0.5513	0.34, 0.5613	0.26, 0.6101	1.34, 0.2501
Supplemental Security Income	1,374	6.3	6.2	743	7.1	6.4	34	6.4	6.2	0.00, 0.9724	0.02, 0.8913	0.03, 0.8674	0.42, 0.5169
Food Stamps	5,040	23.0	21.0	2,446	23.4	22.1	134	25.3	23.2	0.45, 0.5059	0.11, 0.7428	1.17, 0.2822	0.78, 0.3789
Welfare Payments	964	4.4	4.1	398	3.8	3.3	39	7.4	4.9	0.51, 0.4753	2.20, 0.1410	7.07, 0.0092 ^c	11.09, 0.0012 ^c
BETTER PROVIDER OF INFORMATION⁶	3,764	22.5	22.8	2,149	26.4	27.6	117	26.7	29.0	3.44, 0.0668	0.16, 0.6939	3.50, 0.0642	0.01, 0.9123
USED PROXY	2,885	13.1	13.6	1,631	15.6	16.2	83	15.7	15.5	0.80, 0.3725	0.07, 0.7908	2.71, 0.1031	0.00, 0.9713

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; Unwtd = unweighted; Wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

⁶ Respondents with unknown data were excluded.

⁷ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.7d Demographic and Geographic Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 22,642) ^{1,2}			2013 Comparison (n = 10,960) ^{1,3}			2013 DR (n = 1,053) ^{1,4}			2012 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
REGION										1.70, 0.1716	1.81, 0.1510	12.64, 0.0000 ^c	13.59, 0.0000 ^c
Northeast	4,686	20.7	18.5	2,329	21.3	18.4	149	14.2	18.8				
Midwest	6,535	28.9	21.7	3,075	28.1	21.6	193	18.3	26.8				
South	6,981	30.8	37.3	3,472	31.7	37.3	340	32.3	34.6				
West	4,440	19.6	22.6	2,084	19.0	22.8	371	35.2	19.8				
COUNTY TYPE										0.90, 0.4083	0.71, 0.4960	16.41, 0.0000 ^c	15.58, 0.0000 ^c
Large Metro	10,383	45.9	55.0	5,057	46.1	53.7	682	64.8	51.6				
Small Metro	7,648	33.8	29.9	3,736	34.1	31.3	227	21.6	28.7				
Nonmetro	4,611	20.4	15.1	2,167	19.8	15.0	144	13.7	19.7				
EDUCATION										4.66, 0.0044 ^c	4.97, 0.0030 ^c	11.65, 0.0000 ^c	10.85, 0.0000 ^c
< High School	3,158	13.9	14.5	1,417	12.9	13.0	200	19.0	16.5				
High School Graduate	6,616	29.2	28.9	3,161	28.8	28.9	256	24.3	27.6				
Some College	5,840	25.8	25.0	2,942	26.8	25.7	325	30.9	30.6				
College Graduate	7,028	31.0	31.6	3,440	31.4	32.4	272	25.8	25.3				
CURRENTLY EMPLOYED	15,652	69.1	63.6	7,638	69.7	64.6	696	66.1	62.2	0.32, 0.5723	1.01, 0.3167	2.88, 0.0926	4.18, 0.0435 ^c
EMPLOYMENT										0.21, 0.8906	1.69, 0.1740	1.23, 0.3045	2.86, 0.0407 ^c
Full-Time	12,919	57.1	51.9	6,283	57.3	52.8	567	53.8	50.2				
Part-Time	2,733	12.1	11.7	1,355	12.4	11.9	129	12.3	12.0				
Unemployed	1,155	5.1	4.7	452	4.1	3.4	63	6.0	5.2				
Other ⁵	5,835	25.8	31.7	2,870	26.2	32.0	294	27.9	32.6				
OVERALL HEALTH⁶										1.49, 0.2227	1.81, 0.1498	1.31, 0.2739	1.55, 0.2066
Excellent	4,869	21.5	20.3	2,380	21.7	20.9	211	20.1	17.7				
Very Good	8,315	36.7	35.8	3,974	36.3	35.0	364	34.6	34.1				
Good	6,378	28.2	28.8	3,148	28.7	29.2	313	29.8	30.4				
Fair/Poor	3,075	13.6	15.0	1,453	13.3	14.8	164	15.6	17.8				
COVERED BY ANY HEALTH INSURANCE	18,792	83.0	85.0	9,179	83.8	86.1	815	77.4	83.2	0.97, 0.3279	2.61, 0.1097	11.63, 0.0009 ^c	14.07, 0.0003 ^c

See notes at end of table.

(continued)

Table 4.7d Demographic and Geographic Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (n = 22,642) ^{1,2}			2013 Comparison (n = 10,960) ^{1,3}			2013 DR (n = 1,053) ^{1,4}			2012 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
FAMILY INCOME													
< \$20,000	3,897	17.2	16.5	1,793	16.4	15.8	260	24.7	25.6	8.22, 0.0001 ^c	11.40, 0.0000 ^c	6.65, 0.0004 ^c	8.97, 0.0000 ^c
\$20,000-\$49,999	7,443	32.9	32.3	3,551	32.4	31.5	349	33.1	32.9				
\$50,000-\$74,999	4,048	17.9	17.0	1,929	17.6	17.9	161	15.3	16.0				
≥ \$75,000	7,254	32.0	34.3	3,687	33.6	34.8	283	26.9	25.6				
PARTICIPATED IN GOVERNMENT PROGRAM⁷	4,938	21.8	19.7	2,401	21.9	19.4	262	24.9	22.9	3.88, 0.0518	4.35, 0.0397 ^c	3.24, 0.0749	3.09, 0.0817
RECEIVED INCOME													
Social Security	5,287	23.4	31.5	2,655	24.2	31.6	205	19.5	27.5	2.30, 0.1323	2.33, 0.1300	4.88, 0.0294 ^c	6.54, 0.0121 ^c
Supplemental Security Income	1,725	7.6	7.7	861	7.9	7.8	86	8.2	8.0	0.06, 0.8129	0.02, 0.8935	0.39, 0.5333	0.11, 0.7437
Food Stamps	3,935	17.4	14.9	1,907	17.4	14.3	207	19.7	18.2	5.56, 0.0203 ^c	7.07, 0.0092 ^c	1.88, 0.1736	1.90, 0.1714
Welfare Payments	588	2.6	2.1	242	2.2	1.6	46	4.4	2.5	0.50, 0.4832	3.01, 0.0857	6.70, 0.0111 ^c	11.77, 0.0009 ^c
BETTER PROVIDER OF INFORMATION⁶	1,407	7.8	7.7	760	8.8	9.2	109	13.0	12.6	11.76, 0.0009 ^c	5.31, 0.0233 ^c	26.47, 0.0000 ^c	15.63, 0.0001 ^c
USED PROXY	1,098	4.8	5.0	593	5.4	5.8	85	8.1	7.5	6.48, 0.0124 ^c	2.65, 0.1066	18.65, 0.0000 ^c	11.16, 0.0012 ^c

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; Unwtd = unweighted; Wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

⁶ Respondents with unknown data were excluded.

⁷ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Among respondents aged 12 or older, *Table 4.7a* provides comparisons of the geographic, demographic, and household estimates between the DR data and the 2012 or 2013 comparison data:

- For both region and county type, the only significant differences observed between the DR data and the 2012 and 2013 comparison data involved unweighted estimates. No significant differences were observed among the weighted estimates for these two variables. These results indicate that the weights applied to the DR data and the 2012 and 2013 comparison data (see *Section 3.5*) produced similar distributions for geographic region and county type.
- The estimated weighted proportion of having less than a high school education as the highest level of education was higher in the DR data (16.4 percent) than in the 2012 (14.6 percent) and 2013 (13.0 percent) comparison data.¹¹ The difference between the 2012 and 2013 comparison data for having less than a high school education was also statistically significant. In addition, the estimated weighted proportion of having some college as the highest level of education appeared to be higher in the DR data (31.8 percent) than in the 2012 (26.6 percent) and 2013 (27.1 percent) comparison data. The estimated weighted proportion of having a college degree was lower in the DR data (23.1 percent) than in the 2012 (29.2 percent) and the 2013 (29.8 percent) comparison data.
- No significant differences were observed between the weighted estimates for being currently employed in the DR sample (62.6 percent) versus the 2012 (64.0 percent) and 2013 (65.1 percent) comparison samples. In addition, no significant differences were observed between the weighted estimates for employment categories in the DR data versus the 2012 and 2013 comparison data.
- No significant differences were observed between the weighted estimates for overall health status (excellent, good, fair, or poor) in the DR sample versus the 2012 and 2013 comparison samples. In addition, no significant differences were observed between the weighted estimates for being covered by any type of health insurance in the DR sample (83.2 percent) versus the 2012 (84.8 percent) and 2013 (85.5 percent) comparison samples.
- The estimated weighted proportion of family income of less than \$20,000 was higher in the DR data (28.0 percent) than in the 2012 (18.8 percent) and 2013 (18.6 percent) comparison data. The estimated proportion of family income greater than \$75,000 was lower in the DR data (23.8 percent) than in the 2012 (32.6 percent) and 2013 (32.8 percent) comparison data.
- The estimated weighted proportion for participating in government programs was significantly higher in the DR data (24.7 percent) than in the 2012 comparison data (21.1 percent) and the 2013 comparison data (21.2 percent).
- Receipt of income from government programs was higher in the DR data than in both comparison datasets for one source—food stamps. The estimated weighted proportion

¹¹ *Table 4.7b* does not include estimates for education level because these data are not produced for respondents aged 12 to 17.

receiving food stamps was significantly higher in the DR data (19.9 percent) than in the 2012 (16.4 percent) and the 2013 (16.3 percent) comparison data.

- Identification and use of a proxy reporter for the health insurance and income items was higher in the DR data than in the 2012 comparison data, but not significantly different from the 2013 data. The weighted proportion indicating there was a better provider of information on health insurance and income was significantly higher for the DR data (24.5 percent) than the 2012 comparison data (19.1 percent), but not the 2013 comparison data (21.2 percent). Actual use of a proxy respondent for the health insurance and income items was also significantly higher for the DR data (16.4 percent) than the 2012 comparison data (13.8 percent). Although the proportion for use of a proxy in the DR data was also higher than for the 2013 comparison data (14.9 percent), this difference was not statistically significant. Differences in the weighted estimates for identification and use of a proxy reporter between the 2012 and 2013 comparison data were statistically significant, with the 2013 estimates for both items being higher than the 2012 estimates.

Tables 4.7b through *4.7d* provide the same geographic, demographic and household estimates for the DR dataset and the 2012 and 2013 comparison datasets for three specific age groups: 12 to 17, 18 to 25, and 26 or older. Many of the significant differences in these estimates between the DR data and the 2012 and 2013 comparison data for all of respondents aged 12 or older were also observed across these three specific age groups, with the following exceptions:

- The estimated proportions for the four-category education variable did not differ significantly between the DR data and the 2012 and 2013 comparison data for the 18 to 25 age group (*Table 4.7c*). Given that differences in the distribution of the four education categories were significant between the DR data and both the 2012 and 2013 comparison data for all respondents, this difference can be attributed to significant differences in the 26 or older age group.
- The significant differences between the DR data and the 2012 and 2013 comparison data for receipt of food stamps among all respondents were not observed for the 12 to 17 year old age group (*Table 4.7b*) or the 18 to 25 year old age group (*Table 4.7c*). Given that the difference in the receipt of food stamps was significant between the DR data and both the 2012 and 2013 comparison data for all respondents, this difference can be attributed to significant differences in the 26 or older age group.
- Identification and use of a proxy reporter for the health insurance and income items was not significantly higher in the DR data than in the 2012 comparison data for the 12 to 17 year old age group (*Table 4.7b*) or the 18 to 25 year old age group (*Table 4.7c*). As with all respondents aged 12 or older, however, identification of a better reporter for the health insurance and income items was significantly higher in the DR data than in the 2012 and 2013 comparison data for the 26 or older age group. Use of a proxy reporter also appeared to be higher in the DR data than in the 2012 and 2013 comparison data for the 26 or older age group, but only the higher proportion in the DR data compared with the 2012 data was statistically significant. As with the estimates for all respondents aged 12 or older, differences in the weighted estimates for identification and use of a proxy reporter between the 2012 and 2013

comparison data were statistically significant for the 26 or older age group. For both items, the 2013 estimates were higher than the 2012 estimates.

Although most of the same differences in estimates for demographic and household items between the combined QFT-DR data and the 2012 or 2013 comparison data were observed across age groups, variation in the degree and significance of differences was observed for some of these items for specific age groups.

4.2.4 Geographic, Demographic, and Household Characteristics for the Combined QFT-DR Sample and Comparison Samples

To assess the representativeness of the combined QFT-DR sample relative to the 2012 and 2013 comparison datasets, estimates for the same set of geographic, demographic, and household items included in *Tables 4.7a* through *4.7d* are presented in *Tables 4.8a* through *4.8d*. These tables present both weighted and unweighted estimates across four age groups for English-language non-Hispanic interviews for the combined QFT-DR dataset and the 2012 and 2013 quarters 3 and 4 comparison datasets.¹² To assess the significance of any differences, the tables also provide chi-square statistics and *p* values for both weighted and unweighted comparisons.

Based on data from all respondents aged 12 or older, *Table 4.8a* presents comparisons of the geographic, demographic, and household estimates between the combined QFT-DR data and the 2012 and 2013 comparison data:

- For both region and county type, the only significant differences observed between the combined QFT-DR data and the 2012 and 2013 comparison data involved unweighted estimates. No significant differences were observed among the weighted estimates for these two variables.
- The estimated weighted proportion of having some college as the highest level of education was higher in the combined QFT-DR data (32.3 percent) than in the 2012 (26.9 percent) and 2013 (28.0) comparison data.¹³ In addition, the estimated weighted proportion of having less than a high school education appeared to be slightly higher in the combined QFT-DR data and the estimated weighted proportion of having a college degree appeared to be slightly lower in the combined QFT-DR data, in relation to these same estimates for the 2012 and 2013 comparison data sets. The weighted estimates for the four-category education variable also differed significantly between the 2012 and 2013 comparison data. The two categories with the greatest difference appeared to be less than a high school education, where the 2012 estimate was 11.5 percent and the 2013 estimate was 9.9 percent, and some college, where the 2012 estimate was 26.9 percent and the 2013 estimate was 28.0 percent.

¹² *Table 4.8b* does not include employment estimates because these data are not collected for all respondents aged 12 to 17.

¹³ *Table 4.8b* does not include estimates for education level because these data are not produced for respondents aged 12 to 17.

Table 4.8a Demographic and Geographic Characteristics among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 55,232) ^{1,2}			2013 Comparison (n = 26,617) ^{1,3}			Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
REGION										1.75, 0.1572	1.26, 0.2884	13.23, 0.0000 ^c	14.12, 0.0000 ^c
Northeast	11,814	21.4	19.0	5,830	21.9	19.2	553	18.4	20.4				
Midwest	17,437	31.6	24.0	8,346	31.4	24.3	709	23.5	26.9				
South	17,085	30.9	37.5	8,351	31.4	37.5	1,027	34.1	35.2				
West	8,896	16.1	19.6	4,090	15.4	19.0	723	24.0	17.5				
COUNTY TYPE										1.30, 0.2745	0.83, 0.4373	7.26, 0.0009 ^c	5.60, 0.0043 ^c
Large Metro	23,681	42.9	52.6	11,615	43.6	51.4	1,582	52.5	49.0				
Small Metro	19,744	35.7	31.2	9,410	35.4	32.3	891	29.6	31.0				
Nonmetro	11,807	21.4	16.1	5,592	21.0	16.3	539	17.9	20.0				
EDUCATION⁵										8.77, 0.0000 ^c	8.51, 0.0000 ^c	8.36, 0.0000 ^c	8.12, 0.0000 ^c
< High School	4,639	12.3	11.5	1,928	10.7	9.9	270	11.7	12.3				
High School Graduate	12,010	31.9	29.7	5,861	32.5	30.0	633	27.5	27.3				
Some College	11,483	30.5	26.9	5,745	31.9	28.0	803	34.8	32.3				
College Graduate	9,527	25.3	31.9	4,473	24.8	32.1	599	26.0	28.1				
CURRENTLY EMPLOYED⁵	25,682	68.2	63.6	12,431	69.0	64.4	1,545	67.0	63.6	0.00, 0.9759	0.26, 0.6133	1.02, 0.3144	2.99, 0.0851
EMPLOYMENT⁵										0.02, 0.9965	2.30, 0.0788	3.55, 0.0154 ^c	3.27, 0.0221 ^c
Full-Time	18,350	48.7	49.5	8,956	49.7	50.3	1,162	50.4	49.4				
Part-Time	7,332	19.5	14.1	3,475	19.3	14.2	383	16.6	14.2				
Unemployed	3,048	8.1	5.6	1,332	7.4	4.3	177	7.7	5.7				
Other ⁶	8,929	23.7	30.8	4,244	23.6	31.2	583	25.3	30.7				
OVERALL HEALTH⁷										1.82, 0.1441	1.59, 0.1921	6.54, 0.0003 ^c	6.53, 0.0003 ^c
Excellent	15,521	28.1	23.2	7,408	27.8	23.0	765	25.4	20.8				
Very Good	22,939	41.5	38.3	11,032	41.5	38.2	1,220	40.5	39.3				
Good	12,687	23.0	26.4	6,264	23.5	27.1	750	24.9	27.2				
Fair/Poor	4,082	7.4	12.1	1,907	7.2	11.7	277	9.2	12.7				
COVERED BY ANY HEALTH INSURANCE	48,270	87.4	87.7	23,341	87.7	88.5	2,570	85.3	86.8	0.86, 0.3558	3.43, 0.0655	8.66, 0.0036 ^c	11.85, 0.0007 ^c

See notes at end of table.

(continued)

Table 4.8a Demographic and Geographic Characteristics among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (<i>n</i> = 55,232) ^{1,2}			2013 Comparison (<i>n</i> = 26,617) ^{1,3}			Combined 2012 QFT and 2013 DR (<i>n</i> = 3,012) ^{1,4}			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd
	Unwtd <i>n</i>	Unwtd Percent	Wtd Percent	Unwtd <i>n</i>	Unwtd Percent	Wtd Percent	Unwtd <i>n</i>	Unwtd Percent	Wtd Percent				
FAMILY INCOME										8.19, 0.0000 ^c	9.74, 0.0000 ^c	3.53, 0.0158 ^c	4.46, 0.0047 ^c
< \$20,000	12,464	22.6	17.5	5,810	21.8	17.3	792	26.3	23.1				
\$20,000-\$49,999	16,797	30.4	30.6	8,090	30.4	29.8	915	30.4	31.9				
\$50,000-\$74,999	9,109	16.5	17.0	4,323	16.2	17.5	434	14.4	16.0				
≥ \$75,000	16,862	30.5	34.9	8,394	31.5	35.4	871	28.9	29.1				
PARTICIPATED IN GOVERNMENT PROGRAM⁸	13,134	23.8	19.5	6,537	24.6	19.4	816	27.1	23.4	11.59, 0.0008 ^c	10.74, 0.0012 ^c	6.69, 0.0104 ^c	3.51, 0.0624
RECEIVED INCOME													
Social Security	8,690	15.7	28.7	4,400	16.5	28.7	540	17.9	26.6	1.72, 0.1906	1.64, 0.2015	6.49, 0.0116 ^c	2.30, 0.1306
Supplemental Security Income	4,016	7.3	7.3	2,123	8.0	7.6	261	8.7	8.7	3.93, 0.0487 ^c	1.87, 0.1732	5.30, 0.0223 ^c	1.17, 0.2809
Food Stamps	10,731	19.4	14.9	5,322	20.0	14.5	634	21.0	17.6	5.83, 0.0166 ^c	8.04, 0.0050 ^c	1.63, 0.2036	0.63, 0.4271
Welfare Payments	1,977	3.6	2.3	818	3.1	1.7	138	4.6	3.2	5.61, 0.0188 ^c	20.95, 0.0000 ^c	4.75, 0.0304 ^c	12.12, 0.0006 ^c
BETTER PROVIDER OF INFORMATION⁷	20,282	43.7	18.7	10,277	45.7	20.7	927	37.5	22.1	9.19, 0.0028 ^c	1.69, 0.1945	30.53, 0.0000 ^c	53.44, 0.0000 ^c
USED PROXY	18,578	33.6	13.2	9,381	35.2	14.3	829	27.5	14.9	4.28, 0.0399 ^c	0.48, 0.4884	32.84, 0.0000 ^c	51.07, 0.0000 ^c

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; *n* = number; QFT = Questionnaire Field Test; Unwtd = unweighted; Wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Education and employment estimates are based only on respondents aged 18 or older. Sample sizes for respondents 18 or older are *n* = 37,659 for 2012 comparison, *n* = 18,007 for 2013 comparison, and *n* = 2,305 for combined 2012 QFT and 2013 DR.

⁶ The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

⁷ Respondents with unknown data were excluded.

⁸ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.8b Demographic and Geographic Characteristics among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 17,573) ^{1,2}			2013 Comparison (n = 8,610) ^{1,3}			Combined 2012 QFT and 2013 DR (n = 707) ^{1,4}			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
REGION										0.21, 0.8917	0.18, 0.9117	11.81, 0.0000 ^c	13.60, 0.0000 ^c
Northeast	3,650	20.8	18.4	1,930	22.4	19.4	109	15.4	17.8				
Midwest	5,697	32.4	25.3	2,694	31.3	25.7	160	22.6	28.0				
South	5,514	31.4	38.3	2,698	31.3	37.5	264	37.3	37.6				
West	2,712	15.4	18.1	1,288	15.0	17.3	174	24.6	16.6				
COUNTY TYPE										1.44, 0.2388	1.38, 0.2533	2.35, 0.0980	1.49, 0.2280
Large Metro	7,540	42.9	53.1	3,828	44.5	52.8	346	48.9	45.4				
Small Metro	6,189	35.2	31.1	2,932	34.1	31.3	239	33.8	37.4				
Nonmetro	3,844	21.9	15.8	1,850	21.5	15.9	122	17.3	17.2				
OVERALL HEALTH⁵										1.94, 0.1242	1.73, 0.1618	2.40, 0.0690	2.57, 0.0551
Excellent	6,046	34.4	35.8	2,931	34.0	34.0	233	33.0	32.6				
Very Good	7,610	43.3	42.2	3,738	43.4	43.8	308	43.6	44.2				
Good	3,324	18.9	18.8	1,656	19.2	18.9	129	18.2	18.1				
Fair/Poor	593	3.4	3.2	285	3.3	3.2	37	5.2	5.1				
COVERED BY ANY HEALTH INSURANCE	16,762	95.4	94.9	8,223	95.5	95.0	670	94.8	95.4	0.20, 0.6579	0.15, 0.7035	0.62, 0.4317	0.93, 0.3349
FAMILY INCOME										7.26, 0.0001 ^c	6.32, 0.0004 ^c	8.54, 0.0000 ^c	8.55, 0.0000 ^c
< \$20,000	2,837	16.1	15.6	1,380	16.0	15.9	167	23.6	23.0				
\$20,000-\$49,999	4,925	28.0	26.5	2,451	28.5	27.4	211	29.8	31.2				
\$50,000-\$74,999	3,128	17.8	17.4	1,520	17.7	17.0	96	13.6	13.1				
≥ \$75,000	6,683	38.0	40.5	3,259	37.9	39.6	233	33.0	32.7				

See notes at end of table.

(continued)

Table 4.8b Demographic and Geographic Characteristics among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (n = 17,573) ^{1,2}			2013 Comparison (n = 8,610) ^{1,3}			Combined 2012 QFT and 2013 DR (n = 707) ^{1,4}			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
PARTICIPATED IN GOVERNMENT PROGRAM⁶	4,538	25.8	24.9	2,334	27.1	26.1	209	29.6	29.5	2.79, 0.0963	1.37, 0.2432	3.05, 0.0822	1.20, 0.2744
RECEIVED INCOME													
Social Security	2,139	12.2	12.3	1,093	12.7	11.7	92	13.0	12.5	0.02, 0.8865	0.22, 0.6433	0.33, 0.5645	0.04, 0.8348
Supplemental Security Income	1,460	8.3	8.1	767	8.9	8.2	65	9.2	9.6	0.97, 0.3253	0.69, 0.4062	0.58, 0.4483	0.05, 0.8174
Food Stamps	3,706	21.1	20.3	1,920	22.3	21.6	176	24.9	25.2	3.74, 0.0544	1.80, 0.1814	3.33, 0.0693	1.42, 0.2353
Welfare Payments	714	4.1	3.8	331	3.8	3.4	40	5.7	5.2	1.81, 0.1804	3.77, 0.0537	3.89, 0.0501	5.50, 0.0200 ^c
BETTER PROVIDER OF INFORMATION⁵	15,906	90.9	90.2	7,874	91.9	91.6	647	92.4	92.0	1.55, 0.2149	0.08, 0.7829	1.71, 0.1925	0.26, 0.6119
USED PROXY	15,208	86.5	85.8	7,521	87.4	87.4	618	87.4	87.2	0.64, 0.4256	0.00, 0.9466	0.37, 0.5428	0.00, 0.9670

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; n = number; QFT = Questionnaire Field Test; Unwtd = unweighted; Wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Respondents with unknown data were excluded.

⁶ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.8c Demographic and Geographic Characteristics among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 18,029) ^{1,2}			2013 Comparison (n = 8,532) ^{1,3}			Combined 2012 QFT and 2013 DR (n = 702) ^{1,4}			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
REGION										1.63, 0.1829	1.22, 0.3038	3.89, 0.0099 ^c	4.66, 0.0036 ^c
Northeast	3,978	22.1	18.8	1,811	21.2	18.9	147	20.9	25.1				
Midwest	5,623	31.2	24.6	2,756	32.3	25.2	175	24.9	25.1				
South	5,634	31.2	37.7	2,700	31.6	38.5	220	31.3	34.5				
West	2,794	15.5	18.9	1,265	14.8	17.4	160	22.8	15.2				
COUNTY TYPE										0.34, 0.7103	0.21, 0.8086	5.41, 0.0052 ^c	4.46, 0.0127 ^c
Large Metro	7,664	42.5	52.8	3,668	43.0	50.5	371	52.8	49.8				
Small Metro	6,721	37.3	32.9	3,160	37.0	34.2	223	31.8	36.1				
Nonmetro	3,644	20.2	14.3	1,704	20.0	15.2	108	15.4	14.1				
EDUCATION										0.59, 0.6245	0.99, 0.3967	1.94, 0.1239	1.13, 0.3365
< High School	2,525	14.0	13.9	1,006	11.8	11.4	89	12.7	13.3				
High School Graduate	6,233	34.6	32.9	3,107	36.4	35.4	242	34.5	33.5				
Some College	6,311	35.0	36.3	3,118	36.5	36.9	279	39.7	39.1				
College Graduate	2,960	16.4	16.9	1,301	15.2	16.3	92	13.1	14.1				
CURRENTLY EMPLOYED EMPLOYMENT	12,161	67.5	66.5	5,853	68.6	67.0	455	64.8	66.7	0.00, 0.9497 0.48, 0.6960	0.02, 0.8983 0.36, 0.7803	1.84, 0.1765 1.19, 0.3163	3.81, 0.0523 1.80, 0.1482
Full-Time	7,221	40.1	38.5	3,572	41.9	40.2	276	39.3	40.8				
Part-Time	4,940	27.4	28.0	2,281	26.7	26.8	179	25.5	25.9				
Unemployed	2,075	11.5	11.9	952	11.2	11.2	96	13.7	12.5				
Other ⁵	3,793	21.0	21.5	1,727	20.2	21.8	151	21.5	20.8				
OVERALL HEALTH⁶										0.65, 0.5842	0.38, 0.7701	0.94, 0.4219	0.99, 0.3982
Excellent	5,196	28.8	30.4	2,415	28.3	28.4	202	28.8	28.2				
Very Good	7,840	43.5	42.5	3,719	43.6	44.2	290	41.3	43.1				
Good	4,042	22.4	22.0	1,933	22.7	22.3	175	24.9	23.9				
Fair/Poor	951	5.3	5.1	464	5.4	5.2	35	5.0	4.8				
COVERED BY ANY HEALTH INSURANCE	14,626	81.1	81.1	6,904	80.9	80.9	552	78.6	80.2	0.22, 0.6366	0.11, 0.7440	2.65, 0.1052	2.07, 0.1515

See notes at end of table.

(continued)

Table 4.8c Demographic and Geographic Characteristics among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (n = 18,029) ^{1,2}			2013 Comparison (n = 8,532) ^{1,3}			Combined 2012 QFT and 2013 DR (n = 702) ^{1,4}			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
FAMILY INCOME										4.42, 0.0049 ^c	3.33, 0.0205 ^c	3.89, 0.0099 ^c	4.93, 0.0025 ^c
< \$20,000	6,526	36.2	33.7	3,014	35.3	35.1	317	45.2	43.4				
\$20,000-\$49,999	5,700	31.6	30.6	2,697	31.6	30.9	189	26.9	28.8				
\$50,000-\$74,999	2,344	13.0	13.5	1,083	12.7	12.4	82	11.7	11.8				
≥ \$75,000	3,459	19.2	22.1	1,738	20.4	21.6	114	16.2	16.0				
PARTICIPATED IN GOVERNMENT PROGRAM⁷	4,617	25.6	24.0	2,260	26.5	24.9	231	32.9	29.9	6.66, 0.0106 ^c	4.34, 0.0385 ^c	11.95, 0.0007 ^c	8.24, 0.0045 ^c
RECEIVED INCOME													
Social Security	1,685	9.3	10.0	869	10.2	9.6	63	9.0	9.0	0.55, 0.4606	0.21, 0.6464	0.11, 0.7449	0.99, 0.3211
Supplemental Security Income	1,102	6.1	6.1	604	7.1	6.4	63	9.0	9.0	4.98, 0.0267 ^c	3.63, 0.0583	6.85, 0.0095 ^c	2.50, 0.1154
Food Stamps	3,895	21.6	20.0	1,904	22.3	20.8	174	24.8	22.0	0.85, 0.3578	0.27, 0.6014	2.23, 0.1373	1.25, 0.2649
Welfare Payments	792	4.4	4.1	304	3.6	3.0	43	6.1	5.3	1.77, 0.1848	8.11, 0.0048 ^c	3.44, 0.0652	8.76, 0.0034 ^c
BETTER PROVIDER OF INFORMATION⁶	3,175	23.7	24.6	1,765	27.2	28.1	142	27.2	29.4	3.33, 0.0696	0.22, 0.6381	3.07, 0.0815	0.00, 0.9958
USED PROXY	2,440	13.5	14.3	1,357	15.9	16.3	102	14.5	15.4	0.47, 0.4938	0.21, 0.6496	0.52, 0.4725	0.83, 0.3636

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; n = number; QFT = Questionnaire Field Test; Unwtd = unweighted; Wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

⁶ Respondents with unknown data were excluded.

⁷ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.8d Demographic and Geographic Characteristics among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 19,630) ^{1,2}			2013 Comparison (n = 9,475) ^{1,3}			Combined 2012 QFT and 2013 DR (n = 1,603) ^{1,4}			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
REGION										1.40, 0.2441	1.10, 0.3511	9.17, 0.0000 ^c	9.33, 0.0000 ^c
Northeast	4,186	21.3	19.0	2,089	22.0	19.2	297	18.5	19.9				
Midwest	6,117	31.2	23.8	2,896	30.6	24.0	374	23.3	27.0				
South	5,937	30.2	37.3	2,953	31.2	37.3	543	33.9	35.1				
West	3,390	17.3	19.8	1,537	16.2	19.5	389	24.3	18.0				
COUNTY TYPE										1.39, 0.2516	1.06, 0.3476	7.22, 0.0009 ^c	6.36, 0.0021 ^c
Large Metro	8,477	43.2	52.5	4,119	43.5	51.3	865	54.0	49.3				
Small Metro	6,834	34.8	31.0	3,318	35.0	32.1	429	26.8	29.5				
Nonmetro	4,319	22.0	16.5	2,038	21.5	16.5	309	19.3	21.2				
EDUCATION										7.15, 0.0001 ^c	6.64, 0.0003 ^c	12.25, 0.0000 ^c	9.29, 0.0000 ^c
< High School	2,114	10.8	11.1	922	9.7	9.6	181	11.3	12.2				
High School Graduate	5,777	29.4	29.2	2,754	29.1	29.1	391	24.4	26.3				
Some College	5,172	26.3	25.4	2,627	27.7	26.6	524	32.7	31.2				
College Graduate	6,567	33.5	34.3	3,172	33.5	34.7	507	31.6	30.3				
CURRENTLY EMPLOYED EMPLOYMENT										0.00, 0.9856	0.25, 0.6183	0.39, 0.5335	1.02, 0.3142
Full-Time	11,129	56.7	51.2	5,384	56.8	51.9	886	55.3	50.8	0.06, 0.9788	1.96, 0.1205	0.35, 0.7925	1.37, 0.2546
Part-Time	2,392	12.2	11.9	1,194	12.6	12.2	204	12.7	12.4				
Unemployed	973	5.0	4.6	380	4.0	3.3	81	5.1	4.6				
Other ⁵	5,136	26.2	32.3	2,517	26.6	32.7	432	26.9	32.2				
OVERALL HEALTH⁶										1.10, 0.3506	1.50, 0.2154	0.41, 0.7479	0.64, 0.5913
Excellent	4,279	21.8	20.7	2,062	21.8	20.9	330	20.6	18.3				
Very Good	7,489	38.2	37.2	3,575	37.8	36.6	622	38.8	38.2				
Good	5,321	27.1	28.0	2,675	28.2	28.8	446	27.8	28.7				
Fair/Poor	2,538	12.9	14.2	1,158	12.2	13.7	205	12.8	14.8				
COVERED BY ANY HEALTH INSURANCE	16,882	86.0	87.9	8,214	86.7	89.0	1,348	84.1	86.8	0.90, 0.3430	3.90, 0.0497 ^c	3.50, 0.0627	6.56, 0.0112 ^c

See notes at end of table.

(continued)

Table 4.8d Demographic and Geographic Characteristics among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and P Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (n = 19,630) ^{1,2}			2013 Comparison (n = 9,475) ^{1,3}			Combined 2012 QFT and 2013 DR (n = 1,603) ^{1,4}			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value Unwtd
	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent	Unwtd n	Unwtd Percent	Wtd Percent				
FAMILY INCOME										5.14, 0.0019 ^c	7.08, 0.0002 ^c	3.70, 0.0126 ^c	4.99, 0.0023 ^c
< \$20,000	3,101	15.8	15.2	1,416	14.9	14.6	308	19.2	19.8				
\$20,000-\$49,999	6,172	31.4	31.1	2,942	31.1	29.9	515	32.1	32.4				
\$50,000-\$74,999	3,637	18.5	17.5	1,720	18.2	18.4	256	16.0	17.0				
≥ \$75,000	6,720	34.2	36.3	3,397	35.9	37.1	524	32.7	30.7				
PARTICIPATED IN GOVERNMENT PROGRAM⁷	3,979	20.3	18.1	1,943	20.5	17.8	376	23.5	21.7	8.21, 0.0046 ^c	9.42, 0.0024 ^c	5.90, 0.0160 ^c	5.00, 0.0265 ^c
RECEIVED INCOME													
Social Security	4,866	24.8	33.5	2,438	25.7	33.6	385	24.0	31.0	1.84, 0.1766	1.93, 0.1665	0.33, 0.5642	1.46, 0.2277
Supplemental Security Income	1,454	7.4	7.4	752	7.9	7.8	133	8.3	8.6	2.02, 0.1569	0.78, 0.3793	1.42, 0.2355	0.21, 0.6490
Food Stamps	3,130	15.9	13.5	1,498	15.8	12.7	284	17.7	16.0	4.83, 0.0292 ^c	9.21, 0.0027 ^c	2.06, 0.1526	2.48, 0.1170
Welfare Payments	471	2.4	1.9	183	1.9	1.3	55	3.4	2.6	3.44, 0.0651	14.75, 0.0002 ^c	5.26, 0.0228 ^c	13.09, 0.0004 ^c
BETTER PROVIDER OF INFORMATION⁶	1,201	7.7	7.7	638	8.6	9.2	138	11.0	10.9	10.31, 0.0015 ^c	2.49, 0.1161	15.78, 0.0001 ^c	7.57, 0.0065 ^c
USED PROXY	930	4.7	4.8	503	5.3	5.8	109	6.8	6.6	7.06, 0.0085 ^c	1.29, 0.2582	13.80, 0.0003 ^c	5.76, 0.0173 ^c

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; n = number; QFT = Questionnaire Field Test; Unwtd = unweighted; Wtd = weighted.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

⁶ Respondents with unknown data were excluded.

⁷ Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

- No significant differences were observed between the weighted estimates for being currently employed in the combined QFT-DR sample (63.6 percent) versus the 2012 (63.6 percent) and 2013 (64.4 percent) comparison samples. In addition, no significant differences were observed between the weighted estimates for employment categories in the combined QFT-DR data versus the 2012 and 2013 comparison data.
- No significant differences were observed between the weighted estimates for overall health status (excellent, good, fair, or poor) in the combined QFT-DR sample versus the 2012 and 2013 comparison samples. In addition, no significant differences were observed between the weighted estimates for being covered by any type of health insurance in the combined QFT-DR sample (86.8 percent) versus the 2012 (87.7 percent) and 2013 (88.5 percent) comparison samples.
- The estimated weighted proportion of family income of less than \$20,000 was higher in both the combined QFT-DR data (23.1 percent) than in the 2012 (17.5 percent) and 2013 (17.3 percent) comparison data. The estimated weighted proportion of family income greater than \$75,000 was lower in the combined QFT-DR data (29.1 percent) than in both the 2012 (34.9 percent) and 2013 (35.4 percent) comparison data.
- The estimated weighted proportion participating in government programs was significantly higher in the combined QFT-DR data (23.4 percent) than in the 2012 comparison data (19.5 percent) and the 2013 comparison data (19.4 percent).
- Receipt of income from government programs was higher in the combined QFT-DR data than in both comparison datasets for two sources—food stamps and welfare payments. The estimated weighted proportion receiving food stamps was significantly higher in the combined QFT-DR data (17.6 percent) than in the 2012 comparison data (14.9 percent) and the 2013 comparison data (14.5 percent). The estimated weighted proportion receiving welfare payments was significantly higher in the combined QFT-DR data (3.2 percent) than in the 2012 comparison data (2.3 percent) and the 2013 comparison data (1.7 percent). The difference between the 2012 and 2013 comparison data in the weighted estimates for receipt of welfare payments was also statistically significant.
- In addition, the weighted estimate for receipt of Supplemental Security Income (SSI) was significantly higher in the combined QFT-DR data (8.7 percent) than in the 2012 comparison data (7.3 percent). The difference between the combined QFT-DR weighted estimate and the 2013 comparison weighted estimate (7.6 percent) was not statistically significant.
- Identification and use of a proxy reporter for the health insurance and income items were higher in the combined QFT-DR data than in the 2012 comparison data, but the differences for these two weighted items between the combined QFT-DR data and the 2013 comparison data were not statistically significant. The weighted proportion indicating there was a better provider of information on health insurance and income was significantly higher for the combined QFT-DR data (22.1 percent) than for the 2012 comparison data (18.7 percent), but not significantly higher than for the 2013 comparison data (20.7 percent). The difference between the 2012 and 2013 comparison data in the weighted estimates for a better provider of information on

health insurance and income was also statistically significant. Actual use of a proxy respondent for the health insurance and income items (weighted) was significantly higher for the combined QFT-DR data (14.9 percent) than for the 2012 comparison data (13.2 percent). Although the weighted proportion for the use of a proxy in the combined QFT-DR data was also slightly higher than for the 2013 comparison data (14.3 percent), this difference was not statistically significant. The difference between the 2012 and 2013 comparison data in the weighted estimates for the use of a proxy was statistically significant.

Tables 4.8b through **4.8d** provide the same geographic, demographic and household estimates for the combined QFT-DR data and the 2012 and 2013 comparison data for three specific age groups: 12 to 17, 18 to 25, and 26 or older. Many of the significant differences in these estimates between the combined QFT-DR data and the 2012 and 2013 comparison data for all of respondents aged 12 or older were also observed across these three specific age groups, with the following exceptions:

- The estimated proportions for the four-category education variable did not differ significantly between the combined QFT-DR data and the 2012 and 2013 comparison data for the 18 to 25 age group (**Table 4.8c**). Given that differences in the distribution of the four education categories were significant between the combined QFT-DR data and both the 2012 and 2013 comparison data for all respondents, this difference can be attributed to differences in the 26 or older age group.
- Not all observed differences between the combined QFT-DR data and the 2012 and 2013 comparison data for receipt of SSI, food stamps, and welfare payments among all respondents were observed across all age groups. For respondents aged 12 to 17 (**Table 4.8b**), none of the weighted estimates for these three items differed significantly between the combined QFT-DR data and the 2012 and 2013 comparison data. Only two of these comparisons produced significantly different estimates among respondents aged 18 to 25 (**Table 4.8c**). The weighted estimate for receipt of SSI in the combined QFT-DR data was significantly higher than in the 2012 comparison data (only), and the weighted estimate for receipt of welfare payments in the combined QFT-DR data was significantly higher than in the 2013 comparison data (only). The difference between the 2012 and 2013 comparison data in the weighted estimates for receipt of welfare payments was statistically significant for respondents aged 18 to 25. Among respondents aged 26 or older (**Table 4.8d**), most of the significant differences between the combined QFT-DR data and the 2012 and 2013 comparison data observed for all respondents were significant for this age group, with two exceptions. The difference in weighted estimates for receipt of SSI between the combined QFT-DR data and the 2012 comparison data was not statistically significant. Likewise, the difference in weighted estimates for receipt of welfare payments between the combined QFT-DR data and the 2012 comparison data was not statistically significant. The difference between the 2012 and 2013 comparison data in the weighted estimates for receipt of welfare payments was statistically significant for respondents aged 26 or older.
- Identification and use of a proxy reporter for the health insurance and income items (weighted) was not significantly higher in the combined QFT-DR data than in the

2012 comparison data for the 12 to 17 year old age group (*Table 4.8b*) or for the 18 to 25 year old age group (*Table 4.8c*). As with all respondents aged 12 or older, however, identification of a better reporter for the health insurance and income items and use of a proxy reporter were significantly higher in the combined QFT-DR data than in the 2012 comparison data for the 26 or older age group (*Table 4.8d*). Together, these findings indicate the overall difference for identification and use of a proxy reporter was driven mostly by differences in the 26 or older age group. In addition, for the weighted estimates for both a better provider of information on health insurance and income and use of a proxy reporter, differences between the 2012 and 2013 comparison data in the weighted estimates were statistically significant for respondents aged 26 or older.

Although many of the same differences in estimates for geographic, demographic, and household items between the combined QFT-DR data and the 2012 or 2013 comparison data were also observed across age groups, the degree and significance of these differences varied across specific age groups.

4.3 Imputation Rates for Common 2012 Comparison Data, 2013 Quarters 3 and 4 Comparison Data, and Dress Rehearsal Variables

Another indicator of the quality of the DR data is the proportion of cases for which imputation was required prior to using specific variables for analysis. For the DR data, 2012 comparison data, and 2013 quarters 3 and 4 comparison data, records with missing data were subject to the same imputation procedures. However, when the values of other nonmissing variables could be used to determine the value of the missing variable, the value was "logically assigned" instead of imputed.

Tables 4.9a through *4.9f* provide rates of imputation and logical assignment that selected variables underwent in processing the 2012 comparison data, the 2013 quarters 3 and 4 comparison data, and the DR data. (*Section 3.4* in *Chapter 3* describes these imputation procedures.) These tables include the following columns for the variables of interest:

- number of respondents in domain (unweighted),
- number of respondents whose values were imputed or logically assigned, and
- weighted percentage (relative to their domain size) of respondents whose values were imputed or logically assigned.

A "domain" in this context is the set of respondents who received a value other than a skip code for the imputation-revised variable of interest. In other words, a domain is the subset of respondents for whom the variable of interest is relevant or applicable. In *Table 4.9d*, for example, only among respondents aged 15 or older (the domain) is it relevant to ask about employment status (the variable of interest). Unless otherwise specified, the domain for each variable includes all respondents. For comparing imputation rates, *Tables 4.9a* through *4.9f* also include an indicator for whether observed differences in imputation rates between either the 2012 or 2013 quarters 3 and 4 comparison data and the imputation rates for the DR data were statistically significant at the 0.05 level.

Table 4.9a Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Recency of Substance Use Variables

Recency Variable	2012 Comparison Data ¹			2013 Comparison Data ^{1,2}			2013 Dress Rehearsal ^{1,3}		
	Respondents in Domain ⁴	Unweighted Frequency	Weighted Percentage	Respondents in Domain ⁴	Unweighted Frequency	Weighted Percentage	Respondents in Domain ⁴	Unweighted Frequency	Weighted Percentage
Marijuana	26,388	64	0.2	12,585	28	0.2	831	2	0.2
Cocaine	6,910	42	0.5 ^a	3,145	13	0.3	267	0	0.0
Crack	1,591	4	0.2	731	2	0.3	70	0	0.0
Heroin	919	2	0.1	467	1	0.2	32	0	0.0
Hallucinogens	8,471	129	1.0	3,999	51	0.9	316	7	1.6
LSD	4,226	30	0.4	2,068	17	0.6	158	2	1.2
PCP	960	24	1.5	414	7	0.4	38	1	2.8
Ecstasy	4,632	32	0.5 ^a	2,221	12	0.4 ^a	164	0	0.0
Inhalants	5,467	107	1.3	2,412	41	0.8	225	7	1.0
Cigarettes	33,085	34	0.0	15,398	13	0.1	1,054	1	0.1
Smokeless Tobacco	11,010	30	0.4	5,180	11	0.3	256	2	0.3
Alcohol	46,257	78	0.1 ^a	21,889	35	0.1 ^a	1,543	0	0.0
Binge Alcohol Use	29,423	805	2.8	13,905	359	2.1	919	23	2.6
Pain Relievers	10,216	224	1.9	4,537	87	1.7	257	4	1.3
OxyContin ^{®5}	2,221	40	1.1	1,048	19	1.7	N/A	N/A	N/A
OxyContin [®] Past Year Use ⁵	N/A	N/A	N/A	N/A	N/A	N/A	32	6	19.6
Tranquilizers	5,639	40	0.7	2,578	20	0.6	96	2	1.7
Sedatives	1,084	13	0.4	494	6	0.6	48	0	0.0
Core-Plus-Noncore									
Stimulants	4,714	114	1.9 ^a	2,202	38	1.6 ^a	169	0	0.0
Core-Plus-Noncore									
Methamphetamine	2,153	50	2.0 ^a	1,005	18	1.8 ^a	107	0	0.0
Stimulants Excluding Methamphetamine ⁵	N/A	N/A	N/A	N/A	N/A	N/A	83	0	0.0

DR = Dress Rehearsal; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

³ DR data collected from September 1 through November 3, 2013.

⁴ The domain for all variables except Binge Alcohol Use includes all lifetime users of the drug in question. The domain for Binge Alcohol Use includes all past month users of alcohol.

⁵ OxyContin[®] recency was only available for the 2012 and 2013 comparison files; the DR only asked about past year use. Stimulant misuse excluding methamphetamine was only available on the DR.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.9b Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Past Year Initiation of Substance Use Variables

Past Year Initiation Variable	2012 Comparison Data ¹			2013 Comparison Data ^{1,2}			2013 Dress Rehearsal ^{1,3}		
	Respondents in Domain ⁴	Unweighted Frequency	Weighted Percentage	Respondents in Domain ⁴	Unweighted Frequency	Weighted Percentage	Respondents in Domain ⁴	Unweighted Frequency	Weighted Percentage
Marijuana	26,388	218	0.4	12,585	136	0.4	831	4	0.3
Cocaine	6,910	35	0.3	3,145	16	0.3	267	1	0.1
Crack	1,591	6	0.3	731	4	0.4	70	0	0.0
Heroin	919	8	0.5 ^a	467	8	0.5 ^a	32	0	0.0
Hallucinogens	8,471	88	0.5	3,999	41	0.5	316	2	0.6
LSD	4,226	43	0.4	2,068	25	0.8	158	2	1.2
PCP	960	23	1.4	414	7	0.4	38	2	3.1
Ecstasy	4,632	49	0.5	2,221	19	0.4	164	1	0.7
Inhalants	5,467	176	1.7	2,412	75	1.2	225	8	1.2
Pain Relievers	10,216	391	3.3 ^a	4,537	161	2.8	257	7	1.4
OxyContin ^{®5}	2,221	49	1.2	1,048	22	3.1	N/A	N/A	N/A
Tranquilizers	5,639	105	1.4 ^a	2,578	50	1.4 ^a	96	3	0.3
Sedatives	1,084	23	0.4	494	11	0.8	48	1	0.2
Stimulants	4,320	74	0.8	2,028	46	1.5	169	2	0.8
Methamphetamine	1,652	28	0.8	781	16	1.6	107	1	1.0
Stimulants Excluding Methamphetamine ⁵	N/A	N/A	N/A	N/A	N/A	N/A	83	1	0.3

DR = Dress Rehearsal; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine; PY = past year.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

³ DR data collected from September 1 through November 3, 2013.

⁴ The domain for all variables includes all lifetime users of the drug in question.

⁵ OxyContin[®] initiation was only available for the 2012 and 2013 comparison files. Stimulant misuse excluding methamphetamine was only available on the DR.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.9c Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Age at First Use for Past Year Initiates

Age at First Use Variable	2012 Comparison Data ¹			2013 Comparison Data ^{1,2}			2013 Dress Rehearsal ^{1,3}		
	Respondents in Domain ⁴	Unweighted Frequency	Weighted Percentage	Respondents in Domain ⁴	Unweighted Frequency	Weighted Percentage	Respondents in Domain ⁴	Unweighted Frequency	Weighted Percentage
Marijuana	1,853	9	0.4 ^a	827	5	0.3	35	0	0.0
Cocaine	417	2	0.7	198	0	0.0	12	0	0.0
Crack	57	0	0.0	21	1	1.9	0	0	0.0
Heroin	90	0	0.0	39	0	0.0	2	0	0.0
Hallucinogens	795	10	1.0 ^a	333	3	0.3	18	0	0.0
LSD	319	6	1.8 ^a	155	1	0.5	7	0	0.0
PCP	62	3	1.6	7	0	0.0	0	0	0.0
Ecstasy	584	2	0.2	236	3	0.7	10	0	0.0
Inhalants	533	39	5.9 ^a	183	11	4.4 ^a	13	0	0.0
Pain Relievers	1,184	68	4.2	463	29	4.1	26	5	13.8
OxyContin ^{®5}	241	3	0.5	93	1	0.4	N/A	N/A	N/A
Tranquilizers	672	17	2.2 ^a	274	6	1.4 ^a	11	2	45.9
Sedatives	101	6	4.6	27	0	0.0	7	1	1.2
Stimulants	397	8	1.0 ^a	162	4	2.0	16	0	0.0
Methamphetamine	81	3	1.7	39	1	1.8	4	0	0.0
Stimulants Excluding Methamphetamine ⁵	N/A	N/A	N/A	N/A	N/A	N/A	14	0	0.0

DR = Dress Rehearsal; AFU = age at first use; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

³ DR data collected from September 1 through November 3, 2013.

⁴ The domain for all variables includes past year initiates of the drug in question.

⁵ OxyContin[®] initiation was only available for the 2012 and 2013 comparison files. Stimulant misuse excluding methamphetamine was only available on the DR.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.9d Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Selected Demographic and Socioeconomic Variables

Variable (Domain)	2012 Comparison Data ¹			2013 Comparison Data ^{1,2}			2013 Dress Rehearsal ^{1,3}		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Detailed Race: 15 Levels	66,542	2,991	4.5	32,162	1,498	4.5	2,087	193	4.9
Hispanic or Latino Origin	66,542	164	0.1 ^a	32,162	92	0.1 ^a	2,087	3	0.0
Education Level	66,542	9	0.0	32,162	2	0.0	2,087	1	0.0
Marital Status (Age 15+)	55,642	7	0.0 ^a	26,783	7	0.0 ^a	1,853	11	0.3
Employment Status (Age 15+)	55,642	41	0.1 ^a	26,783	15	0.0 ^a	1,853	16	0.4
Employment Status (Age 18+)	44,585	36	0.1	21,396	11	0.0 ^a	1,582	12	0.3

DR = Dress Rehearsal.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

³ DR data collected from September 1 through November 3, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.9e Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Health Insurance Variables

Variable (Domain)	2012 Comparison Data ¹			2013 Comparison Data ^{1,2}			2013 Dress Rehearsal ^{1,3}		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Respondent Has Health Insurance	66,542	595	0.4	32,162	318	0.4	2,087	29	0.9
Type of Insurance									
Private	66,542	495	0.4	32,162	267	0.4	2,087	24	0.8
Medicare	66,542	253	0.2	32,162	138	0.3	2,087	17	0.4
Military Health Care: CHAMPUS, TRICARE, CHAMPVA, VA	66,542	271	0.2	32,162	166	0.3	2,087	16	0.7
Medicaid/CHIP	66,542	642	0.5	32,162	348	0.6	2,087	26	1.0
Other (Respondents without Private Health Insurance, Medicare, Medicaid/CHIP, or Military Health Care)	11,823	291	1.3	5,552	157	1.2	541	15	2.4

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veteran's Affairs; CHIP = Children's Health Insurance Program; DR = Dress Rehearsal; VA = Department of Veteran's Affairs.

³ Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

³ DR data collected from September 1 through November 3, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.9f Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Income Variables

Variable (Domain)	2012 Comparison Data ¹			2013 Comparison Data ^{1,2}			2013 Dress Rehearsal ^{1,3}		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Total Family Income > or < \$20,000	66,542	2,904	4.0	32,162	1,461	4.0	2,087	134	4.4
Total Family Income – Finer Categories	66,542	7,880	14.9	32,162	3,937	15.4	2,087	317	13.8
Source of Family Income									
Social Security or Railroad Retirement Payments	66,542	671	0.6	32,162	353	0.6	2,087	33	1.2
Wages ⁴	66,542	199	0.2	32,162	99	0.2	N/A	N/A	N/A
Public Assistance	66,542	509	0.4	32,162	271	0.5	2,087	32	0.9
Supplemental Security Income	66,542	903	0.8	32,162	495	1.0	2,087	42	1.4
Food Stamps	66,542	316	0.3	32,162	145	0.3	2,087	26	0.9
Welfare/Job Placement/Child Care	66,542	388	0.3 ^a	32,162	180	0.3 ^a	2,087	30	0.8
Number of Months on Welfare (Family Receives Public Assistance or Welfare/Job Placement/Child Care)	4,687	210	4.0	2,173	110	3.5 ^a	182	23	11.0

DR = Dress Rehearsal.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

³ DR data collected from September 1 through November 3, 2013.

⁴ Family income from wages was only available for the 2012 and 2013 comparison files.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

As **Table 4.9a** shows, the weighted percentages of cases that were either imputed or logically assigned were similar in all three datasets for the recency of substance use variables. The following substances showed a statistically significant difference between the percentage imputed or logically assigned in the DR dataset and the percentage imputed or logically assigned in either the 2012 comparison dataset and/or the 2013 quarters 3 and 4 comparison dataset:

- cocaine recency,
- Ecstasy recency,
- alcohol recency,
- core-plus-noncore (CPN) stimulant recency, and
- CPN methamphetamine recency.

In the pain relievers module of the main survey, respondents are asked about their most recent use of OxyContin[®]. However, in the DR, respondents are asked whether or not they misused OxyContin[®] in the past year. Therefore, direct comparisons between the 2012 and 2013 quarters 3 and 4 comparison data and the 2013 DR data were not possible for these measures. However, as in the DR, respondents in the QFT were asked to report whether or not they misused OxyContin[®] in the past year, so a direct comparison between the rates of imputation or logical assignment can be made between the DR and the QFT. The weighted percentage of imputed or logically assigned cases for past year misuse of OxyContin[®] in the QFT was 36.7 percent compared with 19.6 percent in the DR (see **Table 4.9a**). Although this difference and the individual rates appear large in comparison with other measures, both the QFT and DR estimates suffered from a small domain size and lack of power. As a result, this difference between the QFT and DR for past year misuse of OxyContin[®] was not statistically significant at 5 percent. However, in all of these instances, no cases required logical assignment or imputation in the DR data. This fact is likely attributable to the small domain sizes in the DR, and the significance result therefore merely indicates that the estimate from the comparison dataset is different from zero.

In **Table 4.9b**, the weighted percentage of cases that required either imputation or logical assignment for past year initiation status was similar across all three datasets. For pain relievers and tranquilizers, the weighted percentage of cases imputed or logically assigned was significantly lower in the DR compared with the 2012 comparison data and/or the 2013 quarters 3 and 4 data. Statistically significant differences between the DR data and the comparison datasets were also observed for heroin, although there were no cases in the DR data requiring imputation or logical assignment.

As shown in **Table 4.9c**, the majority of the age at first use variables in the DR data required no logical assignment or imputation. This occurrence is likely due to the very small domains resulting from only defining the age at first use variables for past year initiates. The very large weighted percentage of cases requiring imputation or logical assignment for the pain relievers (13.8 percent) age at first use variables and the tranquilizers (45.9 percent) age at first use variables in the DR data are an artifact of both small domain sizes and high variability in the person-level weights in the DR.

The weighted percentages of cases that were either imputed or logically assigned in all three datasets were low for most of the demographic variables presented in *Table 4.9d*. These rates were generally similar across all three datasets and for all but one variable were below 0.5 percent. The weighted percentages of imputed or logically assigned cases for the detailed race variable ranged between 4.5 and 4.9 percent across the three datasets.

In *Table 4.9e*, the weighted percentages of cases for the health insurance variables that were either imputed or logically assigned in all three datasets were similar, and no statistically significant differences were observed between the DR dataset and either the 2012 comparison data or the 2013 quarters 3 and 4 data. Although no statistically significant differences were observed, the weighted percentages of the imputed or logically assigned cases were higher for all of these variables in the DR data than in the 2012 comparison data and the 2013 quarters 3 and 4 data. The health insurance questions were among the set of items moved from CAPI to ACASI in the DR instrument, so the higher imputation rates observed could have resulted from DR respondents being more likely to not answer this question. This outcome could also provide an explanation for other questionnaire items moved from CAPI to ACASI in the DR instrument. (See *Section 4.4* for the complete results and a discussion of item missingness rates in the DR data and the 2012 and 2013 quarters 3 and 4 comparison data.)

Weighted percentages for cases that were either imputed or logically assigned in all three datasets for the income variables are shown in *Table 4.9f*. Not surprisingly, the weighted percentages for some of the income variables were relatively high, such as the total family income's finer categories and the number of months on welfare. For all three datasets, the rates for the total family income's finer categories were similar, and all were greater than 13.8 percent. This DR percentage was similar to the one in the QFT where 14.1 percent of cases were imputed or logically assigned for the total family income's finer categories variable. For the number of months on welfare variable and the indicator of whether the family received welfare, job placement, or child care services, the percentage of cases requiring imputation or logical assignment was significantly higher in the DR data. Similar results for this set of variables were also observed in the QFT where 6.8 percent of cases were imputed or logically assigned for the indicator of whether or not the family received welfare, job placement, or child services and 9.3 percent of cases were imputed or logically assigned for the number of months on welfare variable. The differences observed between the QFT and the DR were not statistically significant for any of the income variables shown in *Table 4.9f*. The questions about source of income and total family income were among the items moved from CAPI to ACASI in the QFT and DR instruments. For this reason, the differences in imputation rates when compared with the main survey data could be attributed partially to the revised mode of administration. (See *Section 4.4* for the complete results and a discussion of item missingness rates in the DR and the 2012 and 2013 quarters 3 and 4 comparison data.)

4.4 Comparisons of Item Missingness Rates for Moved DR Items with 2012 and 2013 Quarters 3 and 4 Comparison Data and Comparisons of Item Missingness Rates for New or Revised DR Items with the QFT

To examine data quality among survey items in the DR questionnaire, this section examines item missingness rates for three types of items in the DR:

- items that were moved from CAPI to ACASI administration in the QFT and DR,
- items that were introduced in the QFT and then revised between the QFT and DR, and
- items that were new to the DR questionnaire.

To consider potential data quality issues for these items in the 2015 NSDUH, this section focuses primarily on DR questions with (1) missingness rates that were significantly higher than the comparison datasets; (2) missingness rates that were not significantly higher than the comparison datasets, but exhibited similar patterns as the significant items; and (3) notably high missingness rates observed in DR that were not observed in the QFT. Given that none of these items had high missingness rates that were not observed in the QFT, this section focuses on highlighting the first two types of items.

Appendix B provides missingness rates for the following sets of DR items and the datasets indicated in the tables' titles:

- **Table B.1.** Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older;
- **Table B.2.** Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older;
- **Table B.3.** Item Missingness Rates for New and Revised Items for English-Language Non-Hispanic Interviews in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among All Persons Aged 12 or Older; and
- **Table B.4.** Item Missingness Rates for New and Revised Items for Spanish-Language Interviews in the 2013 Dress Rehearsal among All Persons Aged 12 or Older.

All four tables in *Appendix B* provide unweighted numbers of cases with missing data and weighted item missingness rates for each data set.

4.4.1 Item Missingness Rates for Items Moved from CAPI to ACASI Administration in English-Language Non-Hispanic Interviews

As *Table B.1* indicates, the following DR items moved to ACASI administration showed higher missingness rates in the combined QFT-DR data than the same items in CAPI mode from the comparison datasets, which was consistent with the pattern that was previously observed for these items when comparing just the QFT data with the main study comparison datasets:

- Item QD07 on marital status had a significantly higher item missingness rate in the combined QFT and DR data (0.3 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.1 percent). This item is planned for ACASI administration in the partially redesigned 2015 questionnaire, so this item will be examined closely in the 2015 6-month tables.

- Item QD13, which asks about the number of home moves in the past year, had a significantly higher item missingness rate in the combined QFT and DR data (0.8 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). This item is planned for ACASI administration in the partially redesigned 2015 questionnaire, so this item will be examined closely in the 2015 6-month tables.
- Item QD19 on full- or part-time student status had a significantly higher item missingness rate in the combined QFT and DR data (0.8 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.1 percent). This item is planned for ACASI administration in the partially redesigned 2015 questionnaire, so this item will be examined closely in the 2015 6-month tables.
- Item QD20 on missing school due to illness or injury and item QD21 on skipping school days both had higher item missingness rates in the combined QFT and DR data (0.7 and 0.6 percent, respectively) than in both the 2012 comparison data (0.2 and 0.3 percent, respectively) or the 2013 quarters 3 and 4 comparison data (0.1 and 0.2 percent, respectively). For both items, however, only the differences between the combined QFT and DR data and the 2012 comparison data were statistically significant. Furthermore, the missingness rates for QD20 and QD21 in the DR were significantly lower than they were in the QFT. The higher missingness rates for these two items shown in **Table B.1** can therefore be attributed mainly to the higher rates in the QFT data included in the combined QFT-DR dataset. This item is planned for ACASI administration in the partially redesigned 2015 questionnaire, so this item will be examined closely in the 2015 6-month tables.
- Item QD26, which asks about work at a job or business at any time in the past week, had a significantly higher item missingness rate in the combined QFT and DR data (0.2 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). This item is planned for ACASI administration in the partially redesigned 2015 questionnaire, so this item will be examined closely in the 2015 6-month tables.
- Several items that ask about recent employment history, missing workdays, size of employing organization, and related issues—QD31, QD33, QD36, QD38, QD39a, QD40, QD41, and QD42—had significantly higher item missingness rates in the DR data than in the 2012 or 2013 quarters 3 and 4 comparison data. The lower missingness rates for all of these items were quite similar in the 2012 and 2013 quarters 3 and 4 comparison data. These items are planned for ACASI administration in the partially redesigned 2015 questionnaire, so these items will be examined closely in the 2015 6-month tables.
- Two items asking about health insurance coverage, QHI02 on Medicaid plans and QHI03 on military plans, had higher item missingness rates in the DR data than in the 2012 and 2013 quarters 3 and 4 comparison datasets. For item QHI03, however, only the difference between the 2012 comparison data and the combined QFT-DR data was statistically significant. The missingness rates for QHI02 were 0.4 percent for both the 2012 and 2013 quarters 3 and 4 comparison data, but the rate was 0.9 percent

for the combined QFT-DR data. For item QHI03, the missingness rate was 0.2 percent for the 2012 comparison data, 0.3 percent for the 2013 quarters 3 and 4 comparison data, and 0.6 percent for the combined QFT-DR data. These two items are planned to be moved back to CAPI administration in the partially redesigned 2015 questionnaire, so missingness rates for these two items will not be a concern in the 2015 data.

- Furthermore, although the difference in missingness rates for item QHI06 (private health insurance) followed a similar pattern previously observed for this item when comparing just the QFT data with the main study comparison datasets, the differences between the DR missingness rate (0.7 percent) and the two comparison datasets (both 0.4 percent) were not statistically significant. This item is planned to be moved back to CAPI administration in the partially redesigned 2015 questionnaire, so missingness rates for this item will not be a concern in the 2015 data.
- Some of the items asking about receipt of various sources of income or participation in government assistance programs—QI03N, QI08N, and QI10N—had significantly higher item missingness rates in the DR data than in the 2012 or 2013 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2012 and 2013 quarters 3 and 4 comparison data. Although the difference in missingness rates for item QI06N (receipt of food stamps) followed a similar pattern previously observed for this item when comparing just the QFT data with the main study comparison datasets, the differences between the DR missingness rate (0.6 percent) and the two comparison datasets (both 0.3 percent) were not statistically significant. These items are planned to be moved back to CAPI administration in the partially redesigned 2015 questionnaire, so missingness rates for these items will not be a concern in the 2015 data.
- Two items on personal income levels—QI20N and QI21A—had higher item missingness rates in the QFT data than in the 2012 or 2013 quarters 3 and 4 comparison data. For item QI21A, however, only the difference between the 2012 comparison data and the combined QFT-DR data was statistically significant. The missingness rate for QI20N was close to 2 percent in both the 2012 and 2013 quarters 3 and 4 comparison data, but the rate was 3.4 percent for combined QFT-DR data. For item QI21A, the missingness rate was 2.3 percent for the 2012 comparison data, 3.2 percent for the 2013 quarters 3 and 4 comparison data, and 4.5 percent for the combined QFT-DR data. These two items are planned to be moved back to CAPI administration in the partially redesigned 2015 questionnaire, so missingness rates for these two items will not be a concern in the 2015 data.

The following two sets of items administered in ACASI for both the QFT and DR had significantly lower missingness rates than the CAPI estimates for the 2012 and 2013 quarters 3 and 4 comparison data:

- Items QD43, QD44, QD45, QD46, QD47, QD48, QD49, QD50, and QD51 on issues related to workplace drug and alcohol use policies, including testing for drug and alcohol use, had lower item missingness rates in the combined QFT-DR data compared with the 2012 or 2013 quarters 3 and 4 comparison data. For item QD45, however, only the difference between the 2013 quarters 3 and 4 comparison data and

the combined QFT-DR data was statistically significant. The higher missingness rates for all of these items were generally quite similar in the 2012 and 2013 quarters 3 and 4 comparison data.

- Several items asking about health insurance coverage, including whether private health insurance was obtained through work (QHI07), coverage for treatment of alcohol abuse (QHI08), coverage for treatment of drug abuse (QHI09), coverage for treatment of mental health issues (QHI10), and the amount of time elapsed since having any kind of health care coverage, had lower item missingness rates in the combined QFT-DR data than in the 2012 or 2013 quarters 3 and 4 comparison data. Missingness rates for QHI08 and QHI09 showed especially large differences, where the missingness rates ranged from about 44 or 45 percent in the 2012 and 2013 quarters 3 and 4 comparison data, but were only 26 to 27 percent in the combined QFT-DR data.

Overall, observed differences in missingness rates for items moved to ACASI administration in the combined QFT-DR data followed very similar patterns previously observed for the same items when comparing just the QFT data with the main study comparison datasets. This result was true both for items that had higher missingness rates in the combined QFT-DR data in relation to parallel CAPI items in the main study comparison datasets and those items that produced relatively lower missingness rates in the combined QFT-DR data. A few items varied in the degree of difference between the combined QFT-DR data in relation to parallel CAPI items in the main study comparison datasets. For example, a few comparisons that were significantly different when comparing just the QFT data with the main study comparison datasets were not significant when the combined QFT-DR data were compared. Although these findings suggest a slight decrease in missingness rates in the DR for a few items that were significantly higher when comparing just the QFT data with the main study comparison datasets, the overall patterns of missingness rates in the DR data were quite similar to the patterns observed in the DR. None of the items moved to ACASI administration had notably higher missingness rates in the DR data than were observed in the QFT data.

4.4.2 Item Missingness Rates for Items Moved from CAPI to ACASI Administration in Spanish-Language Interviews

As *Table B.2* indicates, relatively small sample sizes for the DR data and small sample sizes for some moved items in the 2012 comparison data and the 2013 quarters 3 and 4 data resulted in many missingness rate estimates with low precision (denoted by an asterisk). These small sample sizes greatly limit the ability to draw clear conclusions about missingness rates in the Spanish-language interviews for items moved to ACASI administration in the DR. Given these limitations, only the following five items moved to ACASI administration showed significantly higher missingness rates in the DR data from Spanish-language interviews than the same items in CAPI mode from Spanish-language interviews in the comparison datasets:

- Item QD13, which asks about the number of home moves in the past year, had a significantly higher item missingness rate in the DR data (0.2 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD13 was based on only 8 cases with missing data from a total

- set of 185 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in *Section 4.4.1*.
- Item QD38, which asks about the length of unemployed time during the past year, had a significantly higher item missingness rate in the DR data (32.1 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD38 was based on only 5 cases with missing data from a total set of 20 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in *Section 4.4.1*.
 - Item QD40, which asks about the number of whole work days missed due to illness or injury in the past month, had a significantly higher item missingness rate in the DR data (6.2 percent) than in both the 2012 comparison data (0.3 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD40 was based on only 7 cases with missing data from a total set of 80 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in *Section 4.4.1*.
 - Item QD41, which asks about the number of whole work days missed due to not wanting to be at work in the past month, had a significantly higher item missingness rate in the DR data (5.1 percent) than in both the 2012 comparison data (0.4 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD41 was based on only 6 cases with missing data from a total set of 80 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in *Section 4.4.1*.
 - Item QI12BN, which asks about the number of months receiving any type of welfare or public assistance (not including food stamps), had a significantly higher item missingness rate in the DR data (27.7 percent) than in both the 2012 comparison data (2.3 percent) and the 2013 quarters 3 and 4 comparison data (3.4 percent). The estimated missingness rate for the DR Spanish-language interviews for item QI12BN was based on only 5 cases with missing data from a total set of 16 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in *Section 4.4.1*. In the data from English-language non-Hispanic interviews, the missingness rate for this item appeared to be higher in the combined QFT-DR data (7.2 percent) than in the 2012 (3.8 percent) or 2013 quarters 3 and 4 comparison data (2.9 percent), although these differences were not statistically significant.

Similarly, only the following five items administered in ACASI for the DR had significantly lower missingness rates than the CAPI estimates for the 2012 and 2013 quarters 3 and 4 comparison data based on Spanish-language interviews:

- Item QD45, which asks about receiving any educational information regarding the use of alcohol or drugs, had a significantly lower item missingness rate in the DR data (0.0 percent) than in both the 2012 comparison data (0.6 percent) and the 2013 quarters 3 and 4 comparison data (0.2 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD45 was based on a total sample size of 80 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in *Section 4.4.1*.
- Item QD53, which asks about the likelihood of wanting to work for an employer that randomly tests for drug or alcohol use, had a significantly lower item missingness rate in the DR data (0.0 percent) than in both the 2012 comparison data (1.0 percent) and the 2013 quarters 3 and 4 comparison data (0.8 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD53 was based on a total sample size of 80 respondents and, therefore, was a low precision estimate. This finding was not consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in *Section 4.4.1*, where the DR missingness rate was not significantly higher than the missingness rates for the comparison samples.
- Item QHI02, which asks about health insurance coverage through a Medicaid plan, had a significantly lower item missingness rate in the DR data (0.0 percent) than in the 2012 comparison data (0.6 percent) but not in the 2013 quarters 3 and 4 comparison data (0.0 percent). The estimated missingness rate for the DR Spanish-language interviews for item QHI02 was a low-precision estimate. This finding was not consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in *Section 4.4.1*, where the DR missingness rate was significantly higher than the missingness rates for both comparison samples.
- Two items asking about health insurance coverage, including health insurance coverage for treatment of alcohol abuse (QHI08) and coverage for treatment of drug abuse (QHI09), both had significantly lower item missingness rate in the DR data than in both the 2012 comparison data and the 2013 quarters 3 and 4 comparison data. For both items, the missingness rates in the DR data were 9.1 percent. The missingness rates for these two items were 34.9 and 36.1 percent, respectively, in the 2012 comparison data and 41.9 and 43.8 percent, respectively, in the 2013 quarters 3 and 4 comparison data. The estimated missingness rate for the DR Spanish-language interviews for items QHI08 and QHI09 was based on only 3 cases with missing data from a total set of 37 respondents and, therefore, was a low precision estimate. With this caveat, these findings were consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in *Section 4.4.1*.

4.4.3 Item Missingness Rates for Revised or New Items in English-Language Non-Hispanic Interviews

As *Table B.3* indicates, the 11 items that were either new or revised for the QFT or the DR had relatively low missingness rates based on the data from English-language non-Hispanic interviews. Of the 11 items, 5 had no missing data, and the small number of cases produced low precision estimates for some items. Item QD10e asking about which specific immediate family member was serving in the United States military had the highest weighted item missingness rate among these items at 8.9 percent of the QFT and 2.7 percent for the DR, although this was a low precision estimate in the DR data because only a small number of respondents were routed to this item. In the DR, item CG26 on the first use of "smokeless" tobacco had the next highest weighted missingness rate at 1.0 percent, followed by item QD10d asking about immediate family members serving in the United States military at 0.3 percent. The two items new to the DR instrument on sexual identity (QD62) and sexual orientation (QD63) had missingness rates of 0.2 and 0.3 percent, respectively. Based on the English-language non-Hispanic interviews in the QFT and DR, missing data appeared to be a potential data quality issue for only one of these items, QD10e, but this conclusion is limited by the small number of DR respondents routed to this item.

4.4.4 Item Missingness Rates for Revised or New Items in Spanish-Language Interviews

As *Table B.4* indicates, the 11 items that were either new or revised for the QFT or the DR had relatively low missingness rates based on the data from the DR Spanish-language interviews, consistent with the data from English-language non-Hispanic interviews shown in *Table B.3*. Of the 11 items, 6 had no missing data, and the small number of cases produced low precision estimates for some items. The two items new to the DR instrument on sexual attraction (QD62) and sexual identity (QD63) had two of the highest weighted missingness rates among this set of items at 1.3 and 7.8 percent, respectively. Item QD10d asking about immediate family members serving in the United States military had a weighted missingness rate at 2.1 percent, although this was a low precision estimate small number of respondents were routed to this item. Item QD05 on race had a weighted missingness rate of 0.3 percent, and item QD11 on the highest grade or year of school completed had a weighted missingness rate of 0.2 percent. Overall, missing data did not appear to be a data quality issue for these items based on the Spanish-language interviews in the DR, except for new item QD63 on sexual identity. Given these results, item QD63 should be on the list of items to examine closely among Spanish-language interview data in the 2015 Early Data Review (EDR) and/or in the 2015 6-month tables.

4.5 Comparisons of DR English-Language and Spanish-Language Interview Timing Results with 2012 Comparison and 2013 Quarters 3 and 4 Comparison Interviews (*Research Question 2*)

4.5.1 Overall and Module Timing Results for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, 2012 Questionnaire Field Test, and 2013 Dress Rehearsal

4.5.1.1 Overall and Module Timing Data for English-Language Interviews from Non-Hispanic Respondents

To assess interview timing for the partially redesigned DR instrument administered in English, *Tables 4.10a* through *4.10f* provide mean and median timing results by module for the 2012 main study comparison data, the 2013 quarters 3 and 4 comparison data,¹⁴ the QFT data, and the DR data.¹⁵ These tables also include combined timing data for the QFT and DR. The comparisons include timing results for all respondents in each of the three sets of interviews and separate timing results for five age categories (i.e., 12 to 17, 18 to 25, 26 to 49, 50 to 64, and 65 or older). The age group timing results provide data on how age is related to interview duration for the partially redesigned DR questionnaire and how this information compares with the QFT and current main study timing results. Respondents with an overall administration time of less than 30 minutes or greater than 240 minutes were classified as outliers and were excluded from the timing results.¹⁶

Administration times for all four datasets were calculated according to the standard NSDUH timing data calculation procedures. One necessary variation to the timing calculations was creating an "administrative residual" category to capture small amounts of additional interviewing time that did not clearly fall within a defined interview section. Because the administrative residual timings differed in the revised QFT and DR protocols compared with the 2012 main study and the 2013 quarters 3 and 4 protocol, accounting for this time in all of the datasets allowed for more direct and accurate comparisons of overall and section timings across the datasets. In addition, the administrative residual category provides the ability to add mean section timings to produce the mean overall timing. For each of the four sets of respondents,

¹⁴ The timing data for the 2013 quarters 3 and 4 comparison dataset in the draft DR report include interviews through December 1, 2013.

¹⁵ For readability, *Tables 4.10a* through *4.10f* appear together at the end of this discussion in *Section 4.5.1.1*.

¹⁶ Because the DR interviews included a higher number of cases with extreme values, which were excluded from this *Table 4.13* series of tables (as indicated in footnote 1), the overall mean and median timings for the DR, QFT, 2012 comparison data, and 2013 comparison data interviews were also calculated with the extreme values included. Including the extreme cases had minimal impact on the overall mean and median interview times for the 2012 and 2013 comparison data. Among extreme cases, the number of interviews and differences in timing for shorter interviews had a slightly greater impact on the mean overall timing than the number of interviews and the differences in timing for the longer interviews. The impact on the overall mean and median interview times for the DR was somewhat greater, resulting in decreases of about 0.5 minute in the mean and about 0.7 minute in the median timing. Given that including the extreme cases resulted in slightly *decreased* overall mean and median interview times for the DR, including the extreme cases would lead to similar conclusions as those drawn from comparing the DR timing data with the QFT, 2012, and 2013 comparison data interviews with the extreme cases excluded.

the mean overall interview time can be calculated by adding the following mean section times, which are presented in boldface in *Tables 4.10a* through *4.10f*:

- introduction,
- core demographics,
- calendar,
- beginning ACASI,
- tutorial,
- total core substances,
- special drugs to consumption of alcohol,
- back-end demographics,
- household roster,
- proxy information/decision,
- proxy tutorial,
- health insurance,
- income, and
- verification.

Table 4.10a shows that overall interview times were somewhat lower for all DR respondents aged 12 or older (mean 59.24, median 55.60) compared with all 2012 respondents (mean 60.69, median 57.87) and the 2013 quarters 3 and 4 respondents (mean 62.03, median 58.75). However, the overall interview times were somewhat higher for the DR respondents aged 12 or older than they were for all QFT respondents (mean 59.13, median 55.60). Overall interview times were lower or similar for DR respondents compared with the 2012 respondents, the 2013 quarters 3 and 4 respondents, and the QFT respondents for most age groups, as shown in *Tables 4.10b* through *4.10f*. There were two exceptions to this pattern. The overall timing for English-speaking, non-Hispanic DR respondents aged 26 to 49 was slightly higher than it was for QFT respondents aged 26 to 49. Also, a larger gap was evident between DR and QFT respondents aged 65 or older in that DR respondents aged 65 or older had a mean administration time of 82.60 minutes, while QFT respondents in the same age group had a mean time of 80.47 minutes. Patterns of overall interview timing across the five age groups were generally similar for the four sets of respondents, where respondents aged 12 to 17 and those aged 50 or older had higher overall timings than those aged 18 to 49. For all sets of respondents, the mean and median overall interview times were greatest for those aged 65 or older.

The first five sections in the partially redesigned DR questionnaire—introduction, core demographics, calendar, beginning ACASI, and tutorial—took less or similar time to administer for most respondents compared with the 2012, 2013, and QFT questionnaire. Timings for these sections varied, so a few exceptions to this general pattern were observed. These exceptions can be seen in *Tables 4.10b* through *4.10f*.

As expected, the average timing for the total core substance use sections for all respondents aged 12 or older was higher for the DR respondents (mean 13.27, median 11.58) than it was for the 2012 respondents (mean 12.16, median 11.03) and the 2013 quarters 3 and 4 respondents (mean 12.09, median 10.87). The average timing for the total core substance use sections for all respondents aged 12 or older was only slightly lower for the DR respondents than it was for the QFT respondents (mean 13.57, median 11.68). Additions and revisions to the hallucinogens, inhalants, and prescription drug sections in the partially redesigned DR questionnaire contributed to higher administration times among DR respondents for the core substance use modules when compared with the main study data. Combining the smokeless tobacco items appeared to contribute to lower average timings for the tobacco section for the DR respondents compared with the 2012 and 2013 quarters 3 and 4 respondents across all age groups. This pattern also held between the QFT and DR data across all age groups. Timing differences between the DR respondents versus the 2012, 2013 quarters 3 and 4, and QFT respondents for the remaining core substance use modules—alcohol, marijuana, cocaine and crack, and heroin—were generally small and inconsequential.

Timings for the redesigned prescription drug modules are of particular interest, given the considerable changes made to these modules in the QFT and DR questionnaires. The average total timing for the four prescription drug modules for the DR respondents aged 12 or older (mean 5.88, median 4.77) was clearly higher than it was for the 2012 respondents (mean 5.31, median 4.75) and the 2013 quarters 3 and 4 respondents (mean 5.30, median 4.68). The average total timing for these sections in the DR was lower than it was for the QFT respondents (mean 5.96, median 4.92). Among the redesigned prescription drug modules, the pain relievers module accounted for the higher administration times for the DR respondents compared with the 2012 and 2013 quarters 3 and 4 respondents. Administering the pain relievers module to the QFT respondents took longer than administering it to the DR respondents (3.00 QFT, 2.92 DR). Average timings for the other three prescription drug modules—tranquilizers, stimulants, and sedatives—were similar or lower among the four sets of respondents. Administration times varied across age groups among the DR, QFT, 2012, and 2013 quarters 3 and 4 respondents. For example, *Table 4.10b* shows that DR respondents aged 12 to 17 and DR respondents aged 18 to 25 had lower overall total prescription drug timing results than did respondents in the same age groups in the 2012, 2013, and QFT comparison samples. The overall average timing for the prescription drug modules was increased among the DR respondents by higher administration times for adult respondents aged 26 or older. In addition, the timing differences between the DR respondents and the 2012, 2013 quarters 3 and 4, and QFT respondents increased steadily across the four adult age groups, so that differences among the four sets of respondents were most pronounced among those aged 65 or older (*Table 4.10f*).

For questionnaire sections from special drugs to consumption of alcohol, administration times for DR respondents aged 12 or older varied in relation to the section timings for the 2012 respondents and the 2013 quarters 3 and 4 respondents. Sections with lower DR timings compared with the 2012 and 2013 quarters 3 and 4 interviews included special drugs, risk/availability, prior substance use, youth experiences, youth mental health service utilization, adolescent depression, and consumption of alcohol. The lower administration times for special drugs and prior substance use appeared to result from the deletion of one or more items from these sections in the DR questionnaire. However, the QFT and DR timing of the youth experiences module was about 1 minute shorter compared with timing results from the annual

survey. One brief item (YE04, number of times moved in the past 5 years) was deleted from the module, so the reason for this decrease is unclear. DR administration times were higher than those in the 2012 and 2013 quarters 3 and 4 interviews for the following sections, despite few changes to these sections in the DR questionnaire: substance dependence and abuse, adult mental health services utilization, social environment, parenting experiences, and mental health. The DR modules had similar, but higher, administration times compared with the QFT for each of these modules, except for substance dependence and abuse.

For the remaining sections from special drugs to consumption of alcohol, administration times for DR respondents were generally similar to the section timings for the 2012 and 2013 quarters 3 and 4 respondents. Administration times in the DR instrument were similar to administration times in the QFT instrument across all modules.

Section timings for the remaining back-end modules also varied for all respondents aged 12 or older when comparing DR respondents with 2012 and 2013 quarters 3 and 4 respondents, based mostly on changes made to the DR questionnaire. Administration times between the DR and QFT instruments were similar across modules. For example, under back-end demographics, the average times for the DR respondents compared with 2012 and 2013 quarters 3 and 4 respondents were almost identical for education, but lower for employment. These findings are consistent with the changes to the DR questionnaire, such as deleting questions on industry and occupation from the employment section. As expected, these results were similar in the QFT and DR data.

For the health insurance section, a higher average administration time was observed for the DR respondents compared with the 2012 respondents and the 2013 quarters 3 and 4 respondents. The average administration times for this section were similar in the QFT and DR data. The only change to this section in the DR questionnaire, relative to the main study instrument, was moving these questions from CAPI to ACASI administration. Only the 18 to 25 year old age group had lower administration times compared with the annual NSDUH. One possible explanation for the increased time among the DR respondents was that proxy reporters answered these questions in the DR and the health insurance module is the first section after the proxy tutorial. One consequence of this sequence is that DR proxy reporters might have used additional time getting accustomed to the interview protocol, including the relationship fills.

The income section was also moved from CAPI to ACASI administration in the DR questionnaire, and a new question on household telephone service was added to this section. These changes corresponded with lower timings for the DR respondents compared with the 2012 respondents and the 2013 quarters 3 and 4 respondents for those aged 12 to 64. The 65 or older age group had higher timings compared with the timing results of their counterparts from the annual NSDUH. Comparisons with the QFT results revealed timings that were largely similar between the two field tests.

Spanish-speaking respondents were oversampled in the DR to allow for adequate testing of the Spanish questionnaire. Experience with the current NSDUH questionnaire shows that interviews administered in Spanish produce longer overall average administration times. This finding was replicated in the DR, where the mean overall interview time in Spanish was about 24 minutes longer than mean interview time in English.

To avoid artificially inflating the overall administration time of the DR interviews due to the oversample of Spanish-speaking respondents, the DR timing results provided in *Tables 4.10a* through *4.10f* were based only on English-language interviews with non-Hispanic respondents. To provide a sense of the expected interview length for both English-language and Spanish-language interviews in 2015, *Table 4.10g* presents timing results for all DR respondents, regardless of language of administration. Average administration times for the DR questionnaire among all respondents was 61.77 minutes, which was very similar to the average administration times in the 2012 and 2013 main study comparison data. Despite the large difference between the overall average timings for the English-language and Spanish-language interviews, the overall average timing for the entire DR sample was only about 2 minutes greater than the average time for the English-language interviews with non-Hispanic respondents. Taking into account the oversample of Spanish-speaking respondents, the average interview administration time for the partially redesigned 2015 NSDUH is expected to be about 60 minutes.

Table 4.10a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older)

Questionnaire Module	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.80	1.65	1.69	1.55	1.56	1.45	1.56	1.42	1.56	1.43
Core Demographics	2.13	1.77	2.16	1.78	2.03	1.63	2.04	1.63	2.03	1.63
Calendar	1.66	1.50	1.64	1.48	1.14	1.17	1.15	1.13	1.15	1.15
Beginning ACASI	2.38	2.18	2.35	2.13	2.24	2.03	2.20	1.95	2.22	2.00
Tutorial	3.42	3.23	3.46	3.25	3.35	3.13	3.42	3.18	3.38	3.15
Total Core Substances	12.16	11.03	12.09	10.87	13.57	11.68	13.27	11.58	13.44	11.63
Tobacco	1.98	1.68	1.94	1.63	1.86	1.48	1.77	1.40	1.82	1.45
Alcohol	2.12	1.98	2.10	1.93	2.23	2.05	2.14	1.98	2.19	2.02
Marijuana	0.49	0.37	0.49	0.35	0.51	0.38	0.51	0.37	0.51	0.38
Cocaine and Crack	0.21	0.13	0.21	0.13	0.22	0.13	0.24	0.13	0.23	0.13
Heroin	0.10	0.08	0.10	0.08	0.10	0.08	0.10	0.08	0.10	0.08
Hallucinogens	0.81	0.62	0.81	0.62	1.16	0.90	1.12	0.85	1.14	0.88
Inhalants	1.14	0.90	1.14	0.88	1.32	1.05	1.30	1.00	1.31	1.02
Methamphetamine	N/A	N/A	N/A	N/A	0.20	0.15	0.21	0.15	0.20	0.15
Total Prescription Drugs	5.31	4.75	5.30	4.68	5.96	4.92	5.88	4.77	5.92	4.85
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.40	2.02	2.38	1.97	2.39	2.00
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.89	0.70	0.90	0.68	0.89	0.68
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.92	0.75	0.93	0.73	0.92	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.80	0.63	0.81	0.62	0.81	0.63
Pain Relievers (screener plus main module)	2.06	1.87	2.06	1.85	3.00	2.43	2.92	2.35	2.97	2.40
Tranquilizers (screener plus main module)	1.14	0.98	1.14	0.97	1.05	0.77	1.06	0.75	1.06	0.75
Stimulants (screener plus main module)	1.16	0.97	1.16	0.95	1.03	0.78	1.02	0.75	1.03	0.77
Sedatives (screener plus main module)	0.94	0.75	0.94	0.75	0.87	0.67	0.87	0.65	0.87	0.65

(continued)

Table 4.10a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older) (continued)

Questionnaire Module	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol	21.62	19.90	23.34	21.57	20.43	18.79	20.24	18.63	20.35	18.70
Special Drugs	1.58	1.43	1.59	1.42	0.57	0.52	0.57	0.50	0.57	0.52
Risk/Availability	2.91	2.63	2.95	2.65	2.86	2.54	2.86	2.60	2.86	2.57
Blunts	0.27	0.20	0.30	0.20	0.28	0.20	0.29	0.20	0.28	0.20
Substance Dependence and Abuse	2.18	1.62	2.08	1.52	2.30	1.73	2.20	1.70	2.26	1.72
Market Information for Marijuana	0.28	0.00	0.27	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.24	0.95	1.18	0.88	1.13	0.97	1.10	0.88	1.11	0.93
Special Topics, Drug Treatment	1.61	1.32	1.60	1.32	1.66	1.37	1.61	1.33	1.64	1.35
Health Care	1.29	1.08	2.96	2.62	2.79	2.45	2.76	2.43	2.78	2.43
Adult Mental Health Service Utilization	0.82	0.65	0.78	0.62	0.88	0.73	0.93	0.73	0.90	0.73
Social Environment	0.97	1.02	0.94	0.98	0.95	0.95	0.99	1.00	0.97	0.97
Parenting Experiences	0.14	0.00	0.14	0.00	0.19	0.00	0.24	0.00	0.21	0.00
Youth Experiences	2.61	0.00	2.70	0.00	1.96	0.00	1.68	0.00	1.84	0.00
Mental Health	2.14	1.87	2.04	1.72	2.33	2.05	2.44	2.18	2.38	2.12
Adult Depression	1.14	0.32	1.10	0.30	1.22	0.38	1.32	0.42	1.26	0.40
Youth Mental Health Service Utilization	0.60	0.00	0.63	0.00	0.45	0.00	0.38	0.00	0.42	0.00
Adolescent Depression	0.52	0.00	0.57	0.00	0.41	0.00	0.42	0.00	0.42	0.00
Consumption of Alcohol	0.54	0.47	0.52	0.43	0.46	0.40	0.44	0.42	0.45	0.40
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	4.55	4.58	4.36	4.38	3.93	3.62	4.37	4.02	4.13	3.78
Education	0.57	0.43	0.55	0.42	0.83	0.66	0.84	0.70	0.84	0.68
Employment	3.62	3.87	3.53	3.75	1.78	1.70	1.68	1.55	1.74	1.63

(continued)

Table 4.10a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older) (continued)

Questionnaire Module	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.63	1.40	1.64	1.40	1.45	1.25	1.55	1.22	1.49	1.23
Proxy Information/ Decision	0.56	0.33	0.61	0.35	0.57	0.43	0.63	0.38	0.60	0.42
Proxy Tutorial	N/A	N/A	N/A	N/A	0.70	0.00	0.69	0.00	0.70	0.00
Health Insurance**	1.39	1.28	1.38	1.27	1.57	1.35	1.56	1.35	1.57	1.35
Income	3.58	3.22	3.50	3.10	3.10	2.70	3.00	2.52	3.06	2.62
Verification	3.12	2.67	3.41	2.87	3.34	2.85	3.40	2.85	3.37	2.85
Administrative										
Residual	0.68	N/A	0.38	N/A	0.14	N/A	0.16	N/A	0.15	N/A
Overall Questionnaire	60.69	57.87	62.03	58.75	59.13	55.60	59.24	55.60	59.18	55.60

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17)

Questionnaire Module	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.88	1.77	1.73	1.58	1.58	1.52	1.67	1.65	1.62	1.58
Core Demographics	2.00	1.68	2.00	1.68	1.88	1.53	1.79	1.58	1.85	1.55
Calendar	1.65	1.52	1.64	1.50	1.20	1.22	1.21	1.20	1.21	1.20
Beginning ACASI	2.41	2.25	2.37	2.20	2.22	2.12	2.21	2.00	2.21	2.07
Tutorial	3.65	3.55	3.73	3.62	3.38	3.36	3.50	3.32	3.43	3.33
Total Core Substances	11.70	10.75	11.74	10.68	11.81	10.54	10.75	10.00	11.38	10.35
Tobacco	1.70	1.43	1.69	1.43	1.42	1.13	1.39	1.10	1.41	1.12
Alcohol	1.56	1.32	1.54	1.27	1.62	1.32	1.36	1.05	1.52	1.20
Marijuana	0.45	0.32	0.45	0.32	0.49	0.38	0.45	0.32	0.47	0.35
Cocaine and Crack	0.17	0.13	0.17	0.13	0.16	0.13	0.17	0.13	0.16	0.13
Heroin	0.10	0.08	0.10	0.08	0.09	0.08	0.09	0.07	0.09	0.08
Hallucinogens	0.86	0.70	0.86	0.70	1.21	0.98	1.01	0.83	1.13	0.93
Inhalants	1.34	1.10	1.34	1.10	1.46	1.19	1.34	1.12	1.41	1.17
Methamphetamine	N/A	N/A	N/A	N/A	0.21	0.18	0.21	0.18	0.21	0.18
Total Prescription Drugs	5.53	5.03	5.59	5.05	5.14	4.45	4.74	4.18	4.98	4.32
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.33	2.01	2.20	1.98	2.28	2.00
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.79	0.65	0.72	0.62	0.76	0.63
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.82	0.70	0.77	0.67	0.80	0.70
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.72	0.60	0.64	0.53	0.69	0.57
Pain Relievers (screener plus main module)	2.13	2.00	2.15	2.00	2.65	2.28	2.49	2.23	2.58	2.25
Tranquilizers (screener plus main module)	1.19	1.05	1.20	1.05	0.85	0.66	0.75	0.62	0.81	0.65
Stimulants (screener plus main module)	1.21	1.03	1.22	1.03	0.90	0.72	0.84	0.68	0.88	0.72
Sedatives (screener plus main module)	1.01	0.83	1.02	0.83	0.75	0.60	0.67	0.55	0.71	0.58

(continued)

Table 4.10b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17) (continued)

Questionnaire Module	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol	21.88	20.48	23.79	22.38	20.39	19.04	19.97	19.02	20.22	19.02
Special Drugs	1.66	1.57	1.68	1.57	0.53	0.50	0.50	0.50	0.52	0.50
Risk/Availability	2.95	2.73	3.04	2.80	2.77	2.50	2.67	2.57	2.73	2.52
Blunts	0.25	0.20	0.27	0.20	0.28	0.20	0.26	0.20	0.27	0.20
Substance Dependence and Abuse	0.88	0.00	0.79	0.00	0.86	0.00	0.78	0.00	0.83	0.00
Market Information for Marijuana	0.20	0.00	0.19	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	0.56	0.00	0.50	0.00	0.48	0.00	0.43	0.00	0.46	0.00
Special Topics, Drug Treatment	1.33	1.15	1.34	1.13	1.27	1.08	1.26	1.10	1.26	1.08
Health Care	1.33	1.17	3.02	2.73	2.71	2.44	2.66	2.52	2.69	2.48
Adult Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Social Environment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Parenting Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Youth Experiences	8.17	7.73	8.11	7.67	7.81	7.25	7.58	7.13	7.72	7.18
Mental Health	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adult Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Youth Mental Health Service Utilization	1.88	1.58	1.88	1.57	1.79	1.50	1.70	1.57	1.75	1.52
Adolescent Depression	1.62	0.63	1.70	0.65	1.65	0.60	1.90	0.67	1.75	0.62
Consumption of Alcohol	0.28	0.00	0.25	0.00	0.24	0.00	0.23	0.00	0.23	0.00
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	2.59	1.75	2.49	1.63	3.33	3.04	3.69	3.42	3.48	3.22
Education	0.89	0.83	0.84	0.78	1.27	1.16	1.30	1.20	1.28	1.17
Employment	1.39	0.30	1.42	0.28	0.76	0.49	0.76	0.62	0.76	0.55

(continued)

Table 4.10b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17) (continued)

Questionnaire Module	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	2.13	1.88	2.14	1.87	1.92	1.73	1.88	1.62	1.90	1.67
Proxy Information/ Decision	1.01	0.77	1.05	0.78	0.90	0.78	1.18	0.82	1.01	0.78
Proxy Tutorial	N/A	N/A	N/A	N/A	2.04	2.25	2.28	2.60	2.14	2.38
Health Insurance**	1.39	1.28	1.39	1.27	1.73	1.53	1.83	1.68	1.77	1.58
Income	3.79	3.45	3.65	3.25	3.35	2.95	3.36	2.90	3.35	2.93
Verification	3.20	2.75	3.51	2.97	3.15	2.78	3.40	2.78	3.25	2.78
Administrative Residual	0.51	N/A	0.35	N/A	0.12	N/A	0.12	N/A	0.12	N/A
Overall Questionnaire	59.78	57.73	61.58	58.93	59.02	56.85	58.84	56.35	58.95	56.60

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25)

Questionnaire Module	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.70	1.60	1.60	1.52	1.36	1.42	1.33	1.33	1.35	1.40
Core Demographics	2.07	1.73	2.05	1.73	1.85	1.58	2.01	1.59	1.92	1.58
Calendar	1.64	1.48	1.62	1.47	0.95	0.92	0.94	0.88	0.94	0.90
Beginning ACASI	2.29	2.10	2.26	2.05	2.17	2.03	2.10	1.91	2.14	1.98
Tutorial	2.95	2.78	2.97	2.78	2.73	2.63	2.73	2.50	2.73	2.58
Total Core Substances	11.41	10.32	11.29	10.17	12.04	10.75	11.01	9.76	11.60	10.20
Tobacco	1.98	1.68	1.92	1.62	1.82	1.55	1.61	1.38	1.73	1.50
Alcohol	2.21	2.07	2.20	2.02	2.10	2.03	2.00	1.90	2.06	1.98
Marijuana	0.54	0.38	0.54	0.37	0.55	0.37	0.55	0.39	0.55	0.38
Cocaine and Crack	0.20	0.12	0.20	0.12	0.20	0.12	0.20	0.10	0.20	0.10
Heroin	0.09	0.07	0.09	0.07	0.09	0.07	0.08	0.07	0.08	0.07
Hallucinogens	0.71	0.50	0.72	0.50	0.96	0.67	0.88	0.62	0.93	0.63
Inhalants	0.90	0.72	0.89	0.70	0.99	0.83	0.94	0.72	0.97	0.78
Methamphetamine	N/A	N/A	N/A	N/A	0.15	0.11	0.15	0.10	0.15	0.10
Total Prescription Drugs	4.78	4.30	4.74	4.18	5.17	4.33	4.59	3.91	4.92	4.12
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	1.91	1.73	1.86	1.60	1.89	1.68
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.69	0.57	0.65	0.55	0.67	0.57
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.69	0.62	0.71	0.60	0.70	0.60
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.58	0.53	0.56	0.48	0.57	0.52
Pain Relievers (screener plus main module)	1.96	1.73	1.92	1.70	2.65	2.16	2.30	1.92	2.50	2.08
Tranquilizers (screener plus main module)	1.02	0.87	1.02	0.85	0.93	0.61	0.81	0.57	0.88	0.60
Stimulants (screener plus main module)	1.03	0.85	1.02	0.83	0.96	0.67	0.90	0.65	0.93	0.67
Sedatives (screener plus main module)	0.78	0.63	0.79	0.63	0.63	0.53	0.58	0.50	0.61	0.53

(continued)

Table 4.10c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25) (continued)

Questionnaire Module	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol	19.95	18.32	21.22	19.48	17.83	16.47	16.98	15.64	17.46	16.32
Special Drugs	1.42	1.28	1.41	1.27	0.49	0.43	0.48	0.42	0.49	0.43
Risk/Availability	2.50	2.30	2.53	2.30	2.36	2.15	2.34	2.12	2.35	2.13
Blunts	0.31	0.22	0.36	0.23	0.33	0.23	0.36	0.23	0.35	0.23
Substance Dependence and Abuse	3.01	2.37	2.84	2.22	3.05	2.30	2.59	2.08	2.85	2.18
Market Information for Marijuana	0.46	0.00	0.45	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.44	1.17	1.37	1.10	1.15	1.00	1.12	0.94	1.14	0.98
Special Topics, Drug Treatment	1.58	1.30	1.56	1.28	1.56	1.27	1.42	1.19	1.50	1.21
Health Care	1.01	0.88	2.46	2.25	2.19	2.05	2.15	1.98	2.18	2.02
Adult Mental Health Service Utilization	1.04	0.80	1.00	0.77	0.96	0.76	0.93	0.73	0.95	0.75
Social Environment	1.27	1.15	1.26	1.13	1.03	0.98	1.04	0.93	1.03	0.95
Parenting Experiences	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00
Youth Experiences										
Mental Health	2.85	2.67	2.80	2.60	2.65	2.51	2.63	2.40	2.64	2.45
Adult Depression	1.52	0.47	1.50	0.45	1.53	0.48	1.41	0.43	1.48	0.45
Youth Mental Health										
Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.70	0.58	0.67	0.57	0.52	0.43	0.49	0.42	0.51	0.42
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)										
Education	5.80	5.67	5.68	5.53	3.84	3.58	4.17	3.91	3.98	3.68
Employment	0.65	0.53	0.63	0.50	0.74	0.65	0.74	0.65	0.74	0.65
	4.72	4.72	4.68	4.63	1.86	1.73	1.74	1.54	1.81	1.67

(continued)

Table 4.10c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25) (continued)

Questionnaire Module	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	2.13	1.88	2.14	1.87	1.92	1.73	1.88	1.62	1.90	1.67
Proxy Information/ Decision	0.39	0.23	0.45	0.27	0.53	0.42	0.47	0.35	0.50	0.38
Proxy Tutorial	N/A	N/A	N/A	N/A	0.31	0.00	0.49	0.00	0.39	0.00
Health Insurance**	1.41	1.33	1.40	1.30	1.39	1.25	1.38	1.18	1.39	1.22
Income	3.52	3.17	3.46	3.10	2.58	2.37	2.77	2.25	2.66	2.32
Verification	3.00	2.65	3.34	2.88	3.30	2.93	3.13	2.87	3.23	2.89
Administrative Residual	0.59	N/A	0.36	N/A	0.15	N/A	0.16	N/A	0.15	N/A
Overall Questionnaire	58.24	55.58	59.26	56.28	52.47	50.23	51.59	48.41	52.09	49.52

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

**QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49)

Questionnaire Module	26 to 49									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.79	1.60	1.67	1.52	1.59	1.40	1.47	1.37	1.53	1.38
Core Demographics	2.23	1.85	2.27	1.85	2.05	1.60	2.01	1.60	2.03	1.60
Calendar	1.65	1.45	1.62	1.45	1.06	1.05	1.09	1.10	1.07	1.08
Beginning ACASI	2.30	2.10	2.27	2.05	2.09	1.92	2.01	1.82	2.05	1.88
Tutorial	3.25	3.07	3.26	3.07	2.99	2.87	3.14	2.95	3.06	2.90
Total Core Substances	12.07	10.98	12.08	10.87	13.03	11.37	13.26	11.92	13.13	11.63
Tobacco	2.06	1.78	2.05	1.78	1.90	1.65	1.87	1.57	1.89	1.62
Alcohol	2.35	2.17	2.39	2.18	2.30	2.15	2.32	2.18	2.31	2.17
Marijuana	0.46	0.35	0.46	0.35	0.49	0.35	0.49	0.33	0.49	0.35
Cocaine and Crack	0.24	0.13	0.24	0.13	0.23	0.13	0.27	0.15	0.25	0.13
Heroin	0.10	0.08	0.10	0.08	0.10	0.08	0.10	0.08	0.10	0.08
Hallucinogens	0.76	0.58	0.76	0.58	1.05	0.85	1.11	0.87	1.07	0.87
Inhalants	1.02	0.83	1.03	0.83	1.16	0.95	1.23	0.97	1.19	0.97
Methamphetamine	N/A	N/A	N/A	N/A	0.19	0.13	0.21	0.13	0.20	0.13
Total Prescription Drugs	5.08	4.55	5.06	4.47	5.60	4.85	5.66	4.87	5.63	4.87
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.21	1.97	2.23	1.92	2.22	1.95
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.84	0.70	0.84	0.68	0.84	0.70
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.88	0.75	0.85	0.72	0.86	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.74	0.63	0.76	0.63	0.75	0.63
Pain Relievers (screener plus main module)	2.00	1.78	1.99	1.77	2.86	2.40	2.86	2.37	2.86	2.39
Tranquilizers (screener plus main module)	1.10	0.93	1.09	0.92	1.01	0.78	1.05	0.77	1.03	0.77
Stimulants (screener plus main module)	1.11	0.93	1.10	0.92	0.93	0.77	0.92	0.75	0.93	0.77
Sedatives (screener plus main module)	0.87	0.72	0.87	0.72	0.80	0.67	0.83	0.67	0.82	0.67

(continued)

Table 4.10d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49) (continued)

Questionnaire Module	26 to 49									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to										
Consumption of Alcohol	21.69	19.73	23.58	21.50	20.17	18.65	20.34	18.63	20.25	18.64
Special Drugs	1.54	1.38	1.54	1.35	0.57	0.50	0.61	0.52	0.58	0.52
Risk/Availability	2.87	2.63	2.92	2.65	2.73	2.48	2.80	2.60	2.76	2.52
Blunts	0.26	0.18	0.28	0.20	0.26	0.20	0.29	0.20	0.27	0.20
Substance Dependence and Abuse	2.78	2.22	2.82	2.27	2.78	2.20	2.84	2.22	2.81	2.21
Market Information for Marijuana	0.23	0.00	0.24	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.65	1.35	1.64	1.33	1.34	1.18	1.30	1.15	1.33	1.17
Special Topics, Drug Treatment	1.78	1.45	1.82	1.45	1.79	1.45	1.75	1.43	1.77	1.45
Health Care	1.22	1.07	2.85	2.57	2.58	2.33	2.48	2.37	2.53	2.34
Adult Mental Health Service Utilization	1.22	0.93	1.19	0.92	1.15	0.87	1.15	0.92	1.15	0.88
Social Environment	1.39	1.25	1.37	1.23	1.21	1.07	1.20	1.10	1.21	1.08
Parenting Experiences	0.49	0.00	0.52	0.00	0.49	0.00	0.58	0.00	0.53	0.00
Youth Experiences										
Mental Health	3.10	2.88	3.05	2.77	3.04	2.73	3.01	2.85	3.02	2.76
Adult Depression	1.78	0.52	1.75	0.52	1.77	0.50	1.84	0.55	1.80	0.53
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.62	0.57	0.62	0.57	0.48	0.47	0.48	0.47	0.48	0.47
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)										
Education	5.61	5.45	5.41	5.25	4.02	3.68	4.45	4.10	4.21	3.92
Employment	0.23	0.13	0.21	0.13	0.59	0.47	0.64	0.57	0.62	0.52
Employment	5.03	4.93	4.91	4.80	2.19	2.02	2.00	1.83	2.11	1.94

(continued)

Table 4.10d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49) (continued)

Questionnaire Module	26 to 49									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.42	1.23	1.41	1.22	1.33	1.17	1.38	1.15	1.35	1.17
Proxy Information/ Decision	0.30	0.22	0.33	0.23	0.40	0.35	0.45	0.33	0.43	0.35
Proxy Tutorial	N/A	N/A	N/A	N/A	0.22	0.00	0.11	0.00	0.17	0.00
Health Insurance**	1.33	1.23	1.32	1.20	1.40	1.23	1.40	1.23	1.40	1.23
Income	3.39	3.00	3.36	2.92	2.91	2.48	2.56	2.27	2.75	2.40
Verification	2.96	2.53	3.26	2.72	3.20	2.75	3.17	2.67	3.19	2.73
Administrative Residual	0.88	N/A	0.41	N/A	0.12	N/A	0.19	N/A	0.16	N/A
Overall Questionnaire	60.88	57.93	62.26	58.68	56.59	53.52	57.03	53.92	56.79	53.63

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64)

Questionnaire Module	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.92	1.67	1.89	1.56	1.72	1.49	1.67	1.35	1.70	1.43
Core Demographics	2.36	1.90	2.54	1.97	2.22	1.83	2.19	1.70	2.21	1.77
Calendar	1.72	1.50	1.71	1.48	1.40	1.48	1.31	1.38	1.36	1.45
Beginning ACASI	2.53	2.27	2.51	2.17	2.42	2.08	2.49	2.13	2.45	2.08
Tutorial	4.08	4.02	4.03	3.97	4.31	4.19	4.08	3.95	4.21	4.08
Total Core Substances	14.18	12.83	14.09	12.65	16.77	14.62	15.90	13.65	16.37	14.15
Tobacco	2.36	1.97	2.28	1.95	2.34	1.87	1.95	1.65	2.16	1.70
Alcohol	2.73	2.50	2.69	2.47	2.84	2.45	2.48	2.35	2.68	2.40
Marijuana	0.52	0.42	0.53	0.42	0.52	0.47	0.54	0.43	0.53	0.47
Cocaine and Crack	0.29	0.18	0.30	0.18	0.29	0.20	0.33	0.22	0.31	0.20
Heroin	0.12	0.10	0.13	0.10	0.14	0.12	0.12	0.10	0.13	0.10
Hallucinogens	0.91	0.70	0.93	0.72	1.40	1.11	1.34	1.03	1.37	1.07
Inhalants	1.28	1.02	1.29	1.02	1.56	1.26	1.48	1.10	1.53	1.22
Methamphetamine	N/A	N/A	N/A	N/A	0.23	0.18	0.27	0.18	0.25	0.18
Total Prescription Drugs	5.95	5.33	5.93	5.25	7.44	6.25	7.40	5.90	7.42	6.10
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.92	2.41	2.79	2.20	2.86	2.28
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.17	0.97	1.14	0.87	1.16	0.90
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.23	0.93	1.21	0.93	1.22	0.93
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.12	0.86	1.06	0.77	1.09	0.83
Pain Relievers (screener plus main module)	2.18	1.98	2.17	1.93	3.59	3.02	3.60	2.83	3.59	2.93
Tranquilizers (screener plus main module)	1.30	1.13	1.28	1.11	1.34	1.00	1.36	1.02	1.35	1.00
Stimulants (screener plus main module)	1.35	1.13	1.34	1.13	1.29	0.97	1.25	0.97	1.27	0.97
Sedatives (screener plus main module)	1.12	0.93	1.13	0.92	1.22	0.93	1.18	0.83	1.20	0.90

(continued)

Table 4.10e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64) (continued)

Questionnaire Module	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to										
Consumption of Alcohol	24.02	21.67	26.18	23.77	22.47	20.63	21.66	20.20	22.10	20.28
Special Drugs	1.74	1.55	1.77	1.57	0.66	0.62	0.66	0.57	0.66	0.58
Risk/Availability	3.44	3.13	3.49	3.15	3.49	3.22	3.26	2.85	3.39	3.12
Blunts	0.21	0.18	0.23	0.18	0.22	0.20	0.23	0.18	0.22	0.20
Substance Dependence and Abuse	2.54	2.08	2.46	2.10	2.72	2.21	2.39	1.75	2.57	2.02
Market Information for Marijuana	0.14	0.00	0.14	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.79	1.50	1.81	1.50	1.52	1.33	1.39	1.28	1.46	1.30
Special Topics, Drug Treatment	1.98	1.63	1.98	1.62	1.93	1.63	1.80	1.50	1.87	1.57
Health Care	1.72	1.48	3.74	3.37	3.54	3.27	3.06	2.88	3.32	3.12
Adult Mental Health Service Utilization	1.45	1.10	1.47	1.10	1.27	1.02	1.41	0.97	1.33	1.02
Social Environment	1.64	1.47	1.63	1.45	1.51	1.40	1.46	1.28	1.49	1.35
Parenting Experiences	0.26	0.00	0.24	0.00	0.19	0.00	0.27	0.00	0.22	0.00
Youth Experiences										
Mental Health	3.59	3.30	3.49	3.18	3.22	2.92	3.48	3.08	3.34	3.00
Adult Depression	2.04	0.58	2.01	0.60	1.55	0.54	1.78	0.65	1.65	0.57
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.67	0.62	0.66	0.62	0.64	0.53	0.49	0.48	0.57	0.50
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)										
Education	5.20	5.13	4.92	4.92	4.58	4.17	4.81	4.52	4.69	4.32
Employment	0.19	0.12	0.18	0.12	0.67	0.55	0.75	0.63	0.71	0.58
Employment	4.73	4.75	4.61	4.68	2.48	2.29	2.08	2.03	2.30	2.15

(continued)

Table 4.10e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64) (continued)

Questionnaire Module	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.10	0.90	1.02	0.83	1.09	0.97	1.31	0.78	1.19	0.90
Proxy Information/ Decision	0.31	0.22	0.32	0.23	0.50	0.38	0.41	0.30	0.46	0.35
Proxy Tutorial	N/A	N/A	N/A	N/A	0.19	0.00	0.15	0.00	0.17	0.00
Health Insurance**	1.36	1.23	1.43	1.20	1.71	1.50	1.62	1.42	1.67	1.45
Income	3.42	3.02	3.37	2.90	3.34	3.01	3.22	2.63	3.29	2.83
Verification	3.30	2.68	3.40	2.85	3.85	2.95	3.59	2.82	3.73	2.90
Administrative Residual	1.01	N/A	0.48	N/A	0.17	N/A	0.17	N/A	0.17	N/A
Overall Questionnaire	66.53	63.13	67.88	64.35	66.76	62.60	64.55	62.22	65.76	62.33

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older)

Questionnaire Module	65 Or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.91	1.70	1.90	1.67	1.73	1.57	2.05	1.73	1.88	1.65
Core Demographics	2.64	2.15	2.91	2.48	2.66	2.30	2.65	2.04	2.66	2.27
Calendar	1.85	1.60	1.79	1.55	1.53	1.57	1.61	1.63	1.57	1.60
Beginning ACASI	3.03	2.67	2.94	2.53	2.91	2.32	2.89	2.56	2.90	2.50
Tutorial	4.88	4.75	4.89	4.70	5.37	5.13	5.32	4.83	5.35	4.95
Total Core Substances	17.42	16.00	17.15	15.57	22.04	19.45	22.31	18.96	22.17	19.28
Tobacco	2.86	2.35	2.75	2.32	2.59	2.20	2.54	2.22	2.57	2.20
Alcohol	3.18	2.92	3.19	2.87	3.47	3.27	3.36	3.12	3.42	3.18
Marijuana	0.48	0.45	0.51	0.43	0.61	0.52	0.57	0.60	0.59	0.53
Cocaine and Crack	0.26	0.22	0.28	0.22	0.32	0.23	0.27	0.27	0.29	0.25
Heroin	0.17	0.15	0.17	0.15	0.16	0.15	0.17	0.15	0.17	0.15
Hallucinogens	1.21	0.95	1.16	0.90	1.78	1.45	1.82	1.48	1.80	1.45
Inhalants	1.88	1.45	1.83	1.43	2.28	1.72	2.19	1.84	2.24	1.75
Methamphetamine	N/A	N/A	N/A	N/A	0.30	0.23	0.31	0.30	0.30	0.27
Total Prescription Drugs	7.38	6.63	7.27	6.50	10.55	8.28	11.08	8.88	10.80	8.48
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	4.27	3.05	4.32	3.31	4.29	3.15
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.68	1.27	1.95	1.26	1.80	1.27
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.69	1.27	1.89	1.29	1.78	1.27
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.60	1.25	1.78	1.21	1.68	1.22
Pain Relievers (screener plus main module)	2.49	2.33	2.51	2.30	5.10	3.73	4.96	4.09	5.04	3.83
Tranquilizers (screener plus main module)	1.64	1.48	1.62	1.43	1.92	1.43	2.22	1.54	2.06	1.47
Stimulants (screener plus main module)	1.70	1.45	1.64	1.42	1.74	1.27	1.93	1.31	1.83	1.28
Sedatives (screener plus main module)	1.54	1.28	1.50	1.23	1.79	1.30	1.97	1.35	1.87	1.32

(continued)

Table 4.10f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older) (continued)

Questionnaire Module	65 or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol	26.78	24.58	29.23	26.88	26.73	24.08	27.15	25.80	26.93	24.48
Special Drugs	2.06	1.88	2.05	1.85	0.75	0.67	0.77	0.65	0.76	0.67
Risk/Availability	4.59	4.05	4.47	3.93	4.34	3.85	4.42	4.08	4.38	3.90
Blunts	0.23	0.20	0.23	0.20	0.25	0.20	0.26	0.20	0.26	0.20
Substance Dependence and Abuse	1.82	1.37	1.87	1.58	2.08	1.85	1.95	2.03	2.02	1.95
Market Information for Marijuana	0.02	0.00	0.02	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.58	1.33	1.59	1.27	1.68	1.35	1.53	1.43	1.61	1.40
Special Topics, Drug Treatment	2.20	1.92	2.15	1.87	2.35	1.95	2.17	2.02	2.27	1.98
Health Care	2.52	2.17	5.26	4.65	4.76	4.35	5.38	4.38	5.05	4.35
Adult Mental Health Service Utilization	1.80	1.37	1.71	1.28	1.75	1.33	1.77	1.25	1.76	1.28
Social Environment	2.25	2.00	2.21	1.95	1.94	1.77	1.98	1.73	1.96	1.77
Parenting Experiences	0.05	0.00	0.05	0.00	0.08	0.00	0.03	0.00	0.05	0.00
Youth Experiences										
Mental Health	4.59	4.13	4.32	3.85	4.68	4.35	4.50	3.58	4.60	4.10
Adult Depression	1.61	0.67	1.56	0.63	1.40	0.68	1.76	0.77	1.57	0.73
Youth Mental Health										
Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.70	0.65	0.67	0.63	0.67	0.62	0.62	0.60	0.65	0.62
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)										
Education	3.01	1.85	2.67	1.63	4.94	4.40	5.77	4.93	5.33	4.58
Employment	0.16	0.12	0.16	0.12	0.90	0.68	0.92	0.78	0.91	0.75
	2.57	1.40	2.40	1.35	2.09	1.75	2.04	1.47	2.07	1.63

(continued)

Table 4.10f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older) (continued)

Questionnaire Module	65 or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	0.89	0.67	0.76	0.58	0.95	0.75	0.72	0.61	0.84	0.68
Proxy Information/ Decision	0.31	0.20	0.36	0.20	0.48	0.42	0.71	0.31	0.59	0.37
Proxy Tutorial	N/A	N/A	N/A	N/A	0.33	0.00	0.25	0.00	0.29	0.00
Health Insurance**	1.49	1.32	1.47	1.28	2.15	1.95	1.92	1.71	2.05	1.82
Income	3.76	3.32	3.61	3.15	4.41	3.90	4.25	3.48	4.33	3.68
Verification	3.87	3.08	3.94	3.17	4.06	3.18	4.83	3.41	4.42	3.30
Administrative Residual	0.93	N/A	0.52	N/A	0.18	N/A	0.15	N/A	0.16	N/A
Overall Questionnaire	72.79	68.97	74.14	69.60	80.47	74.62	82.60	77.01	81.45	75.32

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10g Overall and Module Mean/Median Timing Data for All Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older)

Questionnaire Module	Overall					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.79	1.62	1.69	1.55	1.51	1.37
Core Demographics	2.24	1.85	2.22	1.83	2.20	1.82
Calendar	1.67	1.50	1.66	1.48	1.23	1.20
Beginning ACASI	2.40	2.18	2.36	2.15	2.19	1.95
Tutorial	3.50	3.30	3.52	3.32	3.57	3.30
Total Core Substances	12.47	11.27	12.32	11.02	13.95	11.83
Tobacco	2.00	1.70	1.96	1.65	1.76	1.38
Alcohol	2.18	2.00	2.14	1.97	2.29	2.12
Marijuana	0.50	0.37	0.49	0.37	0.51	0.38
Cocaine and Crack	0.21	0.13	0.21	0.13	0.24	0.15
Heroin	0.10	0.08	0.10	0.08	0.11	0.08
Hallucinogens	0.84	0.65	0.83	0.63	1.24	0.92
Inhalants	1.20	0.93	1.18	0.92	1.42	1.05
Methamphetamine	N/A	N/A	N/A	N/A	0.22	0.17
Total Prescription Drugs	5.45	4.85	5.40	4.77	6.17	4.83
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.55	2.03
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.96	0.70
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.99	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.87	0.63
Pain Relievers (Screener Plus Main Module)	2.11	1.92	2.09	1.88	3.08	2.43
Tranquilizers (Screener Plus Main Module)	1.18	1.00	1.16	1.00	1.10	0.75
Stimulants (Screener Plus Main Module)	1.19	0.98	1.18	0.97	1.07	0.77
Sedatives (Screener Plus Main Module)	0.97	0.77	0.97	0.77	0.92	0.65

See notes at end of table.

(continued)

Table 4.10g Overall and Module Mean/Median Timing Data for All Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older) (continued)

Questionnaire Module	Overall					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol	22.04	20.28	23.61	21.80	20.80	18.95
Special Drugs	1.63	1.47	1.63	1.45	0.60	0.53
Risk/Availability	3.00	2.70	3.01	2.70	3.02	2.68
Blunts	0.27	0.20	0.30	0.22	0.30	0.22
Substance Dependence and Abuse	2.15	1.55	2.07	1.48	2.16	1.67
Market Information for Marijuana	0.27	0.00	0.27	0.00	N/A	N/A
Prior Substance Use	1.23	0.93	1.18	0.88	1.07	0.87
Special Topics, Drug Treatment	1.65	1.35	1.63	1.33	1.68	1.38
Health Care	1.31	1.10	3.00	2.63	2.87	2.47
Adult Mental Health Service Utilization	0.82	0.65	0.79	0.62	0.93	0.73
Social Environment	0.99	1.02	0.96	0.98	1.05	1.02
Parenting Experiences	0.15	0.00	0.15	0.00	0.26	0.00
Youth Experiences	2.74	0.00	2.73	0.00	1.88	0.00
Mental Health	2.15	1.82	2.06	1.70	2.40	2.02
Adult Depression	1.12	0.32	1.08	0.30	1.24	0.40
Youth Mental Health Service Utilization	0.63	0.00	0.63	0.00	0.41	0.00
Adolescent Depression	0.56	0.00	0.57	0.00	0.48	0.00
Consumption of Alcohol	0.54	0.45	0.52	0.43	0.45	0.41
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)						
Education	4.53	4.50	4.36	4.37	4.74	4.18
Employment	0.59	0.47	0.56	0.43	0.91	0.77
	3.58	3.77	3.52	3.72	1.77	1.58

See notes at end of table.

(continued)

Table 4.10g Overall and Module Mean/Median Timing Data for All Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older) (continued)

Questionnaire Module	Overall					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.69	1.45	1.68	1.42	1.62	1.30
Proxy Information/ Decision	0.57	0.33	0.62	0.35	0.64	0.42
Proxy Tutorial	N/A	N/A	N/A	N/A	0.82	0.00
Health Insurance**	1.40	1.28	1.40	1.27	1.70	1.42
Income	3.68	3.25	3.53	3.12	3.29	2.70
Verification	3.17	2.68	3.44	2.88	3.38	2.85
Administrative Residual	0.71	N/A	0.40	N/A	0.15	N/A
Overall Questionnaire	61.86	58.82	62.79	59.27	61.77	57.33

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from 0.26 to 0.39 minute.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

4.5.1.2 Overall and Module Timing Data for Spanish-Language Interviews

To assess interview timing for the partially redesigned DR instrument administered in Spanish, **Tables 4.11a** through **4.11f** provide mean and median timing results by module for the 2012 main study comparison data, the 2013 quarters 3 and 4 comparison data, and the DR data.¹⁷ The QFT was not administered in Spanish; therefore, no QFT data are available for inclusion in this set of tables. The Spanish-language comparisons include timing results for all respondents in each of the three sets of interviews and separate timing results for five age categories (i.e., 12 to 17, 18 to 25, 26 to 49, 50 to 64, and 65 or older). The age group timing results provide data on how age is related to interview duration for the partially redesigned DR questionnaire and how this information compares with current main study timing results. As was the case with the timing data for English-language interviews among non-Hispanic respondents, the Spanish-language respondents with an overall administration time of less than 30 minutes or greater than 240 minutes were classified as outliers and were excluded from the timing results. Administrative residual timings and means and medians were calculated via the same process for the Spanish-language interviews as was used for the English-language interviews among non-Hispanic respondents and discussed in **Section 4.5.1.1**.

Although the overall interview timing for the English-language DR interview decreased compared with the timing for the main study, **Table 4.11a** shows that overall interview times were somewhat higher for Spanish-language DR respondents. Specifically, the mean timing for all respondents was 83.94 minutes (median 79.32) compared with a mean of 83.54 minutes for the Spanish-language 2012 respondents (median 79.78) and a mean administration time of 82.97 minutes for the Spanish-language 2013 quarters 3 and 4 respondents (median 79.23). The differences in DR interview times across age groups steadily increased as the respondent age increased. A similar pattern appeared in the annual Spanish-language DR timing data. However, in the annual Spanish-language NSDUH, the 65 or older age group had shorter timing figures compared with the 50 to 64 year old age group, as shown in **Tables 4.11e** and **4.11f**.

The Spanish-language DR questionnaire was shorter than the Spanish-language 2012 main study questionnaire for the younger age groups (i.e., for those aged 12 to 17, 18 to 25, or 26 to 49). However, the duration of the DR questionnaire was longer than the 2012 main study questionnaire for the oldest Spanish-speaking NSDUH respondents. The Spanish-language DR questionnaire took longer to administer to the 26 to 49 age group compared with the 2013 Spanish-language questionnaire for quarters 3 and 4. The 2013 questionnaire took longer for the 50 to 64 age group.

The only age group where the Spanish-language DR timing data were *considerably* higher than either the Spanish-language 2012 main study or the Spanish-language 2013 quarters 3 and 4 was respondents aged 65 or older. For this age group, the mean and median times (109.71 and 100.19 minutes, respectively) were considerably higher for this age group in the 2012 main study and in the 2013 quarters 3 and 4. Despite this larger gap in average times for respondents aged 65 or older, the overall timing pattern was consistent with the English-language DR results.

¹⁷ For readability, **Tables 4.11a** through **4.11f** appear together at the end of this discussion in **Section 4.5.1.2**.

The first five sections in the partially redesigned Spanish-language DR questionnaire—introduction, core demographics, calendar, beginning ACASI, and tutorial—took less time to administer overall compared with the Spanish-language 2012 main study and the Spanish-language 2013 quarters 3 and 4 questionnaire. This result was also consistent with the DR timing results for interviews administered in English. Timings for these sections varied, so a few exceptions to this general pattern were observed. These exceptions can be seen in *Tables 4.11b* through *4.11f*.

Similar to the English-language DR timing data, the average timing for the total core substance use sections for all respondents aged 12 or older was higher for the Spanish-speaking DR respondents (mean 21.26, median 17.40) than for the Spanish-speaking 2012 respondents (mean 18.33, median 17.20) and the Spanish-speaking 2013 quarters 3 and 4 respondents (mean 18.20, median 17.23). Additions and revisions to the hallucinogens, inhalants, and prescription drug sections in the partially redesigned DR questionnaire contributed to higher administration times among DR respondents for the core substance use modules when compared with the main study data. Combining the smokeless tobacco items appeared to contribute to lower average timings for the tobacco section for DR respondents compared with the 2012 and 2013 quarters 3 and 4 respondents across all age groups. Again, similar to the English-language timing results, differences between Spanish-speaking DR respondents versus the Spanish-speaking 2012 respondents and Spanish-speaking 2013 quarters 3 and 4 respondents for the remaining core substance use modules—alcohol, marijuana, cocaine and crack, and heroin—were generally small and inconsequential.

The Spanish-language DR questionnaire is the first test of the revised prescription drug modules in Spanish, and the timing results for this section are important for understanding how these questions result in cognitive burden on Spanish speakers. The mean total timing for the four prescription drug modules for Spanish-speaking DR respondents aged 12 or older (mean 10.16, median 7.80) was clearly higher than it was for the Spanish-speaking 2012 respondents (mean 7.83, median 7.32) and the Spanish-speaking 2013 quarters 3 and 4 respondents (mean 7.99, median 7.52). There were smaller differences between the median timings of the questionnaires. The higher mean timing for the DR appears to be affected by extreme interview timings, particularly for Spanish-language respondents aged 65 or older. Further, the timing data for Spanish-language respondents aged 65 or older were based on a small number of respondents who might not be representative of a larger sample of Spanish-language respondents in this age group in the main survey.

As with the English-language questionnaire, the pain relievers module accounted for the higher administration times for Spanish-speaking DR respondents compared with the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents. Average timings for the other three prescription drug modules—tranquilizers, stimulants, and sedatives—were similar, but slightly higher, among the three sets of respondents. Administration times did vary across age groups among the respondents DR, 2012, and 2013 quarters 3 and 4 respondents. For example, *Table 4.11b* shows that Spanish-speaking DR respondents aged 12 to 17 took less time to complete the four prescription drug modules than did Spanish-speaking adolescent respondents in the 2012 and 2013 comparison samples. The timing of the Spanish-speaking respondents aged 18 to 25 was very similar across the three samples. The overall average timing for the prescription drug modules was increased among Spanish-speaking DR

respondents by higher administration times for older respondents. In addition, the timing differences between the Spanish-speaking DR respondents and the Spanish-speaking 2012 and 2013 quarters 3 and 4 respondents increased steadily across the four adult age groups, so that differences among the three sets of respondents were most pronounced among those aged 65 or older (*Table 4.11f*). This example is similar to findings from the English-language questionnaire timing tables.

For questionnaire sections from special drugs to consumption of alcohol, administration times for Spanish-speaking DR respondents aged 12 or older were lower than for the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents. The timing for these sections increased across age groups. Individual sections with lower DR timings compared with the 2012 and 2013 quarters 3 and 4 interviews included special drugs, risk/availability, prior substance use, special topics, social environment, youth experiences, youth mental health service utilization, and consumption of alcohol. Similar to the English-language questionnaire findings, the lower administration times for the special drugs and prior substance use sections appeared to result from the deletion of one or more items from these sections in the DR questionnaire. The youth experiences module was markedly shorter in the Spanish-language DR instrument as well compared with the timing results for the annual survey. The reasons for this difference are not immediately clear given that only one short question was deleted from the module.

For the remaining sections from special drugs to consumption of alcohol, administration times for Spanish-speaking DR respondents were generally similar to the section timings for the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents. Only the parenting experiences and the adult depression modules had longer timing in the Spanish-language DR compared with *both* the 2012 and 2013 comparison data, and the differences were minimal.

Section timings for the remaining back-end modules varied for all Spanish-speaking respondents aged 12 or older when comparing Spanish-speaking DR respondents with the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents, based mostly on changes made to the Spanish-language DR questionnaire. Interestingly, the overall average time for Spanish-speaking respondents aged 65 or older to complete the back-end demographics module was lower than the completion time for Spanish-speaking respondents aged 50 to 64 and very similar to the time for Spanish-speaking respondents aged 26 to 49. Also under the back-end demographics, the average times for the Spanish-speaking DR respondents compared with the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents were higher for education, but lower for employment. These findings are consistent with the changes to the Spanish-language DR questionnaire, such as adding new items on disability to the education section and deleting questions on industry and occupation from the employment section, and with the English-language questionnaire finding of longer times for employment.

For the health insurance section, a higher average administration time was observed for Spanish-speaking DR respondents compared with the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents. As with the English-language questionnaire, the only change to this section, relative to the main study questionnaire, was

moving these questions from CAPI to ACASI administration. One possible explanation for the increased timing among Spanish-speaking DR respondents was that a higher number of proxy reporters answered these questions in the DR and the health insurance module is the first section after the proxy tutorial. One consequence of this sequence is that DR proxy reporters might have used additional time getting accustomed to the interview protocol, including the relationship fills. In addition, the specifications for the health insurance module in the DR included two additional variables that were not included in this module in the 2012 or 2013 data.

The income section was also moved from CAPI to ACASI administration in the Spanish-speaking DR questionnaire, and a new question on household telephone service was added to this section. Compared with the annual Spanish-language NSDUH, the administration of the Spanish-language DR income section was either similar (age categories 18 to 25 and 50 to 64) or longer (age categories 12 to 17, 26 to 49, and 65 or older). None of the age groups in the English-speaking group took longer to complete the DR income module compared with the annual NSDUH income module. These timing data indicate that the income module may be more burdensome on Spanish-speaking respondents.

4.5.2 Overall and Module Timing Results for Affirmative Gate Respondents from English-Language Interviews in the 2012 and 2013 Quarters 3 and 4 Comparison Data and the 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data

Tables 4.12a through *4.12f* display mean and median timings by module for respondents who responded affirmatively to at least one gate question within the core substance use questions, or respondents whose prior responses directed them to complete a particular module.¹⁸ For example, only respondents who reported smoking part or all of a cigarette in their lifetime were included in the timing reports for the tobacco module. Similarly, only respondents who were administered the parenting experiences module contributed to the mean timing for that module. These tables present results for respondents whose administration times for a module were beyond the minimal time taken by respondents who had no data to report for a given module. These respondents reported behavior that led to additional questions. An important difference in the affirmative gate timing data compared with the overall timing data discussed in *Section 4.5.1* is that the module timings should not be expected to add up to the appropriate section timings because different sets of affirmative gate respondents can be included for each module in each section.

Of respondents who reported use and misuse of prescription drugs, DR timings of the prescription drug modules are similar to those in the 2012 and 2013 comparison samples. The greatest difference was observed among those aged 65 or older, which was 1 minute and 26 seconds longer than the 2102 comparison data. When reviewing these tables overall, the timing results do not indicate a need to revise these modules to reduce administration times.

¹⁸ For readability, *Tables 4.12a* through *4.12f* appear together at the end of this discussion in *Section 4.5.2*.

Table 4.11a Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older)

Questionnaire Module	Overall					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.25	1.88	2.02	1.82	1.63	1.37
Core Demographics	3.24	2.78	3.05	2.67	2.80	2.65
Calendar	2.03	1.85	1.93	1.82	1.78	1.88
Beginning ACASI	2.98	2.67	2.87	2.64	2.49	2.25
Tutorial	5.03	5.08	5.09	5.07	4.94	4.92
Total Core Substances	18.33	17.20	18.20	17.23	21.26	17.40
Tobacco	2.75	2.38	2.61	2.32	1.97	1.57
Alcohol	3.23	2.78	3.11	2.75	3.16	2.77
Marijuana	0.55	0.52	0.54	0.50	0.52	0.55
Cocaine and Crack	0.31	0.25	0.29	0.25	0.27	0.23
Heroin	0.18	0.15	0.17	0.15	0.16	0.15
Hallucinogens	1.38	1.18	1.39	1.27	2.15	1.78
Inhalants	2.11	1.75	2.11	1.73	2.50	2.02
Methamphetamine	N/A	N/A	N/A	N/A	0.37	0.30
Total Prescription Drugs	7.83	7.32	7.99	7.52	10.16	7.80
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	4.52	3.42
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.72	1.23
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.74	1.18
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.52	1.00
Pain Relievers (screener plus main module)	2.75	2.63	2.77	2.65	4.96	4.00
Tranquilizers (screener plus main module)	1.76	1.60	1.78	1.67	1.81	1.28
Stimulants (screener plus main module)	1.78	1.57	1.85	1.67	1.83	1.23
Sedatives (screener plus main module)	1.54	1.28	1.59	1.36	1.56	1.02
Special Drugs to Consumption of Alcohol	29.63	27.72	31.25	29.40	25.64	23.10
Special Drugs	2.68	2.53	2.72	2.53	0.88	0.87
Risk/Availability	4.71	4.37	4.80	4.31	4.38	4.20
Blunts	0.29	0.27	0.31	0.27	0.32	0.25
Substance Dependence and Abuse	2.10	0.00	2.00	0.00	2.02	0.00
Market Information for Marijuana	0.06	0.00	0.06	0.00	N/A	N/A
Prior Substance Use	1.29	0.90	1.17	0.80	1.01	0.75
Special Topics, Drug Treatment	2.50	2.03	2.41	2.00	2.15	1.83
Health Care	1.98	1.72	4.60	4.15	4.13	3.63
Adult Mental Health Service Utilization	1.56	1.25	1.42	1.20	1.48	1.23

(continued)

Table 4.11a Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older) (continued)

Questionnaire Module	Overall					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Social Environment	1.95	1.97	1.85	1.92	1.73	1.85
Parenting Experiences	0.65	0.00	0.60	0.00	0.62	0.00
Youth Experiences	2.03	0.00	2.16	0.00	1.54	0.00
Mental Health	3.37	2.33	3.06	2.12	3.09	1.93
Adult Depression	1.28	0.60	1.00	0.55	1.33	0.57
Youth Mental Health Service Utilization	0.44	0.00	0.50	0.00	0.31	0.00
Adolescent Depression	0.42	0.00	0.39	0.00	0.17	0.00
Consumption of Alcohol	0.57	0.38	0.53	0.35	0.47	0.37
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	5.39	4.82	4.87	4.38	7.57	6.47
Education	0.63	0.32	0.58	0.30	1.25	1.13
Employment	4.31	4.03	3.93	3.66	2.60	2.33
Household Roster	2.24	1.80	2.24	1.80	1.84	1.52
Proxy Information/Decision	0.61	0.33	0.74	0.38	0.74	0.57
Proxy Tutorial	N/A	N/A	N/A	N/A	1.43	0.00
Health Insurance**	1.62	1.45	1.70	1.48	2.72	2.27
Income	5.06	3.97	4.09	3.73	5.24	4.32
Verification	4.06	3.43	4.13	3.57	3.76	3.45
Administrative Residual	1.06	N/A	0.79	N/A	0.11	N/A
Overall Questionnaire	83.54	79.78	82.97	79.23	83.94	79.32

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.11b Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17)

Questionnaire Module	12 to 17					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.12	1.79	1.93	1.58	1.38	0.77
Core Demographics	2.59	2.18	2.73	2.32	2.62	2.40
Calendar	1.75	1.67	1.71	1.50	1.22	1.28
Beginning ACASI	2.48	2.30	2.46	2.22	1.92	1.80
Tutorial	4.32	4.32	4.44	4.25	3.63	3.20
Total Core Substances	14.32	13.47	13.86	13.47	11.13	9.40
Tobacco	2.07	1.87	1.87	1.78	1.27	1.08
Alcohol	2.12	1.88	1.77	1.58	1.39	0.92
Marijuana	0.47	0.42	0.46	0.40	0.40	0.22
Cocaine and Crack	0.20	0.17	0.20	0.20	0.16	0.12
Heroin	0.13	0.12	0.13	0.12	0.14	0.08
Hallucinogens	1.13	0.94	1.16	1.05	1.20	0.98
Inhalants	1.76	1.48	1.69	1.47	1.64	1.28
Methamphetamine	N/A	N/A	N/A	N/A	0.22	0.18
Total Prescription Drugs	6.42	5.97	6.58	6.18	4.73	4.10
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.20	2.02
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.78	0.70
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.78	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.66	0.60
Pain Relievers (screener plus main module)	2.46	2.36	2.42	2.35	2.49	2.02
Tranquilizers (screener plus main module)	1.37	1.23	1.42	1.28	0.79	0.70
Stimulants (screener plus main module)	1.40	1.18	1.49	1.28	0.78	0.73
Sedatives (screener plus main module)	1.19	0.98	1.25	1.05	0.66	0.60
Special Drugs to Consumption of Alcohol	25.90	24.45	26.97	25.57	18.89	18.17
Special Drugs	2.09	1.93	2.11	2.03	0.58	0.58
Risk/Availability	3.63	3.43	3.80	3.52	2.92	2.82
Blunts	0.28	0.23	0.26	0.22	0.32	0.20
Substance Dependence and Abuse	0.86	0.00	0.44	0.00	0.47	0.00
Market Information for Marijuana	0.15	0.00	0.09	0.00	N/A	N/A
Prior Substance Use	0.62	0.00	0.36	0.00	0.55	0.00
Special Topics, Drug Treatment	1.77	1.51	1.58	1.33	1.33	1.23
Health Care	1.47	1.28	3.66	3.32	2.59	2.42
Adult Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A

(continued)

Table 4.11b Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17) (continued)

Questionnaire Module	12 to 17					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Social Environment	N/A	N/A	N/A	N/A	N/A	N/A
Parenting Experiences	N/A	N/A	N/A	N/A	N/A	N/A
Youth Experiences	9.49	9.00	9.40	9.22	7.60	7.35
Mental Health	N/A	N/A	N/A	N/A	N/A	N/A
Adult Depression	N/A	N/A	N/A	N/A	N/A	N/A
Youth Mental Health Service Utilization	2.06	1.81	2.18	1.93	1.54	1.37
Adolescent Depression	1.97	0.74	1.72	0.77	0.83	0.48
Consumption of Alcohol	0.30	0.00	0.15	0.00	0.17	0.00
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)						
Disability	2.23	1.50	2.01	1.47	3.69	3.33
Education	0.88	0.78	0.87	0.82	1.15	1.18
Employment	0.94	0.00	0.83	0.00	0.64	0.58
Household Roster	2.29	1.85	2.61	2.13	2.12	1.97
Proxy Information/Decision	1.33	0.87	1.62	0.95	0.93	0.87
Proxy Tutorial	N/A	N/A	N/A	N/A	4.40	4.73
Health Insurance**	1.63	1.42	1.60	1.40	3.44	3.38
Income	5.73	4.38	4.21	3.85	6.77	5.93
Verification	3.74	3.28	4.07	3.30	3.34	3.15
Administrative Residual	0.77	N/A	0.53	N/A	0.10	N/A
Overall Questionnaire	71.19	68.11	70.75	67.07	65.57	63.40

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.11c Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25)

Questionnaire Module	18 to 25					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.06	1.85	2.06	1.93	1.89	1.75
Core Demographics	3.18	2.83	3.00	2.73	2.89	2.77
Calendar	2.08	1.88	2.01	1.87	1.61	1.63
Beginning ACASI	3.07	2.85	2.77	2.58	3.30	2.70
Tutorial	4.96	5.03	4.86	4.87	4.98	4.50
Total Core Substances	18.20	17.32	18.04	17.35	18.17	13.80
Tobacco	2.91	2.42	2.71	2.35	1.96	1.62
Alcohol	3.34	2.82	3.43	2.92	3.54	2.97
Marijuana	0.54	0.43	0.64	0.52	0.62	0.60
Cocaine and Crack	0.33	0.23	0.33	0.25	0.19	0.20
Heroin	0.17	0.13	0.15	0.12	0.13	0.12
Hallucinogens	1.35	1.17	1.32	1.08	1.73	1.37
Inhalants	2.00	1.65	1.96	1.52	2.16	1.77
Methamphetamine	N/A	N/A	N/A	N/A	0.35	0.28
Total Prescription Drugs	7.56	7.12	7.51	6.87	7.50	5.63
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	3.84	2.92
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.22	0.98
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.07	0.83
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.95	0.78
Pain Relievers (screener plus main module)	2.73	2.57	2.73	2.57	4.26	3.02
Tranquilizers (screener plus main module)	1.67	1.53	1.64	1.48	1.22	0.98
Stimulants (screener plus main module)	1.71	1.48	1.70	1.48	1.07	0.83
Sedatives (screener plus main module)	1.45	1.18	1.44	1.20	0.95	0.78
Special Drugs to Consumption of Alcohol	28.05	25.65	28.51	26.55	22.18	19.23
Special Drugs	2.76	2.58	2.53	2.47	0.80	0.68
Risk/Availability	4.57	4.15	4.31	4.00	3.98	3.82
Blunts	0.30	0.27	0.34	0.27	0.39	0.25
Substance Dependence and Abuse	2.59	0.00	3.03	2.12	2.89	2.72
Market Information for Marijuana	0.09	0.00	0.16	0.00	N/A	N/A
Prior Substance Use	1.53	1.15	1.42	1.17	0.99	1.00
Special Topics, Drug Treatment	2.67	2.07	2.48	2.05	1.90	1.67
Health Care	1.85	1.65	4.10	3.63	3.10	3.12
Adult Mental Health Service Utilization	1.70	1.38	1.47	1.30	1.65	1.17

(continued)

Table 4.11c Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25) (continued)

Questionnaire Module	18 to 25					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Social Environment	2.17	2.03	2.04	1.87	1.65	1.47
Parenting Experiences	0.04	0.00	0.00	0.00	0.00	0.00
Youth Experiences	N/A	N/A	0.00	0.00	0.00	0.00
Mental Health	3.99	3.28	3.47	3.02	3.00	2.62
Adult Depression	1.50	0.70	1.18	0.63	1.06	0.62
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.63	0.52	0.67	0.53	0.77	0.58
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	7.08	6.62	6.49	6.13	6.14	5.47
Education	1.22	1.02	1.05	0.82	1.22	1.17
Employment	5.31	5.08	5.01	4.82	2.14	1.73
Household Roster	2.23	1.85	2.32	2.03	1.99	1.53
Proxy Information/Decision	0.46	0.28	0.59	0.33	0.72	0.73
Proxy Tutorial	N/A	N/A	N/A	N/A	1.88	0.00
Health Insurance**	1.63	1.43	1.60	1.57	2.60	2.18
Income	5.06	3.95	4.24	3.83	4.67	4.05
Verification	4.29	3.52	4.00	3.65	3.91	3.77
Administrative Residual	1.00	N/A	0.80	N/A	0.12	N/A
Overall Questionnaire	83.34	79.78	81.31	79.10	77.04	72.18

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.11d Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49)

Questionnaire Module	26 to 49					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.38	1.93	2.05	1.82	1.69	1.58
Core Demographics	3.48	3.00	3.18	2.82	2.73	2.63
Calendar	2.11	1.92	1.95	1.88	1.96	2.17
Beginning ACASI	3.07	2.75	3.01	2.87	2.46	2.35
Tutorial	5.39	5.42	5.38	5.48	5.13	5.12
Total Core Substances	19.90	19.12	19.54	19.42	23.20	20.35
Tobacco	2.93	2.43	2.89	2.40	2.16	1.60
Alcohol	3.70	2.98	3.55	3.03	3.55	2.90
Marijuana	0.58	0.60	0.50	0.53	0.51	0.58
Cocaine and Crack	0.33	0.28	0.29	0.27	0.32	0.25
Heroin	0.21	0.17	0.17	0.15	0.16	0.15
Hallucinogens	1.47	1.33	1.42	1.33	2.33	2.02
Inhalants	2.24	1.85	2.24	1.89	2.59	2.10
Methamphetamine	N/A	N/A	N/A	N/A	0.41	0.37
Total Prescription Drugs	8.44	7.87	8.48	8.24	11.17	8.35
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	4.94	3.97
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.93	1.40
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.95	1.38
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.67	1.25
Pain Relievers (screener plus main module)	2.85	2.75	2.82	2.77	5.37	4.42
Tranquilizers (screener plus main module)	1.94	1.73	1.91	1.84	2.03	1.42
Stimulants (screener plus main module)	1.95	1.75	1.98	1.85	2.08	1.43
Sedatives (screener plus main module)	1.69	1.47	1.76	1.56	1.69	1.25
Special Drugs to Consumption of Alcohol	31.33	29.52	33.32	31.23	27.16	24.33
Special Drugs	2.89	2.82	3.06	2.93	0.96	0.97
Risk/Availability	5.11	4.72	5.24	4.76	4.63	4.50
Blunts	0.29	0.28	0.30	0.28	0.30	0.27
Substance Dependence and Abuse	2.45	0.00	2.38	0.00	2.58	2.00
Market Information for Marijuana	0.02	0.00	0.01	0.00	N/A	N/A
Prior Substance Use	1.43	1.10	1.40	1.08	1.08	0.85
Special Topics, Drug Treatment	2.73	2.22	2.65	2.23	2.36	2.05
Health Care	2.18	1.95	5.00	4.63	4.51	3.90
Adult Mental Health Service Utilization	2.04	1.60	1.87	1.53	1.75	1.37

(continued)

Table 4.11d Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49) (continued)

Questionnaire Module	26 to 49					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Social Environment	2.51	2.30	2.48	2.28	2.15	1.97
Parenting Experiences	1.34	0.00	1.35	0.00	1.04	0.00
Youth Experiences			0.00	0.00	0.00	0.00
Mental Health	4.12	3.35	3.85	3.11	3.69	2.17
Adult Depression	1.58	0.75	1.09	0.70	1.64	0.67
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.66	0.57	0.62	0.55	0.49	0.42
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)						
Disability	6.08	5.80	5.58	5.33	8.40	7.77
Education	0.28	0.15	0.24	0.13	1.28	1.07
Employment	5.37	5.17	4.95	4.73	3.23	2.87
Household Roster	2.34	1.87	2.08	1.64	1.73	1.45
Proxy Information/Decision	0.38	0.27	0.42	0.27	0.67	0.43
Proxy Tutorial	N/A	N/A	N/A	N/A	0.43	0.00
Health Insurance**	1.61	1.50	1.77	1.48	2.38	2.08
Income	4.57	3.67	3.77	3.53	4.70	4.13
Verification	3.86	3.40	4.13	3.48	3.88	3.30
Administrative Residual	1.10	N/A	0.85	N/A	0.11	N/A
Overall Questionnaire	87.60	84.27	87.01	84.63	86.64	85.17

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.11e Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64)

Questionnaire Module	50 to 64					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.63	2.05	2.11	1.90	1.68	1.45
Core Demographics	3.61	3.02	3.07	2.79	3.05	2.74
Calendar	2.08	1.92	1.97	1.87	2.09	2.23
Beginning ACASI	3.52	2.92	3.30	3.10	2.34	2.48
Tutorial	5.30	5.52	6.04	5.99	5.50	5.93
Total Core Substances	21.26	20.53	21.55	21.59	26.38	22.52
Tobacco	3.06	2.52	2.88	2.47	1.87	1.65
Alcohol	3.53	3.20	3.72	3.65	3.86	3.41
Marijuana	0.65	0.65	0.57	0.63	0.64	0.68
Cocaine and Crack	0.35	0.33	0.33	0.33	0.29	0.32
Heroin	0.20	0.20	0.23	0.20	0.18	0.18
Hallucinogens	1.60	1.70	1.76	1.73	2.57	2.33
Inhalants	2.57	2.63	2.63	2.49	2.80	2.11
Methamphetamine	N/A	N/A	N/A	N/A	0.38	0.30
Total Prescription Drugs	9.30	9.30	9.45	9.88	13.80	11.09
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	5.59	4.33
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	2.34	1.55
Stimulants (Screener)	N/A	N/A	N/A	N/A	2.42	1.59
Sedatives (Screener)	N/A	N/A	N/A	N/A	2.17	1.62
Pain Relievers (screener plus main module)	3.06	2.92	2.97	3.17	6.25	5.32
Tranquilizers (screener plus main module)	2.11	2.17	2.22	2.23	2.58	1.66
Stimulants (screener plus main module)	2.19	2.18	2.28	2.23	2.61	2.03
Sedatives (screener plus main module)	1.93	2.05	1.98	1.88	2.36	1.89
Special Drugs to Consumption of Alcohol	33.49	31.77	37.62	37.88	29.11	26.62
Special Drugs	3.00	3.27	3.10	2.91	1.06	0.98
Risk/Availability	5.49	5.45	6.19	5.59	4.97	4.50
Blunts	0.30	0.30	0.42	0.30	0.40	0.28
Substance Dependence and Abuse	2.34	0.00	1.88	0.00	1.98	0.81
Market Information for Marijuana	0.00	0.00	0.00	0.00	N/A	N/A
Prior Substance Use	1.58	1.12	1.47	1.28	1.47	1.13
Special Topics, Drug Treatment	2.64	2.27	2.96	2.56	2.43	2.17
Health Care	2.42	2.27	6.12	5.51	4.94	4.41
Adult Mental Health Service Utilization	2.46	2.15	2.45	1.79	2.30	1.72

(continued)

Table 4.11e Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64) (continued)

Questionnaire Module	50 to 64					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Social Environment	3.18	2.62	2.79	2.58	2.43	2.20
Parenting Experiences	0.74	0.00	0.48	0.00	0.56	0.00
Youth Experiences	N/A	N/A	0.00	0.00	0.00	0.00
Mental Health	5.47	4.87	5.06	4.04	4.36	4.39
Adult Depression	1.85	0.85	2.26	0.78	1.48	0.78
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.64	0.60	0.58	0.58	0.73	0.74
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	6.28	6.05	5.51	5.48	11.43	8.13
Education	0.27	0.15	0.26	0.13	1.27	1.16
Employment	5.70	5.07	5.00	5.01	3.51	3.08
Household Roster	1.96	1.58	1.95	1.28	1.86	1.48
Proxy Information/Decision	0.48	0.28	0.38	0.31	0.80	0.47
Proxy Tutorial	N/A	N/A	N/A	N/A	1.35	0.00
Health Insurance**	1.64	1.43	1.92	1.57	2.19	2.11
Income	5.57	4.18	4.41	3.92	4.98	3.83
Verification	4.63	3.78	4.32	3.88	3.30	3.38
Administrative Residual	1.45	N/A	1.11	N/A	0.10	N/A
Overall Questionnaire	93.90	91.77	95.27	93.87	96.17	94.75

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.11f Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older)

Questionnaire Module	65 or Older					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.95	1.68	1.78	1.74	1.54	0.44
Core Demographics	3.82	3.29	3.85	3.08	3.49	3.50
Calendar	2.12	1.83	2.40	2.11	1.82	2.28
Beginning ACASI	3.21	3.20	3.33	3.04	3.59	3.15
Tutorial	4.88	4.80	5.08	5.27	6.48	6.50
Total Core Substances	18.29	15.82	22.87	24.43	33.13	33.72
Tobacco	2.87	2.51	2.98	2.38	2.66	1.75
Alcohol	2.86	2.13	3.12	2.92	3.77	3.41
Marijuana	0.48	0.38	0.64	0.70	0.62	0.68
Cocaine and Crack	0.36	0.28	0.36	0.38	0.35	0.38
Heroin	0.24	0.19	0.26	0.23	0.26	0.27
Hallucinogens	1.49	1.50	1.97	1.97	3.54	4.01
Inhalants	2.37	2.20	2.91	3.22	4.48	5.73
Methamphetamine	N/A	N/A	N/A	N/A	0.59	0.73
Total Prescription Drugs	7.62	7.11	10.62	10.59	16.86	14.83
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	7.58	6.59
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	2.68	2.13
Stimulants (Screener)	N/A	N/A	N/A	N/A	2.82	2.63
Sedatives (Screener)	N/A	N/A	N/A	N/A	2.73	2.30
Pain Relievers (screener plus main module)	2.75	2.33	4.07	3.21	8.26	7.44
Tranquilizers (screener plus main module)	1.77	1.58	2.26	2.30	2.85	2.13
Stimulants (screener plus main module)	1.61	1.37	2.45	2.51	2.92	2.63
Sedatives (screener plus main module)	1.49	1.28	1.85	1.93	2.83	2.30
Special Drugs to Consumption of Alcohol	33.98	32.53	36.30	37.61	33.54	27.15
Special Drugs	2.59	2.33	3.09	3.23	1.07	1.21
Risk/Availability	5.58	5.28	5.91	5.66	6.56	7.58
Blunts	0.26	0.27	0.28	0.29	0.31	0.34
Substance Dependence and Abuse	1.44	0.00	1.40	0.00	1.03	0.00
Market Information for Marijuana	0.00	0.00	0.00	0.00	N/A	N/A
Prior Substance Use	1.24	0.95	1.37	1.30	1.25	1.18
Special Topics, Drug Treatment	2.77	2.00	3.05	2.53	2.92	2.99
Health Care	2.68	2.03	5.22	5.16	6.02	6.36
Adult Mental Health Service Utilization	2.22	1.67	2.34	2.08	2.29	1.88

(continued)

Table 4.11f Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older) (continued)

Questionnaire Module	65+					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
	Mean	Median	Mean	Median	Mean	Median
Social Environment	2.78	2.66	2.76	2.63	2.59	2.43
Parenting Experiences	0.27	0.00	0.34	0.00	0.00	0.00
Youth Experiences			0.00	0.00	0.00	0.00
Mental Health	5.68	3.83	5.69	4.19	5.92	4.10
Adult Depression	2.43	0.89	1.81	0.87	3.12	0.88
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.50	0.17	0.75	0.37	0.48	0.53
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	2.73	1.42	2.93	1.82	8.93	7.76
Education	0.21	0.12	0.18	0.14	1.24	1.28
Employment	2.21	1.06	2.60	1.40	2.73	1.68
Household Roster	1.40	0.84	1.95	1.63	1.53	0.99
Proxy Information/Decision	0.45	0.28	0.53	0.31	0.65	0.41
Proxy Tutorial	N/A	N/A	N/A	N/A	0.00	0.00
Health Insurance**	1.75	1.13	1.70	1.38	4.23	3.13
Income	5.89	4.45	4.89	3.82	6.13	4.54
Verification	5.57	3.38	4.91	3.91	4.58	4.20
Administrative Residual	2.01	N/A	0.92	N/A	0.09	N/A
Overall Questionnaire	88.04	82.59	93.44	93.38	109.71	100.19

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

Note: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 or Older)

Questionnaire Module	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.79	1.62	1.69	1.55	1.56	1.45	1.56	1.42	1.56	1.43
Core Demographics	2.24	1.85	2.22	1.83	2.03	1.63	2.04	1.63	2.03	1.63
Calendar	1.67	1.50	1.66	1.48	1.14	1.17	1.15	1.13	1.15	1.15
Beginning ACASI	2.40	2.18	2.36	2.15	2.24	2.03	2.20	1.95	2.22	2.00
Tutorial	3.50	3.30	3.52	3.32	3.35	3.13	3.42	3.18	3.38	3.15
Total Core Substances	12.73	11.45	12.58	11.20	13.91	11.98	13.59	11.77	13.77	11.93
Tobacco	2.65	2.32	2.72	2.40	2.48	2.10	2.35	2.10	2.42	2.10
Alcohol	2.61	2.33	2.60	2.32	2.61	2.33	2.49	2.28	2.56	2.32
Marijuana	0.81	0.67	0.81	0.67	0.79	0.65	0.78	0.63	0.78	0.65
Cocaine and Crack	0.72	0.57	0.72	0.57	0.68	0.55	0.69	0.57	0.68	0.57
Heroin	0.49	0.33	0.56	0.35	0.51	0.32	0.41	0.28	0.46	0.29
Hallucinogens	1.42	1.20	1.43	1.20	1.70	1.43	1.64	1.43	1.67	1.43
Inhalants	1.68	1.38	1.68	1.35	1.66	1.40	1.71	1.38	1.68	1.40
Methamphetamine	N/A	N/A	N/A	N/A	0.43	0.37	0.50	0.35	0.46	0.37
Total Prescription Drugs	6.47	5.87	6.48	5.80	6.46	5.40	6.33	5.28	6.41	5.35
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.40	2.02	2.38	1.97	2.39	2.00
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.89	0.70	0.90	0.68	0.89	0.68
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.92	0.75	0.93	0.73	0.92	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.80	0.63	0.81	0.62	0.81	0.63
Pain Relievers (screener plus main module)	3.10	2.80	3.12	2.78	3.39	2.87	3.28	2.68	3.34	2.78
Tranquilizers (screener plus main module)	1.86	1.63	1.82	1.58	1.81	1.40	1.76	1.40	1.79	1.40
Stimulants (screener plus main module)	1.97	1.75	1.99	1.73	1.77	1.33	1.52	1.25	1.66	1.28
Sedatives (screener plus main module)	1.88	1.58	1.90	1.63	1.47	1.15	1.37	0.97	1.42	1.07

(continued)

Table 4.12a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 or Older) (continued)

Questionnaire Module	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol	22.04	20.28	23.61	21.80	20.43	18.79	20.24	18.63	20.35	18.70
Special Drugs	1.63	1.47	1.63	1.45	0.57	0.52	0.57	0.50	0.57	0.52
Risk/Availability	3.00	2.70	3.01	2.70	2.86	2.54	2.86	2.60	2.86	2.57
Blunts	0.54	0.45	0.64	0.55	0.58	0.50	0.60	0.52	0.59	0.50
Substance Dependence and Abuse	3.78	3.03	3.70	2.93	3.72	2.97	3.55	2.78	3.65	2.90
Market Information for Marijuana	1.48	1.37	1.48	1.37	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.65	1.32	1.61	1.28	1.42	1.20	1.35	1.15	1.39	1.18
Special Topics, Drug Treatment	1.65	1.35	1.63	1.33	1.66	1.37	1.61	1.33	1.64	1.35
Health Care	1.31	1.10	3.00	2.63	2.79	2.45	2.76	2.43	2.78	2.43
Adult Mental Health Service Utilization	2.25	1.88	2.19	1.85	2.16	1.84	2.19	1.85	2.17	1.85
Social Environment	1.47	1.28	1.44	1.27	1.27	1.13	1.28	1.13	1.27	1.13
Parenting Experiences	2.66	2.23	2.55	2.15	2.40	1.93	2.64	2.25	2.51	2.10
Youth Experiences	8.28	7.85	8.14	7.72	7.81	7.25	7.58	7.13	7.72	7.18
Mental Health	3.67	3.23	3.56	3.15	3.62	3.18	3.61	3.17	3.61	3.17
Adult Depression	3.27	1.35	3.24	1.38	3.16	1.39	3.15	1.43	3.16	1.42
Youth Mental Health Service Utilization	3.15	2.73	3.07	2.70	3.09	2.90	2.61	2.40	2.89	2.63
Adolescent Depression	2.67	1.05	2.71	1.07	2.60	0.95	3.08	1.10	2.79	1.04
Consumption of Alcohol	0.78	0.63	0.76	0.62	0.62	0.53	0.58	0.50	0.60	0.52
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	4.53	4.50	4.36	4.37	3.93	3.62	4.37	4.02	4.13	3.78
Education	0.59	0.47	0.56	0.43	0.83	0.67	0.84	0.70	0.84	0.68
Employment	4.28	4.37	4.23	4.32	2.03	1.85	1.86	1.70	1.96	1.78

(continued)

Table 4.12a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 or Older) (continued)

Questionnaire Module	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.69	1.45	1.68	1.42	1.45	1.25	1.55	1.22	1.49	1.23
Proxy Information/ Decision	0.57	0.33	0.62	0.35	0.57	0.43	0.63	0.38	0.60	0.42
Proxy Tutorial	N/A	N/A	N/A	N/A	0.68	0.00	0.00	0.00	0.42	0.00
Health Insurance**	1.40	1.28	1.40	1.27	1.57	1.35	1.56	1.35	1.57	1.35
Income	3.68	3.25	3.53	3.12	3.10	2.70	3.00	2.52	3.06	2.62
Verification	3.17	2.68	3.44	2.88	3.34	2.85	3.40	2.85	3.37	2.85
Administrative Residual	0.71	N/A	0.40	N/A	0.14	N/A	0.16	N/A	0.15	N/A
Overall Questionnaire	61.86	58.82	62.79	59.27	59.13	55.60	59.24	55.60	59.18	55.60

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with **Tables 4.10a to 4.10f** for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 to 17)

Questionnaire Module	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.85	1.72	1.73	1.57	1.58	1.52	1.67	1.65	1.62	1.58
Core Demographics	2.12	1.77	2.07	1.73	1.88	1.53	1.79	1.58	1.85	1.55
Calendar	1.65	1.52	1.65	1.50	1.20	1.22	1.21	1.20	1.21	1.20
Beginning ACASI	2.40	2.23	2.38	2.20	2.22	2.12	2.21	2.00	2.21	2.07
Tutorial	3.70	3.60	3.75	3.65	3.38	3.36	3.50	3.32	3.43	3.33
Total Core Substances	12.24	11.16	11.97	10.87	11.88	10.73	10.95	10.27	11.51	10.45
Tobacco	2.89	2.57	3.05	2.75	2.48	2.02	2.83	2.63	2.60	2.22
Alcohol	2.47	2.25	2.44	2.20	2.43	2.15	2.21	2.08	2.34	2.13
Marijuana	1.20	1.08	1.18	1.07	1.14	0.98	1.25	1.17	1.18	1.08
Cocaine and Crack	1.15	0.98	1.16	0.95	0.92	0.92	1.78	1.78	1.49	1.55
Heroin	0.66	0.66	1.04	0.97	N/A	N/A	0.00	0.00	0.00	0.00
Hallucinogens	1.95	1.72	1.85	1.62	2.10	1.73	1.53	1.43	1.95	1.69
Inhalants	2.26	1.98	2.35	2.00	1.96	1.71	1.95	1.63	1.95	1.69
Methamphetamine	N/A	N/A	N/A	N/A	0.41	0.42	0.00	0.00	0.41	0.42
Total Prescription Drugs	6.72	6.10	6.93	6.20	5.69	4.93	5.30	4.78	5.53	4.85
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.33	2.01	2.20	1.98	2.28	2.00
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.79	0.65	0.72	0.62	0.76	0.63
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.82	0.70	0.77	0.67	0.80	0.70
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.72	0.60	0.64	0.53	0.69	0.57
Pain Relievers (screener plus main module)	3.45	3.15	3.59	3.28	3.12	2.80	3.06	2.70	3.10	2.78
Tranquilizers (screener plus main module)	2.08	1.88	2.09	1.85	1.90	1.50	1.80	1.72	1.87	1.52
Stimulants (screener plus main module)	2.17	1.87	2.17	1.90	2.02	1.63	1.53	1.25	1.79	1.38
Sedatives (screener plus main module)	2.08	1.83	2.09	1.77	1.51	1.20	1.35	0.85	1.44	1.17

(continued)

Table 4.12b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 to 17) (continued)

Questionnaire Module	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol	22.32	20.90	23.91	22.50	20.39	19.04	19.97	19.02	20.22	19.02
Special Drugs	1.69	1.60	1.69	1.58	0.53	0.50	0.50	0.50	0.52	0.50
Risk/Availability	3.02	2.80	3.06	2.83	2.77	2.50	2.67	2.57	2.73	2.52
Blunts	0.69	0.60	0.83	0.75	0.78	0.70	0.83	0.78	0.80	0.71
Substance Dependence and Abuse	3.77	3.02	3.59	2.85	3.68	2.90	3.93	3.05	3.77	3.00
Market Information for Marijuana	1.47	1.37	1.48	1.38	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.37	1.05	1.30	1.02	1.12	0.97	1.05	0.83	1.09	0.92
Special Topics, Drug Treatment	1.37	1.17	1.35	1.15	1.27	1.08	1.26	1.10	1.26	1.08
Health Care	1.34	1.17	3.03	2.75	2.71	2.44	2.66	2.52	2.69	2.48
Adult Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Social Environment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Parenting Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Youth Experiences	8.28	7.85	8.14	7.72	7.81	7.25	7.58	7.13	7.72	7.18
Mental Health	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adult Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Youth Mental Health Service Utilization	3.15	2.73	3.07	2.70	3.09	2.90	2.61	2.40	2.89	2.63
Adolescent Depression	2.67	1.05	2.71	1.07	2.60	0.95	3.08	1.10	2.79	1.04
Consumption of Alcohol	0.85	0.55	0.82	0.53	0.68	0.42	0.71	0.43	0.69	0.42
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	2.54	1.75	2.46	1.62	3.33	3.04	3.69	3.42	3.48	3.22
Education	0.89	0.83	0.85	0.78	1.27	1.17	1.30	1.20	1.28	1.17
Employment	2.65	1.43	2.76	1.48	1.48	1.18	1.38	1.07	1.44	1.14

(continued)

Table 4.12b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 to 17) (continued)

Questionnaire Module	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	2.16	1.90	2.17	1.88	1.92	1.73	1.88	1.62	1.90	1.67
Proxy Information/ Decision	1.01	0.77	1.06	0.80	0.90	0.78	1.18	0.82	1.01	0.78
Proxy Tutorial	N/A	N/A	N/A	N/A	2.04	2.25	0.00	0.00	1.60	0.00
Health Insurance**	1.40	1.28	1.40	1.27	1.73	1.53	1.83	1.68	1.77	1.58
Income	3.90	3.47	3.67	3.27	3.35	2.95	3.36	2.90	3.35	2.93
Verification	3.23	2.75	3.53	2.98	3.15	2.78	3.40	2.78	3.25	2.78
Administrative Residual	0.55	N/A	0.35	N/A	0.12	N/A	0.12	N/A	0.12	N/A
Overall Questionnaire	60.83	58.68	61.97	59.28	59.02	56.85	58.84	56.35	58.95	56.60

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with *Tables 4.10a to 4.10f* for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 18 to 25)

Questionnaire Module	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.67	1.57	1.59	1.52	1.36	1.42	1.33	1.33	1.35	1.40
Core Demographics	2.17	1.82	2.11	1.78	1.85	1.58	2.01	1.59	1.92	1.58
Calendar	1.65	1.48	1.63	1.48	0.95	0.92	0.94	0.88	0.94	0.90
Beginning ACASI	2.30	2.12	2.27	2.07	2.17	2.03	2.10	1.91	2.14	1.98
Tutorial	3.04	2.85	3.03	2.82	2.73	2.63	2.73	2.50	2.73	2.58
Total Core Substances	11.96	10.82	11.77	10.57	12.36	11.02	11.07	9.83	11.80	10.58
Tobacco	2.58	2.28	2.65	2.37	2.36	2.06	2.11	1.93	2.25	1.98
Alcohol	2.51	2.25	2.48	2.22	2.37	2.17	2.19	2.02	2.29	2.12
Marijuana	0.82	0.70	0.82	0.70	0.81	0.70	0.77	0.65	0.79	0.67
Cocaine and Crack	0.76	0.58	0.76	0.62	0.76	0.65	0.68	0.62	0.73	0.63
Heroin	0.53	0.39	0.62	0.44	0.53	0.35	0.56	0.32	0.54	0.33
Hallucinogens	1.43	1.20	1.48	1.23	1.77	1.45	1.58	1.33	1.69	1.43
Inhalants	1.48	1.25	1.44	1.20	1.50	1.37	1.68	1.20	1.57	1.27
Methamphetamine	N/A	N/A	N/A	N/A	0.43	0.40	0.80	0.55	0.55	0.43
Total Prescription Drugs	6.13	5.62	6.02	5.43	5.95	5.08	5.18	4.45	5.63	4.78
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	1.91	1.73	1.86	1.60	1.89	1.68
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.69	0.57	0.65	0.55	0.67	0.57
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.69	0.62	0.71	0.60	0.70	0.60
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.58	0.53	0.56	0.48	0.57	0.52
Pain Relievers (screener plus main module)	2.95	2.68	2.91	2.63	3.20	2.60	2.78	2.32	3.03	2.47
Tranquilizers (screener plus main module)	1.74	1.55	1.70	1.50	2.11	1.55	1.73	1.47	1.97	1.50
Stimulants (screener plus main module)	1.89	1.70	1.85	1.65	1.97	1.50	1.69	1.38	1.86	1.40
Sedatives (screener plus main module)	1.85	1.62	1.75	1.52	1.24	0.94	0.90	0.78	1.12	0.88

(continued)

Table 4.12c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 18 to 25) (continued)

Questionnaire Module	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol	20.32	18.63	21.43	19.63	17.83	16.47	16.98	15.64	17.46	16.32
Special Drugs	1.47	1.32	1.45	1.28	0.49	0.43	0.48	0.42	0.49	0.43
Risk/Availability	2.61	2.37	2.58	2.33	2.36	2.15	2.34	2.12	2.35	2.13
Blunts	0.52	0.44	0.62	0.55	0.56	0.48	0.57	0.53	0.56	0.50
Substance Dependence and Abuse	3.95	3.23	3.84	3.12	3.83	3.03	3.40	2.92	3.65	2.98
Market Information for Marijuana	1.44	1.33	1.43	1.33	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.62	1.32	1.55	1.25	1.30	1.12	1.23	1.03	1.27	1.10
Special Topics, Drug Treatment	1.63	1.33	1.59	1.30	1.56	1.27	1.42	1.19	1.50	1.21
Health Care	1.04	0.90	2.50	2.27	2.19	2.05	2.15	1.98	2.18	2.02
Adult Mental Health Service Utilization	2.03	1.75	1.99	1.68	1.85	1.55	1.87	1.66	1.86	1.57
Social Environment	1.32	1.18	1.28	1.15	1.03	0.98	1.04	0.93	1.03	0.95
Parenting Experiences	2.88	2.25	2.13	1.73	1.61	1.61	N/A	N/A	1.61	1.61
Youth Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health	3.23	2.93	3.13	2.83	2.95	2.73	2.83	2.52	2.90	2.65
Adult Depression	2.89	1.18	2.85	1.18	2.80	1.23	2.64	1.31	2.73	1.25
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.82	0.68	0.79	0.65	0.62	0.52	0.57	0.47	0.60	0.50
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	5.80	5.67	5.68	5.53	3.84	3.58	4.17	3.91	3.98	3.68
Education	0.67	0.55	0.64	0.52	0.74	0.65	0.74	0.65	0.74	0.65
Employment	4.70	4.68	4.67	4.63	1.86	1.73	1.74	1.54	1.81	1.67

(continued)

Table 4.12c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 18 to 25) (continued)

Questionnaire Module	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.58	1.35	1.60	1.35	1.45	1.24	1.92	1.35	1.65	1.30
Proxy Information/ Decision	0.40	0.25	0.45	0.27	0.53	0.42	0.47	0.35	0.50	0.38
Proxy Tutorial	N/A	N/A	N/A	N/A	0.31	0.00	0.01	0.00	0.19	0.00
Health Insurance**	1.42	1.33	1.40	1.32	1.39	1.25	1.38	1.18	1.39	1.22
Income	3.61	3.20	3.49	3.12	2.58	2.37	2.77	2.25	2.66	2.32
Verification	3.05	2.67	3.36	2.88	3.30	2.93	3.13	2.87	3.23	2.89
Administrative Residual	0.63	N/A	0.37	N/A	0.15	N/A	0.16	N/A	0.15	N/A
Overall Questionnaire	59.37	56.45	59.93	56.75	52.47	50.23	51.59	48.41	52.09	49.52

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with *Tables 4.10a to 4.10f* for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 26 to 29)

Questionnaire Module	26 to 29									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.81	1.60	1.68	1.52	1.59	1.40	1.47	1.37	1.53	1.38
Core Demographics	2.35	1.93	2.34	1.93	2.05	1.60	2.01	1.60	2.03	1.60
Calendar	1.67	1.48	1.64	1.47	1.06	1.05	1.09	1.10	1.07	1.08
Beginning ACASI	2.35	2.12	2.31	2.08	2.09	1.92	2.01	1.82	2.05	1.88
Tutorial	3.42	3.17	3.40	3.15	2.99	2.87	3.14	2.95	3.06	2.90
Total Core Substances	12.67	11.40	12.57	11.20	13.16	11.46	13.36	11.98	13.25	11.68
Tobacco	2.47	2.15	2.54	2.20	2.32	1.98	2.23	2.00	2.28	1.98
Alcohol	2.59	2.30	2.60	2.30	2.44	2.22	2.43	2.27	2.44	2.23
Marijuana	0.64	0.48	0.64	0.48	0.68	0.52	0.68	0.50	0.68	0.50
Cocaine and Crack	0.66	0.52	0.63	0.52	0.62	0.52	0.67	0.55	0.64	0.53
Heroin	0.45	0.30	0.48	0.28	0.57	0.27	0.35	0.28	0.45	0.28
Hallucinogens	1.27	1.10	1.24	1.07	1.53	1.27	1.62	1.38	1.58	1.30
Inhalants	1.40	1.18	1.37	1.18	1.54	1.34	1.56	1.35	1.55	1.34
Methamphetamine	N/A	N/A	N/A	N/A	0.40	0.30	0.50	0.32	0.45	0.32
Total Prescription Drugs	6.48	5.85	6.48	5.82	5.85	5.03	5.90	5.18	5.87	5.08
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.21	1.97	2.23	1.92	2.22	1.95
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.84	0.70	0.84	0.68	0.84	0.70
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.88	0.75	0.85	0.72	0.86	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.74	0.63	0.76	0.63	0.75	0.63
Pain Relievers (screener plus main module)	3.03	2.70	3.06	2.73	3.07	2.62	3.07	2.57	3.07	2.60
Tranquilizers (screener plus main module)	1.84	1.62	1.78	1.57	1.49	1.16	1.56	1.26	1.52	1.22
Stimulants (screener plus main module)	1.92	1.68	1.94	1.68	1.27	1.15	1.32	1.14	1.29	1.14
Sedatives (screener plus main module)	1.85	1.53	1.91	1.65	1.18	0.99	1.18	0.89	1.18	0.96

(continued)

Table 4.12d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 26 to 29) (continued)

Questionnaire Module	26 to 29									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol	22.42	20.35	24.20	21.95	20.17	18.65	20.34	18.63	20.25	18.64
Special Drugs	1.64	1.43	1.63	1.40	0.57	0.50	0.61	0.52	0.58	0.52
Risk/Availability	3.05	2.73	3.08	2.73	2.73	2.48	2.80	2.60	2.76	2.52
Blunts	0.47	0.42	0.54	0.47	0.50	0.45	0.55	0.47	0.52	0.47
Substance Dependence and Abuse	3.62	2.87	3.62	2.83	3.58	2.87	3.58	2.67	3.58	2.80
Market Information for Marijuana	1.58	1.45	1.57	1.42	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.76	1.43	1.74	1.40	1.44	1.23	1.38	1.20	1.41	1.23
Special Topics, Drug Treatment	1.85	1.50	1.88	1.48	1.79	1.45	1.75	1.43	1.77	1.45
Health Care	1.29	1.10	2.98	2.63	2.58	2.33	2.48	2.37	2.53	2.34
Adult Mental Health Service Utilization	2.24	1.90	2.15	1.83	2.17	1.86	2.10	1.82	2.14	1.85
Social Environment	1.48	1.30	1.44	1.27	1.21	1.07	1.20	1.10	1.21	1.08
Parenting Experiences	2.61	2.20	2.54	2.13	2.34	1.88	2.63	2.15	2.47	2.06
Youth Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health	3.74	3.37	3.65	3.25	3.52	3.08	3.51	3.23	3.51	3.17
Adult Depression	3.49	1.58	3.49	1.65	3.44	1.86	3.29	1.68	3.37	1.77
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.69	0.60	0.69	0.60	0.53	0.48	0.52	0.50	0.52	0.48
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	5.64	5.45	5.42	5.27	4.02	3.68	4.45	4.10	4.21	3.92
Education	0.24	0.13	0.22	0.13	0.59	0.47	0.64	0.57	0.62	0.52
Employment	5.05	4.93	4.91	4.80	2.19	2.02	2.00	1.83	2.11	1.94

(continued)

Table 4.12d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 26 to 29) (continued)

Questionnaire Module	26 to 29									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.49	1.27	1.46	1.23	1.33	1.17	1.38	1.15	1.35	1.17
Proxy Information/ Decision	0.31	0.22	0.34	0.23	0.40	0.35	0.45	0.33	0.43	0.35
Proxy Tutorial	N/A	N/A	N/A	N/A	0.16	0.00	0.00	0.00	0.09	0.00
Health Insurance**	1.35	1.23	1.35	1.22	1.40	1.23	1.40	1.23	1.40	1.23
Income	3.49	3.03	3.38	2.95	2.91	2.48	2.56	2.27	2.75	2.40
Verification	3.04	2.57	3.31	2.73	3.20	2.75	3.17	2.67	3.19	2.73
Administrative Residual	0.92	N/A	0.44	N/A	0.12	N/A	0.19	N/A	0.16	N/A
Overall Questionnaire	62.94	59.39	63.81	59.63	56.59	53.52	57.03	53.92	56.79	53.63

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with **Tables 4.10a to 4.10f** for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 50 to 64)

Questionnaire Module	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.95	1.68	1.90	1.57	1.72	1.49	1.67	1.35	1.70	1.43
Core Demographics	2.45	1.97	2.57	2.02	2.22	1.83	2.19	1.70	2.21	1.77
Calendar	1.73	1.52	1.73	1.48	1.40	1.48	1.31	1.38	1.36	1.45
Beginning ACASI	2.58	2.30	2.54	2.20	2.42	2.08	2.49	2.13	2.45	2.08
Tutorial	4.15	4.08	4.12	4.02	4.31	4.19	4.08	3.95	4.21	4.08
Total Core Substances	14.53	13.08	14.35	12.88	16.71	14.85	15.47	13.53	16.15	14.11
Tobacco	2.80	2.35	2.78	2.40	2.86	2.33	2.37	2.14	2.64	2.23
Alcohol	2.92	2.68	2.87	2.63	3.04	2.63	2.62	2.48	2.85	2.53
Marijuana	0.70	0.53	0.71	0.53	0.71	0.63	0.73	0.62	0.72	0.62
Cocaine and Crack	0.72	0.58	0.75	0.60	0.63	0.58	0.72	0.63	0.67	0.60
Heroin	0.38	0.33	0.45	0.35	0.33	0.34	0.38	0.47	0.35	0.37
Hallucinogens	1.46	1.25	1.49	1.30	1.81	1.64	1.84	1.63	1.83	1.63
Inhalants	1.62	1.36	1.83	1.40	2.09	1.80	1.92	1.55	2.01	1.65
Methamphetamine	N/A	NA	N/A	N/A	0.57	0.38	0.39	0.37	0.46	0.38
Total Prescription Drugs	7.42	6.77	7.50	6.58	7.45	6.35	7.30	5.92	7.38	6.13
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.92	2.41	2.79	2.20	2.86	2.28
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.17	0.97	1.14	0.87	1.16	0.90
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.23	0.93	1.21	0.93	1.22	0.93
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.12	0.86	1.06	0.77	1.09	0.83
Pain Relievers (screener plus main module)	3.34	2.99	3.48	3.06	3.70	3.13	3.69	2.96	3.69	3.07
Tranquilizers (screener plus main module)	2.16	1.95	2.19	1.94	1.75	1.53	1.60	1.37	1.67	1.41
Stimulants (screener plus main module)	2.16	1.97	2.40	2.08	1.98	1.38	1.41	1.20	1.68	1.26
Sedatives (screener plus main module)	1.73	1.43	1.81	1.59	1.59	1.37	1.56	1.10	1.57	1.25

(continued)

Table 4.12e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 50 to 64) (continued)

Questionnaire Module	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to										
Consumption of Alcohol	24.43	22.00	26.71	24.15	22.47	20.63	21.66	20.20	22.10	20.28
Special Drugs	1.80	1.58	1.84	1.60	0.66	0.62	0.66	0.57	0.66	0.58
Risk/Availability	3.55	3.18	3.62	3.22	3.49	3.22	3.26	2.85	3.39	3.12
Blunts	0.63	0.52	0.69	0.59	0.78	0.63	0.84	0.78	0.81	0.73
Substance Dependence and Abuse	3.61	2.82	3.52	2.78	3.98	3.10	3.69	2.87	3.85	3.08
Market Information for Marijuana	1.82	1.68	1.74	1.47	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.91	1.57	1.92	1.60	1.63	1.44	1.49	1.37	1.57	1.40
Special Topics, Drug Treatment	2.02	1.65	2.03	1.65	1.93	1.63	1.80	1.50	1.87	1.57
Health Care	1.76	1.50	3.83	3.43	3.54	3.27	3.06	2.88	3.32	3.12
Adult Mental Health Service Utilization	2.74	2.33	2.67	2.20	2.48	2.11	2.40	2.17	2.44	2.15
Social Environment	1.71	1.50	1.68	1.48	1.51	1.40	1.46	1.28	1.49	1.35
Parenting Experiences	2.81	2.46	2.57	2.28	2.85	2.68	2.75	2.72	2.79	2.68
Youth Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health	4.53	4.10	4.42	3.95	4.17	3.64	4.38	4.05	4.27	3.80
Adult Depression	4.16	1.67	4.15	1.95	3.56	1.66	3.41	1.70	3.48	1.68
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.74	0.65	0.73	0.65	0.74	0.57	0.55	0.52	0.65	0.55
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)										
Education	5.24	5.13	4.96	4.93	4.58	4.17	4.81	4.52	4.69	4.32
Employment	0.19	0.12	0.18	0.12	0.67	0.55	0.75	0.63	0.71	0.58
Employment	4.76	4.75	4.64	4.68	2.48	2.29	2.08	2.03	2.30	2.15

(continued)

Table 4.12e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 50 to 64) (continued)

Questionnaire Module	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.14	0.92	1.07	0.85	1.09	0.97	1.31	0.78	1.19	0.90
Proxy Information/ Decision	0.32	0.22	0.32	0.23	0.50	0.38	0.41	0.30	0.46	0.35
Proxy Tutorial	N/A	N/A	N/A	N/A	0.19	0.00	0.00	0.00	0.10	0.00
Health Insurance**	1.38	1.23	1.45	1.22	1.71	1.50	1.62	1.42	1.67	1.45
Income	3.51	3.03	3.41	2.93	3.34	3.01	3.22	2.63	3.29	2.83
Verification	3.34	2.70	3.44	2.88	3.85	2.95	3.59	2.82	3.73	2.90
Administrative Residual	1.03	N/A	0.50	N/A	0.17	N/A	0.17	N/A	0.17	N/A
Overall Questionnaire	67.76	63.78	69.19	64.98	66.76	62.60	64.55	62.22	65.76	62.33

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with **Tables 4.10a to 4.10f** for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 65 or Older)

Questionnaire Module	65 or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Introduction	1.94	1.70	1.90	1.67	1.73	1.57	2.05	1.73	1.88	1.65
Core Demographics	2.70	2.18	2.95	2.50	2.66	2.30	2.65	2.04	2.66	2.27
Calendar	1.86	1.62	1.81	1.57	1.53	1.57	1.61	1.63	1.57	1.60
Beginning ACASI	3.02	2.67	2.95	2.55	2.91	2.32	2.89	2.56	2.90	2.50
Tutorial	4.88	4.75	4.90	4.70	5.37	5.13	5.32	4.83	5.35	4.95
Total Core Substances	17.52	15.95	17.42	15.68	22.37	19.56	22.90	19.27	22.61	19.52
Tobacco	3.38	2.98	3.45	3.07	3.02	2.46	3.13	2.62	3.07	2.58
Alcohol	3.48	3.18	3.54	3.18	3.83	3.75	3.70	3.43	3.77	3.50
Marijuana	0.86	0.72	0.93	0.73	1.09	0.80	0.90	0.80	1.00	0.80
Cocaine and Crack	0.78	0.68	1.15	0.78	1.09	0.88	0.61	0.55	0.92	0.78
Heroin	0.72	0.37	0.72	0.72	0.39	0.39	0.23	0.23	0.34	0.32
Hallucinogens	2.02	1.43	2.21	1.52	2.02	2.25	1.65	1.36	1.79	1.58
Inhalants	2.32	2.03	3.50	1.77	1.66	1.66	2.17	2.16	2.00	1.93
Methamphetamine	N/A	N/A	N/A	N/A	0.53	0.42	0.47	0.37	0.49	0.41
Total Prescription Drugs	9.49	8.36	9.79	8.62	10.77	8.83	10.75	9.04	10.76	8.94
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	4.27	3.05	4.32	3.31	4.29	3.15
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.68	1.27	1.95	1.26	1.80	1.27
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.69	1.27	1.89	1.29	1.78	1.27
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.60	1.25	1.78	1.21	1.68	1.22
Pain Relievers (screener plus main module)	4.40	4.01	4.62	3.94	5.46	4.17	4.91	4.32	5.21	4.22
Tranquilizers (screener plus main module)	3.43	2.90	3.00	2.83	2.61	2.08	2.99	1.88	2.78	1.97
Stimulants (screener plus main module)	2.96	2.40	2.63	2.33	2.86	2.15	2.32	2.07	2.60	2.15
Sedatives (screener plus main module)	2.61	1.80	2.95	2.62	2.66	2.27	2.46	2.12	2.57	2.19

(continued)

Table 4.12f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 65 or Older) (continued)

Questionnaire Module	65 or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Special Drugs to										
Consumption of Alcohol	27.02	24.82	29.39	27.03	26.73	24.08	27.15	25.80	26.93	24.48
Special Drugs	2.09	1.90	2.08	1.87	0.75	0.67	0.77	0.65	0.76	0.67
Risk/Availability	4.64	4.07	4.51	3.98	4.34	3.85	4.42	4.08	4.38	3.90
Blunts	0.64	0.53	0.75	0.67	0.84	0.64	1.07	1.02	0.95	0.78
Substance Dependence and Abuse	3.54	2.98	3.50	2.93	3.67	2.90	3.34	2.82	3.51	2.85
Market Information for Marijuana	2.34	1.57	1.86	1.80	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.76	1.45	1.77	1.40	1.84	1.47	1.66	1.56	1.75	1.50
Special Topics, Drug Treatment	2.23	1.92	2.17	1.87	2.35	1.95	2.17	2.02	2.27	1.98
Health Care	2.52	2.17	5.25	4.65	4.76	4.35	5.38	4.38	5.05	4.35
Adult Mental Health Service Utilization	3.54	2.87	3.48	2.80	3.47	3.19	3.26	2.67	3.35	2.83
Social Environment	2.28	2.02	2.23	1.97	1.94	1.77	1.98	1.73	1.96	1.77
Parenting Experiences	3.88	3.63	4.10	3.48	4.80	4.80	2.80	2.80	4.13	4.00
Youth Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health	5.98	5.35	5.65	5.07	5.66	4.93	5.60	5.18	5.63	5.02
Adult Depression	3.87	1.35	3.75	1.35	2.58	1.07	3.54	1.23	3.05	1.08
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.85	0.72	0.82	0.72	0.80	0.68	0.73	0.67	0.77	0.68
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)										
Education	3.00	1.83	2.67	1.65	4.94	4.40	5.77	4.93	5.33	4.58
Employment	0.16	0.12	0.16	0.12	0.90	0.68	0.92	0.78	0.91	0.75
Employment	2.55	1.38	2.40	1.35	2.09	1.75	2.04	1.47	2.07	1.63

(continued)

Table 4.12f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 65 or Older) (continued)

Questionnaire Module	65 or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Household Roster	0.91	0.67	0.80	0.60	0.95	0.75	0.72	0.61	0.84	0.68
Proxy Information/ Decision	0.31	0.20	0.36	0.20	0.48	0.42	0.71	0.31	0.59	0.37
Proxy Tutorial	N/A	N/A	N/A	N/A	0.33	0.00	0.00	0.00	0.18	0.00
Health Insurance**	1.50	1.30	1.48	1.28	2.15	1.95	1.92	1.71	2.05	1.82
Income	3.83	3.32	3.66	3.17	4.41	3.90	4.25	3.48	4.33	3.68
Verification	3.93	3.10	3.96	3.20	4.06	3.18	4.83	3.41	4.42	3.30
Administrative Residual	0.98	N/A	0.55	N/A	0.18	N/A	0.15	N/A	0.16	N/A
Overall Questionnaire	73.32	69.43	74.70	70.13	80.47	74.62	82.60	77.01	81.45	75.32

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with *Tables 4.10a to 4.10f* for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

4.5.3 Detailed Interview Timing Data for Selected Modules from the 2012 and 2013 Quarters 3 and 4 Comparison Data and the 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data

Administration times for the 2012 and 2013 quarters 3 and 4 comparison samples and the DR were calculated according to standard timing data calculation procedures for a number of specific questionnaire sections. *Tables 4.13a* through *4.13x* present unweighted overall DR timing results and results for selected modules for all non-Hispanic respondents who opted to take the interview in English and for five separate age groups.¹⁹ Overall DR timing data for interviews conducted in Spanish are included in *Table 4.13a* as well. Timing results by age group for each section are presented in separate tables for the DR interviews, the 2012 comparison interviews, and the 2013 quarters 3 and 4 comparison interviews. For each age group category, these tables provide the number of interviews, the number of extreme or missing records, summary statistics, quartiles, percentiles, and the highest and lowest extreme cases. Respondents with an overall interview administration time of less than 30 minutes or greater than 240 minutes were classified as outliers and were excluded from these timing results.

As noted in *Section 4.5.1.1*, the partially redesigned DR instrument took less than 60 minutes on average to administer among English-speaking respondents aged 12 or older, as shown in *Table 4.10a*. Examining English-speaking timing data within age groups reveals that respondents aged 65 or older experienced the longest average administration times among all age groups, with an overall mean of more than 82 minutes. The difference between the timings for the 65 or older group and the younger age groups was greater than other differences between groups, indicating that the burden increased for that age group.

Respondents aged 50 to 64 also had a mean administration time that was considerably higher than the mean for all DR English-speaking respondents. Mean interview timings for respondents aged 12 to 17 were similar to the overall mean for DR respondents, while the average times for respondents aged 18 to 25 and those aged 26 to 49 were lower than the overall mean for DR respondents. The overall timing patterns across age groups for DR respondents were rather consistent with the patterns for the 2012 comparison data interviews and the 2013 quarters 3 and 4 comparison interviews, as shown in *Tables 4.10b* through *4.10e*.

Tables 4.13f through *4.13h* provide timing results for the tobacco module for respondents who answered the question LEADCIG in the DR interviews, the 2012 comparison interviews, and the 2013 quarters 3 and 4 comparison interviews. One difference between the DR questionnaire and the 2011 and 2012 quarters 3 and 4 questionnaire was that questions about chewing tobacco and snuff were combined in the tobacco module for the QFT questionnaire. This change was intended to increase efficiency in collecting age at first use, recency, and frequency of smokeless tobacco use. In addition, this section in the DR questionnaire no longer collected data on the brand of smokeless tobacco that the respondent has used. As expected, the efficiencies produced by these changes to the DR questionnaire resulted in a slightly lower mean timing for this module among DR respondents (1.77 minutes) compared with the 2012 comparison respondents (1.98 minutes) and the 2013 quarters 3 and 4 comparison respondents

¹⁹ To aid in their readability, *Tables 4.13a* through *4.13x* appear together at the end of this discussion in *Section 4.5.3*.

(1.93 minutes). Because of the limitations with small sample sizes, these module-specific timing data are only presented for non-Hispanic respondents who opted to take the interview in English. Discussions of individual module timings in the next paragraphs are limited to this English-speaking non-Hispanic subsample.

As *Tables 4.13i* through *4.13l* indicate, older respondents generally took more time than younger respondents to complete the four prescription drug module screeners—pain relievers, tranquilizers, stimulants, and sedatives. The screeners included in the DR questionnaire asked respondents to report any past year use of prescription pain relievers, tranquilizers, stimulants, and sedatives. These screener questions then asked respondents to report all use of drugs in each category, both those that were prescribed and those that were misused. The mean pain relievers screener administration time was nearly 2½ minutes, which was the longest of the four screeners. Because the prescription drug screeners were new in the redesign, timing data for these sections cannot be compared with the 2012 and 2013 quarters 3 and 4 comparison interviews.

In the DR instrument, the four prescription drug main modules followed the screeners and asked, for each drug used in the past year, whether respondents misused any of them. Respondents who reported never using a particular class of drug in the past year skipped the main module and were excluded from the timing data for the four prescription drug main modules presented in *Tables 4.13m* through *4.13x*. These tables provide timing results for the prescription drug main modules for the DR interviews, 2012 comparison interviews, and 2013 quarters 3 and 4 comparison interviews. Among DR respondents who answered questions in the pain reliever, tranquilizer, and stimulant main modules, those aged 50 to 64 had the longest mean administration times (*Tables 4.13m, 4.13n, and 4.13o*), although this timing was almost identical to the timing for the 65 or older age group. This finding was similar to the timing of the 2012 and 2013 quarters 3 and 4 comparison samples, where respondents aged 65 or older generally had the longest mean administration times for these prescription drug modules among all age groups (*Tables 4.13p* through *4.13u*), followed by those in the 50 to 64 age group. For the sedatives main module, respondents aged 65 or older had the longest mean administration times among all age groups for the DR interviews, 2012 comparison interviews, and 2013 quarters 3 and 4 comparison interviews (*Tables 4.13v, 4.13w, and 4.13x*). Overall, excluding the new prescription drug screeners, the mean timings for each of the four prescription drug main modules were lower for the DR respondents than for the 2012 and 2013 quarters 3 and 4 comparison respondents.

4.6 Other Data Quality Indicators

4.6.1 Overview of Other Data Quality Indicators

Examination of other data quality indicators for the DR focused on the following:

- choosing "other" responses for which respondents subsequently were asked to specify a written response (i.e., "OTHER, Specify" data), such as other sources of prescription psychotherapeutic drugs; and
- potential patterned responses in answers to the screening questions for past year prescription drug use or to the questions for past year misuse.

Identification and handling of potential patterned responses in the 2011 and 2012 comparison data also are discussed in this section.

Table 4.13a Overall Interview Timing Data for the Dress Rehearsal Protocol in Minutes, in Total and by Age Groups: All Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,020	498	494	713	184	131
Extreme/Missing Records*	55	6	30	16	3	0
Summary Statistics (Minutes)						
Mean	61.77	60.00	54.06	61.96	68.42	87.25
Variance	494.57	254.52	277.58	538.11	522.26	1017.78
Standard Deviation	22.24	15.95	16.66	23.20	22.85	31.90
Quartiles						
Maximum	221.80	137.67	160.83	175.50	142.43	221.80
Q3	71.18	68.77	62.98	70.57	81.79	106.10
Median	57.33	57.41	51.17	56.85	63.33	82.08
Q1	46.69	48.73	41.75	45.70	50.65	62.13
Minimum	30.00	31.98	30.00	30.05	30.03	32.82
Mode	51.05	48.47	34.92	46.07	42.30	85.95
Range	191.80	105.68	130.83	145.45	112.40	188.98
Percentiles						
99%	137.67	110.55	100.67	140.92	132.88	199.07
95%	104.96	90.25	84.95	106.57	116.58	143.88
90%	90.23	79.42	77.35	90.82	101.22	124.63
10%	38.88	42.30	35.90	38.35	43.52	55.42
5%	35.47	38.97	33.02	34.45	40.57	47.48
1%	31.00	33.12	30.25	31.00	31.40	38.03
Extremes						
5 Highest (Highest)	221.80	137.67	160.83	175.50	142.43	221.80
	199.07	137.40	121.25	163.45	132.88	199.07
	175.50	130.57	109.53	162.67	129.38	165.22
	165.22	111.90	107.78	162.07	125.30	160.35
	163.45	110.55	100.67	161.87	124.90	158.48
5 Lowest	30.12	33.12	30.25	30.87	35.67	40.93
	30.10	32.92	30.15	30.75	34.97	40.23
	30.05	32.88	30.12	30.53	34.35	38.05
	30.03	32.60	30.10	30.28	31.40	38.03
(Lowest)	30.00	31.98	30.00	30.05	30.03	32.82

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13b Overall Interview Timing Data for the Dress Rehearsal Protocol in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	59.24	58.84	51.59	57.03	64.55	82.60
Variance	400.24	258.65	226.57	339.76	368.57	781.46
Standard Deviation	20.01	16.08	15.05	18.43	19.20	27.95
Quartiles						
Maximum	199.07	137.67	107.78	161.87	129.38	199.07
Q3	67.65	65.70	59.99	65.55	74.60	99.58
Median	55.60	56.35	48.41	53.92	62.22	77.01
Q1	45.38	48.12	40.68	44.33	49.85	60.63
Minimum	30.00	31.98	30.00	30.53	30.03	32.82
Mode	54.42	40.40	44.85	46.07	42.30	85.95
Range	169.07	105.68	77.78	131.33	99.35	166.25
Percentiles						
99%	124.70	130.57	94.00	116.67	120.27	160.35
95%	98.63	90.07	80.62	91.42	101.58	124.70
90%	84.03	76.22	74.55	78.62	90.15	117.30
10%	38.27	42.30	34.68	37.43	42.48	53.65
5%	34.45	40.02	31.73	33.40	40.53	47.42
1%	30.82	32.92	30.12	31.00	31.40	38.03
Extremes						
5 Highest (Highest)	199.07	137.67	107.78	161.87	129.38	199.07
	161.87	137.40	96.60	140.92	120.27	160.35
	160.35	130.57	94.00	132.30	114.35	147.88
	147.88	111.90	92.03	122.00	109.85	139.78
	140.92	110.55	90.23	116.67	109.47	129.12
5 Lowest	30.15	33.58	30.25	31.00	37.82	40.93
	30.12	33.20	30.15	30.98	34.97	40.23
	30.10	32.92	30.12	30.87	34.35	38.05
	30.03	32.88	30.10	30.75	31.40	38.03
(Lowest)	30.00	31.98	30.00	30.53	30.03	32.82

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13c Overall Interview Timing Data for the Dress Rehearsal Protocol in Minutes, in Total and by Age Groups: Spanish-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	183	37	17	99	18	12
Extreme/Missing Records*	1	0	1	0	0	0
Summary Statistics (Minutes)						
Mean	83.94	65.57	77.04	86.64	96.17	109.71
Variance	902.41	322.38	793.00	913.84	787.87	1120.24
Standard Deviation	30.04	17.95	28.16	30.23	28.07	33.47
Quartiles						
Maximum	175.50	108.98	160.83	175.50	142.43	165.22
Q3	98.73	75.97	80.25	101.67	117.30	139.99
Median	79.32	63.40	72.18	85.17	94.75	100.19
Q1	62.12	53.87	63.83	63.82	72.82	88.68
Minimum	33.12	33.12	46.87	34.60	48.92	61.58
Mode	72.82			68.67		
Range	142.38	75.87	113.97	140.90	93.52	103.63
Percentiles						
99%	165.22	108.98	160.83	175.50	142.43	165.22
95%	142.43	100.08	160.83	147.68	142.43	165.22
90%	129.23	91.20	121.25	129.72	132.88	143.88
10%	50.30	43.95	46.88	50.48	61.17	65.13
5%	45.17	36.73	46.87	45.07	48.92	61.58
1%	34.60	33.12	46.87	34.60	48.92	61.58
Extremes						
5 Highest (Highest)	175.50	108.98	160.83	175.50	142.43	165.22
	165.22	100.08	121.25	163.45	132.88	143.88
	163.45	97.08	94.02	162.67	125.30	143.85
	162.67	91.20	85.57	162.07	124.90	136.13
	162.07	89.40	80.25	147.68	117.30	131.80
5 Lowest	38.87	46.00	63.83	45.07	72.82	91.20
	38.87	43.95	58.87	42.02	63.80	90.50
	36.73	38.87	51.15	40.55	61.48	86.87
	34.60	36.73	46.88	38.87	61.17	65.13
(Lowest)	33.12	33.12	46.87	34.60	48.92	61.58

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13d Overall Interview Timing Data for the 2012 Comparison Protocol in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,052	17,555	17,932	12,638	4,212	2,715
Extreme/Missing Records*	212	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	60.69	59.78	58.24	60.88	66.53	72.79
Variance	292.19	229.39	252.37	303.67	398.87	498.31
Standard Deviation	17.09	15.15	15.89	17.43	19.97	22.32
Quartiles						
Maximum	237.43	237.43	229.95	234.93	228.65	219.15
Q3	68.95	67.60	66.13	69.53	75.84	84.90
Median	57.87	57.73	55.58	57.93	63.13	68.97
Q1	48.93	49.35	47.25	48.73	53.07	56.98
Minimum	30.00	30.12	30.00	30.03	30.17	31.50
Mode	54.55	50.87	49.10	57.40	62.38	59.20
Range	207.43	207.32	199.95	204.90	198.48	187.65
Percentiles						
99%	115.67	105.75	108.75	115.90	130.78	140.08
95%	91.53	86.23	87.17	93.07	102.45	111.77
90%	81.98	78.68	78.22	82.78	90.83	100.98
10%	42.50	43.25	41.13	42.23	45.58	48.53
5%	39.10	39.80	37.87	38.88	41.93	44.02
1%	34.07	34.62	33.32	34.02	35.90	36.85
Extremes						
5 Highest (Highest)	237.43	237.43	229.95	234.93	228.65	219.15
	234.93	225.62	216.07	227.67	222.73	218.47
	229.95	221.42	187.40	214.20	215.97	218.40
	228.65	215.20	186.87	204.18	213.45	217.73
5 Lowest	227.67	197.30	186.50	195.47	203.93	209.65
	30.07	30.43	30.12	30.33	32.05	33.07
	30.05	30.43	30.07	30.28	30.80	32.43
	30.03	30.28	30.07	30.20	30.75	31.97
	30.02	30.12	30.02	30.05	30.27	31.67
(Lowest)	30.00	30.12	30.00	30.03	30.17	31.50

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13e Overall Interview Timing Data for the 2013 Comparison Protocol in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	28,610	9,532	9,240	6,403	2,122	1,313
Extreme/Missing Records*	122	28	55	31	6	2
Summary Statistics (Minutes)						
Mean	62.03	61.58	59.26	62.26	67.88	74.14
Variance	352.37	290.86	311.89	372.32	454.23	565.33
Standard Deviation	18.77	17.05	17.66	19.30	21.31	23.78
Quartiles						
Maximum	238.67	238.67	215.98	232.70	233.08	235.87
Q3	70.25	69.43	66.82	70.97	76.87	85.98
Median	58.75	58.93	56.28	58.68	64.35	69.60
Q1	49.63	50.25	47.58	49.38	53.73	58.48
Minimum	30.00	30.03	30.03	30.00	30.15	30.63
Mode	50.27	46.20	50.27	54.78	71.00	70.00
Range	208.67	208.63	185.95	202.70	202.93	205.23
Percentiles						
99%	127.97	121.40	120.45	129.73	140.98	156.00
95%	94.85	90.07	90.08	96.35	107.15	116.97
90%	84.05	80.90	80.47	85.40	92.02	99.70
10%	42.97	44.10	41.18	42.63	46.38	49.63
5%	39.35	40.57	37.78	38.97	42.55	45.23
1%	33.87	34.62	32.98	33.78	36.57	37.10
Extremes						
5 Highest (Highest)	238.67	238.67	215.98	232.70	233.08	235.87
	235.87	195.57	214.27	227.60	218.60	226.30
	233.08	195.10	213.03	225.95	212.80	215.70
	232.70	193.90	207.17	213.22	206.63	213.32
	227.60	193.20	197.70	211.45	184.50	200.40
5 Lowest	30.08	30.33	30.30	30.37	31.98	34.72
	30.03	30.30	30.27	30.27	31.63	33.63
	30.03	30.23	30.20	30.08	31.47	33.38
	30.03	30.03	30.08	30.08	30.77	31.48
(Lowest)	30.00	30.03	30.03	30.00	30.15	30.63

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13f Overall Interview Timing Data for the Dress Rehearsal Tobacco Module in Minutes, in Total and by Age Groups: English-Speaking Dress Rehearsal Respondents Answering LEADCIG

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	1.77	1.39	1.61	1.87	1.95	2.54
Variance	1.77	1.07	1.31	1.74	1.54	4.23
Standard Deviation	1.33	1.03	1.14	1.32	1.24	2.06
Quartiles						
Maximum	13.77	8.03	6.45	10.98	7.25	13.77
Q3	2.38	1.52	2.28	2.50	2.45	3.01
Median	1.40	1.10	1.38	1.57	1.65	2.22
Q1	0.87	0.82	0.66	0.93	1.07	1.26
Minimum	0.17	0.35	0.17	0.22	0.38	0.42
Mode	1.27	0.87	0.47	1.22	0.63	1.23
Range	13.60	7.68	6.28	10.77	6.87	13.35
Percentiles						
99%	6.53	5.62	5.43	6.53	6.37	13.03
95%	4.17	3.70	3.62	4.13	4.55	5.55
90%	3.27	2.63	3.12	3.30	3.98	4.22
10%	0.53	0.60	0.38	0.53	0.63	0.87
5%	0.42	0.50	0.30	0.40	0.55	0.73
1%	0.25	0.37	0.17	0.27	0.42	0.47
Extremes						
5 Highest (Highest)	13.77	8.03	6.45	10.98	7.25	13.77
	13.03	6.60	6.20	8.52	6.37	13.03
	10.98	5.62	5.43	8.45	5.23	8.60
	8.60	5.18	5.42	6.87	4.87	7.17
	8.52	4.67	5.08	6.53	4.65	6.97
5 Lowest	0.18	0.40	0.18	0.27	0.53	0.68
	0.18	0.40	0.18	0.27	0.47	0.65
	0.17	0.37	0.17	0.25	0.47	0.58
	0.17	0.37	0.17	0.25	0.42	0.47
(Lowest)	0.17	0.35	0.17	0.22	0.38	0.42

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13g Overall Interview Timing Data for the 2012 Tobacco Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents Answering LEADCIG

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,040	17,545	17,931	12,637	4,212	2,715
Extreme/Missing Records*	212	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	1.98	1.69	1.98	2.06	2.36	2.86
Variance	1.98	1.23	2.07	1.95	2.90	3.45
Standard Deviation	1.41	1.11	1.44	1.40	1.70	1.86
Quartiles						
Maximum	22.43	17.28	15.53	21.63	22.43	21.87
Q3	2.57	2.07	2.75	2.68	3.00	3.67
Median	1.68	1.43	1.68	1.78	1.97	2.35
Q1	0.98	0.95	0.85	1.08	1.27	1.68
Minimum	0.10	0.22	0.10	0.10	0.12	0.13
Mode	0.80	0.80	0.43	1.97	1.78	2.10
Range	22.33	17.07	15.43	21.53	22.32	21.73
Percentiles						
99%	6.85	5.85	6.60	6.70	8.57	8.82
95%	4.63	3.82	4.67	4.58	5.48	6.20
90%	3.73	2.90	3.87	3.75	4.38	5.12
10%	0.60	0.70	0.47	0.62	0.75	1.03
5%	0.47	0.60	0.37	0.47	0.57	0.77
1%	0.30	0.45	0.25	0.32	0.35	0.50
Extremes						
5 Highest (Highest)	22.43	17.28	15.53	21.63	22.43	21.87
	21.87	14.93	13.95	20.60	17.52	19.70
	21.63	13.65	13.18	19.77	16.92	16.95
	20.60	11.67	12.50	16.10	15.38	16.27
	19.77	11.53	12.28	12.77	13.42	15.70
5 Lowest	0.12	0.28	0.13	0.15	0.25	0.37
	0.12	0.27	0.13	0.15	0.23	0.35
	0.12	0.27	0.12	0.13	0.20	0.30
	0.10	0.23	0.12	0.12	0.15	0.28
(Lowest)	0.10	0.22	0.10	0.10	0.12	0.13

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13h Overall Interview Timing Data for the 2013 Tobacco Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents Answering LEADCIG

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	12,090	3,904	3,872	2,698	976	640
Extreme/Missing Records*	62	12	31	14	2	2
Summary Statistics (Minutes)						
Mean	1.93	1.65	1.94	2.04	2.24	2.78
Variance	1.91	1.11	2.04	2.01	1.91	4.07
Standard Deviation	1.38	1.05	1.43	1.42	1.38	2.02
Quartiles						
Maximum	22.93	13.38	18.90	22.93	8.63	21.90
Q3	2.50	2.04	2.72	2.63	2.84	3.53
Median	1.63	1.39	1.63	1.77	1.93	2.30
Q1	0.97	0.93	0.78	1.07	1.27	1.56
Minimum	0.13	0.27	0.15	0.13	0.27	0.25
Mode	0.67	0.80	0.42	1.88	2.03	1.98
Range	22.80	13.12	18.75	22.80	8.37	21.65
Percentiles						
99%	6.45	5.62	6.28	6.57	7.23	10.42
95%	4.52	3.63	4.65	4.63	4.98	6.21
90%	3.67	2.82	3.83	3.75	4.12	5.10
10%	0.60	0.70	0.43	0.63	0.75	0.85
5%	0.45	0.60	0.35	0.45	0.60	0.67
1%	0.30	0.47	0.25	0.32	0.40	0.38
Extremes						
5 Highest (Highest)	22.93	13.38	18.90	22.93	8.63	21.90
	21.90	11.95	12.73	19.12	8.42	13.17
	19.12	10.00	10.43	9.87	8.37	12.83
	18.90	9.27	9.62	9.50	7.88	12.75
	13.38	9.12	9.52	9.47	7.88	12.23
5 Lowest	0.18	0.35	0.18	0.22	0.32	0.37
	0.18	0.33	0.18	0.20	0.32	0.37
	0.17	0.33	0.18	0.20	0.28	0.33
	0.15	0.30	0.17	0.20	0.27	0.27
(Lowest)	0.13	0.27	0.15	0.13	0.27	0.25

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13i Overall Interview Timing Data for the Dress Rehearsal Pain Reliever Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	2.38	2.20	1.86	2.23	2.79	4.32
Variance	2.52	1.02	1.04	1.58	3.44	8.30
Standard Deviation	1.59	1.01	1.02	1.26	1.85	2.88
Quartiles						
Maximum	16.53	8.88	10.93	9.53	9.67	16.53
Q3	2.70	2.62	2.21	2.55	2.88	5.31
Median	1.97	1.98	1.60	1.92	2.20	3.31
Q1	1.48	1.53	1.26	1.48	1.83	2.36
Minimum	0.60	0.62	0.60	0.75	0.97	0.77
Mode	2.10	1.17	1.27	1.58	2.10	2.28
Range	15.93	8.27	10.33	8.78	8.70	15.77
Percentiles						
99%	9.12	6.00	5.33	8.60	9.15	13.55
95%	5.33	3.93	3.52	4.68	8.48	9.80
90%	3.83	3.40	2.88	3.35	4.68	8.97
10%	1.18	1.22	1.03	1.20	1.38	1.73
5%	1.03	1.10	0.88	1.03	1.25	1.38
1%	0.75	0.67	0.73	0.87	1.03	1.07
Extremes						
5 Highest (Highest)	16.53	8.88	10.93	9.53	9.67	16.53
	13.55	6.02	6.13	9.00	9.15	13.55
	11.88	6.00	5.33	8.87	9.12	11.88
	10.93	5.73	5.25	8.63	8.85	10.73
	10.73	5.33	4.98	8.60	8.73	10.25
5 Lowest	0.67	0.72	0.75	0.87	1.10	1.33
	0.63	0.72	0.73	0.83	1.10	1.28
	0.62	0.67	0.73	0.80	1.08	1.27
	0.62	0.62	0.63	0.77	1.03	1.07
(Lowest)	0.60	0.62	0.60	0.75	0.97	0.77

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13j Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.90	0.72	0.65	0.84	1.14	1.95
Variance	0.65	0.20	0.15	0.34	0.95	2.65
Standard Deviation	0.81	0.45	0.39	0.58	0.97	1.63
Quartiles						
Maximum	8.05	4.93	3.22	5.10	5.28	8.05
Q3	0.98	0.85	0.77	0.97	1.17	2.42
Median	0.68	0.62	0.55	0.68	0.87	1.26
Q1	0.50	0.43	0.42	0.52	0.65	0.88
Minimum	0.18	0.18	0.18	0.23	0.38	0.40
Mode	0.48	0.48	0.38	0.53	0.87	0.68
Range	7.87	4.75	3.03	4.87	4.90	7.65
Percentiles						
99%	4.95	2.32	2.38	3.65	5.03	7.73
95%	2.15	1.42	1.27	1.73	3.98	5.28
90%	1.43	1.17	1.05	1.28	1.77	4.93
10%	0.38	0.35	0.33	0.42	0.52	0.68
5%	0.33	0.32	0.30	0.37	0.48	0.65
1%	0.25	0.27	0.23	0.27	0.42	0.50
Extremes						
5 Highest (Highest)	8.05	4.93	3.22	5.10	5.28	8.05
	7.73	2.47	2.68	4.95	5.03	7.73
	5.92	2.32	2.38	4.83	4.92	5.92
	5.45	2.22	2.28	4.00	4.90	5.45
	5.42	2.02	2.22	3.65	4.83	5.42
5 Lowest	0.23	0.28	0.23	0.27	0.45	0.63
	0.22	0.28	0.23	0.27	0.45	0.62
	0.20	0.27	0.23	0.25	0.43	0.62
	0.18	0.20	0.22	0.23	0.42	0.50
(Lowest)	0.60	0.62	0.60	0.75	0.97	0.77

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13k Overall Interview Timing Data for the Dress Rehearsal Stimulants Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.93	0.77	0.71	0.85	1.21	1.89
Variance	0.69	0.22	0.18	0.36	1.06	2.91
Standard Deviation	0.83	0.47	0.42	0.60	1.03	1.70
Quartiles						
Maximum	10.18	5.28	4.15	5.65	5.73	10.18
Q3	1.03	0.97	0.84	0.95	1.33	2.09
Median	0.73	0.67	0.60	0.72	0.93	1.29
Q1	0.53	0.48	0.45	0.57	0.68	0.92
Minimum	0.15	0.18	0.15	0.22	0.37	0.40
Mode	0.63	0.63	0.52	0.73	0.62	1.00
Range	10.03	5.10	4.00	5.43	5.37	9.78
Percentiles						
99%	5.33	2.15	2.25	4.08	5.40	6.78
95%	2.03	1.48	1.48	1.58	2.95	5.48
90%	1.47	1.27	1.20	1.30	1.87	5.30
10%	0.40	0.35	0.33	0.40	0.53	0.62
5%	0.33	0.32	0.28	0.35	0.48	0.50
1%	0.23	0.23	0.18	0.25	0.43	0.42
Extremes						
5 Highest (Highest)	10.18	5.28	4.15	5.65	5.73	10.18
	6.78	2.55	2.35	5.38	5.40	6.78
	6.22	2.15	2.25	5.32	5.23	6.22
	5.85	2.07	2.03	5.23	5.23	5.85
5 Lowest	5.73	2.00	2.00	4.08	5.22	5.62
	0.18	0.23	0.23	0.25	0.47	0.50
	0.18	0.23	0.18	0.25	0.45	0.48
	0.18	0.23	0.18	0.23	0.45	0.47
	0.17	0.22	0.17	0.23	0.43	0.42
(Lowest)	0.15	0.18	0.15	0.22	0.37	0.40

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13I Overall Interview Timing Data for the Dress Rehearsal Sedatives Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.81	0.64	0.56	0.76	1.06	1.78
Variance	0.76	0.19	0.10	0.68	1.01	2.80
Standard Deviation	0.87	0.43	0.32	0.82	1.01	1.67
Quartiles						
Maximum	15.22	4.72	2.28	15.22	7.48	12.53
Q3	0.87	0.80	0.65	0.82	1.07	1.93
Median	0.62	0.53	0.48	0.63	0.77	1.21
Q1	0.43	0.38	0.37	0.47	0.57	0.82
Minimum	0.10	0.15	0.10	0.15	0.23	0.40
Mode	0.38	0.43	0.38	0.72	0.93	0.93
Range	15.12	4.57	2.18	15.07	7.25	12.13
Percentiles						
99%	4.72	1.85	2.02	3.15	5.27	5.42
95%	1.87	1.28	1.12	1.47	2.77	4.90
90%	1.37	1.10	0.88	1.15	1.82	4.65
10%	0.32	0.28	0.27	0.35	0.47	0.62
5%	0.27	0.25	0.22	0.30	0.43	0.57
1%	0.20	0.17	0.13	0.23	0.38	0.40
Extremes						
5 Highest (Highest)	15.22	4.72	2.28	15.22	7.48	12.53
	12.53	2.83	2.03	4.65	5.27	5.42
	7.48	1.85	2.02	4.12	4.70	5.27
	5.42	1.82	1.93	3.67	4.67	5.12
	5.27	1.68	1.78	3.15	4.67	5.02
5 Lowest	0.15	0.20	0.18	0.23	0.40	0.50
	0.15	0.20	0.18	0.23	0.40	0.50
	0.13	0.17	0.13	0.22	0.40	0.42
	0.13	0.17	0.13	0.20	0.38	0.40
(Lowest)	0.10	0.15	0.10	0.15	0.23	0.40

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13m Overall Interview Timing Data for the Dress Rehearsal Pain Reliever Module in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	760	86	152	335	116	71
Extreme/Missing Records*	555	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.89	0.94	0.83	0.86	1.00	0.99
Variance	1.16	0.88	0.98	1.44	1.18	0.52
Standard Deviation	1.08	0.94	0.99	1.20	1.08	0.72
Quartiles						
Maximum	11.13	4.32	6.63	11.13	5.48	4.18
Q3	0.98	1.03	0.84	0.90	1.05	1.45
Median	0.58	0.62	0.49	0.52	0.68	0.80
Q1	0.33	0.38	0.28	0.30	0.43	0.48
Minimum	0.07	0.07	0.08	0.10	0.15	0.10
Mode	0.20	0.12	0.20	0.23	0.17	0.77
Range	11.07	4.25	6.55	11.03	5.33	4.08
Percentiles						
99%	5.12	4.32	5.10	6.42	5.30	4.18
95%	3.08	2.77	3.17	3.08	4.03	1.77
90%	1.89	2.63	2.02	1.65	1.63	1.65
10%	0.20	0.18	0.17	0.18	0.22	0.35
5%	0.15	0.12	0.15	0.15	0.17	0.22
1%	0.10	0.07	0.08	0.12	0.15	0.10
Extremes						
5 Highest (Highest)	11.13	4.32	6.63	11.13	5.48	4.18
	10.38	3.90	5.10	10.38	5.30	4.05
	7.45	3.65	3.78	7.45	5.12	2.02
	6.63	2.97	3.73	6.42	5.03	1.77
	6.42	2.77	3.42	4.75	4.92	1.75
5 Lowest	0.10	0.12	0.10	0.12	0.17	0.23
	0.08	0.12	0.10	0.12	0.17	0.22
	0.08	0.10	0.08	0.12	0.17	0.22
	0.08	0.10	0.08	0.12	0.15	0.18
(Lowest)	0.07	0.07	0.08	0.10	0.15	0.10

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13n Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,052	17,555	17,932	12,638	4,212	2,715
Extreme/Missing Records*	212	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	2.06	2.13	1.96	2.00	2.18	2.49
Variance	1.23	1.11	1.22	1.33	1.22	1.31
Standard Deviation	1.11	1.05	1.10	1.15	1.10	1.15
Quartiles						
Maximum	37.63	24.85	18.62	37.63	17.90	13.87
Q3	2.53	2.62	2.38	2.42	2.63	3.07
Median	1.87	2.00	1.73	1.78	1.98	2.33
Q1	1.37	1.47	1.25	1.30	1.52	1.75
Minimum	0.05	0.07	0.05	0.07	0.12	0.12
Mode	1.63	1.80	1.63	1.68	1.65	2.02
Range	37.58	24.78	18.57	37.57	17.78	13.75
Percentiles						
99%	5.85	5.70	5.78	5.85	6.15	6.27
95%	3.87	3.80	3.87	3.82	3.98	4.23
90%	3.27	3.25	3.22	3.17	3.32	3.63
10%	0.98	1.05	0.92	0.98	1.15	1.32
5%	0.78	0.80	0.72	0.80	0.93	1.10
1%	0.42	0.40	0.37	0.48	0.58	0.62
Extremes						
5 Highest (Highest)	37.63	24.85	18.62	37.63	17.90	13.87
	24.85	18.42	18.00	21.67	14.32	12.55
	21.67	15.52	17.10	17.82	13.98	12.30
	18.62	14.80	16.48	16.90	13.07	11.50
	18.42	13.68	13.53	15.32	12.85	10.72
5 Lowest	0.08	0.10	0.10	0.10	0.28	0.32
	0.08	0.08	0.10	0.10	0.27	0.20
	0.07	0.08	0.08	0.08	0.20	0.18
	0.07	0.08	0.08	0.08	0.13	0.17
(Lowest)	0.05	0.07	0.05	0.07	0.12	0.12

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13o Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	28,609	9,532	9,240	6,402	2,122	1,313
Extreme/Missing Records*	123	28	55	31	6	2
Summary Statistics (Minutes)						
Mean	2.06	2.15	1.92	1.99	2.17	2.51
Variance	1.35	1.32	1.17	1.45	1.55	1.59
Standard Deviation	1.16	1.15	1.08	1.20	1.25	1.26
Quartiles						
Maximum	31.78	31.78	17.58	22.97	15.63	13.77
Q3	2.52	2.63	2.33	2.40	2.57	3.03
Median	1.85	2.00	1.70	1.77	1.93	2.30
Q1	1.33	1.45	1.23	1.28	1.47	1.78
Minimum	0.05	0.05	0.05	0.07	0.18	0.15
Mode	1.60	2.17	1.32	1.45	1.60	2.05
Range	31.73	31.73	17.53	22.90	15.45	13.62
Percentiles						
99%	6.00	5.77	5.88	6.03	6.65	8.20
95%	3.92	3.90	3.85	3.93	3.95	4.27
90%	3.27	3.32	3.17	3.20	3.32	3.57
10%	0.97	1.03	0.88	0.95	1.10	1.37
5%	0.77	0.80	0.70	0.77	0.92	1.13
1%	0.42	0.42	0.35	0.47	0.57	0.65
Extremes						
5 Highest (Highest)	31.78	31.78	17.58	22.97	15.63	13.77
	22.97	20.52	12.63	20.95	14.95	11.18
	20.95	18.30	11.12	19.40	14.38	11.18
	20.52	18.07	10.60	16.98	14.33	11.02
	19.40	14.33	10.47	14.08	13.00	10.77
5 Lowest	0.07	0.12	0.08	0.12	0.37	0.32
	0.07	0.10	0.07	0.10	0.33	0.30
	0.05	0.08	0.07	0.10	0.25	0.28
	0.05	0.08	0.05	0.10	0.20	0.15
(Lowest)	0.05	0.05	0.05	0.07	0.18	0.15

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13p Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	307	12	49	156	56	34
Extreme/Missing Records*	1,008	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.68	0.72	0.93	0.61	0.57	0.85
Variance	0.65	0.68	0.94	0.66	0.39	0.50
Standard Deviation	0.81	0.82	0.97	0.81	0.63	0.71
Quartiles						
Maximum	5.07	2.93	3.58	5.07	3.48	3.53
Q3	0.70	0.93	1.63	0.58	0.56	1.15
Median	0.38	0.37	0.48	0.33	0.38	0.66
Q1	0.20	0.20	0.18	0.18	0.24	0.32
Minimum	0.03	0.15	0.03	0.07	0.08	0.15
Mode	0.17	0.22	0.13	0.17	0.20	0.32
Range	5.03	2.78	3.55	5.00	3.40	3.38
Percentiles						
99%	3.58	2.93	3.58	4.08	3.48	3.53
95%	2.45	2.93	3.02	2.33	2.20	2.07
90%	1.82	1.57	2.48	1.53	1.05	1.82
10%	0.13	0.17	0.13	0.12	0.15	0.27
5%	0.10	0.15	0.07	0.10	0.12	0.17
1%	0.07	0.15	0.03	0.07	0.08	0.15
Extremes						
5 Highest (Highest)	5.07	2.93	3.58	5.07	3.48	3.53
	4.08	1.57	3.25	4.08	2.52	2.07
	4.08	1.15	3.02	4.08	2.20	1.88
	3.58	0.70	2.98	3.28	2.00	1.82
5 Lowest	3.53	0.67	2.48	3.03	1.07	1.55
	0.07	0.22	0.13	0.08	0.13	0.28
	0.07	0.22	0.10	0.08	0.13	0.27
	0.07	0.18	0.07	0.08	0.12	0.20
	0.05	0.17	0.05	0.07	0.12	0.17
(Lowest)	0.05	0.05	0.05	0.07	0.18	0.15

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13q Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,052	17,555	17,932	12,638	4,212	2,715
Extreme/Missing Records*	212	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	1.14	1.19	1.02	1.10	1.30	1.64
Variance	0.56	0.48	0.52	0.59	0.62	0.81
Standard Deviation	0.75	0.69	0.72	0.77	0.78	0.90
Quartiles						
Maximum	30.15	16.67	30.15	27.42	13.92	11.30
Q3	1.47	1.55	1.28	1.37	1.65	2.23
Median	0.98	1.05	0.87	0.93	1.13	1.48
Q1	0.65	0.70	0.58	0.63	0.78	0.98
Minimum	0.03	0.03	0.03	0.03	0.08	0.07
Mode	0.65	0.82	0.65	0.65	0.65	0.83
Range	30.12	16.63	30.12	27.38	13.83	11.23
Percentiles						
99%	3.33	3.17	3.23	3.38	3.80	4.30
95%	2.48	2.43	2.25	2.37	2.62	2.93
90%	2.07	2.08	1.83	1.93	2.27	2.72
10%	0.43	0.47	0.40	0.43	0.55	0.67
5%	0.33	0.35	0.30	0.35	0.43	0.52
1%	0.18	0.18	0.17	0.22	0.28	0.30
Extremes						
5 Highest (Highest)	30.15	16.67	30.15	27.42	13.92	11.30
	27.42	9.05	19.68	26.75	11.18	8.23
	26.75	8.82	16.75	15.83	7.45	7.95
	19.68	8.05	16.65	8.43	7.28	7.95
	16.75	7.28	10.07	8.35	7.25	7.87
5 Lowest	0.03	0.05	0.05	0.07	0.12	0.13
	0.03	0.05	0.05	0.07	0.10	0.10
	0.03	0.05	0.05	0.07	0.10	0.08
	0.03	0.03	0.05	0.03	0.08	0.08
(Lowest)	0.03	0.03	0.03	0.03	0.08	0.07

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13r Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	28,609	9,532	9,240	6,402	2,122	1,313
Extreme/Missing Records*	123	28	55	31	6	2
Summary Statistics (Minutes)						
Mean	1.14	1.20	1.02	1.09	1.28	1.62
Variance	0.55	0.50	0.52	0.52	0.63	0.74
Standard Deviation	0.74	0.71	0.72	0.72	0.79	0.86
Quartiles						
Maximum	20.73	10.38	20.73	14.60	11.02	7.47
Q3	1.45	1.56	1.27	1.35	1.60	2.15
Median	0.97	1.05	0.85	0.92	1.11	1.43
Q1	0.63	0.68	0.57	0.62	0.75	1.00
Minimum	0.03	0.03	0.03	0.03	0.08	0.10
Mode	0.60	0.60	0.68	0.78	0.72	0.95
Range	20.70	10.35	20.70	14.57	10.93	7.37
Percentiles						
99%	3.47	3.33	3.33	3.53	3.97	4.63
95%	2.48	2.48	2.25	2.38	2.68	2.95
90%	2.05	2.10	1.83	1.93	2.27	2.67
10%	0.43	0.47	0.38	0.43	0.55	0.68
5%	0.33	0.37	0.30	0.33	0.43	0.52
1%	0.18	0.18	0.17	0.20	0.28	0.27
Extremes						
5 Highest (Highest)	20.73	10.38	20.73	14.60	11.02	7.47
	19.38	8.25	19.38	9.78	8.60	6.07
	14.60	8.07	9.33	8.80	6.92	5.82
	11.02	6.97	8.80	8.60	6.68	5.75
	10.38	6.80	7.72	7.82	5.93	5.27
5 Lowest	0.03	0.07	0.05	0.08	0.12	0.15
	0.03	0.07	0.05	0.07	0.12	0.15
	0.03	0.05	0.03	0.07	0.10	0.13
	0.03	0.03	0.03	0.07	0.10	0.12
(Lowest)	0.03	0.03	0.03	0.03	0.08	0.10

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13s Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	197	30	58	80	19	10
Extreme/Missing Records*	1,118	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.60	0.61	0.91	0.44	0.37	0.50
Variance	0.51	0.49	0.83	0.34	0.09	0.09
Standard Deviation	0.71	0.70	0.91	0.58	0.31	0.30
Quartiles						
Maximum	3.42	2.65	3.42	3.12	1.20	1.13
Q3	0.65	0.65	1.50	0.46	0.47	0.78
Median	0.32	0.37	0.39	0.25	0.27	0.35
Q1	0.15	0.20	0.13	0.15	0.15	0.30
Minimum	0.02	0.07	0.02	0.05	0.08	0.27
Mode	0.13	0.07	0.13	0.13	0.13	0.35
Range	3.40	2.58	3.40	3.07	1.12	0.87
Percentiles						
99%	3.18	2.65	3.42	3.12	1.20	1.13
95%	2.38	2.42	2.95	2.03	1.20	1.13
90%	1.72	1.95	2.30	0.73	0.87	0.96
10%	0.10	0.08	0.10	0.10	0.12	0.28
5%	0.07	0.07	0.07	0.08	0.08	0.27
1%	0.05	0.07	0.02	0.05	0.08	0.27
Extremes						
5 Highest (Highest)	3.42	2.65	3.42	3.12	1.20	1.13
	3.18	2.42	3.18	2.67	0.87	0.78
	3.12	2.38	2.95	2.27	0.82	0.78
	2.95	1.52	2.65	2.07	0.63	0.38
	2.67	0.90	2.60	1.98	0.47	0.35
5 Lowest	0.07	0.13	0.08	0.08	0.15	0.35
	0.07	0.08	0.07	0.07	0.13	0.33
	0.07	0.07	0.07	0.07	0.13	0.30
	0.05	0.07	0.07	0.07	0.12	0.28
(Lowest)	0.02	0.07	0.02	0.05	0.08	0.27

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13t Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,052	17,555	17,932	12,638	4,212	2,715
Extreme/Missing Records*	212	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	1.16	1.21	1.03	1.11	1.35	1.70
Variance	0.67	0.61	0.58	0.64	0.84	1.10
Standard Deviation	0.82	0.78	0.76	0.80	0.92	1.05
Quartiles						
Maximum	36.12	21.15	36.12	26.47	24.82	11.72
Q3	1.48	1.58	1.28	1.38	1.70	2.32
Median	0.97	1.03	0.85	0.93	1.13	1.45
Q1	0.63	0.65	0.55	0.63	0.77	0.92
Minimum	0.03	0.03	0.05	0.03	0.07	0.03
Mode	0.57	0.80	0.57	0.75	0.92	0.88
Range	36.08	21.12	36.07	26.43	24.75	11.68
Percentiles						
99%	3.53	3.42	3.42	3.52	3.77	4.52
95%	2.68	2.68	2.38	2.50	2.93	3.22
90%	2.15	2.23	1.88	1.97	2.40	3.05
10%	0.42	0.42	0.37	0.43	0.53	0.63
5%	0.32	0.32	0.28	0.33	0.42	0.50
1%	0.17	0.17	0.15	0.20	0.27	0.27
Extremes						
5 Highest (Highest)	36.12	21.15	36.12	26.47	24.82	11.72
	26.47	14.08	19.30	17.05	9.73	11.08
	24.82	11.38	9.73	15.12	9.57	9.05
	21.15	10.63	9.68	15.07	9.40	8.97
	19.30	8.37	8.63	12.98	8.92	8.87
5 Lowest	0.05	0.05	0.07	0.08	0.12	0.13
	0.03	0.05	0.05	0.07	0.12	0.10
	0.03	0.05	0.05	0.07	0.10	0.08
	0.03	0.03	0.05	0.05	0.10	0.08
(Lowest)	0.03	0.03	0.05	0.03	0.07	0.03

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13u Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	28,609	9,532	9,240	6,402	2,122	1,313
Extreme/Missing Records*	123	28	55	31	6	2
Summary Statistics (Minutes)						
Mean	1.16	1.22	1.02	1.10	1.34	1.64
Variance	0.64	0.61	0.50	0.62	0.86	0.97
Standard Deviation	0.80	0.78	0.71	0.79	0.93	0.98
Quartiles						
Maximum	15.72	13.33	9.95	15.72	12.78	13.40
Q3	1.47	1.60	1.28	1.37	1.67	2.20
Median	0.95	1.03	0.83	0.92	1.13	1.42
Q1	0.62	0.65	0.55	0.60	0.75	0.93
Minimum	0.03	0.05	0.03	0.07	0.07	0.10
Mode	0.73	0.73	0.63	0.78	1.00	1.33
Range	15.68	13.28	9.92	15.65	12.72	13.30
Percentiles						
99%	3.70	3.60	3.38	3.72	4.25	4.70
95%	2.70	2.70	2.37	2.58	3.00	3.18
90%	2.17	2.27	1.88	2.00	2.45	2.98
10%	0.42	0.43	0.37	0.42	0.52	0.63
5%	0.32	0.32	0.28	0.32	0.42	0.48
1%	0.17	0.17	0.15	0.20	0.25	0.22
Extremes						
5 Highest (Highest)	15.72	13.33	9.95	15.72	12.78	13.40
	13.40	10.10	8.73	11.60	12.30	6.13
	13.33	7.47	7.45	10.98	8.17	5.97
	12.78	6.92	7.23	10.80	7.55	5.77
	12.30	6.07	7.17	9.90	6.85	5.67
5 Lowest	0.05	0.07	0.07	0.10	0.10	0.12
	0.05	0.07	0.05	0.08	0.10	0.12
	0.05	0.07	0.05	0.07	0.10	0.12
	0.05	0.07	0.05	0.07	0.08	0.10
(Lowest)	0.03	0.05	0.03	0.07	0.07	0.10

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13v Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	176	11	21	90	35	19
Extreme/Missing Records*	1,139	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.47	0.58	0.24	0.38	0.49	1.03
Variance	0.96	0.98	0.08	1.27	0.45	1.13
Standard Deviation	0.98	0.99	0.28	1.13	0.67	1.06
Quartiles						
Maximum	10.63	3.37	1.37	10.63	3.68	4.43
Q3	0.38	0.93	0.25	0.32	0.53	1.15
Median	0.22	0.15	0.15	0.18	0.28	0.63
Q1	0.13	0.08	0.10	0.13	0.17	0.38
Minimum	0.03	0.07	0.07	0.03	0.07	0.20
Mode	0.13	0.08	0.10	0.13	0.22	0.20
Range	10.60	3.30	1.30	10.60	3.62	4.23
Percentiles						
99%	4.43	3.37	1.37	10.63	3.68	4.43
95%	1.37	3.37	0.58	0.83	1.98	4.43
90%	0.93	1.03	0.30	0.52	0.78	2.63
10%	0.08	0.08	0.08	0.09	0.12	0.20
5%	0.07	0.07	0.07	0.07	0.07	0.20
1%	0.05	0.07	0.07	0.03	0.07	0.20
Extremes						
5 Highest (Highest)	10.63	3.37	1.37	10.63	3.68	4.43
	4.43	1.03	0.58	1.60	1.98	2.63
	3.68	0.93	0.30	1.37	1.22	2.40
	3.37	0.22	0.30	1.37	0.78	1.15
	2.63	0.20	0.28	0.83	0.77	1.15
5 Lowest	0.07	0.12	0.10	0.07	0.12	0.38
	0.05	0.08	0.08	0.05	0.12	0.37
	0.05	0.08	0.08	0.05	0.10	0.25
	0.05	0.08	0.07	0.05	0.07	0.20
(Lowest)	0.03	0.07	0.07	0.03	0.07	0.20

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13w Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,051	17,554	17,932	12,638	4,212	2,715
Extreme/Missing Records*	213	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	0.94	1.01	0.78	0.87	1.12	1.54
Variance	0.46	0.46	0.31	0.37	0.61	1.07
Standard Deviation	0.68	0.68	0.55	0.61	0.78	1.03
Quartiles						
Maximum	16.92	7.30	12.23	16.13	16.92	15.28
Q3	1.17	1.32	0.95	1.07	1.38	2.13
Median	0.75	0.83	0.63	0.72	0.93	1.28
Q1	0.50	0.52	0.43	0.50	0.63	0.83
Minimum	0.02	0.03	0.03	0.02	0.03	0.03
Mode	0.52	0.43	0.52	0.45	0.65	1.00
Range	16.90	7.27	12.20	16.12	16.88	15.25
Percentiles						
99%	3.05	3.07	2.78	2.95	3.23	3.93
95%	2.32	2.40	1.80	2.02	2.58	3.02
90%	1.78	1.95	1.40	1.57	2.10	2.88
10%	0.33	0.35	0.30	0.35	0.43	0.53
5%	0.25	0.27	0.23	0.27	0.33	0.40
1%	0.15	0.15	0.13	0.17	0.22	0.20
Extremes						
5 Highest (Highest)	16.92	7.30	12.23	16.13	16.92	15.28
	16.13	6.72	10.33	10.18	12.73	13.53
	15.28	6.53	9.98	7.80	8.55	10.62
	13.53	6.48	9.88	7.58	7.80	10.27
	12.73	6.47	9.45	7.27	7.20	8.87
5 Lowest	0.03	0.05	0.05	0.05	0.07	0.10
	0.03	0.05	0.05	0.05	0.07	0.08
	0.03	0.05	0.03	0.05	0.05	0.07
	0.03	0.03	0.03	0.03	0.05	0.07
(Lowest)	0.02	0.03	0.03	0.02	0.03	0.03

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13x Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	28,609	9,532	9,240	6,402	2,122	1,313
Extreme/Missing Records*	123	28	55	31	6	2
Summary Statistics (Minutes)						
Mean	0.94	1.02	0.79	0.87	1.13	1.50
Variance	0.52	0.50	0.37	0.40	0.87	1.05
Standard Deviation	0.72	0.71	0.61	0.63	0.93	1.03
Quartiles						
Maximum	20.37	11.87	16.28	15.18	20.37	12.28
Q3	1.17	1.33	0.95	1.07	1.40	2.03
Median	0.75	0.83	0.63	0.72	0.92	1.23
Q1	0.50	0.53	0.43	0.48	0.62	0.82
Minimum	0.02	0.02	0.05	0.07	0.07	0.12
Mode	0.47	0.57	0.47	0.47	0.70	0.82
Range	20.35	11.85	16.23	15.12	20.30	12.17
Percentiles						
99%	3.20	3.25	2.93	2.97	3.63	4.45
95%	2.32	2.43	1.83	2.08	2.72	3.00
90%	1.80	1.98	1.43	1.60	2.08	2.85
10%	0.33	0.35	0.30	0.33	0.42	0.53
5%	0.27	0.27	0.23	0.27	0.33	0.40
1%	0.15	0.13	0.13	0.15	0.20	0.20
Extremes						
5 Highest (Highest)	20.37	11.87	16.28	15.18	20.37	12.28
	16.28	7.80	12.48	11.18	14.48	10.68
	15.18	6.47	8.35	6.65	13.47	8.08
	14.48	6.10	7.83	6.17	6.65	7.88
	13.47	5.85	6.42	6.12	5.60	6.65
5 Lowest	0.05	0.05	0.05	0.08	0.13	0.13
	0.03	0.03	0.05	0.08	0.13	0.13
	0.03	0.03	0.05	0.07	0.12	0.13
	0.03	0.03	0.05	0.07	0.10	0.12
(Lowest)	0.02	0.02	0.05	0.07	0.07	0.12

* Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Data quality indicators that were discussed in the QFT report for triggering of inconsistency "flags," triggering of "hard errors" in the DR prescription drug data, and triggering of consistency checks in the prescription drug initiation data were not examined for the DR. Very small numbers of respondents in the QFT had triggered flags for inconsistent data in the modules for smokeless tobacco, methamphetamine, and prescription drugs (i.e., fewer than five respondents for any given flag that was set). No situations were identified in the audit trail data for the QFT in which respondents triggered a hard error between the age at first use (AFU) answers for individual prescription drugs and their current age (Currivan et al., 2013).

4.6.2 Responding to Lead Questions for "OTHER, Specify" Data

As noted in *Section 3.3.2* in *Chapter 3*, only the "OTHER, Specify" data for Hispanic origin, race, and drugs were coded for use in further data processing or analysis. However, data for variables or response choices that govern whether respondents were asked "OTHER, Specify" questions provide an indication of data quality. For example, if predefined categories for a given question or predefined examples in preceding questions (e.g., specific prescription drugs) are understandable and encompass the bulk of expected responses, then the rates should be low for the residual "other" responses (e.g., obtaining pain relievers "some other way").

Estimates are shown in *Table 4.14* for the following new, moved, or revised items in the DR that have associated "OTHER, Specify" data:

- race (question QD05), including other race;
- source of the last pain reliever that the respondent misused (PRY42B), including getting the drug some other way;
- friend's or relative's source of the pain reliever that the respondent obtained from a friend or relative for free (PRY42C), including getting the drug some other way;
- source of the last tranquilizer that the respondent misused (TRY21B);
- friend's or relative's source of the tranquilizer that the respondent obtained from a friend or relative for free (TRY21C);
- source of the last stimulant that the respondent misused (STY26B);
- friend's or relative's source of the stimulant that the respondent obtained from a friend or relative for free (STY26C);
- source of the last sedative that the respondent misused (SVY19B);
- friend's or relative's source of the sedative that the respondent obtained from a friend or relative for free (SVY19C);
- type of cancer (HLTH26), including other cancer;
- born in the United States (QD14)²⁰; and

²⁰ Respondents who answer question QD14 as "no" are routed to question QD15, which asks them to specify the country or territory where they were born.

- immediate family members who are currently in the United States military (QD10D), including other immediate family members.

Except for question QD14, which does not offer an *explicit* choice of "other" (i.e., other country or territory is implied by a response of "no"), and the new question QD10D for immediate family members serving in the United States military, rates for "other" responses to these items generally were low in the DR data relative to rates for predefined response categories. Although 4.8 percent of persons aged 12 or older in the DR data were estimated to be in the "other" race category, the percentage decreased to 0.6 percent when the estimates did not include Hispanic and Spanish-language respondents in the DR data. Corresponding rates for the other race category in the 2012 and 2013 comparison data in *Table H-1* in *Appendix H* that also did not include Hispanic and Spanish-language respondents were 0.4 and 0.6 percent, respectively.

Although most of the rates in *Table 4.14* were flagged for suppression, the low rates for "other" responses for most items were consistent with findings from the QFT. Except for other immediate family members who were reported to be serving in the military, these findings typically support the conclusion that predefined categories performed adequately in the QFT and DR.

If DR respondents reported in question QD10D that a member of their immediate family was serving in the United States military, the most commonly reported response in follow-up question QD10E was "another member of my immediate family." Specifically, 84 respondents in the DR chose this relationship, which yielded a weighted percentage of 45.2 percent among persons with a family member who was serving in the military. The "OTHER, Specify" data for these 84 respondents indicated that 3 respondents specified a step- parent or stepchild (i.e., which were included in the explanation of immediate family members in question QD10D). Remaining respondents specified relationships other than those that were listed in question QD10E or else had missing data (i.e., don't know, refused, or bad data).²¹ The other family relationships that were reported in the DR data were as follows (numbers of respondents in parentheses):

- a cousin or cousins ($n = 33$);
- an uncle or an aunt ($n = 11$);
- a nephew, niece, or great nephew or niece ($n = 9$);
- an in-law ($n = 7$); and
- a grandparent or grandchild, including step relationships ($n = 6$).

In addition, the "OTHER, Specify" answers for 11 respondents were assigned codes for missing data, and 4 respondents specified that they had no other family members serving in the military.

On the one hand, the DR data for other family members who were reported to be serving in the military do not suggest that respondents were unclear about the meanings of the precoded

²¹ One respondent may have specified a relationship that corresponded to a precoded response option from question QD10E. However, this respondent's "OTHER, Specify" response was assigned a code for "bad data" because it was unclear whether the response applied to an immediate family member from question QD10E or someone else who was related to an immediate family member.

response categories in question QD13E for immediate family members. Rather, the "OTHER, Specify" data suggest that respondents were including family members other than those that were mentioned in the explanatory text for "immediate family."

Two explanations are possible for the high numbers of DR respondents who specified family relationships other than those that were listed in question QD13E. First, respondents may not be attending to the question wording about "immediate family" members and instead are answering question QD13D as "yes" if they know of *any* relatives who are currently serving in the United States military. A second possible explanation is that some respondents could have a broader interpretation of what constitutes an "immediate family" member based on their cultural backgrounds, especially for respondents for whom extended family relationships are the norm. However, the numbers of respondents who answered QD13E as "yes" because they were thinking of any relatives rather than immediate family members and the number who had interpreted "immediate family" to include additional relationships cannot be readily determined from the DR data.

Regardless of the underlying reasons, the higher number of respondents who reported that another member of their family was serving in the military relative to the precoded categories in question QD13E suggests that it could be useful to consider ways of revising questions QD13D and QD13E. Revising these questions could reduce the potential burden on respondents who otherwise might need to type in an "OTHER, Specify" response and also could reduce the amount of data coding that otherwise could be required.

However, revising the explanation for "immediate family" to mention relationships that respondents should *not* include may not be advisable because (a) these additions would add to the amount and complexity of the cognitive information that respondents would need to process in order to answer these questions; and (b) for an undetermined number of respondents, further revisions could communicate cultural biases about the concept of "immediate family." Rather, it could be useful for SAMHSA to continue allowing respondents to interpret these questions according to whatever they mean to the respondents and to consider alternatives for capturing information on other relationships that could be less burdensome for respondents and that could require less coding of "OTHER, Specify" data. For example, questions about unmet need for substance treatment services, unmet need for mental health services among adults, and reasons why adolescents received mental health services in the past 12 months use an "unfolding" strategy, in which an initial response choice of "other" leads to a follow-up question.

4.6.3 Patterned Responses in the Core Drug Questions for the Comparison Data

Core modules in the 2012 and 2013 comparison data were reviewed for potential patterned responses according to the procedures documented in the editing and coding section (Section 10) of the 2010 methodological resource book (Kroutil et al., 2012a). These checks were implemented as part of the general editing procedures for editing the full 2012 survey data and the 2013 survey data from quarters 3 and 4, regardless of whether interviews were within or outside of the 48 States of the continental United States. However, fewer than 10 cases in the entire 2012 data were classified as nonrespondents even though they met the usable case criteria because of patterned responses in their core drug data. Similarly, fewer than 10 cases in the entire 2012 survey were retained as respondents, but with their original responses in one or more

core drug modules being replaced with "bad data" codes. For the 2013 survey in quarters 3 and 4, fewer than five cases met the usable case criteria but were treated as nonrespondents, and fewer than five cases were retained as respondents but with their original responses in one or more core drug modules being replaced with "bad data" codes.

4.6.4 Patterned Responses in the Core Drug Questions for the DR Data

The checks for patterned responses that were used for the comparison data also were implemented for core DR modules that did not change (or underwent minimal change) relative to the comparison data. Because the content of the new methamphetamine module for the QFT and DR was similar to the content of other modules in the comparison data, the relevant checks for the comparison data were run for the methamphetamine data in the QFT.

Based on the experience in the QFT, particular attention was given to identifying the occurrence of the following patterns in the prescription drug data and examining the results if these patterns occurred:

- keying responses of "1" (and only "1") to all screener questions for a given prescription drug category;
- keying responses of "2" (and only "2") to all screener questions for a given prescription drug category; and
- reports of high numbers of individual prescription drugs that were misused relative to the overall distribution of the number of drugs that were misused within a given category, with all AFUs being within 1 year of each other (including those in which all AFUs were at the same age).

No new types of patterned responses were identified in the prescription drug data for the DR.

No cases were dropped from the DR data (i.e., treated as nonrespondents) because of patterned responses. However, three respondents had a pattern of keying "2" (or mostly "2") in one or more prescription drug modules. No DR respondents had a pattern of keying only responses of "1" in the screening questions. No cases were recommended to have their prescription drug answers set to "bad data" because of high numbers of individual prescription drugs that were misused.

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older

DR Instrument Item	Type of Change ¹	Description of Change	DR Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Race (QD05)	R	Added response categories for Guamanian or Chamorro and Samoan.				
White (QD051)			76.8	2.66	1,396	2,084
Black or African American (QD052)			12.7	2.03	270	2,084
American Indian or Alaska Native (American Indian Includes North American, Central American, and South American Indians) (QD053)			1.8	0.33	144	2,084
Native Hawaiian (QD054)			0.0	0.01	3	2,084
Guamanian or Chamorro (QD055)			0.0	0.01	3	2,084
Samoan (QD056)			0.0*	0.00*	0	2,084
Other Pacific Islander (QD057)			0.3	0.15	19	2,084
Asian (Including: Asian, Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese (QD058)			5.3	1.27	146	2,084
Other (Specify) (QD059)			4.8	0.79	190	2,084
Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [PRLASTFILL]? (PRY42B) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [PRLASTFILL] from just one Doctor			33.7*	7.15*	41	126
I got prescriptions for the [PRLASTFILL] from more than one doctor			1.8*	1.82*	1	126
I stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	126
I got the [PRLASTFILL] from a friend or relative for free			38.8*	6.01*	52	126
I bought the [PRLASTFILL] from a friend or relative			9.2	2.67	13	126
I took the [PRLASTFILL] from a friend or relative without asking			2.4*	2.08*	4	126
I bought the [PRLASTFILL] from a drug dealer or other stranger			7.0*	3.79*	7	126
I got the [PRLASTFILL] in some other way			7.0	3.04	8	126

See notes at end of table.

(continued)

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

DR Instrument Item	Type of Change ¹	Description of Change	DR Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How did your friend or relative get the [PRLASTFILL]? (PRY42C) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [PRLASTFILL] from just one doctor			87.3*	5.81*	40	50
He or she got prescriptions for the [PRLASTFILL] from more than one doctor			0.4*	0.37*	1	50
He or she stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	50
He or she got the [PRLASTFILL] from a friend or relative for free			4.0*	2.75*	3	50
He or she bought the [PRLASTFILL] from a friend or relative			0.1*	0.05*	1	50
He or she took the [PRLASTFILL] from a friend or relative without asking			4.3*	4.17*	2	50
He or she bought the [PRLASTFILL] from a drug dealer or other stranger			0.3*	0.29*	1	50
He or she got the [PRLASTFILL] in some other way			3.7*	2.75*	2	50
Now think about the last time you used [TRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [TRLASTFILL]? (TRY21B) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [TRLASTFILL] from just one doctor			25.4*	9.88*	11	54
I got prescriptions for the [TRLASTFILL] from more than one doctor			0.0*	0.00*	0	54
I stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	54
I got the [TRLASTFILL] from a friend or relative for free			40.4*	10.03*	23	54
I bought the [TRLASTFILL] from a friend or relative			13.4*	5.33*	11	54
I took the [TRLASTFILL] from a friend or relative without asking			5.7*	3.23*	3	54
I bought the [TRLASTFILL] from a drug dealer or other stranger			12.7*	6.64*	5	54
I got the [TRLASTFILL] in some other way			2.4*	2.44*	1	54

See notes at end of table.

(continued)

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

DR Instrument Item	Type of Change ¹	Description of Change	DR Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How did your friend or relative get the [TRLASTFILL]? (TRY21C) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [TRLASTFILL] from just one doctor			97.8*	1.47*	19	22
He or she got prescriptions for the [TRLASTFILL] from more than one doctor			0.0*	0.00*	0	22
He or she stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	22
He or she got the [TRLASTFILL] from a friend or relative for free			0.0*	0.00*	0	22
He or she bought the [TRLASTFILL] from a friend or relative			2.2*	1.47*	3	22
He or she took the [TRLASTFILL] from a friend or relative without asking			0.0*	0.00*	0	22
He or she bought the [TRLASTFILL] from a drug dealer or other stranger			0.0*	0.00*	0	22
He or she got the [TRLASTFILL] in some other way			0.0*	0.00*	0	22
How did you get the [STLASTFILL]? (STY26b) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [STLASTFILL] from just one doctor			2.6*	1.74*	3	46
I got prescriptions for the [STLASTFILL] from more than one doctor			6.6*	5.85*	1	46
I stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	46
I got the [STLASTFILL] from a friend or relative for free			57.7*	10.70*	30	46
I bought the [STLASTFILL] from a friend or relative			25.9*	8.26*	8	46
I took the [STLASTFILL] from a friend or relative without asking			3.8*	3.33*	2	46
I bought the [STLASTFILL] from a drug dealer or other stranger			3.4*	2.72*	2	46
I got the [STLASTFILL] in some other way			0.0*	0.00*	0	46

See notes at end of table.

(continued)

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

DR Instrument Item	Type of Change ¹	Description of Change	DR Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How did your friend or relative get the [STLASTFILL]? (STY26c) ⁴						
He or she got a prescription for the [STLASTFILL] from just one doctor			83.0*	8.52*	22	29
He or she got prescriptions for the [STLASTFILL] from more than one doctor			0.0*	0.00*	0	29
He or she stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	29
He or she got the [STLASTFILL] from another friend or relative for free			6.7*	6.19*	2	29
He or she bought the [STLASTFILL] from another friend or relative			1.6*	1.57*	1	29
He or she took the [STLASTFILL] from another friend or relative without asking			0.0*	0.00*	0	29
He or she bought the [STLASTFILL] from a drug dealer or other stranger			1.0*	0.86*	2	29
He or she got the [STLASTFILL] in some other way			7.7*	5.37*	2	29
How did you get the [SVLASTFILL]? (SVY19B) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [SVLASTFILL] from just one doctor			40.5*	20.30*	3	12
I got prescriptions for the [SVLASTFILL] from more than one doctor			0.0*	0.00*	0	12
I stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	12
I got the [SVLASTFILL] from a friend or relative for free			46.3*	18.87*	7	12
I bought the [SVLASTFILL] from a friend or relative			4.9*	4.98*	1	12
I took the [SVLASTFILL] from a friend or relative without asking			0.0*	0.00*	0	12
I bought the [SVLASTFILL] from a drug dealer or other stranger			0.0*	0.00*	0	12
I got the [SVLASTFILL] in some other way			8.3*	8.27*	1	12

See notes at end of table.

(continued)

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

DR Instrument Item	Type of Change ¹	Description of Change	DR Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
How did your friend or relative get the [SVLASTFILL]? (SVY19C) ⁴	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [SVLASTFILL] from just one doctor			90.5*	8.67*	5	7
He or she got prescriptions for the [SVLASTFILL] from more than one doctor			8.0*	8.32*	1	7
He or she stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	7
He or she got the [SVLASTFILL] from another friend or relative for free			0.0*	0.00*	0	7
He or she bought the [SVLASTFILL] from another friend or relative			1.5*	1.63*	1	7
He or she took the [SVLASTFILL] from another friend or relative without asking			0.0*	0.00*	0	7
He or she bought the [SVLASTFILL] from a drug dealer or other stranger			0.0*	0.00*	0	7
He or she got the [SVLASTFILL] in some other way			0.0*	0.00*	0	7
What kind of cancer was it? (HLTH26) ⁴	N	New questions about health.				
Bladder			0.0*	0.00*	0	41
Blood			3.5*	3.49*	1	41
Bone			0.0*	0.00*	0	41
Brain			0.0*	0.00*	0	41
Breast			10.8*	5.04*	6	41
Cervix (Females Only)			10.3*	5.38*	4	41
Colon			2.9*	2.13*	2	41
Esophagus			3.5*	3.49*	1	41
Gallbladder			0.0*	0.00*	0	41
Kidney			0.0*	0.00*	0	41
Larynx/Windpipe			0.0*	0.00*	0	41
Leukemia			3.7*	3.50*	2	41
Liver			0.0*	0.00*	0	41
Lung			12.2*	7.01*	3	41
Lymphoma			6.4*	5.09*	2	41
Melanoma			19.7*	7.98*	8	41

See notes at end of table.

(continued)

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

DR Instrument Item	Type of Change ¹	Description of Change	DR Estimate ^{2,3}	Standard Error	Unweighted Total	Unweighted Sample Size
Mouth/Tongue/Lip			3.5*	3.49*	1	41
Ovary (Females Only)			4.3*	3.58*	2	41
Pancreas			0.0*	0.00*	0	41
Prostate (Males Only)			6.7*	3.69*	4	41
Rectum			3.5*	3.49*	1	41
Skin (Not Melanoma)			31.9*	8.84*	9	41
Skin (Don't Know Which Kind)			11.1*	7.44*	2	41
Soft Tissue (Muscle or Fat)			1.1*	0.98*	2	41
Stomach			3.5*	3.49*	1	41
Testis (Males Only)			0.0*	0.00*	0	41
Throat/Pharynx			0.0*	0.00*	0	41
Thyroid			6.3*	3.64*	3	41
Uterus (Females Only)			11.5*	6.25*	5	41
Other			5.3*	5.13*	1	41
Were you born in the United States? (QD14)	M	Administered in ACASI instead of CAPI.	84.2	1.83	1,693	2,080
Is anyone in your immediate family currently serving in the United States military? (QD10d)	N	New question about military service within immediate family	7.6	0.99	184	2,061
Which member or members of your immediate family are currently in the United States military? (QD10e) ⁴	N	New question about military service within immediate family				
My spouse			9.6*	3.71*	13	179
Unmarried partner			1.1	0.68	3	179
My mother			1.9	0.96	5	179
My father			4.9	1.84	17	179
My son or sons			16.2	4.20	19	179
My daughter or daughters			0.0*	0.00*	0	179
My brother or brothers			24.4	5.01	47	179
My sister or sisters			6.8*	3.17*	8	179
Another member of my immediate family			45.2	5.46	84	179

*Low precision; estimate would be suppressed due to not meeting the NSDUH suppression rule.

ACASI = audio computer-assisted self-interviewing; CAPI = computer-assisted personal interviewing; N/A = not applicable; DR = Dress Rehearsal; R = respondent.

¹ Changes to questionnaire items fall under three categories: N = new item, R = revised item, and M = no changes to item but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

² Sample does not include Alaska or Hawaii. DR data were collected from September 1 through October 31, 2013.

³ Estimates are percentages of all persons aged 12 or older, except where noted.

⁴ Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

5. Assessments of the Redesigned Protocol (*Research Question 1*)

5.1 Overview of DR Protocol Assessment

This chapter presents the results of four efforts to assess the partially redesigned protocol used for the 2013 Dress Rehearsal (DR). The overall purpose of these assessments was to ensure that the revised questionnaire and protocol used for the 2013 DR will facilitate continued high quality and efficiency in the National Survey on Drug Use and Health (NSDUH) data collection when the partial redesign is implemented in 2015. **Section 5.2** presents a description of and results from a survey that was administered to field interviewers (FIs) at the training session. **Section 5.3** presents findings from a survey on the equipment used by FIs in the DR. **Section 5.4** provides selected data compiled from FI debriefing items completed for DR cases. **Section 5.5** provides key findings from the debriefing phone calls that were held with select FIs to discuss their experiences using the redesigned NSDUH interview protocol and tablet computer for screening. **Section 5.6** presents the complete results of field observations of DR FIs. Each section concludes with recommendations for the 2015 NSDUH.

5.2 Description and Results from DR FI Training Survey

5.2.1 Purpose and Development of the DR FI Training Survey

To gather reactions and suggestions from FIs about the DR FI training program for use in developing the 2015 NSDUH training programs, a brief electronic feedback survey was administered at the conclusion of the in-person FI training. FIs were asked about their satisfaction with the DR training program and materials and about their comfort level with properly performing various DR tasks. The complete set of DR FI training survey questions and a summary of the FI responses are provided in **Appendix C**.

5.2.2 Procedures for Conducting the DR FI Training Survey

The DR FI training survey was administered at the conclusion of the DR training sessions on August 25 and 27, 2013. FIs completed the survey on their DR laptops during class and were to transmit the results to RTI at that time.

An introduction screen explained the purpose of the survey and the confidentiality of individual responses. Results were sent back to RTI via the NSDUH transmission system. Of the 135 DR FIs who successfully completed the DR FI training, 133 FIs completed and transmitted the survey.

5.2.3 Summary and Discussion of Results from the DR FI Training Survey

A summary of FI feedback on the DR FI training program and materials is in **Table 5.1**, which provides the combined counts of FIs who *strongly agreed* or *agreed* to each of the statements. This table also includes counts for the same statements included in the feedback survey completed by FIs following the Questionnaire Field Test (QFT) FI training in

August 2012. **Table 5.2** shows how often FIs planned to use the DR handbook while also providing the counts from the same question asked during the QFT.

- When responding to the statements, "I feel ready to properly conduct the DR screening using the tablet" and "I feel ready to properly conduct the DR interview using the DR laptop," 98 percent of FIs *strongly agreed* or *agreed* to each of these statements.
- Overall, FIs were highly satisfied with the DR training program, with most FIs indicating they *strongly agreed* or *agreed* to the statements about training. As indicated in **Table 5.1**, percentages were above 90 percent for 11 of the 12 statements.
- The response to the statement, "The overall pace of the DR FI Training Session was just right for me," was slightly less positive than the others, with 80 percent of the FIs responding that they *strongly agreed* or *agreed* with the statement.
- As shown in **Table 5.1**, the percentages from the DR FI training survey are similar to the percentages from the feedback gathered in the survey conducted at the end of the QFT training program in August 2012.

Table 5.1 Field Interviewer (FI) Feedback on the FI Training Program

Statement	DR FI Training Survey (August 2013)		QFT FI Survey 1 (August 2012)	
	Agree or Strongly Agree		Agree or Strongly Agree	
	(n = 133) ¹	%	(n = 160)	%
"Reading the DR/QFT FI Handbook helped prepare me for training."	123	92	153	96
"Completing the DR/QFT iLearning course helped prepare me for training."	121	91	151	94
"The overall pace of the DR/QFT FI Training Session was just right for me."	106	80	131	82
"The paired screening and interview exercises completed during training were helpful."	122	92	N/A	N/A
"I feel ready to properly conduct DR/QFT screenings using the tablet."	130	98	154	96
"I feel ready to properly conduct DR/QFT interviews using the DR laptop."	130	98	152	95
"I feel ready to use the email program on the tablet."	121	91	N/A	N/A
"I am comfortable with the process to transmit wirelessly with the tablet (independent of the laptop)."	125	94	N/A	N/A
"I am comfortable with the process to transmit wirelessly with the DR laptop."	125	94	N/A	N/A
"Overall, I am satisfied with the training provided on the DR laptop."	128	96	N/A	N/A
"Overall, the training program has prepared me to properly complete all DR/QFT tasks."	127	95	156	98
"I enjoyed attending the DR/QFT FI Training Session."	125	94	149	93

DR = Dress Rehearsal; FI = field interviewer; N/A = not applicable; QFT = Questionnaire Field Test.

¹ See **Section 2.3.2** in **Chapter 2** for detailed information on the number of FIs hired for the DR.

Table 5.2 Field Interviewer (FI) Expectations on Referencing the FI Handbook before Data Collection

<i>FI Training Survey: "How often do you think you will reference the DR/QFT FI Handbook?"</i>	DR FI Training Survey (August 2013)		QFT FI Survey¹ (August 2012)	
	(n = 133)¹	%	(n = 160)	%
"Each day with DR/QFT work"	26	20	30	19
"Two to three times a week"	62	47	65	41
"Rarely, when unusual situations arise"	44	33	65	41
"Never"	1	1	0	0

DR = Dress Rehearsal; FI = field interviewer; QFT = Questionnaire Field Test.

¹See Section 2.3.2 in Chapter 2 for detailed information on the number of FIs hired for the DR.

5.2.4 FI Comments on the DR FI Training Program

The DR FI training survey included one open-ended question that allowed FIs to comment on any aspect of the training program. Out of 133 DR FIs completing the survey, 69 FIs made comments. Comments were loosely grouped based on their overall content into the following areas: (a) comments about the training program and/or training staff, (b) comments about the hotel or other training logistics (such as travel), (c) comments about the DR equipment, and (d) other comments. Because a number of the comments included thoughts about more than one topic, exact counts are not presented to prevent counting some comments more than once. The complete set of raw comments is included in *Appendix C*. As is appropriate for a training feedback survey, about three fourths of the comments submitted related to the training program and/or training staff.

- **Training Program.** Overall, these comments stated how thorough and organized the training program was, describing it as informative and excellent. Several comments expressed concerns about the pace of the training, with one comment saying it was too slow, while several others indicated that the pace was too quick. The paired exercises were mentioned in several comments and were described as excessive, or irritating, or difficult due to the size of the classroom.
- **Training Staff.** Most of the comments about the training staff described trainers as professional, helpful, prepared, and patient. A few comments stated that the trainers were "detached" or rude.
- **Hotel Facility.** Several comments were complimentary of the hotel facilities, while others expressed concerns about the classroom size and the fare served at breakfast.
- **Travel.** Several comments expressed concerns about the timing of scheduled travel arrangements and about the use of the metro rail between the airport and the hotel.
- **DR Equipment.** Several comments highlighted the positive aspects of the new equipment, such as its light weight and advanced technology. Two comments expressed concerns about using wireless technology, while one FI was concerned about having to repeatedly log on to the tablet while working.

5.2.5 Considerations for 2015 NSDUH Training

In planning for the 2015 NSDUH, further consideration will be given to several items noted in the feedback and comments received from the DR FI training survey, including the overall pace of training, paired screening and interview exercises, classroom size, and travel logistics.

Additionally, feedback received from the FI equipment survey (see *Section 5.3*), FI debriefing items (see *Section 5.4*), FI debriefing calls (see *Section 5.5*), DR field observations (see *Section 5.6*), and NSDUH staff serving as trainers at the DR training sessions will be considered during the development of an FI training plan for the 2015 NSDUH. In particular, DR trainers noted issues with some FIs being unfamiliar with the computer equipment (particularly the tablet), lacking knowledge of proper NSDUH procedures, and the unwillingness to follow protocol. The significance of these concerns warrants further discussion in order to mitigate these issues at future training sessions. Possible suggestions on ways to address these items within the training program design include (a) shipping the tablet to FIs prior to the training session to allow them the opportunity to practice independently on the equipment, (b) extending the training agenda and content to include extra training time on the equipment and NSDUH protocols and procedures, and (c) conducting a certification exercise at the conclusion of training to formally evaluate FIs on adherence to screening and interviewing procedures.

5.3 Description and Results for the FI Equipment Survey

5.3.1 Overview

A survey was developed and administered to FIs during the DR to gather FI feedback about the new equipment and program modifications that were implemented and tested during the DR, including the following:

- A new device for conducting NSDUH's computer-assisted interviewing (CAI) interviews was selected for field-based evaluation—the Samsung Series 9 laptop. This laptop was chosen for its small size, light weight, and bright, crisp screen display, which made it highly portable and easy to see.
- Smaller carrying cases were purchased to fit the new laptop.
- The QFT CAI instrument was modified to fit the 13.3-inch display of the Samsung laptop, and all of the DR FIs used the new laptop and its CAI program to conduct DR interviews.

In addition to the new laptop, a few changes were made to the DR tablet that was used for screening, including the following:

- An email program was configured on the tablet to enable FIs to send and receive messages to and from their field supervisors (FSs) and other NSDUH staff members.
- An optional keyboard (the "hacker's" keypad) was added for use during screening to supplement the default Samsung keyboard because it more closely resembled the iPAQ keyboard by displaying numbers across the top line of the keyboard.

- Independent wireless transmission functionality was incorporated into the DR screening program so that FIs could transmit screening data or receive new cases from the field on any public Wi-Fi network.

The equipment survey included a combination of customized questions used in previous equipment evaluations and a number of questions adapted from the System Usability Scale (SUS),²² which is an industry standard scale for measuring the usability of hardware and software that was first developed and published by engineers at the Digital Equipment Corporation (DEC) in 1986. The complete set of questions and responses to the equipment survey are included in *Appendix D*.

The equipment survey was sent to all of the DR FIs on their DR laptops via the transmission system on October 7, 2013. The FIs were given 1 week to complete the survey and transmit results back to RTI. Of the 135 FIs who completed and passed the DR training session, 125 FIs completed the survey. Ten FIs did not complete the survey for one of the following reasons:

- they did not work any DR cases,
- they were unavailable because of travel assignments for their quarter 4 main study work, or
- they took a leave of absence (LOA) from their NSDUH work at the time the survey was released.

5.3.2 Feedback from the FI Equipment Survey

A summary of feedback provided by the FIs on the new laptop and tablet features is provided in the following paragraphs. Results for *all* FIs, including both English only and bilinguals, are presented first in the tables and figures, followed by results for bilingual FIs only.

As shown in *Tables 5.3* and *5.4* the FIs were highly satisfied with the laptop as an interviewing device and would prefer to use it for their NSDUH fieldwork. The vast majority reported that the laptop was easy to use and that they did not require technical assistance to become acclimated to it. In fact, they learned to use it quickly, felt confident while using it, and were satisfied with the training they were given. Also, the FIs were satisfied with the laptop's physical features and felt that the display was large enough and bright enough for presenting the NSDUH interview. The FIs were highly satisfied with the weight of the laptop, and many of the FIs commented in the open-ended question that they enjoyed the light weight of the laptop. Most of the FIs reported that the touchpad and keyboard were easy to use, although a small number of the FIs commented in the open-ended question that they felt that the function keys were too small and were hard to read and that the labels were not close enough to the keys. The FIs were less satisfied with the carrying case provided for the laptop, and many of the FIs commented that the diagonal design of the strap was problematic because it interfered with the zippers and made it difficult to access the case's center pockets. This finding also arose during the FI debriefing

²² For details, see the following online reference: Brooke, J. (n.d.). *SUS - A quick and dirty usability scale*. Retrieved from <http://hell.meiert.org/core/pdf/sus.pdf>.

calls (see *Section 5.5*). A couple of the FIs commented that there were too many zippered pockets, which made it inconvenient and hard to access stored materials.

The equipment survey also asked the FIs about their experiences using the tablet email program. As shown in *Tables 5.5 and 5.6*, the majority of the FIs (79 percent among all FIs and 84 percent among bilingual FIs) used the tablet email program at least a few times a month to communicate with their supervisors or other NSDUH staff.

Among those FIs who used the email program, the majority were highly satisfied with it, as shown in *Tables 5.7 and 5.8*. Most of the FIs reported that the email program was simple and straightforward as well as easy to use. They were able to send and receive email without needing technical assistance, learned to use the email program quickly, and felt confident using the program. Most of the FIs were satisfied with the training provided on the email program and would like to use the email program on a regular basis. A number of the FIs commented that the email program was easy to use and that they liked being able to reply to their FS messages, which "made communicating easy and quick." A couple of the FIs mentioned that they did not use email as much because of the small DR caseload or because they received only a couple of FS messages. Other FIs mentioned that they preferred to use the personal email program on their home computer or smartphone. A couple of the FIs mentioned that they would like a little more training or refresher training on the email program.

Table 5.3 All Field Interviewers' Satisfaction with the Samsung Laptop (*n* = 125)

	DR Equipment Survey	
	Agree or Strongly Agree	
1. FI Satisfaction with the Samsung Laptop	<i>n</i>	%
a. The laptop was easy to use.	119	95
b. I was able to use the laptop without needing technical assistance.	113	90
c. I learned to use the laptop quickly.	120	96
d. I felt confident using the laptop.	120	96
e. The display size of the laptop screen was large enough for presenting the NSDUH interview.	119	95
f. The laptop screen was clear and bright enough for displaying the NSDUH interview.	120	96
g. I was satisfied with the weight of the laptop.	121	97
h. I found the layout of the laptop keyboard easy to use.	115	92
i. The laptop's touchpad was easy to use.	116	93
j. I was satisfied with the carrying case provided for the laptop.	91	73
k. I was satisfied with the training provided on the laptop.	119	95
l. I would prefer to use this laptop for my field work.	120	96

DR = Dress Rehearsal; FI = field interviewer; LOA = leave of absence; *n* = number; NSDUH = National Survey on Drug Use and Health.

NOTE: A total of 10 FIs were unable to complete the survey because they were on an LOA, they were traveling for the main study, or they did not work any DR cases.

Table 5.4 Bilingual Field Interviewers' Satisfaction with the Samsung Laptop (*n* = 39)

1. Bilingual FI Satisfaction with the Samsung Laptop	DR Equipment Survey	
	Agree or Strongly Agree	
	<i>n</i>	%
a. The laptop was easy to use.	35	90
b. I was able to use the laptop without needing technical assistance.	34	87
c. I learned to use the laptop quickly.	37	95
d. I felt confident using the laptop.	37	95
e. The display size of the laptop screen was large enough for presenting the NSDUH interview.	37	95
f. The laptop screen was clear and bright enough for displaying the NSDUH interview.	37	95
g. I was satisfied with the weight of the laptop.	37	95
h. I found the layout of the laptop keyboard easy to use.	34	87
i. The laptop's touchpad was easy to use.	36	92
j. I was satisfied with the carrying case provided for the laptop.	26	67
k. I was satisfied with the training provided on the laptop.	37	95
l. I would prefer to use this laptop for my field work.	37	95

DR = Dress Rehearsal; FI = field interviewer; LOA = leave of absence; *n* = number; NSDUH = National Survey on Drug Use and Health.

Table 5.5 All Field Interviewers' Frequency of Tablet Email Use (*n* = 125)

3. During the Dress Rehearsal, how often did you use the email program on the tablet to communicate with your FS or other NSDUH staff members?	DR FI Equipment Survey	
	<i>n</i>	%
Each day	6	5
Two to three times a week	39	31
A few times a month	54	43
Never	26	21

DR = Dress Rehearsal; FI = field interviewer; FS = field supervisor; *n* = number; NSDUH = National Survey on Drug Use and Health.

Table 5.6 Bilingual Field Interviewers' Frequency of Tablet Email Use (*n* = 39)

3. During the Dress Rehearsal, how often did you use the email program on the tablet to communicate with your FS or other NSDUH staff members?	DR FI Equipment Survey	
	<i>n</i>	%
Each day	4	10
Two to three times a week	9	23
A few times a month	20	51
Never	6	15

DR = Dress Rehearsal; FI = field interviewer; FS = field supervisor; *n* = number; NSDUH = National Survey on Drug Use and Health.

Table 5.7 All Field Interviewers' Satisfaction with the Tablet Email Program (n = 99)

4. FI Satisfaction with the Tablet Email Program	DR Equipment Survey	
	Agree or Strongly Agree	
	<i>n</i>	%
a. I found the email program on the tablet to be simple and straightforward.	90	91
b. The email program was easy to use.	92	93
c. I was able to use the email program without needing technical assistance.	91	92
d. I learned to use the email program quickly.	90	91
e. I felt confident using the email program on the tablet.	91	92
f. I was satisfied with the training provided on the email program.	88	89
g. I would like to use the email program on a regular basis.	80	81

DR = Dress Rehearsal; FI = field interviewer; *n* = number.

NOTE: FIs who reported in question 3 of the survey that he or she had never used the tablet email program were not asked this set of questions about using the tablet email program.

Table 5.8 Bilingual Field Interviewers' Satisfaction with the Tablet Email Program (n = 33)

4. Bilingual FI Satisfaction with the Tablet Email Program	DR Equipment Survey	
	Agree or Strongly Agree	
	<i>n</i>	%
a. I found the email program on the tablet to be simple and straightforward.	33	100
b. The email program was easy to use.	33	100
c. I was able to use the email program without needing technical assistance.	31	94
d. I learned to use the email program quickly.	33	100
e. I felt confident using the email program on the tablet.	32	97
f. I was satisfied with the training provided on the email program.	30	91
g. I would like to use the email program on a regular basis.	29	88

DR = Dress Rehearsal; FI = field interviewer; *n* = number.

NOTE: FIs who reported in question 3 of the survey that he or she had never used the tablet email program were not asked this set of questions about using the tablet email program.

The DR screening program was configured with two different keyboards—the default Samsung keypad that is built into the Android operating system and the hacker's keypad that was installed separately. FIs accessed the hacker's keypad from any screen that required use of the keypad by tapping the keypad icon displayed at the bottom of the screen and changing the setting from Samsung keypad to the hacker's keypad. The hacker's keypad was then displayed on that screen and all subsequent screens in which a keypad was needed to enter data. The same process was used to switch back to the Samsung keypad.

All DR FIs were shown how to access and switch between both keypads during their in-person training session. For consistency, FIs were instructed to use the Samsung keypad at the training session and were given the option to select the keypad that best suited their needs once

they entered the field. When asked about their preference for the tablet keypad, the vast majority of the FIs indicated that they preferred the Samsung keypad, as shown in *Figures 5.1* and *5.2*.

Figure 5.1 All Field Interviewers' Tablet Keypad Preference

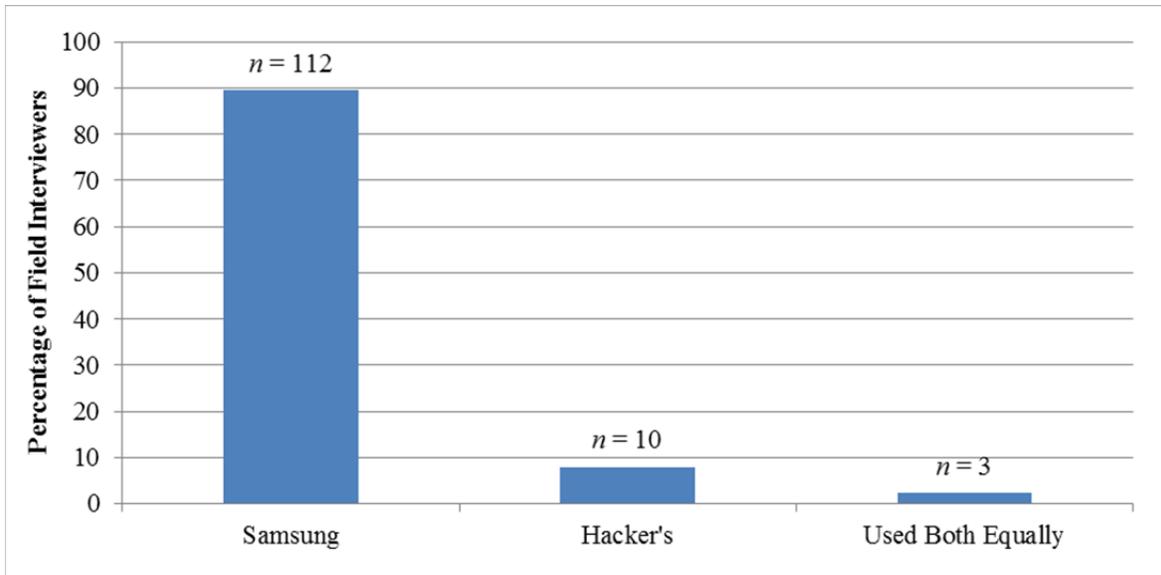
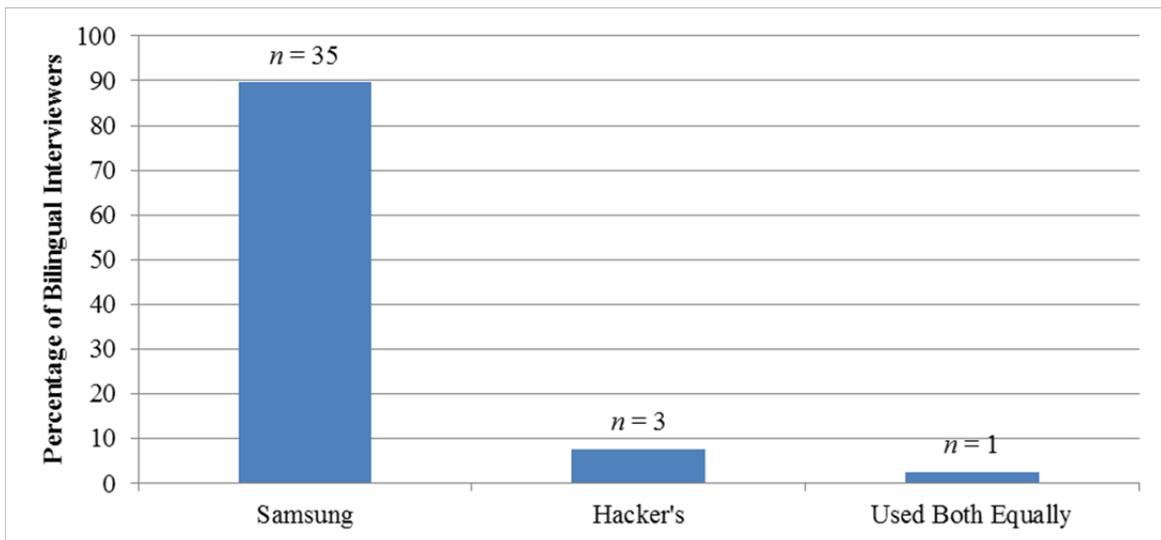


Figure 5.2 Bilingual Field Interviewers' Tablet Keypad Preference



Finally, the equipment survey asked about FI satisfaction with the independent wireless transmission functionality that was incorporated into the DR screening program. The vast majority of the FIs were highly satisfied with the tablet transmission functionality, as shown in *Figures 5.3* and *5.4*. Also, many of the FIs commented that they enjoyed being able to transmit wirelessly from the tablet, which they found more convenient when they needed to pick up new cases in the field or at home when they did not complete any interviews.

Figure 5.3 All Field Interviewers' Satisfaction with the Tablet's Wireless Transmission

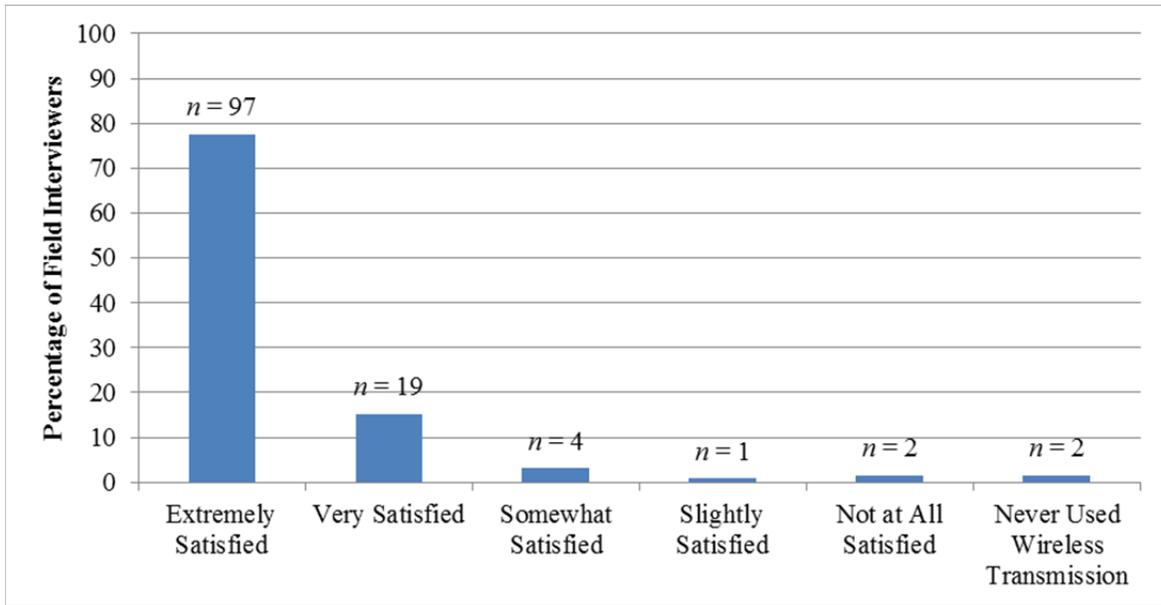
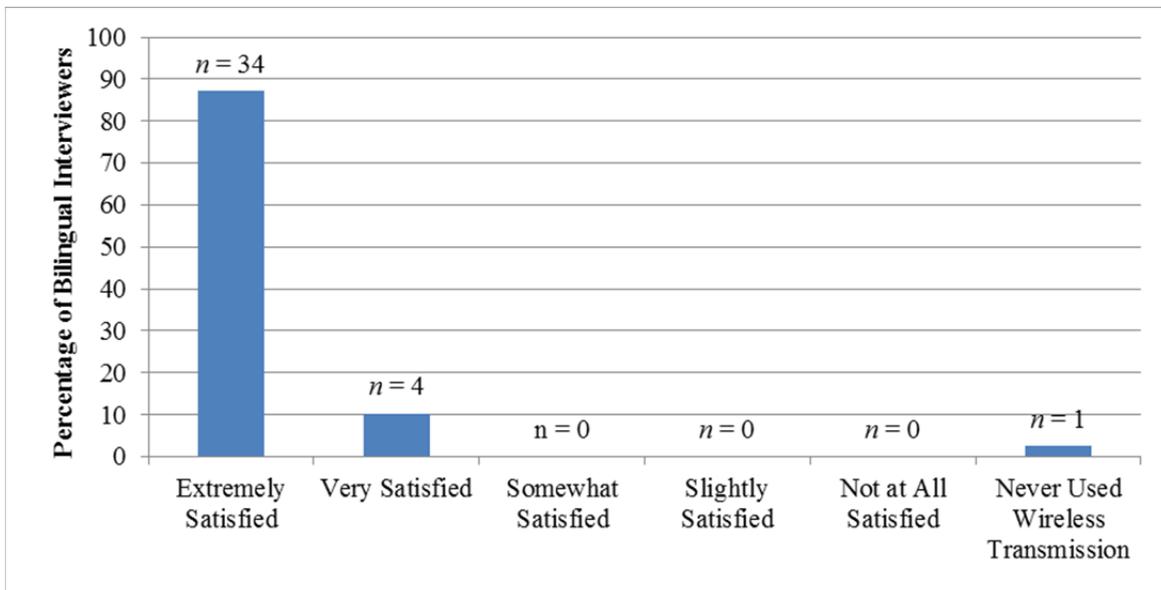


Figure 5.4 Bilingual Field Interviewers' Satisfaction with the Tablet's Wireless Transmission



In addition, the data gathered from the data processing systems revealed that the FIs made frequent use of the independent tablet transmission functionality. During the DR, 2,330 transmissions (51 percent) were completed using the independent tablet transmission function, while 2,206 (49 percent) transmissions were completed using the traditional method in which the tablet is tethered to the laptop.

5.3.3 Summary of Results

Overall, the results of the equipment survey indicate that the FIs were highly satisfied with the new equipment and programs deployed in the DR although the laptop carrying case was

a common area of concern. Most of the FIs indicated that the light weight of the laptop was a significant advantage, and they also felt that it was easy to learn and easy to use. New tablet features that included a two-way email program and independent tablet transmission functionality were also popular among the FIs and were used on a regular basis. The FIs overwhelmingly preferred the default Samsung keypad over the hacker's keypad.

FIs had lower levels of satisfaction with the laptop carrying case and expressed some concern with the touchpad and keyboard. The FIs were less than satisfied with the carrying case provided for the laptop. The FIs consistently reported in their open-ended comments that the design of the laptop carrying case was problematic, which was primarily due to the diagonal design of the shoulder strap that connected to the front and back of the bag. This design made it difficult to open and close zippered pockets and made the bag hard to carry on the shoulder. Also, the FIs reported that the multiple zippered pockets made it inconvenient and hard to access items stored in the bag. A couple of the FIs also did not feel there was enough space in the bag for all of the materials and equipment. In the open-ended question about the laptop, a number of the FIs commented that the function keys on the laptop were very small and hard to read and that the standard labels did not match up properly with the keys.

5.3.4 Next Steps for Future Hardware and Software Deployment

Given these equipment survey results, the following steps are being considered with respect to full-scale equipment deployment and future program implementations:

1. A new method should be explored for labeling the function keys on the laptop to make them more easily identifiable.
2. A laptop carrying case with a different design should be explored for future use. A design more suitable for FI use would include a single zippered pocket with multiple interior pockets and a strap that connects to the sides of the case.
3. The tablet email program should be incorporated into future deployment of the tablet because it was a popular feature among the FIs and provided an easy way for them to communicate with their FSs.
4. The independent wireless transmission function built into the screening program was useful for both field-based and at-home transmissions of case data. This functionality should be incorporated into future versions of the NSDUH screening program.
5. The default Samsung keypad is suitable for FI use, and an alternate keypad option is not needed in future versions of the screening program.

5.4 DR FI Debriefing Item Results

5.4.1 Purpose of the Debriefing Items

The FI debriefing items used in the DR can provide valuable insight on the redesigned protocol in 2015. These FI debriefing questions were administered at the end of each interview as part of the revised interview protocol. The debriefing items unique to the DR included questions on respondent reactions to the new laptop computer that was used to administer the

survey. Debriefing items that were introduced in the QFT and repeated for the DR included questions on when the FIs gave respondents the question and answer (Q&A) brochure, whether respondents expressed any difficulties with or reactions to certain features of the revised protocol (such as comments about the laptop), the use of on-screen calendars in the audio computer-assisted self-interviewing (ACASI) section of the questionnaire, and proxy respondent use of ACASI. Finally, DR interviewers were asked debriefing questions from the main survey on the interview location and the privacy of the interview. Although this reporting depends largely on unprompted information being supplied by interview respondents, these items may provide valuable information that can be unobtrusively used to identify potential problems with the redesigned protocol's new features. Specifications for the DR field interviewer debriefing items are provided in *Appendix E*.

5.4.2 Results from the Debriefing Items

Tables 5.9, 5.10, and 5.11 present information on FI reports of respondents' comments about the laptop. First, *Table 5.9* shows whether respondents made any comments about the laptop among three categories: "Yes, Positive Comments," "Yes, Negative Comments," or "No." Most of the respondents (84.5 percent) did not make any comments about the laptop. As shown in *Table 5.10*, among those respondents who provided positive comments, "The laptop was lightweight" (79.9 percent) was by far the most frequently endorsed positive comment about the laptop, followed by "The keyboard was easy to use" (10.2 percent), then "The screen was large or clear or easy to read" (5.5 percent). A review of the "Other" text responses showed that most of these comments were that the laptop was thin, "nice," "high-tech," modern, or otherwise attractive.

FIs reported very few negative comments from respondents about the laptop. Only 1.7 percent of respondents provided a negative comment (*Table 5.9*). As shown in *Table 5.11*, among those who provided a negative comment, the most frequently mentioned was that "The keyboard was hard to use" (47.2 percent), problems specifically with the function keys, which respondents are instructed to use to back up to a previous screen, view the calendar, or enter "don't know" or "refused" as a response (33.3 percent), then by the comment that "The laptop was too hot" (2.8 percent). Among those choosing "Other" as a response, 12 respondents indicated problems with the function keys, which respondents are instructed to use to back up to a previous screen, view the calendar, or enter "don't know" or "refused" as a response.

Table 5.9 Comments about the Laptop

DRDBF4 – Did the respondent make any comments about the laptop? Please include respondent comments about the physical features of the laptop or about respondent's use of the laptop. <i>Check all that apply.</i>	<i>n</i>	%
Yes, Positive Comments	293	14.0
Yes, Negative Comments	36	1.7
No	1,771	84.5
TOTAL	2,097	100.0

NOTE: Percentages do not sum to 100 percent because of rounding.

NOTE: Interviewer may have indicated that the respondent provided both positive and negative comments.

Table 5.10 Positive Comments about the Laptop

DRDBF4a – Which one or more of the following best describes the positive comments the respondent made about the laptop? <i>Check all that apply.</i>	n	%
The screen was large or clear or easy to read	16	5.5
The laptop was lightweight	234	79.9
The keyboard was easy to use	30	10.2
Thin laptop	20	6.8
Nice in general	17	5.8
High-tech, modern, sleek, attractive, etc.	14	4.8
Want to buy/own this	12	4.1
Other	26	8.9
TOTAL	293	100.0

NOTE: Percentages are based on 293 "Yes, Positive Comments" answers to DRDBF4; more than one response could be chosen.

Table 5.11 Negative Comments about the Laptop

DRDBF4b – Please describe the negative comments the respondent made about the laptop. <i>Check all that apply.</i>	n	%
There were problems reading the screen	5	13.9
The laptop was too hot	1	2.8
The laptop was too heavy	0	0.0
The layout of questions was problematic	0	0.0
The keyboard was hard to use	17	47.2
There were problems with the volume or sound	0	0.0
Problems specifically with function keys	12	33.3
Other	10	27.8
TOTAL	36	100.0

NOTE: Percentages are based on the 36 "Yes, Negative Comments" answers to DRDBF4; more than one response could be chosen.

Tables 5.12 and 5.13 provide FI comments about the laptop by respondent age and education, respectively. In general, very few differences were observed by either age or education in the proportions of respondents providing positive or negative comments. When comments were provided about the laptop, they were largely positive across most age groups and education levels. One exception was that, among persons aged 65 or older, about as many respondents provided negative comments as did those who provided positive comments.

Table 5.12 Comments about the Laptop, by Interview Respondent Age

DRDBF4 – Did the respondent make any comments about the laptop? Please include respondent comments about the physical features of the laptop or about respondent's use of the laptop. <i>Check all that apply.</i>	Interview Respondent Age									
	12 to 17 (n = 505)		18 to 25 (n = 529)		26 to 49 (n = 734)		50 to 64 (n = 187)		65 or Older (n = 132)	
	n	%	n	%	n	%	n	%	n	%
Yes, Positive Comments	62	12.3	72	13.6	101	13.8	37	19.8	19	14.4
Yes, Negative Comments	2	0.4	4	0.8	7	1.0	6	3.2	16	12.1
No	440	87.1	452	85.4	627	85.4	144	77.0	99	75.0

Table 5.13 Respondent Comments on the Laptop, by Interview Respondent Education

DRDBF4 – Did the respondent make any comments about the laptop? Please include respondent comments about the physical features of the laptop or about respondent's use of the laptop. <i>Check all that apply.</i>	Interview Respondent Education							
	< High School (n = 291)		High School Graduate (n = 440)		Some College (n = 530)		College Graduate (n = 321)	
	n	%	n	%	n	%	n	%
Yes, Positive Comments	34	11.7	61	13.9	85	16.0	49	15.3
Yes, Negative Comments	4	1.4	16	3.6	7	1.3	6	1.9
No	253	86.9	366	83.2	437	82.5	266	82.9

Table 5.14 shows the timing of providing the Q&A brochure to the respondents. Nearly 80 percent of the FIs (79.8 percent) reported that they provided the Q&A brochure at the end of the interview, and 19.5 percent of the FIs reported that they provided the Q&A brochure before the interview. The percentage of FIs who provided the Q&A brochure during the interview was minimal (0.6 percent). These percentages are relatively similar to those reported for the QFT, in which 73 percent of the FIs reported providing the brochure at the end of the interview and 25 percent before the interview.

Table 5.14 Timing of Providing Q&A Brochure

DRDBF1 – When did you give the respondent (or parent/guardian of youth respondent) the Q&A [question and answer] brochure?	n	%
Before the interview	406	19.5
During the interview	13	0.6
At the end of the interview	1,666	79.8
TOTAL	2,085	99.9

Table 5.15 shows that FIs reported in 13.2 percent of completed interviews that the respondent commented that the interview was too long, which is similar to the 12.8 percent reported in the QFT. *Table 5.16* shows that a larger percentage of respondents aged 50 to 64 (21.4 percent) and those aged 65 or older (36.4 percent) made comments about the interview being too long compared with respondents in other age groups (which ranged from 6.6 to 15.3 percent). This is similar to the finding from the QFT that older respondents were more likely to comment on the interview being too long. *Table 5.17* shows that more than twice as many respondents with less than a high school education commented that the interview was too long compared with respondents with higher levels of education. This finding is also similar to the results observed in the QFT.

Table 5.15 Respondent Comments on the Interview Being Too Long

DRDBF8 – Did the respondent make any comments about the interview being too long?	n	%
Yes	275	13.2
No	1,810	86.7
TOTAL	2,085	99.9

Table 5.16 Respondent Comments on the Interview Being Too Long, by Interview Respondent Age

DRDBF8 – Did the respondent make any comments about the interview being too long?	Interview Respondent Age									
	12 to 17 (n = 505)		18 to 25 (n = 529)		26 to 49 (n = 734)		50 to 64 (n = 187)		65 or Older (n = 132)	
	n	%	n	%	n	%	n	%	n	%
Yes	40	7.9	35	6.6	112	15.3	40	21.4	48	36.4
No	464	92.1	493	93.4	622	84.7	147	78.6	84	63.6

Table 5.17 Respondent Comments on the Interview Being Too Long, by Interview Respondent Education

DRDBF8 – Did the respondent make any comments about the interview being too long?	Interview Respondent Education							
	< High School (n = 291)		High School Graduate (n = 440)		Some College (n = 530)		College Graduate (n = 321)	
	n	%	n	%	n	%	n	%
Yes	76	26.1	59	13.4	63	11.9	37	11.5
No	215	73.9	381	86.6	466	88.1	284	88.5

NOTE: Interview Respondent Education is shown only for persons aged 18 or older.

Tables 5.18 and 5.19 show whether respondents had questions or comments on the on-screen calendars in the ACASI section of the questionnaire and if so the types of comments that they had. Almost 99 percent (2,057 out 2,085) of the respondents did not have any questions or comments about the on-screen calendar. The most frequently mentioned comment reported by FIs on the on-screen calendar was that respondents asked how to close the calendar (41.4 percent of those who reported any comment).

Table 5.18 Any Interview Respondent Questions or Comments on On-Screen Calendars

DRDBF9 – Did the respondent have any questions or comments about the on-screen calendars in the ACASI [audio computer-assisted self-interviewing] section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."	n	%
Yes	28	1.3
No	2,057	98.6
TOTAL	2,085	99.9

Table 5.19 Types of Interview Respondent Questions or Comments on On-Screen Calendars

DRDBF9a – What comments did the respondent [R] make about the on-screen calendars?	n	%
The R asked how to access the calendar.	7	24.1
The R asked how to close the calendar.	12	41.4
The R did not see the reference dates on the calendar.	1	3.4
The calendar helped the R answer the question.	1	3.4
The calendar covered the questions or the images on the screen.	2	6.9
Other	8	27.6

NOTE: Percentages are based on the 28 "Yes" answers to DRDBF9; more than one response could be chosen.

Additionally, *Table 5.20* shows that 10.3 percent of the FIs reported that the respondent had trouble understanding any other questions asked during the interview. This is similar to the 9.5 percent of interviews in the QFT in which the FI reported that the respondent had trouble with any other question.

Table 5.20 Interview Respondents' Troubles with Other Questions

DRDBF10 – Did the respondent have trouble understanding any other questions asked during the interview?	<i>n</i>	%
Yes	215	10.3
No	1,870	89.6
TOTAL	2,085	99.9

FIs used a text field to provide additional information on other questions that respondents reported difficulties in understanding. One FI reported that a respondent was not sure how to enter a response of 8 months on item HLTH30 (age first diagnosed with a heart condition or heart disease). A value of 1 is the lowest possible value that can be entered for this item. None of the similar items in the health module asking for the age at which the respondent was first diagnosed with a health condition (including cancer) provide instructions on how to enter an age of less than 1 year old. Although this was only reported in one interview, it does raise the question of whether these items should accommodate medical conditions that can be diagnosed younger than 1 year old. The conditions asked about in the health module vary as to whether they can be diagnosed in infancy. For example, cirrhosis of the liver occurs because of the accumulation of repeated health insults over time, so it is unlikely to be diagnosed in infancy. On the other hand, infectious diseases such as HIV and hepatitis can arise during infancy.

Table 5.21 shows that 28.8 percent of FIs (600 out of 2,085) reported the use of a proxy for the income and health insurance questions. *Table 5.22* shows that FIs more frequently reported the use of a proxy for younger respondents than older respondents except among those in the 65 or older age group. The QFT sample also showed a similar proportion of respondents using proxies. Similar to the findings from the QFT and the main study, the DR results in *Table 5.22* show that about 85 percent of respondents aged 12 to 17 in the DR used a proxy to report on the income and health insurance questions. Proxy usage was much lower for other age groups.

Table 5.21 Proxy Used for Income and Health Insurance Questions

DRDBF11 – Was a proxy used for the income and health insurance questions?	<i>n</i>	%
Yes	600	28.8
No	1,485	71.2
TOTAL	2,085	100.0

Table 5.22 Proxy Used for Income and Health Insurance Questions, by Interview Respondent Age

DRDBF11 – Was a proxy used for the income and health insurance questions?	Respondent Age									
	12 to 17 (<i>n</i> = 505)		18 to 25 (<i>n</i> = 529)		26 to 49 (<i>n</i> = 734)		50 to 64 (<i>n</i> = 187)		65 or Older (<i>n</i> = 132)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	430	85.3	82	15.5	61	8.3	13	7.0	14	10.6
No	74	14.7	446	84.5	673	91.7	174	93.0	118	89.4

Among the 600 respondents in which the FI reported the use of a proxy, only 5 respondents (0.8 percent) had concerns about revealing their answers to the proxy respondent (*Table 5.23*), and only 12 respondents (2.0 percent) had questions or comments about the proxy interview (*Table 5.24*). These results are similar to those from the QFT sample, in which 0 percent of FIs reported any respondent concerns about revealing answers to proxy respondents.

Table 5.23 Interview Respondent Concerns about Revealing Answers to Proxy Respondent

DRDBF13 – Did the respondent have any questions or concerns about his/her answers being revealed to the proxy?	<i>n</i>	%
Yes	5	0.8
No	595	99.2
TOTAL	600	100.0

NOTE: Percentages are based on the 600 "Yes" answers to DRDBF11.

Table 5.24 Interview Respondent Questions or Comments about Proxy Interview

DRDBF14 – Did the respondent have any other questions or comments about the proxy interview?	<i>n</i>	%
Yes	12	2.0
No	588	98.0
TOTAL	600	100.0

NOTE: Percentages are based on the 600 "Yes" answers to DRDBF11.

In contrast, 7.0 percent of the FIs indicated that there were problems with the proxy use of ACASI to answer the income and health insurance questions (*Table 5.25*). Although this is a low proportion, this appears to be higher than the 3.5 percent of interviews in the QFT in which an FI reported a problem with a proxy's use of ACASI. Some of this difference may be attributable to the inclusion of Spanish-language interviews or the oversample of Hispanics in the DR sample. Among the 600 interviews in which a proxy was reported by an FI, 55 were completed in Spanish. In 6 out of the 55 interviews conducted in Spanish (10.9 percent), a problem was reported with the proxy's use of ACASI. Among the interviews conducted in English, such problems were reported in 6.6 percent of such interviews. Similarly, among Hispanic respondents, a problem with the proxy's use of ACASI was reported in 8.7 percent of the interviews as compared with 5.8 percent among non-Hispanics. Although the inclusion of the Spanish-language interview and the oversample of Hispanics in the DR sample may have contributed somewhat to the difference of reporting problems with proxy use between the DR and QFT samples, it was also the case that the English-language interviews and interviews completed with non-Hispanic respondents alone reported higher percentages of problems with a proxy's use of ACASI in the DR than in the QFT sample.

Among the types of problems with a proxy's use of ACASI to answer the income and health insurance questions (*Table 5.26*), technical difficulty that the proxy did not know how to enter his or her answer to the question (35.7 percent) had the highest percentage, followed by "The proxy did not know the answers to the questions" (14.3 percent) and "The proxy did not know why he/she was asked to answer these questions" (11.9 percent).

Table 5.25 Problems with Proxy's Use of ACASI to Answer Income and Health Insurance Questions

DRDBF12 – Were there any problems with the proxy's use of ACASI [audio computer-assisted self-interviewing] to answer the income and health insurance questions?	<i>n</i>	%
Yes	42	7.0
No	558	93.0
TOTAL	600	100.0

NOTE: Percentages are based on the 600 "Yes" answers to DRDBF11.

Table 5.26 Types of Problems with Proxy's Use of ACASI to Answer Income and Health Insurance Questions

DRDBF12a – Which of the following describes the problems with the proxy's use of ACASI [audio computer-assisted self-interviewing] in answering the income and health insurance questions? <i>Check all that apply.</i>	<i>n</i>	%
The proxy did not know the answers to the questions.	6	14.3
The proxy did not know how to enter his/her answers to the questions.	15	35.7
The proxy refused to answer some questions.	1	2.4
The proxy did not know why he/she was asked to answer these questions.	5	11.9
Language issues	4	9.5
Interpretation issues	4	9.5
Other	14	33.3

NOTE: For responses of "OTHER," follow-up information was not collected.

NOTE: Percentages are based on the 42 "Yes" answers to DRDBF12; more than one response could be chosen.

Tables 5.27 and 5.28 present information on the location where the interviews were conducted in the DR and the comparison samples. In all three samples, 98 percent of the interviews were conducted in a respondent's home (**Table 5.27**). The specific locations where the interviews took place other than in a respondent's home are shown in **Table 5.28**. In general, the distribution of locations outside a respondent's home in the 2012 and 2013 quarters 3 and 4 comparison samples were very similar, while those for the DR sample were different. For example, about 11 percent of the interviews in the 2012 and 2013 comparison samples were conducted in the home of a friend or relative of the respondent, while almost 29 percent of those in the DR sample were conducted in such locations. These differences should be interpreted with caution because only 38 DR interviews total were conducted outside the respondent's home.

Table 5.27 Interviews Conducted at Respondent's Home for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

DRDBF2 – Did you conduct this interview at the respondent's home, either inside or outside?	2012 Comparison		2013 Comparison		2013 Dress Rehearsal	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	65,445	98.4	31,634	98.4	2,047	98.1
No	1,078	1.6	520	1.6	38	1.8

NOTE: Some percentages do not sum to 100 percent because of rounding.

Table 5.28 Interview Location Not at Respondent's Home for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

DRDBF3 – Where did you conduct this interview?	2012 Comparison		2013 Comparison		2013 Dress Rehearsal	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
At the respondent's workplace	226	21.0	94	18.1	6	15.8
At the home of the respondent's relative or friend	118	10.9	56	10.8	11	28.9
In some type of conference room in a residence hall, school or apartment complex	239	22.2	126	24.2	2	5.3
At a library	204	18.9	98	18.8	7	18.4
In some type of common area, such as a lobby, hallway, stairwell, or laundry room	140	13.0	74	14.2	2	5.3
Some other place	151	14.0	72	13.8	10	26.3

NOTE: Percentages are based on the 1,078, 520, and 38 "No" answers to FIDBF01 (2012), FIDBF01 (2013), and DRDBF2, respectively.

NOTE: Some percentages do not sum to 100 percent because of rounding.

Using results from the 2012 and 2013 quarters 3 and 4 comparison samples and the DR sample, **Tables 5.29** and **5.30** show the FI evaluation of interview privacy at the respondent's home and further details on the presence of others during the interview. **Table 5.29** shows that 75 percent of the interviews in the DR were rated as completely private, which was lower than that reported for both the 2012 main study (82.0 percent) and the 2013 quarters 3 and 4 comparison sample (82.6 percent). This lower frequency of having complete privacy appears to be related to the higher level of minor distractions reported in the DR (16.6 percent) compared with the 2012 and 2013 comparison samples (13.4 and 13.1 percent, respectively). That is, when the percentages for the two categories of "completely private" and "minor distractions" are combined, 91.6 percent of the interviews in the DR were considered as such, which was similar to that of the QFT, although it was still a bit low compared with that of 2012 and 2013 comparison samples (95.4 and 95.7 percent, respectively).

Table 5.29 Field Interviewer Evaluation of Interview Privacy in Respondent's Home for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

DRDBF5 – Please indicate how private the interview was. Do not count yourself or a project observer as another person in the room.	2012 Comparison		2013 Comparison		2013 Dress Rehearsal	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Completely private—no one was in the room or could overhear any part of the interview	54,591	82.0	26,565	82.6	1,565	75.0
Minor distractions—person(s) in the room or listening less than 1/3 of the time	8,911	13.4	4,207	13.1	347	16.6
Person(s) in the room or listening about 1/3 of the time	1,150	1.7	546	1.7	56	2.7
Serious interruptions of privacy more than half the time	283	0.4	121	0.4	13	0.6
Constant presence other person(s)	1,588	2.4	715	2.2	104	5.0

NOTE: Some percentages do not sum to 100 percent because of rounding.

Table 5.30 Field Interviewer Reports of Others Present during Interview for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

DRDBF6 – Not including yourself or project observers, other people present or listening to the interview were:	2012 Comparison		2013 Comparison		2013 Dress Rehearsal	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Parent(s)	5,298	44.4	2,493	44.6	170	32.7
Spouse	1,689	14.2	784	14.0	99	19.0
Live-in partner/ boyfriend/ girlfriend	725	6.1	325	5.8	37	7.1
Other adult relative(s)	1,470	12.3	636	11.4	73	14.0
Other adult(s)	1,148	9.6	491	8.8	37	7.1
Child(ren) under 15	3,893	32.6	1,933	34.6	211	40.6
Other	393	3.3	182	3.3	22	4.2

NOTE: Percentages are based on the 11,932, 5,589, and 520 answers that indicate lack of privacy to FIDBF07 (2012), FIBF07 (2013), and DRDBF5, respectively.

Table 5.30 shows that the DR provided somewhat different patterns in the types of other persons present during the interview. In both the 2012 and 2013 comparison samples, "parent(s)" were the most often reported "other people" present during the interview, followed by "child(ren) under 15" and "spouse." In the DR, FIs reported the presence of parents in 32.7 percent of the interviews, which was lower than the 44.4 percent in the 2012 comparison sample and the 44.6 percent in the 2013 comparison sample. Similar differences between the 2011 and 2012 main study comparison samples and the QFT were not observed. The oversample of Hispanics for the DR sample does not appear to account for this difference. For the DR sample, among the 520 interviews in which an FI reported the presence of other persons, 211 were conducted with Hispanic respondents and 309 among non-Hispanic respondents. Among the non-Hispanic respondents, a parent was reported as being present in 87 interviews (28.2 percent), while among the Hispanic respondents, a parent was reported in 83 interviews (39.3 percent).

5.4.3 Summary and Recommendations

5.4.3.1 Summary

The DR debriefing questions provided insight into respondents' reactions to the DR interview and protocol. Overall, respondents reacted favorably to the new computer. The few negative comments that were recorded largely concerned difficulty using the function keys. Respondents' comments about the timing of the interview differed by age. Consistent with the timing results in **Chapter 4**, older respondents frequently made comments about the interview taking a long time.

Data from the debriefing items did not indicate any pervasive problems with respondents' comprehension of questionnaire items. FIs reported that a proxy was used in 27.8 percent of the interviews. Among interviews with youths aged 12 to 17, about 85 percent used a proxy. Some challenges were reported with the process of introducing the proxy respondents to the computer. These challenges affected a larger proportion of respondents who took the interview in Spanish.

Finally, fewer FIs classified the DR interview as "completely private" compared with both the 2012 and 2013 comparison interviews and the QFT interviews.

5.4.3.2 Recommendations

Analysis of the debriefing items reveals a few recommendations that should be considered when planning for the 2015 NSDUH:

- The labeling or assignments of the function keys should be edited to optimize usability.
- The debriefing items themselves should be edited for the 2015 NSDUH so as to assess items of interest in the 2015 survey.
- An instruction should be considered that indicates to respondents what response option to choose to report a diagnosis of a health condition (including cancer) at an age of less than 1 year old.

Plans for the 2015 NSDUH do not call for proxies to complete the health insurance and income questions using a self-administered mode. This decision was made largely to address increases in item missing data and shifts in estimates in these modules that occurred in the field tests. As a result of these changes, any concerns about the process of providing a computer tutorial to proxy respondents do not need to be addressed.

5.5 Description and Results for the DR FI Debriefing Calls

5.5.1 Purpose of the Debriefing Calls

The purpose of the DR FI debriefing calls was to obtain direct feedback from FIs on their experiences collecting data using the redesigned NSDUH questionnaire on the new laptop and screenings completed on the touch screen tablet (i.e., the Samsung Galaxy Tab 7.0") in both English and Spanish. Information on the complete set of instrumentation, protocol materials, and equipment changes for the DR is presented in *Section 2.4.1*. The goal of the debriefing calls was to gather feedback from FIs (including bilingual FIs) on topics including but not limited to the following:

- significant questions or concerns raised by members of sample households about the redesigned contact materials;
- challenges encountered using the tablet to conduct household screenings;
- challenges encountered using the new laptop computer to conduct interviews;
- challenges encountered in administering the redesigned questionnaire or protocol;
- significant questions or concerns that respondents raised about aspects of the redesigned questionnaire or protocol (specifically, the four prescription drug modules) and the length of the interview (i.e., its overall burden); and
- significant questions or concerns raised by Spanish-speaking members of sample households about any of the Spanish-language materials or questionnaires developed for the DR.

The results of the DR FI debriefing calls will be used to inform potential changes to the preparation, protocol, and procedures for the 2015 NSDUH.

5.5.2 Debriefing Call Procedures

Debriefing calls were held in lieu of in-person focus groups, which had been used to gather feedback on the 2012 QFT. A total of five debriefing calls were held in order to eliminate travel costs, expedite the completion of these information-gathering sessions, and allow greater flexibility in assigning FIs to each call. **Table 5.31** provides additional details on the characteristics of FIs assigned to each debriefing call.

Table 5.31 Debriefing Call Field Interviewer Characteristics, by Call

Call No.	No. of FIs	No. of QFT FIs	No. of Bilingual FIs	States Represented
1	5	2	0	FL, MA, ME, NJ, PA
2	6	3	0	DC, OH, SD, TN, TX, VT
3	6	4	1	CA, KY, NY, ^b MI, OK, SC
4 ^a	6	2	6	CA, FL, IL, NM, NV, NY
5 ^a	5	1	5	CA, CA, ^b IL, TX, TX

QFT = Questionnaire Field test.

^a Bilingual field interviewers (FIs) only.

^b Travelling field interviewer (TFI).

For each debriefing call, 7 FIs were initially assigned (35 in all), with the expectation that 5 or 6 FIs would participate in each call. These 35 FIs were selected from the 133 FIs assigned to the DR based on their classroom assignment at the DR training, with 1 FI per room chosen for each call. To the extent possible, other characteristics were balanced across the calls, including QFT participation, bilingual status, experience level, and the region of the country where they lived.

A total of 28 FIs participated in the debriefing calls, with each call having at least 5 FIs. Calls were scheduled for 2 hours in duration, and all five calls lasted at least 90 minutes. Also, each call included a moderator, an assistant moderator, and a note taker, along with several observers, including staff from the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to using a note taker, each call was audio recorded.

Per SAMHSA request, each of the debriefing calls was moderated by RTI staff from the training program and field materials team and the field operations team because of the familiarity of those staff with NSDUH procedures and protocols. Two of the five calls were for bilingual FIs only, and those calls were also joined by one of the RTI language specialists involved in the bilingual DR FI training and Spanish-language translation of the redesigned questionnaire.

The moderators referred to and followed a written guide throughout each call. This guide was developed using the QFT moderator guide as a template and incorporated SAMHSA input; it also included specific changes made for the DR, such as the new laptop and the inclusion of Spanish-language materials and instruments. Also, the DR moderator guide incorporated feedback from the moderators of the QFT in-person debriefings to identify any lessons learned and problematic sections and questions. The DR moderator's guide is included in **Appendix F**.

A moderator began each debriefing call with an introduction that lasted about 5 minutes and was intended to set up the discussion rules and familiarize the participants with the group. The remainder of each call had specific section topics and discussion time limits:

- Discussion about the redesigned contact materials was allotted 20 minutes and covered the FIs' views regarding how the DR respondents reacted to the lead letter and Q&A brochure, as well as the FIs' thoughts about the new laptop bag and portfolio.
- The next 30 minutes were devoted to a discussion about the FIs' use of the tablet to administer household screenings. Topics included the tablet's features, training on the tablet, respondent reactions to the naming of the "US Department of Health and Human Services" as the sponsor of the study instead of the "US Public Health Service," and the use of the new email program installed on the tablets.
- A total of 25 minutes were allotted to topics surrounding the interview's questionnaire administration, including respondent comments about the electronic reference date calendar, whether respondents asked questions about specific modules, and the experience of the proxy respondents.
- For the next 10 minutes, the discussion focused on using the DR laptop to administer the interview, including respondent reaction to the laptop and its overall performance.
- The next section called for 10 minutes of discussion about the four new prescription drug modules. The moderator asked questions about the length of administration time, the electronic pill cards, and the questions designed to capture misuse.
- A 15-minute section then allowed FIs to share any general comments or concerns about the redesigned questionnaire, including interview length and burden.
- A concluding open-ended section gave FIs a final opportunity to make additional comments on any aspect of the DR.

During the two debriefing calls conducted with only bilingual FIs, the FIs were instructed to focus their responses on Spanish-language cases to the extent possible in all of the sections noted above. Also, the discussion section on administering the redesigned questionnaire included four follow-up questions that asked the bilingual FIs to speak specifically about the DR content and materials in Spanish.

5.5.3 Feedback from Debriefing Calls, by Topic

5.5.3.1 Reactions to the Redesigned Contact Materials

FIs on all five debriefing calls noted that respondents reacted positively to the changes to the lead letter and the Q&A brochure. Several FIs commented that many respondents stated that they had already read the letter prior to the interview and were anticipating the FI's arrival as a result, and that many more respondents seemed to recall this lead letter than those who received one as part of main study's data collection. FIs on multiple calls hypothesized that the lead letter's added color was what led to the improved respondent interest and recall. Similarly, FIs reported greater respondent interest in the redesigned Q&A brochure than in its main study counterpart,

with several stating that the full-color, "professional-looking" design caused more respondents to open that brochure than the one used during the main study.

Reaction from FIs on the new black leather portfolio for the DR was mixed, with FIs split fairly evenly among preferring this new portfolio, preferring the main study portfolio, and preferring using no portfolio at all. Those FIs who did note a preference for using the new black leather portfolio said that they had no real use for the legal pad of paper inside the portfolio and would rather see more pockets, both interior and exterior, with some that have zippers. A few FIs reported that, to appear less intimidating, they prefer to carry as little as possible with them to the door when approaching respondents for the first time, while others said that they prefer to carrying a small clipboard with only essential items (such as the lead letter and the study description).

Many of the FIs offered high praise for the new laptop bag, especially when compared with their current main study laptop bag, as many appreciated having the extra pockets to store all of the various items needed to conduct an interview. FIs commented that they felt having the extra pockets allowed them to set up and break down equipment more efficiently at the beginning and end of the interview. However, nearly all of the FIs also commented that they did not like the setup of the large shoulder strap on the laptop bag, specifically, the way it was attached to the bag itself. FIs felt that this design made it more difficult to unzip several of the pockets, and several FIs also wished that the strap had more padding for ease of use. A few FIs also expressed a dislike of the center pocket of the laptop bag that unzipped all the way open because they found it difficult to prevent items from falling out when that pocket was used.

Given the additional storage in the new laptop bag, many FIs indicated that they would still prefer to have access to a portfolio in order to have a few items more readily available while at the door and to keep paper materials from becoming wrinkled.

Also, although most of the FIs stated that they kept their DR FI handbook with them while working in the field, few reported ever needing to review its contents while conducting interviews. Those who did reference the handbook reported that they used it for assistance with transmission (i.e., transmitting data to RTI).

5.5.3.2 Reactions to Administering Household Screenings and Using the Tablet

All of the FIs confirmed that the DR FI training program was effective in preparing them to use the tablet in the field to conduct screenings. Also, all of them reported feeling comfortable using the tablet not later than the end of their first day of working DR cases, if not before.

When discussing the tablet, many FIs noted right away that they did not like having to enter a password each time the tablet was awakened from "sleep" mode. Also, many of the FIs strongly preferred having more cases available for viewing at one time on the select case screen—similar to the iPAQ screen, which uses a smaller font size.

Most of the FIs reported using the standard Samsung keyboard (or keypad) throughout their work on the DR; they found this default keyboard fairly easy to use and did not experience many problems, if any, with entering record of call (ROC) comments into the tablet. However, several of the FIs did note their wish that an apostrophe key was easier to access on the default

keyboard for use in typing notes. The few FIs who did report switching to use a second keyboard (i.e., the "hacker's" keypad) stated that their preference was due to the presence of a line of number keys along the top of that keyboard, rather than having to switch views on the default keyboard in order to access numbers.

FI preference for using a finger or a stylus when tapping on the tablet was mixed, with many FIs reporting using both methods in combination depending on the situation. Those FIs who said that they used only the stylus often did so as a continuation of their use of a stylus with the iPAQ on the main study, and several of the FIs who used only a finger to tap on the tablet reported an existing comfort level with that method from previous use with similar electronic devices.

Also, regarding the canvas case protecting each tablet, FIs had positive comments about its design, specifically, that it does not feature any Velcro[®], unlike its main study counterpart. The FIs strongly preferred the snaps because using them produces less noise and they do not become caught on clothing, unlike Velcro[®].

The majority of FIs stated that there was little difference in respondent reaction to the use of "US Department of Health and Human Services" as opposed to "US Public Health Service." Some of the FIs did say that more respondents recognized the DHHS logo on the various materials and commented on that. However, several of the FIs also noted an increase in antigovernment sentiment when contacting respondents during the Federal Government shutdown, which began on October 1, 2013, in the midst of DR data collection.

With regard to the possible addition of a 30-second video clip on the tablet to play for respondents, nearly all of the FIs agreed that it could be a useful tool in establishing legitimacy and providing more information about the study. However, all of the FIs also agreed that any such video should be added only as an optional tool for their use, in that many respondents are busy and would not be interested in watching a 30-second video. A few of the FIs also added that for the more difficult respondents, face-to-face interaction between an FI and a respondent will always be the best tool for refusal conversion.

All of the FIs admitted to having positive experiences, with little or no problems, using the email program on the tablet to communicate with their FSs during the DR. They found that the program was convenient, efficient, and easy to use, and several of the FIs commented that they appreciated being able to transmit wirelessly from the field to pick up new cases or to send an email message to their FSs. If given this access on the main study, all of the FIs reported that it would be a benefit to their work and increase efficiency. Although these DR FIs reported using the email program a couple of times each week during data collection, several of the FIs noted that they would use it a great deal more if given a larger assignment with more cases. However, a few of the FIs commented that it was difficult for them to type out long messages using the tablet email program because of the keyboard's design.

Overall, FIs reported having few problems with the tablet that required assistance from technical support staff. Most often, those FIs who did call for help needed assistance with transmitting data from a hotel or other minor issues. However, several bilingual FIs reported needing to call technical support staff for an issue with pending cases that disappeared from their

tablets without explanation, a problem that occurred with both Spanish- and English-language cases worked by those bilingual FIs. Technical support staff were not immediately able to determine why this problem occurred, which resulted in the loss of some screening data for a few of the FIs.

The only other aspect of the tablet that gave multiple FIs problems during the DR was the tablet calendar, which some of the FIs found difficult to use. Several of the FIs also reported that they did not receive notifications for appointments that they felt they had set up correctly.

5.5.3.3 Reactions to Administering the Redesigned Questionnaire and Protocol

Moderators began this section of the debriefing calls by asking about respondent reactions to and comments about the electronic reference date calendar. Although nearly all of the FIs reported receiving no comments from respondents about this electronic calendar, several of the FIs noted that they felt that the respondents used the calendar more during the DR interview than during the main study interview because it was more readily available on the screen during the DR interview. Those same FIs said that, in their experience, most main study respondents disregard the paper calendar. A few of the FIs noted that the electronic calendar also made it more efficient to conduct interviews, especially outdoors, where it might be difficult for an FI to properly fill out the paper calendar.

Much like their experience on the main study, most of the DR FIs commented that they received few or no queries or comments from respondents on specific DR interview questions or modules. Several of the FIs reported conducting interviews in both English and Spanish that lasted more than 2 hours, and a few respondents did comment on some fatigue associated with what they perceived as answering the same question multiple times. FIs said that respondents thought that the interview was "checking up on their answers" by asking the same question more than once. A few of the FIs also noted having at least one respondent who asked why the sexual orientation questions were included in the questionnaire, with some elderly respondents stating that they felt that those questions were not relevant to them.

With regard to the transition into the second ACASI questions conducted by a proxy, FIs thought that the transition worked very well except in households with only one resident. FIs noted that it made for a somewhat awkward transition in those instances, rather than simply allowing the single-resident respondent to continue answering questions via ACASI.

On the two debriefing calls conducted with just bilingual FIs, moderators asked a few additional questions to follow up on any issues specific to the Spanish-language interview and its translation. For the most part, the bilingual FIs reported that the Spanish-language DR interview worked very well and caused little confusion for respondents. Some of the FIs felt that the Spanish-language interview was longer than its main study counterpart. Also, a few of the FIs reported some issues with Spanish-speaking respondents understanding the meaning of "heterosexual" and "probation" within the DR interview. Also, the bilingual FIs stated that the INCENT01 language in the Spanish-language interview had not been completely updated to match the English-language text.

5.5.3.4 Reactions to Administering the DR Interview and Using the Laptop

Across all five debriefing calls, FIs confirmed that the DR FI training program was effective in teaching them how to use the new laptop computer and that from the beginning of their fieldwork they felt comfortable using the new device. In fact, all of the FIs had overwhelmingly positive feelings toward the new laptop, with several commenting that they wished they could keep it for continued use with their main study assignment.

FIs noted that they were impressed by the light weight of the new laptop and its smaller size when compared with its main study counterpart. The FIs also noted that respondents talked about how light in weight the laptop was.

Only a few of the FIs reported having minor issues with the laptop that required assistance from technical support staff, with most of the problems related to entering incorrect passwords multiple times. However, the majority of the FIs reported that some of their elderly respondents had problems seeing the function keys along the top row of the laptop keyboard and/or reading the small lettering on those keys. A few FIs reported emphasizing for those respondents the larger function key labels just below the laptop screen and showing the respondents that the function keys they were seeking were directly below the descriptions on the labels.

5.5.3.5 Reactions to the Redesigned Prescription Drug Modules

Among all of the interviews conducted by these DR FIs, very few comments were about the new prescription drug modules, with the majority of the FIs noting that respondents had no questions or made no statements about those modules. As noted previously, a few of the FIs mentioned the respondents' comments about how repeating a question was a method to check up on a previous response.

Also, several of the FIs commented that they felt that having the pill images available on the screen rather than in the showcard booklet resulted in respondents paying more attention to those images. The FIs' main study experience is that respondents often do not ask to see the pill cards.

5.5.3.6 Overall Reactions to the Redesigned Questionnaire

When asked to provide their overall reaction to the DR questionnaire changes, including the recall and length of time, nearly all of the FIs reported that their experience was very similar to their work on the main study. A few of the FIs did report that a handful of respondents said that the DR interview took a long time, but that was not a comment unique to the DR, as the FIs often hear a similar response during main study data collection.

Also, two FIs reported that elderly respondents made a negative comment about the questions on depression. Those respondents noted that they felt "judged" by the questions and that answering those questions made them feel depressed.

5.5.3.7 Other General Feedback

At the conclusion of each debriefing call, the moderators asked the FIs for any final comment or question about any topics related to the DR. Included below are the comments or questions resulting from that final discussion, aside from any general positive comments about the DR (which were made by the majority of FIs):

- An FI re-emphasized removing the additional password screen from the tablet.
- An FI felt that including the income and insurance questions in ACASI allowed the respondents to give more honest answers.
- An FI liked completing the debriefing questions on the tablet rather than in the respondents' home on the laptop.
- An FI indicated that the new equipment was great and made the interview go more smoothly, but that it created more idle time for the FIs.
- An FI said that the headphone cord is too long.

5.5.4 Summary and Recommendations

5.5.4.1 Summary

Despite the mix of characteristics among the 28 FIs who participated in these five DR debriefing calls, there was a great deal of commonality in the feedback provided by these FIs across each call. Included below is a list of key points mentioned by FIs across all five of these DR debriefing calls:

- FIs noted that respondents seemed to have greater recall of the DR lead letter than its main study counterpart.
- There was no dominant opinion among FIs on the black leather portfolio. Some of the FIs liked it better than the main study portfolio, some liked it less than the main study version, and some preferred no portfolio at all.
- Overall, FIs liked having more pockets for storage in the laptop bag, but nearly all of the FIs strongly disliked the design of the shoulder strap.
- FIs did not like having to enter a password each time the tablet went into "sleep mode."
- Most FIs used the standard Samsung keyboard to make entries in the tablet.
- FIs were split fairly evenly in their use of the stylus or a finger in entering data into the tablet.
- FIs liked that the canvas case for the tablet did not have Velcro[®] on it.
- FIs noted very little respondent reaction to the use of "US Department of Health and Human Services" rather than "US Public Health Service."
- The possibility of a 30-second video clip on the tablet to show respondents was deemed a good idea by nearly all of the FIs as long as it is only an optional tool.

- The email program on the tablet was very well received by all of the FIs, and few FIs had problems with it.
- Many of the FIs reported having problems using the tablet calendar efficiently.
- FIs reported greater respondent use of the electronic reference date calendar as compared with its main study counterpart.
- There were very few questions or comments from respondents about the content of the redesigned questionnaire.
- FIs were very impressed with the light weight and efficient performance of the DR laptop.
- Some elderly respondents had problems seeing the function keys clearly.

5.5.4.2 Recommendations

As a result of the feedback provided by the 28 FIs who participated in these DR debriefing calls, several key recommendations have been selected for consideration for possible implementation on the NSDUH main study:

- Implement the use of the DR lead letter and Q&A brochure on the main study.
- Investigate the use of a laptop bag different from the bag selected for the DR that still has lots of pockets for organization, but offers a more functional shoulder strap design. This recommendation is concordant with that from *Section 5.2*.
- Consider removing the extra password from the tablet screen.
- Allow FIs to have full-time access to an email system that allows them to both send and receive email messages for improved communication with FSs.
- Purchase a lightweight laptop similar to the version used on the DR.
- Revise the Spanish-language questionnaire to address the understanding of the sexual orientation question and to correct text in INCENT01.
- Attempt to purchase a laptop with larger function keys or determine a way to make the function key labels easier to read.

5.6 Field Observations of DR FIs

In conjunction with DR data collection, field observations of DR FIs were conducted by RTI staff (including language methodologists, training and field materials' team members, and instrument assessment and development team members) as well as other RTI staff and SAMHSA staff members. Groups of three to four FIs were chosen for field observations in each of seven metropolitan areas: Miami, Florida; New York City, New York; Los Angeles, California; San Francisco, California; Dallas, Texas; Houston, Texas; and Chicago, Illinois. RTI staff also observed FIs locally in North Carolina. SAMHSA staff observed an additional four FIs in Louisiana, Maryland, Virginia, and the District of Columbia. These observations were of interviews completed in both English and Spanish. Observations of interviews conducted in Spanish were completed only by bilingual observers. FIs who were observed committing any procedural errors were retrained by their FSs using a standardized retraining plan created

specifically for the DR field observations. FIs who were observed committing a serious breach of protocol or committing four or more unrelated errors received disciplinary action in addition to retraining by their FSSs.

All DR field observations were completed between September 3 and September 15, 2013. During this time period, RTI staff observed a total of 64 screenings with 23 FIs and 27 interviews with 18 FIs in English, and 8 screenings with 5 FIs and 7 interviews with 5 FIs in Spanish. SAMHSA staff observed 9 screenings with 3 FIs and 6 interviews with 3 FIs. This section summarizes the DR field observation procedures and errors observed, combining the results reported by RTI and SAMHSA observers. It also includes comments from observers and FIs about the materials, procedures, and equipment used for the DR data collection, as well as potential changes to these items based on field observation results and feedback.

5.6.1 Procedures for Completing Field Observations of DR FIs

Field observation trips were planned during August 2013 to give observers as much time as possible to prepare for their trip. To keep travel costs to a minimum, FIs were chosen for DR field observations based on location and proximity to other DR FIs. FIs were observed in 11 States, centered on metropolitan areas, and in the District of Columbia.

Observers used a DR field observation screening checklist and a DR field observation interviewing checklist to document their observations. A DR field observer reference sheet and a DR field observer task list were used to help maintain consistency in planning observation assignments and interacting with FIs and respondents. (The DR field observation materials are provided in *Appendix G*.) Observers were asked to ensure that a DR field observation FI instruction sheet was sent to each FI prior to the observer's arrival in the field. The DR housing unit (HU) and group quarters unit (GQU) scripts and CAI specifications for the front-end and back-end computer-assisted personal interviewing (CAPI) questions were provided to observers for their use during the observations. These materials were developed specifically for the DR data collection effort based on similar materials used for the QFT and the main study field observation processes. Field observers were trained to remain neutral during the observations and were to intercede only if the respondent's rights were being violated or if the equipment was in jeopardy of being damaged. In all other situations, observers were instructed not to interfere.

Observers were asked to transfer information from paper DR field observation screening checklists and DR field observation interviewing checklists to spreadsheets designed specifically for the DR field observations. The DR field observation manager then used the captured information to process the results of the field observations, which included issuing any appropriate disciplinary action, creating a retraining plan to address any observed errors, and sending any comments about the performance of the instrument, equipment, or materials to the appropriate RTI staff member.

The same standardized retraining process was used for the DR field observations as is used for the main study field observations. After the DR field observation manager reviewed each observation form, an FI retraining plan was prepared for each FI who had errors reported on his or her observation. Using a standardized template, this plan noted the errors that the FI made, the type of retraining required, and the dates by which the retraining must be completed. The FS

used this form to provide standardized feedback and retraining to the FI on each error observed and issued disciplinary action as directed by the DR field observation manager.

FIs who committed a serious breach of protocol and FIs who were observed committing four or more unrelated errors were issued disciplinary actions. A serious breach of protocol is defined as one that could potentially violate a respondent's rights and/or significantly compromise the accuracy of the data collected. Disciplinary actions issued for the DR field observations included four verbal warnings. These FIs were added to the NSDUH main study field observation list for observation in quarter 1 of 2014.

5.6.2 Summary of Results from DR Field Observations

Of 2,025 potential screening errors in the DR field observations (81 completed screenings multiplied by 25 possible errors on the DR field observation screening checklist), field observers noted 20 errors, or 0.99 percent of the possible screening errors. Of 560 potential interviewing errors in the DR field observations (40 completed interviews multiplied by 14 possible errors on the DR field observation interviewing checklist), field observers noted 16 errors, or 2.86 percent of the possible interview errors.

The majority of FIs displayed positive behaviors when conducting screenings (see *Table 5.32*). Of the 25 items listed on the DR field observation screening checklist, only 1 item was observed being conducted incorrectly more than 5 percent of the time:

- Not including name, RTI International, U.S. Department of Health and Human Services, and the lead letter in introduction.

The relatively high error rate for FIs failing to include all four pieces of required information (name, RTI International, DHHS, and the lead letter) in the study introduction is concerning. The eight errors recorded in this category were committed by seven different FIs. Four errors were caused by the FI using "Research Triangle Institute" instead of "RTI International." Three errors were due to the FI not including the "Department of Health and Human Services" in the study introduction. The final error in this category occurred when an FI used "U.S. Public Health Service" instead of the "Department of Health and Human Services."

To further investigate the potential effects of changes between the DR and main study, items were added to the DR field observation screening checklist to reflect changes to the screening procedures, project information, and use of specific DR materials. There were 12 errors recorded for these items (see *Table 5.33*), including cases where, as noted previously, the FI did not include all four required pieces of information correctly in the study introduction and the FI did not correctly answer a respondent's questions with DR-specific information. Of the eight errors recorded for not including all four required pieces of information in the study introduction, only five errors (by five different FIs) can be directly attributed to the change in terminology for the DR. The three cases in which an FI did not include the "Department of Health and Human Services" could have occurred in a main study observation as well. Based on observations of these errors, no changes to the equipment or field materials are anticipated. However, further emphasis will be placed on reading the study introduction screen and providing the correct information when speaking to a respondent in FI training and project materials for the 2015 NSDUH.

Table 5.32 DR Screening Error Rates

Screening Error	Total Cases = 81	
	Error Rate, %	Errors Observed
Not displaying ID badge prominently when knocking on door	1.23	1
Not being on tablet "Study Introduction" screen when reaching door	0.00	0
Not including name, RTI International, U.S. Department of Health and Human Services, and lead letter in introduction	9.88	8
If respondent did not recall lead letter, FI did not offer one to respondent	0.00	0
Not confirming that screening respondent was an adult resident of SDU	0.00	0
Not verifying that he/she was at the correct address	0.00	0
Not handing DR study description to respondent	0.00	0
Not reading tablet "informed consent" screen to respondent	0.00	0
Not checking for missed DUs by reading the correct tablet screen verbatim	1.23	1
Not asking all roster questions verbatim	2.47	2
Not recording race based on respondent's answer, but on FI observation instead	0.00	0
Not obtaining all screening information directly from the screening respondent (by observation or a proxy)	0.00	0
Not confirming accuracy and completeness of roster data with screening respondent	0.00	0
When no household members were selected for an interview (code 22, 25, 26, or 30), not reading verification instructions verbatim	0.00	0
When one or two household members were selected for an interview (code 31 or 32), not presenting project and interview information accurately	0.00	0
When one or two household members were selected for an interview (code 31 or 32), not demonstrating flexibility in scheduling interview(s)	0.00	0
When one or two household members were selected for an interview (code 31 or 32), not leaving appropriate information about future interview(s)	0.00	0
When one or two household members were selected for an interview (code 31 or 32), not making attempts to begin interview right away	0.00	0
Not providing respondent with correct DR materials	0.00	0
Answer questions correctly and thoroughly, referencing correct DR details (e.g., RTI International, DHHS, did not mention DR or field test, sample size, pay or payment, etc.)	4.94	4
Committing other procedural violation not noted on checklist (sum of individual errors)	4.94	4
Did not have segment maps readily available for reference while in the field	0.00	0
If this was FI's first time to the DU, did not use segment maps to locate SDU	0.00	0
If this was FI's first time to the DU, did not use segment materials to check for missed DUs	0.00	0
If a missed DU is found, did not use segment materials to make sure the missed DU was not already listed	0.00	0
TOTAL	0.99	20

DR = Dress Rehearsal; DU = dwelling unit; FI = field interviewer; SDU = sample dwelling unit.

NOTE: The error rate equals the percentage of observed cases where the error was observed. Bolded items are considered serious breaches of protocol.

Table 5.33 Dress Rehearsal-Specific Errors: Screening

Screening Error	Total Cases = 81	
	Error Rate, %	Errors Observed
Not including name, RTI International, U.S. Department of Health and Human Services, and lead letter in introduction	9.88	8
Not providing respondent with correct DR materials	0.00	0
Answer questions correctly and thoroughly, referencing correct DR details (e.g., RTI International, U.S. Department of Health and Human Services, did not mention DR or field test, sample size, or payment)	4.94	4
TOTAL	4.94	12

DR = Dress Rehearsal.

NOTE: The error rate equals the percentage of observed cases where the error was observed. A total of 81 screenings were observed. Note that the total error rate reflects the error rate for DR-specific errors only and is not directly comparable with the total error rate in *Table 5.32*.

The majority of FIs also displayed positive behaviors when conducting interviews (see *Table 5.34*). Of the 14 items listed on the DR field observation interviewing checklist, only 3 items were observed being conducted incorrectly at least 5 percent of the time. Those items include the following:

- not reading all screens verbatim;
- not following the proper DR quality control form and incentive procedures; and
- not answering respondent questions correctly and thoroughly, referencing appropriate DR details.

Verbatim reading errors and FI errors for not following the proper DR quality control form and incentive procedures were not related specifically to DR procedures and could have occurred during main study observations. FIs who had difficulty answering respondent questions used terminology from the main study (i.e., "U.S Public Health Service") instead of the new DR specific terminology (i.e., "DHHS"). The FI training for the 2015 NSDUH will include additional emphasis and practice on the importance of using the correct terminology while in the field.

To further investigate the potential effects of changes between the DR and main study, items were added to the DR field observation interview checklist to reflect changes to the interview procedures, project information, and use of specific DR materials. Only five errors were recorded on these items (see *Table 5.35*). During DR field observations, FIs generally did well at following interview procedures during DR field observations, including new procedures specific to the DR and procedures carried over from the main study.

Table 5.34 Dress Rehearsal Interviewing Error Rates

Interviewing Error	Total Cases = 40	
	Error Rate, %	Errors Observed
If interview respondent was a minor, FI not first obtaining consent from parent or legal guardian	2.50	1
If interview respondent was not screening respondent, not explaining purpose of study and visit thoroughly	0.00	0
Not handing DR study description to the respondent	2.50	1
Not reading intro to CAI from DR showcard booklet verbatim to the respondent	0.00	0
Not choosing a private location to conduct interview	0.00	0
Not setting up equipment efficiently	0.00	0
Not explaining headphone usage, offering headphones to respondent, and plugging them in	0.00	0
Not keeping ACASI portion private (read ACASI) and/or not remaining attentive	0.00	0
Not reading all screens verbatim	17.50	7
Not presenting DR showcards when prompted by the CAI	2.50	1
Not following the proper DR quality control form and incentive procedures	5.00	2
Not answering respondent questions correctly and thoroughly, referencing the appropriate DR details (e.g., RTI International, DHHS, did not mention DR or field test, sample size, pay or payment, etc.)	5.00	2
Not providing respondent with correct DR materials	2.50	1
Committing other procedural violations not noted on the checklist (sum of individual errors)	2.50	1
TOTAL	2.86	16

ACASI = audio computer-assisted self-interviewing; CAI = computer-assisted interviewing; DR = Dress Rehearsal; FI = field interviewer.

NOTE: The error rate equals the percentage of observed cases where the error was observed. Bolded items are considered serious breaches of protocol.

Table 5.35 Dress Rehearsal-Specific Errors: Interviewing

Interview Error	Total Cases = 40	
	Error Rate, %	Errors Observed
Not following the proper DR quality control form and incentive procedures	5.00	2
Not answering respondent questions correctly and thoroughly, referencing the appropriate DR details (e.g., RTI International, DHHS, did not mention DR or field test, sample size, or payment)	5.00	2
Not providing respondent with correct DR materials	2.50	1
TOTAL	4.17	5

DR = Dress Rehearsal.

NOTE: The error rate equals the percentage of observed cases where the error was observed. A total of 40 interviews were observed. Note that the total error rate reflects the error rate for DR-specific errors only and is not directly comparable with the total error rate in *Table 5.34*.

5.6.3 DR Field Observation Comments

Observers were asked to evaluate the performance of the DR equipment and materials while in the field. No supplementary comments or concerns were received from observers about the performance of the DR materials during their observations.

Several comments were made about the performance of the tablet in the field:

- Three FIs mentioned that they had difficulty seeing the screen in direct sunlight.
- One FI had difficulty tapping and holding items on the tablet instead of just tapping, as is done on the iPAQ.
- Two FIs had issues troubleshooting unexpected events with the tablet (e.g., the screen freezing or the tablet occasionally going blank when first powered on).

Only one comment was received on the performance of the laptop in the field:

- One FI commented that the function keys were very small and hard to see in low light.

The DR field observations did not uncover any serious concerns about the DR equipment or materials. The tablet troubleshooting issues observed could be handled by addressing these specific items during training and adding documentation to the FI manual on how to resolve these occurrences. However, these particular technical concerns may not be replicable. The size of the function keys on the laptop was only mentioned by one FI, but this issue and the troubleshooting items will be considered further, especially given similar feedback received from the FI equipment survey and FI debriefing calls.

Observers recorded several comments made by respondents and FIs during the screening and interview:

- Seven respondents were confused about the race/ethnicity questions, in both the screening and interview, and did not know how to classify themselves. These respondents seemed to think of Hispanic or Latino as their race.
- Two respondents commented that the interview was time-consuming, and one respondent commented that the interview did not take very long.
- One respondent would have preferred if the interview had been read entirely by the FI rather than having any ACASI portions.
- Two respondents felt that the interview questions were repetitive.
- One respondent commented that the ACASI voice read too slowly.
- One respondent was confused by the phrase "type in your answer." She attempted to type words for her answer instead of the number corresponding to the appropriate answer choice.
- One FI commented that there is not enough space to leave a meaningful comment in the comment feature on specific questions in the interview.

Although these comments occurred during DR field observations, none was clearly specific to DR screening or interview changes from the main study. These respondents and the one FI could have expressed similar issues during main study data collection. However, the main study field observations do not provide comparison data on how many times respondents were confused or what comments respondents and FIs made on these same issues.

Observers also recorded issues with the proxy portion of the DR interview that do not apply to the main study. Specifically, the transition from the first ACASI section into the second is awkward for cases in which only the respondent is included in the household roster. The first ACASI portion tells the respondent that he or she is "done," then the respondent is almost immediately handed the computer again to complete the second section. During DR field observations, two respondents commented that this was confusing. An observer also recorded that an FI did not know how to switch the language to Spanish from English for the second ACASI section of the interview.

5.6.4 DR Field Observation Summary and Recommendations

Overall, the DR field observations provided an important opportunity to see firsthand how the DR instrument, materials, and equipment performed in the field. In general, the DR components all performed well. Some items went so smoothly that there were no reported issues or comments from observers, including items regarding the flow of the screening presentation, the transition between the screening and the interview, and respondent confusion with the laptop.

Based on comments and feedback received during the field observations, the following changes or enhancements will be considered for the 2015 NSDUH protocols, equipment, and training materials:

- Provide additional emphasis and practice with reading the study introduction screen and using the correct terminology when speaking with respondents.
- Provide additional training and practice on how to address respondent confusion with the race/ethnicity questions.
- Provide additional documentation and training on tablet troubleshooting.
- Offer research laptop options with larger function keys, given that similar feedback was received from FIs during the FI equipment survey and FI debriefing calls.

As a result of the increase in item missing data in the health insurance and income questions, and the differences in estimates in these items between the field tests and the annual NSDUH, the current plan is to move the health insurance and income questions from ACASI back to CAPI for the 2015 survey. Furthermore, this change will eliminate the second ACASI portion and the need to hand the computer back to a respondent. Therefore, no further changes are needed to address the awkwardness of this transition when a respondent is the only adult in the household.

6. Selected Core and Noncore Estimates for English- and Spanish-Language Dress Rehearsal Data and Comparison Data *(Research Question 4)*

6.1 Overview of Selected Core and Noncore Estimates for English- and Spanish-Language Dress Rehearsal Data and Comparison Data

This chapter presents findings on selected core and noncore estimates from the 2013 Dress Rehearsal (DR) and comparison data. The following types of analyses are presented:

- analyses to make decisions for the 2015 survey, presented in *Section 6.2*;
- further analyses based on findings from the 2012 Questionnaire Field Test (QFT), presented in *Section 6.3*; and
- analyses to explain anticipated findings in 2015, also presented in *Section 6.3*.

Most of the analyses in this chapter compare data from the combined English-language interviews among non-Hispanic respondents only from the QFT and DR with data from English-language interviews among non-Hispanic respondents in the 2012 and 2103 main study comparison samples. Selected tables in *Section 6.3* provide estimates parallel to the English-language interviews among non-Hispanic respondents that are based on data from Spanish-language interviews in the DR and the 2012 comparison and 2103 comparison samples.

6.2 Analyses to Make Decisions for the 2015 Survey

Analyses for research question 4 that are needed for making decisions for the 2015 survey focus on findings that realistically could affect the content of the 2015 NSDUH questionnaire. The following sets of analyses fall into this category:

- analysis of initiation data, particularly for prescription drugs;
- contributions of certain prescription drugs to estimates of past year use or misuse for overall prescription drug categories or key subcategories (e.g., benzodiazepine tranquilizers); and
- effects on estimates based on changes to the height and weight questions for the DR.

6.2.1 Analysis of Initiation Data

Changes to how initiation of misuse of prescription drugs is measured in the redesigned questionnaire could affect the following estimates for the initiation of prescription drug misuse:

- numbers of past year initiates,
- percentages of past year initiates in the population,

- percentages of past year initiates among persons who are at risk for initiation,
- percentages of past year initiates among past year misusers of prescription drugs, and
- mean ages at first use among past year initiates of misuse.

Because the numbers of past year initiates for pain relievers and tranquilizers in 2012 ranked second and third among illicit drugs (CBHSQ, 2013), changes to the questions for initiation of misuse of prescription drugs also could affect estimates for initiation of use of illicit drugs other than marijuana. Therefore, analyses of initiation data that may be affected by changes to the prescription drug questions are critical for determining whether any modifications to the prescription drug initiation questions are needed for the 2015 questionnaire.

6.2.1.1 Past Year Initiates in the General Population

Table 6.1A presents estimated numbers of past year initiates aged 12 or older for illicit drugs, illicit drugs other than marijuana, and specific illicit drugs or categories of illicit drugs based on the DR data and the comparison data for 2012 and 2013. **Table 6.1B** presents corresponding percentages of past year initiates among the persons aged 12 or older in the general population. Reference is made only to the "comparison data" if similar findings were observed for both the 2012 and 2013 comparison data relative to the DR.

- The estimated numbers of past year initiates and percentages of persons aged 12 or older who were past year initiates of use of illicit drugs did not differ significantly between the DR and the comparison data. This was the case for the "standard definition" that included all illicit drugs and alternate definitions that did not include various groups of illicit drugs.
- The estimated numbers of past year initiates and percentages of persons aged 12 or older who were past year initiates of use of illicit drugs other than marijuana did not differ significantly between the DR and the comparison data for the standard definition that included all illicit drugs other than marijuana and for various alternate definitions.
- Estimated numbers and percentages of persons who were past year initiates for prescription drugs were similar for the DR and comparison data. For example, 3.0 million persons were estimated to be past year initiates of misuse of prescription drugs based on data from the DR. The numbers of persons in the comparison data who were estimated to be past year initiates were 2.6 million for 2012 and 2.3 million for 2013.
- For stimulants, an estimated 1.4 million persons based on the DR data were past year initiates for the "standard definition" that includes methamphetamine as a stimulant, 700,000 were past year initiates based on the 2012 comparison data, and 596,000 were past year initiates based on the 2013 comparison data. An estimated 1.7 million persons were past year initiates of misuse of *prescription* stimulants in the DR data when methamphetamine was not included. (Persons who initiated misuse of prescription stimulants in the past year but initiated use of methamphetamine more than 12 months ago were included in the "DR Definition" in **Tables 6.1A** and **6.1B**, but they were not included as past year initiates in the standard definition.)

Table 6.1A Past Year Initiation of Illicit Drug Use among Persons Aged 12 or Older: Numbers in Thousands, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 66,542)¹	2013 Comparison (n = 32,162)²	2013 DR (n = 2,087)³	DR vs. 2012 Comparison, Difference (SE)	DR vs. 2013 Comparison, Difference (SE)
ILLCIT DRUGS, STANDARD DEFINITION⁴	3,170	3,034	2,868	302 (770)	166 (775)
Alternate Definition 1⁴	2,686	2,631	2,210	476 (551)	421 (586)
Alternate Definition 2⁴	2,552	2,461	2,221	331 (580)	240 (597)
Alternate Definition 3⁴	2,684	2,620	2,210	474 (550)	410 (587)
Marijuana and Hashish	2,534	2,496	2,221	313 (580)	275 (606)
Cocaine	676	735	857	-181 (385)	-122 (384)
Crack	90 ^a	77 ^a	0 [*]	90 (18)	77 (24)
Heroin	180	133	107	73 (104)	26 (99)
Hallucinogens	1,142 ^a	1,157 ^a	643	499 (218)	514 (238)
LSD	434	481	360	74 (167)	121 (176)
PCP	102 ^a	29	0 [*]	102 (23)	29 (15)
Ecstasy	954 ^a	758 ^a	358	596 (163)	400 (154)
Inhalants	698	578	553	145 (168)	25 (190)
Methamphetamine	146	126	155	-9 (125)	-29 (124)
Prescription Drug Misuse ⁵	2,629	2,275	2,986	-357 (817)	-712 (810)
Pain Relievers	2,031	1,667	1,896	135 (575)	-229 (572)
Tranquilizers	1,527	1,301	1,332	195 (569)	-31 (545)
Stimulants, Standard Definition ⁶	700	596	1,449	-749 (540)	-853 (522)
Stimulants, DR Definition ⁶	N/A	N/A	1,654	N/A (N/A)	N/A (N/A)
Sedatives	189	72	987	-798 (552)	-915 (551)
ILLCIT DRUGS OTHER THAN MARIJUANA, STANDARD DEFINITION⁷	2,765	2,475	2,761	4 (741)	-286 (744)
Alternate Definition 1⁷	1,518	1,538	1,330	188 (371)	208 (392)
Alternate Definition 2⁷	1,513	1,531	1,301	212 (370)	230 (393)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine.

NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ 2012 comparison data collected in quarters 1 through 4, 2012. Sample does not include Alaska or Hawaii.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013. Sample does not include Alaska or Hawaii.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

⁴ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics. Alternate Definition 3 does not include prescription-type psychotherapeutics but includes methamphetamine.

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data but is not included for the DR.

⁶ The Standard Definition of stimulant misuse for the DR includes methamphetamine. The DR Definition of stimulant misuse does not include methamphetamine.

⁷ Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include prescription-type psychotherapeutics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.1B Past Year Initiation of Illicit Drug Use among Persons Aged 12 or Older: Percentages of All Persons Aged 12 or Older, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 66,542) ¹	2013 Comparison (n = 32,162) ²	2013 DR (n = 2,087) ³	DR vs. 2012 Comparison, Difference (SE)	DR vs. 2013 Comparison, Difference (SE)
ILLCIT DRUGS, STANDARD DEFINITION⁴					
Alternate Definition 1 ⁴	1.2	1.2	1.1	0.1 (0.29)	0.1 (0.29)
Alternate Definition 2 ⁴	1.0	1.0	0.9	0.2 (0.21)	0.2 (0.23)
Alternate Definition 3 ⁴	1.0	1.0	0.9	0.1 (0.22)	0.1 (0.23)
Marijuana and Hashish	1.0	1.0	0.9	0.2 (0.21)	0.2 (0.23)
Cocaine	1.0	1.0	0.9	0.1 (0.22)	0.1 (0.23)
Crack	0.3	0.3	0.3	-0.1 (0.15)	-0.0 (0.15)
Heroin	0.0 ^a	0.0 ^a	0.0*	0.0 (0.01)	0.0 (0.01)
Hallucinogens	0.1	0.1	0.0	0.0 (0.04)	0.0 (0.04)
LSD	0.4 ^a	0.4 ^a	0.2	0.2 (0.08)	0.2 (0.09)
PCP	0.2	0.2	0.1	0.0 (0.06)	0.0 (0.07)
Ecstasy	0.0 ^a	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
Inhalants	0.4 ^a	0.3 ^a	0.1	0.2 (0.06)	0.2 (0.06)
Methamphetamine	0.3	0.2	0.2	0.1 (0.07)	0.0 (0.07)
Prescription Drug Misuse ⁵	0.1	0.0	0.1	-0.0 (0.05)	-0.0 (0.05)
Pain Relievers	1.0	0.9	1.2	-0.1 (0.31)	-0.3 (0.31)
Tranquilizers	0.8	0.6	0.7	0.1 (0.22)	-0.1 (0.22)
Stimulants, Standard Definition ⁶	0.6	0.5	0.5	0.1 (0.22)	-0.0 (0.21)
Stimulants, DR Definition ⁶	0.3	0.2	0.6	-0.3 (0.21)	-0.3 (0.20)
Sedatives	N/A	N/A	0.6	N/A (N/A)	N/A (N/A)
	0.1	0.0	0.4	-0.3 (0.21)	-0.4 (0.21)
ILLCIT DRUGS OTHER THAN MARIJUANA, STANDARD DEFINITION⁷					
Alternate Definition 1 ⁷	1.1	1.0	1.1	0.0 (0.28)	-0.1 (0.29)
Alternate Definition 2 ⁷	0.6	0.6	0.5	0.1 (0.14)	0.1 (0.15)
	0.6	0.6	0.5	0.1 (0.14)	0.1 (0.15)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine.

NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ 2012 comparison data collected in quarters 1 through 4, 2012. Sample does not include Alaska or Hawaii.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013. Sample does not include Alaska or Hawaii.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

⁴ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics. Alternate Definition 3 does not include prescription-type psychotherapeutics but includes methamphetamine.

⁵ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data but is not included for the DR.

⁶ The Standard Definition of stimulant misuse for the DR includes methamphetamine. The DR Definition of stimulant misuse does not include methamphetamine.

⁷ Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include prescription-type psychotherapeutics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

- For sedatives, an estimated 1.0 million persons based on the DR data were past year initiates, 189,000 were past year initiates based on the 2012 comparison data, and 72,000 were past year initiates based on the 2013 comparison data. However, these estimates were not significantly different.
- Although the content of the initiation questions did not change for the hallucinogens module in the DR, the numbers and percentages of past year initiates based on the DR were lower than those based on the 2012 and 2013 comparison data for any hallucinogen and Ecstasy. Numbers and percentages of past year initiates based on the DR data also were lower than those in the 2012 comparison data for phencyclidine (PCP). However, no respondents in the DR reported past year initiation of PCP use, and these estimates would have been suppressed.
- The number and percentages of past year initiates for crack cocaine based on the DR were also lower than those based on the comparison data. However, no respondents in the DR reported past year initiation of crack cocaine use, and these estimates would have been suppressed.

6.2.1.2 Initiation among Persons at Risk for Initiation

NSDUH defines persons as being "at risk" for initiation if they did not use a substance (or substances) in their lifetime or they used the substance for the first time in the past year. Persons who used a substance in their lifetime but more than 12 months ago are no longer considered to be at risk for initiation because they already initiated use. However, the focus of the redesigned prescription drug questions on past year misuse of specific prescription drugs could cause respondents who misused prescription drugs in a given category more than 12 months ago to incorrectly report that they *never* misused prescription drugs in that category. These respondents would be misclassified as being "at risk" of initiation.

Table 6.2 presents percentages of past year initiates in the DR and comparison data among persons aged 12 or older who were considered to be at risk for initiation.

- As for numbers and percentages of all persons aged 12 or older, the percentages of past year initiates of illicit drugs and illicit drugs other than marijuana among persons who were at risk for initiation were similar between the DR and comparison data.
- Percentages of past year initiates of use of crack cocaine, hallucinogens, and Ecstasy among persons who were at risk for initiation were lower in the DR than in both years of comparison data. Percentages for PCP also were significantly different for the DR and 2012 comparison data.

6.2.1.3 Initiation among Past Year Users

Table 6.3 presents percentages of past year initiates in the DR and comparison data among persons aged 12 or older who were past year users of illicit drugs, marijuana, prescription drugs, pain relievers, and illicit drugs other than marijuana. A smaller set of drugs is shown in the table because of smaller numbers of DR respondents who reported past year use or misuse for specific illicit drugs.

Table 6.2 Past Year Initiation of Illicit Drug Use among Persons Aged 12 or Older: Percentages of Persons at Risk for Initiation of Illicit Drug Use, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = ?c) ^{1,2}	2013 Comparison (n = ?c) ^{1,3}	2013 DR (n = ?c) ^{1,4}	DR vs. 2012 Comparison, Difference (SE)	DR vs. 2013 Comparison, Difference (SE)
ILLCIT DRUGS, STANDARD DEFINITION⁵	2.3	2.2	2.0	0.3 (0.52)	0.2 (0.52)
Alternate Definition 1 ⁵	1.8	1.8	1.5	0.3 (0.37)	0.3 (0.39)
Alternate Definition 2 ⁵	1.7	1.7	1.5	0.2 (0.37)	0.2 (0.39)
Alternate Definition 3 ⁵	1.8	1.8	1.5	0.3 (0.37)	0.3 (0.39)
Marijuana and Hashish	1.7	1.7	1.4	0.2 (0.37)	0.2 (0.39)
Cocaine	0.3	0.3	0.4	-0.1 (0.18)	-0.1 (0.18)
Crack	0.0 ^a	0.0 ^a	0.0*	0.0 (0.01)	0.0 (0.01)
Heroin	0.1	0.1	0.0	0.0 (0.04)	0.0 (0.04)
Hallucinogens	0.5 ^a	0.5 ^a	0.3	0.2 (0.10)	0.2 (0.11)
LSD	0.2	0.2	0.2	0.0 (0.07)	0.0 (0.08)
PCP	0.0 ^a	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
Ecstasy	0.4 ^a	0.3 ^a	0.1	0.2 (0.07)	0.2 (0.06)
Inhalants	0.3	0.2	0.2	0.1 (0.07)	0.0 (0.08)
Methamphetamine	0.1	0.1	0.1	-0.0 (0.05)	-0.0 (0.05)
Prescription Drug Misuse ⁶	1.3	1.1	1.3	-0.1 (0.36)	-0.2 (0.36)
Pain Relievers	0.9	0.7	0.8	0.1 (0.24)	-0.1 (0.24)
Tranquilizers	0.6	0.5	0.5	0.1 (0.23)	0.0 (0.22)
Stimulants, Standard Definition ⁷	0.3	0.2	0.6	-0.3 (0.23)	-0.4 (0.22)
Stimulants, DR Definition ⁷	N/A	N/A	0.7	N/A (N/A)	N/A (N/A)
Sedatives	0.1	0.0	0.4	-0.3 (0.22)	-0.4 (0.22)
ILLCIT DRUGS OTHER THAN MARIJUANA, STANDARD DEFINITION⁸	1.5	1.3	1.5	-0.0 (0.39)	-0.2 (0.40)
Alternate Definition 1 ⁸	0.7	0.8	0.7	0.1 (0.18)	0.1 (0.20)
Alternate Definition 2 ⁸	0.7	0.8	0.7	0.1 (0.19)	0.1 (0.20)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine.

NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii. Sample sizes are for all respondents aged 12 or older after this exclusion had been made. Sample sizes for the specific drugs will vary based on the numbers of persons at risk for initiation.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics. Alternate Definition 3 does not include prescription-type psychotherapeutics but includes methamphetamine.

⁶ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data but is not included for the DR.

⁷ The Standard Definition of stimulant misuse for the DR includes methamphetamine. The DR Definition of stimulant misuse does not include methamphetamine.

⁸ Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include prescription-type psychotherapeutics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.3 Past Year Initiation of Use of Selected Illicit Drugs among Persons Aged 12 or Older: Percentages of Past Year Users, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 66,542)^{1,2}	2013 Comparison (n = 32,162)^{1,3}	2013 DR (n = 2,087)^{1,4}	DR vs. 2012 Comparison, Difference (SE)	DR vs. 2013 Comparison, Difference (SE)
ILLCIT DRUGS, STANDARD DEFINITION⁵	6.8	6.6	5.6	1.2 (1.54)	1.0 (1.54)
Alternate Definition 1⁵	7.2	6.9	5.2	2.0 (1.35)	1.7 (1.37)
Alternate Definition 2⁵	7.1	6.7	5.7	1.4 (1.52)	1.0 (1.52)
Alternate Definition 3⁵	7.1	6.8	5.1	2.0 (1.31)	1.7 (1.33)
Marijuana and Hashish	7.3	7.0	5.8	1.5 (1.56)	1.2 (1.59)
Prescription Drug Misuse ⁶	14.4	13.3	13.6	0.7 (3.52)	-0.3 (3.52)
Pain Relievers	14.4	13.6	12.9	1.5 (3.88)	0.7 (4.02)
ILLCIT DRUGS OTHER THAN MARIJUANA, STANDARD DEFINITION⁷	11.7	11.2	10.4	1.3 (2.78)	0.8 (2.88)
Alternate Definition 1⁷	15.6	17.2	12.8*	2.7 (5.11)	4.3 (5.30)
Alternate Definition 2⁷	5.5	7.2	8.2*	-2.7 (7.15)	-1.0 (7.16)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; N/A = not applicable;

NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii. Sample sizes are for all respondents aged 12 or older after this exclusion had been made. Sample sizes for the specific drugs will vary based on the numbers of past year users.

² 2012 comparison data collected in quarters 1 through 4, 2012. Sample does not include Alaska or Hawaii.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013. Sample does not include Alaska or Hawaii.

⁴ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

⁵ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics. Alternate Definition 3 does not include prescription-type psychotherapeutics but includes methamphetamine.

⁶ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data but is not included for the DR.

⁷ Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include prescription-type psychotherapeutics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Percentages of past year initiates among past year users were not significantly different between the DR and comparison data for the illicit drug measures shown in *Table 6.3*. However, the estimated percentages of past year initiates among past year initiates of illicit drugs other than marijuana would have been suppressed in the DR for the measures that did not include prescription drugs.

6.2.1.4 Mean Age at First Use among Past Year Initiates

NSDUH tables and reports present estimates of mean ages at first use among persons who initiated use of different substances in the past year. As measures of central tendency, however, means are heavily influenced by the presence of extreme values in the data for persons aged 12 or older. To reduce the effect of extreme values, values for the mean age at initiation are calculated for persons aged 12 to 49 and leave out those few respondents who were past year initiates at age 50 or older. Including data from initiates aged 26 to 49 in this broad age group also can cause instability of estimates of the mean age at initiation among persons aged 12 to 49, but this effect is less than that of including data from initiates aged 50 or older.

The DR questionnaire asked respondents to report the age when they first misused each specific prescription drug for which they reported misuse in the past 12 months. That included up to 40 possible pain relievers, 19 tranquilizers, 24 stimulants, and 17 sedatives. In comparison, respondents in the main survey are asked only one age-at-first use question in the tranquilizers and sedatives modules and are asked only two age-at-first use questions in the modules for pain relievers (any pain reliever and OxyContin[®]) and stimulants (any stimulant and methamphetamine). Even if mean ages at first use in the DR are restricted to persons aged 12 to 49 who were past year initiates, the differences in questions about ages at first use in the DR and main survey could affect the resulting estimates for means.

Table 6.4 presents mean ages at first use among past year initiates aged 12 to 49 in the DR and comparison data for illicit drugs, marijuana, prescription drugs, pain relievers, and illicit drugs other than marijuana.

- Mean ages at first use among past year initiates aged 12 to 49 were lower in the DR than in the comparison data for illicit drug definitions that excluded prescription drugs and for marijuana. However, mean ages for first use of illicit drugs other than marijuana were similar in the DR and comparison data.

The mean age at first misuse of any prescription psychotherapeutic drug among past year initiates aged 12 to 49 was 26.0 years in the DR and 22.6 years in both years of comparison data. The mean age at first misuse of pain relievers was greater for the DR than for the 2013 comparison data (28.8 vs. 20.8 years) but was not significantly different from the mean for the 2012 comparison data (22.1 years).

Table 6.4 Mean Age at First Use of Selected Illicit Drugs among Past Year Initiates Aged 12 to 49: Differences and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 59,005) ^{1,2}	2013 Comparison (n = 28,470) ^{1,3}	2013 DR (n = 1,768) ^{1,4}	DR vs. 2012 Comparison, Difference (SE)	DR vs. 2013 Comparison, Difference (SE)
ILLCIT DRUGS, STANDARD DEFINITION⁵	18.9	19.5	20.5	-1.6 (3.41)	-1.0 (3.33)
Alternate Definition 1 ⁵	17.9 ^a	18.5 ^a	15.5	2.5 (0.66)	3.0 (0.74)
Alternate Definition 2 ⁵	18.2 ^a	18.6 ^a	15.8	2.4 (0.66)	2.8 (0.72)
Alternate Definition 3 ⁵	17.9 ^a	18.4 ^a	15.5	2.5 (0.66)	3.0 (0.74)
Marijuana and Hashish	18.3 ^a	18.7 ^a	15.8	2.5 (0.66)	2.9 (0.77)
Prescription Drug Misuse ⁶	22.6	22.6	26.0	-3.4 (3.08)	-3.4 (3.11)
Pain Relievers	22.1	20.8 ^a	28.8	-6.7 (3.68)	-7.9 (3.75)
ILLCIT DRUGS OTHER THAN MARIJUANA, STANDARD DEFINITION⁷	20.8	20.5	23.8	-3.0 (3.05)	-3.3 (2.96)
Alternate Definition 1 ⁷	17.9	19.1	18.9	-0.9 (1.93)	0.3 (1.92)
Alternate Definition 2 ⁷	17.9	19.1	18.7	-0.7 (2.00)	0.5 (1.99)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; N/A = not applicable;

NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii. Sample sizes are for all respondents aged 12 to 49 after this exclusion had been made. Sample sizes for the specific drugs will vary based on the numbers of past year initiates.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics. Alternate Definition 3 does not include prescription-type psychotherapeutics but includes methamphetamine.

⁶ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data but is not included for the DR.

⁷ Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include prescription-type psychotherapeutics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

6.2.1.5 Initiation for Prescription Drugs That Were Misused in the Past Year

Initiation data for prescription drugs in earlier sections focused on comparisons between the DR and main survey data because QFT respondents who reported *only* past year initiation for the prescription drugs that they misused in the past year could have misused other drugs in a given category (e.g., pain relievers) more than 12 months ago. However, it is possible to compare some initiation estimates between the QFT and DR based on data from non-Hispanic English-language respondents in the two datasets. Specifically, both the QFT and DR allow identification of two groups of persons among those who reported past year misuse: (a) persons who initiated misuse more than 12 months ago for any of the drugs that they misused in the past year; and (b) persons who initiated misuse in the past year for all of the drugs that they misused in that period. Persons in the first group by definition would not be past year initiates. However, the second group could include past year initiates for the overall category and persons who misused other drugs in the category that they did not misuse in the past year.

Table 6.5A presents estimated numbers persons aged 12 or older from the QFT and DR who misused prescription drugs in the past year, including those who reported initiation for some drugs more than 12 months ago, and those who reported only past year initiation for the drugs that they misused. **Table 6.5B** presents corresponding percentages. Although DR respondents who had missing initiation data for all drugs in a given category that they misused in the past year were asked whether they ever used any drugs in that category more than 12 months ago, QFT respondents were not given this opportunity. Therefore, QFT and DR respondents who had missing data initiation data for all of the individual prescription drugs within a given category that they misused in the past year were excluded from these analyses.

- An estimated 16.3 million persons misused prescription drugs in the past year based on the QFT data, including 11.3 million who initiated misuse of some of these drugs more than 12 months ago, and 3.9 million who reported past year initiation for all of the drugs that they misused in that period. For the DR, 17.3 million persons misused prescription drugs in the past year, including 13.7 million who initiated misuse of some prescription drugs more than 12 months ago, and 3.1 million who reported past year initiation for all of the drugs that they misused in that period. (Numbers of persons who initiated misuse of some drugs more than 12 months ago and those who reported only past year initiation do not sum to the total number of persons who misused any prescription drugs because of missing data.)
- An estimated 12.0 million persons based on QFT data and 11.8 million persons based on DR data misused pain relievers in the past year. In the QFT, 8.6 million persons who initiated misuse of pain relievers more than 12 months ago, and 2.3 million reported past year initiation for all of the pain relievers that they misused in that period. For the DR, 10.0 million persons initiated misuse of pain relievers more than 12 months ago, and 1.6 million reported past year initiation for all of the pain relievers that they misused in that period.

Table 6.5A Past Year Misuse of Prescription Drugs and Initiation of Misuse among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Numbers in Thousands, Differences, and Standard Error of Differences, 2012 QFT and 2013 Dress Rehearsal

Drug Measure	2012 QFT (n = 1,692)¹	2013 DR (n = 1,320)²	DR vs. 2012 QFT, Difference (SE)
Prescription Drug Misuse, Past Year³	16,272	17,588	-1,316 (2,767)
Initiation Reported Before the Past Year ⁴	11,298	13,714	-2,416 (2,472)
Only Past Year Initiation Reported for Individual Drugs ^{4,5}	3,891	3,092	799 (1,062)
Pain Reliever Misuse, Past Year	11,963	11,793	170 (2,233)
Initiation Reported Before the Past Year ⁴	8,604	10,049	-1,445 (2,103)
Only Past Year Initiation Reported for Individual Drugs ^{4,5}	2,316	1,624	691 (800)
Tranquilizer Misuse, Past Year	5,305	6,269	-964 (1,551)
Initiation Reported Before the Past Year ⁴	3,780	4,728	-948 (1,303)
Only Past Year Initiation Reported for Individual Drugs ^{4,5}	1,465	617	848 (480)
Stimulant Misuse, Past Year	4,085	4,127	-41 (1,291)
Initiation Reported Before the Past Year ⁴	2,862	2,591	272 (903)
Only Past Year Initiation Reported for Individual Drugs ^{4,5}	1,102	1,469	-367 (676)
Sedative Misuse, Past Year	1,838	1,761	77 (867)
Initiation Reported Before the Past Year ⁴	1,035	787	248 (562)
Only Past Year Initiation Reported for Individual Drugs ^{4,5}	803	975	-172 (655)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test; DR = Dress Rehearsal; N/A = not applicable.

NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

^a Difference between estimate and 2013 DR is statistically significant at the 0.05 level.

¹ QFT data collected from September 1 through November 3, 2012. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the QFT interview in English also have been excluded for these comparisons.

² DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii. Data from Spanish-language interviews and Hispanic respondents have been excluded for comparability with the QFT data.

³ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is not included.

⁴ Estimates are based on edited data and therefore could have missing data for initiation. Respondents who had missing initiation data for all individual drugs that they misused in the past year were excluded from these analyses.

⁵ Includes respondents who reported past year initiation of misuse for some drugs and had missing initiation data for any remaining drugs that were misused in the past year. Estimates for the DR apply only to the individual drugs that were misused in the past year and do not include data from the new follow-up question for respondents who reported only past year initiation.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.5B Past Year Misuse of Prescription Drugs and Initiation of Misuse among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages of All Persons Aged 12 or Older, Differences, and Standard Error of Differences, 2012 QFT and 2013 Dress Rehearsal

Drug Measure	2012 QFT (n = 1,692)¹	2013 DR (n = 1,320)²	DR vs. 2012 QFT, Difference (SE)
Prescription Drug Misuse, Past Year³	7.5	8.1	-0.6 (1.21)
Initiation Reported Before the Past Year ⁴	5.2	6.3	-1.1 (1.11)
Only Past Year Initiation Reported for Individual Drugs ^{4,5}	1.8	1.4	0.4 (0.48)
Pain Reliever Misuse, Past Year	5.5	5.4	0.1 (1.00)
Initiation Reported Before the Past Year ⁴	4.0	4.6	-0.6 (0.96)
Only Past Year Initiation Reported for Individual Drugs ^{4,5}	1.1	0.7	0.3 (0.36)
Tranquilizer Misuse, Past Year	2.4	2.9	-0.4 (0.70)
Initiation Reported Before the Past Year ⁴	1.7	2.2	-0.4 (0.60)
Only Past Year Initiation Reported for Individual Drugs ^{4,5}	0.7	0.3	0.4 (0.21)
Stimulant Misuse, Past Year	1.9	1.9	-0.0 (0.60)
Initiation Reported Before the Past Year ⁴	1.3	1.2	0.1 (0.42)
Only Past Year Initiation Reported for Individual Drugs ^{4,5}	0.5	0.7	-0.2 (0.31)
Sedative Misuse, Past Year	0.8	0.8	0.0 (0.40)
Initiation Reported Before the Past Year ⁴	0.5	0.4	0.1 (0.26)
Only Past Year Initiation Reported for Individual Drugs ^{4,5}	0.4	0.4	-0.1 (0.30)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test; DR = Dress Rehearsal; N/A = not applicable.

NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

^a Difference between estimate and 2013 DR is statistically significant at the 0.05 level.

¹ QFT data collected from September 1 through November 3, 2012. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the QFT interview in English also have been excluded for these comparisons.

² DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii. Data from Spanish-language interviews and Hispanic respondents have been excluded for comparability with the QFT data.

³ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is not included.

⁴ Estimates are based on edited data and therefore could have missing data for initiation. Respondents who had missing initiation data for all individual drugs that they misused in the past year were excluded from these analyses.

⁵ Includes respondents who reported past year initiation of misuse for some drugs and had missing initiation data for any remaining drugs that were misused in the past year. Estimates for the DR apply only to the individual drugs that were misused in the past year and do not include data from the new follow-up question for respondents who reported only past year initiation.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

6.2.1.6 Discussion of Past Year Initiation Data

The lack of significant differences between the DR and comparison data for estimated numbers and percentages of past year initiates for prescription drugs suggests that the structure of the prescription drug modules may be performing adequately for estimating the prevalence of initiation of prescription drug misuse. The structural content for the prescription drug modules includes the addition of follow-up questions to detect misuse more than 12 months ago if respondents reported only past year initiation for the specific drugs that they misused in the past year. However, some initiation estimates for prescription drugs that were not significantly different between the DR and comparison data may become significant in 2015 with a larger sample size.

Similarly, the mean age at first use for pain relievers approached 30 years in the DR data and was lower in the 2013 comparison data (*Table 6.4*). The mean in the 2012 comparison data also was about 22 years, despite this age not being significantly different from the age in the DR. One possible explanation for this finding is that extreme values could have had more of an effect on the mean for the DR than for the comparison data because of the smaller sample size for the DR. However, this finding also could indicate that the structure of the prescription drug questions in the DR allows information to be captured about persons who initiate misuse of prescription drugs at an older age compared with the information that is captured from the current questionnaire.

As noted in *Sections 6.2.1.1* and *6.2.1.2*, initiation estimates were significantly different between the DR and comparison data for crack cocaine, hallucinogens, and Ecstasy and between the DR and 2012 comparison data for PCP, despite the content of the initiation questions being the same in the two questionnaires. A possible explanation is that the smaller sample size for the DR and the sample allocation to obtain Spanish-language interviews in the DR may not have been optimal for obtaining interviews from past year initiates for these substances, despite the subsequent weighting.

An alternative explanation that initiation for some of these drugs may be trending downward is not supported by the significant differences between the DR and 2013 comparison data. However, the differences between the estimates of PCP initiation in the DR and 2012 comparison data but not between the DR and 2013 comparison data could be attributable to small numbers of respondents in less than 12 months of survey data who report past year initiation of PCP use. For example, the 2013 comparison data from quarters 3 and 4 yielded an estimate of only 29,000 past year initiates for PCP (*Table 6.1A*).

6.2.2 Contributions of Specific Prescription Drugs to Estimates of Use and Misuse

Including questions about commonly used and misused prescription psychotherapeutic drugs will be important for accurately measuring the prevalence of misuse based on NSDUH data. If drugs with specific active ingredients are most commonly prescribed, it also will be important for the NSDUH questionnaire to include examples of drugs with those active ingredients that respondents are likely to recognize for reporting use and misuse. Conversely, questions about low prevalence drugs may not contribute appreciably but could increase respondent burden. Furthermore, identifying drugs that are still on the market in the

United States but have a low prevalence of use or misuse and that appear to contribute little to prevalence estimates could allow questions about these drugs to be replaced with questions about other prescription drugs.

Tables 6.6 to 6.9 present the estimated numbers of persons aged 12 or older who used specific prescription pain relievers, tranquilizers, stimulants, or sedatives in the past year; those who reported past year misuse; and those who reported past year use but not misuse. To increase the available sample size and precision of estimates, the estimates presented in these tables were based on combined QFT and DR data from 3,012 respondents who were not Hispanic and completed the interview in English.

However, only the data for tranquilizers in **Table 6.7** were relevant for resolving the remaining questions prior to making recommendations to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the content of the specific prescription drug questions for 2015. Tables for the prescription drug categories other than tranquilizers provide supporting documentation for recommendations that can be made to SAMHSA based on information from other sources. For example, if certain prescription drugs in the QFT and DR questionnaire have been discontinued in 2013 or earlier, recommendations to drop these drugs for 2015 can be made without the need to review the results of these analyses. Nevertheless, discontinued drugs would be expected to have a low prevalence of use and misuse relative to prevalence estimates for drugs that are still on the market in the United States.

Even with the combined data from the QFT and DR, it also was recognized that the small sample sizes could limit the kinds of conclusions that could be drawn from these data about the content of the prescription drug questions for 2015. Therefore, it was assumed that data sources other than the QFT and DR also would be important for making recommendations to SAMHSA about the prescription drug questions for 2015. For example, information from IMS Health is available on rxlist.com for the 200 most commonly dispensed prescription drugs in the United States in 2012.²³ Although the list of most commonly prescribed medications includes drugs that do not have relevance to NSDUH (e.g., antibiotics), several psychotherapeutic drugs are among the 200 most commonly prescribed medications, such as hydrocodone-acetaminophen combinations (e.g., Vicodin[®]), alprazolam (e.g., Xanax[®]), amphetamine salts (e.g., Adderall[®]), and zolpidem (e.g., Ambien[®]).

6.2.2.1 Pain Relievers

Table 6.6 presents estimated numbers of persons aged 12 or older who used prescription pain relievers in the past year, those who reported past year misuse, and those who reported past year use but not misuse. Estimates are presented for any prescription pain relievers, groups of pain relievers (e.g., pain relievers containing fentanyl), and specific pain relievers. The latter group includes estimates for specific pain relievers that were identified as having a low prevalence of use or misuse in the QFT (Currivan et al., 2013). Particular attention was given to identifying estimated numbers of persons who reported use or misuse of only these low prevalence drugs. However, comparative statements in this section refer to *relative* differences in

²³ Retrieved on January 8, 2014, from <http://www.rxlist.com/script/main/hp.asp>. The list includes some duplicate mentions of the same active ingredient if manufacturers market the generic equivalent under different brand names.

Table 6.6 Alternate Measures of Past Year Use and Misuse of Specific Pain Relievers among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Pain Reliever	Any Past Year Use¹		Past Year Use But Not Misuse²		Past Year Misuse¹	
Any Prescription Pain Reliever³	84,034	(4,007)	71,751	(3,703)	12,282	(1,239)
Hydrocodone, Oxycodone, Tramadol, Codeine, or Morphine Products	75,231	(3,800)	64,372	(3,610)	10,824	(988)
Hydrocodone Products	56,940	(3,208)	49,799	(2,976)	7,105	(858)
Lorcet [®] as Only Hydrocodone Product ⁴	243	(116)	210	(111)	0*	(0*)
Lorcet [®] as Only Pain Reliever	103	(74)	103	(74)	0*	(0*)
Oxycodone Products	28,164	(1,929)	23,977	(1,745)	4,152	(651)
Tylox [®] as Only Oxycodone Product ⁴	193	(98)	193	(98)	0*	(0*)
Tylox [®] as Only Pain Reliever	68	(68)	68	(68)	0*	(0*)
Tramadol Products	14,655	(1,644)	12,551	(1,596)	2,068	(449)
Codeine Products	27,211	(2,318)	24,044	(2,258)	3,132	(483)
Morphine Products	7,840	(1,165)	7,106	(1,139)	734	(247)
Morphine (Generic) ⁵	7,223	(1,117)	6,642	(1,106)	580	(215)
Avinza [®] as Only Morphine Product	265	(164)	265	(164)	0*	(0*)
Kadian [®] as Only Morphine Product	90	(64)	51	(51)	38	(38)
MS Contin [®] as Only Morphine Product ⁴	263	(146)	148	(90)	115	(115)
Avinza [®] , Kadian, or MS Contin as Only Pain Relievers	0*	(0*)	0*	(0*)	0*	(0*)
Propoxyphene Products	5,258	(997)	4,817	(983)	442	(201)
Propoxyphene Products as Only Pain Relievers	248	(184)	229	(183)	19	(19)
Fentanyl Products	1,337	(366)	1,252	(368)	85	(60)
Fentanyl (Generic) ⁵	1,102	(334)	1,018	(336)	85	(60)
Actiq [®] as Only Fentanyl Product	132	(132)	132	(132)	0*	(0*)
Duragesic [®] as Only Fentanyl Product	51	(51)	51	(51)	0*	(0*)
Fentora [®] as Only Fentanyl Product	51	(51)	51	(51)	0*	(0*)
Fentanyl Products as Only Pain Relievers	0*	(0*)	0*	(0*)	0*	(0*)
Actiq [®] , Duragesic [®] , or Fentora [®] as Only Pain Relievers	0*	(0*)	0*	(0*)	0*	(0*)
Buprenorphine Products	3,025	(689)	2,155	(647)	870	(296)
Buprenorphine Products as Only Pain Relievers	795	(356)	524	(311)	353	(246)
Demerol [®]	1,143	(304)	1,084	(301)	60	(45)
Demerol [®] as Only Pain Reliever	192	(192)	192	(192)	0*	(0*)
Dilaudid [®]	1,635	(492)	1,237	(473)	398	(127)
Dilaudid [®] as Only Pain Reliever	183	(130)	183	(130)	178	(107)
Methadone	1,269	(307)	664	(209)	605	(220)
Methadone as Only Pain Reliever	136	(87)	119	(85)	16	(16)

See notes at end of table.

(continued)

Table 6.6 Alternate Measures of Past Year Use and Misuse of Specific Pain Relievers among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal (continued)

Pain Reliever	Any Past Year Use ¹	Past Year Use But Not Misuse ²	Past Year Misuse ¹
Opana [®] or Opana [®] ER	509 (146)	256 (117)	253 (88)
Opana [®] or Opana [®] ER as Only Pain Relievers	87 (62)	87 (62)	0* (0*)
Talacen [®] , Talwin [®] , or Talwin [®] NX	114 (66)	84 (59)	30 (30)
Talacen [®] , Talwin [®] , or Talwin [®] NX as Only Pain Relievers	0* (0*) (1,79)	0* (0*) (1,79)	0* (0*)
Any Other Prescription Pain Reliever	20,169 (6)	19,542 (9)	597 (268)
Any Other Prescription Pain Reliever as Only Pain Relievers	6,465 (804)	6,360 (813)	432 (255)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

NOTE: Standard errors are shown in parentheses. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews, and Hispanic respondents who completed the interview in English also are excluded for these comparisons ($n = 3,012$).

NOTE: Questionnaire Field Test data collected from September 1 through November 3, 2012. Dress Rehearsal data collected from September 1 through October 31, 2013.

¹ Persons with unknown data are excluded.

² Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

³ Includes *hydrocodone products* (Vicodin[®], Lortab[®], Lorcet[®], or generic hydrocodone); *oxycodone products* (OxyContin[®], Percocet[®], Percodan[®], Tylox[®], or generic oxycodone); *propoxyphene products* (Darvocet[®], Darvon[®], or generic propoxyphene); *tramadol products* (Ultram[®], Ultram[®] ER, Ultracet[®], Ryzolt[®], or generic tramadol); *codeine products* (Tylenol[®] with codeine 3 or 4 or generic codeine pills); *morphine products* (Avinza[®], Kadian[®], MS Contin[®], Oramorph[®] SR, or generic morphine); *fentanyl products* (Actiq[®], Duragesic[®], Fentora[®], or generic fentanyl); *buprenorphine products* (Suboxone[®], Subutex[®], or generic buprenorphine); and Demerol[®], Dilaudid[®], methadone, Opana[®], Opana[®] ER, Talacen[®], Talwin[®], Talwin[®] NX, or any other prescription pain reliever.

⁴ Includes use/misuse of pain relievers containing other active ingredients.

⁵ Use/misuse of the generic with or without use/misuse of brand name drugs with the same active ingredient.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

prevalence; testing for statistical significance of differences between estimates was not conducted.

- An estimated 84.0 million persons aged 12 or older used any pain reliever in the past year, including approximately 12.3 million who misused pain relievers and approximately 71.8 million who used pain relievers but did not misuse them.
- Of the 84.0 million persons who used any pain reliever in the past year, 75.2 million used pain relievers that contained hydrocodone, oxycodone, tramadol, codeine, or morphine; 5.3 million used products that contained propoxyphene; 1.3 million used products that contained fentanyl; and 3.0 million used products that contained buprenorphine. (Numbers for the categories of pain relievers are not mutually exclusive.)

- Numbers of persons who used Demerol[®], Dilaudid[®], or methadone ranged from 1.1 million to 1.6 million. Numbers of persons who misused these products in the past year were 60,000 for Demerol[®], 398,000 for Dilaudid[®], and 605,000 for methadone.
- An estimated 20.1 million persons reported past year use of pain relievers other than those that were included in the pain relievers module.
- Of the 12.3 million persons who misused pain relievers in the past year, most of the misuse was accounted for by pain relievers that contained hydrocodone, oxycodone, tramadol, codeine, or morphine (10.8 million persons, or nearly 90 percent of the persons who misused pain relievers). Among persons who misused pain relievers that contained any of these five ingredients, the three most commonly misused pain relievers were those that contained hydrocodone (7.1 million persons), oxycodone (4.1 million persons), or codeine (3.1 million persons). In addition, 2.1 million persons misused tramadol products, and 734,000 misused morphine products.
- Only 243,000 of the estimated 56.9 million persons who used hydrocodone products in the past year reported that they used Lorcet[®] but no other hydrocodone products. No respondents in the combined QFT and DR data reported misuse of Lorcet[®] as the only pain reliever with hydrocodone or the only pain reliever that they misused.
- An estimated 193,000 persons of the 28.1 million persons who used oxycodone products in the past year reported that they used Tylox[®] but no other oxycodone products. No respondents in the combined QFT and DR data reported misuse of Tylox[®] as the only pain reliever with oxycodone or the only pain reliever that they misused.
- Most of the estimated use and misuse of morphine products was captured by reports of generic morphine. Among the 7.8 million persons who used morphine products in the past year, 7.2 million (about 90 percent) reported use of the generic. Among the 734,000 persons who misused morphine products in the past year, 580,000 (about 80 percent) reported misuse of the generic. In addition, 115,000 persons who misused morphine products in the past year were estimated to have misused only MS Contin[®], and 38,000 misused only Kadian[®].
- Similar to morphine, most of the estimated use of fentanyl products was captured by reports of the generic. Among the 1.3 million persons who used fentanyl products in the past year, 1.1 million (about 80 percent) reported use of the generic. In addition, about 10 percent of the past year users of fentanyl products reported that they used only Actiq[®] (132,000 persons), and about 8 percent reported that they used only Duragesic[®] or only Fentora[®] (51,000 persons each). No respondents in the combined QFT and DR data reported misuse of brand-name fentanyl products as the only fentanyl products that they misused.
- Among the estimated 1.3 million persons who used methadone in the past year, nearly half (605,000 persons) misused methadone in that period. Similarly, although only 509,000 persons were estimated to be past year users of the oxymorphone products Opana[®] or Opana[®] ER, about half of the past year users reported misuse (253,000 persons).

- Although 20.1 million persons reported past year use of pain relievers other than those that were included in the pain relievers module, only 597,000 persons reported past year misuse of other pain relievers (about 3 percent). Among the estimated 12.3 million persons who misused pain relievers in the past year, only 432,000 (about 4 percent) reported that they misused only pain relievers other than those in the module.

6.2.2.2 Tranquilizers

Table 6.7 presents estimated numbers of persons aged 12 or older who used prescription tranquilizers in the past year, those who reported past year misuse, and those who reported past year use but not misuse. Estimates are presented for any prescription tranquilizer, groups of tranquilizers (e.g., benzodiazepine tranquilizers), and specific tranquilizers.

- An estimated 39.4 million persons aged 12 or older used any tranquilizer in the past year, including 5.8 million who misused tranquilizers and 33.6 million who used tranquilizers but did not misuse them.
- Of the 39.4 million persons who used any tranquilizer in the past year, 27.1 million used benzodiazepine tranquilizers; 11.4 million used Flexeril[®] or Soma[®]; 3.1 million used buspirone, hydroxyzine, or meprobamate; and 5.8 million used other tranquilizers. (Numbers for the categories of tranquilizers are not mutually exclusive.)
- Of the 27.1 million persons who used benzodiazepine tranquilizers in the past year, 263,000 reported that Librium[®] was the only benzodiazepine they used, 30,000 reported that Tranxene[®] was the only benzodiazepine they used, and 387,000 reported that oxazepam was the only benzodiazepine that they used. In addition, 649,000 persons were estimated to be past year users of Librium[®], Tranxene[®], or oxazepam but no other tranquilizers.
- Of the 5.8 million persons who misused tranquilizers in the past year, 4.7 million misused benzodiazepines; 1.6 million misused Flexeril[®] or Soma[®]; 286,000 misused buspirone, hydroxyzine, or meprobamate; and 131,000 misused other tranquilizers. An estimated 206,000 persons who misused tranquilizers misused only buspirone, hydroxyzine, or meprobamate.
- The most commonly misused benzodiazepine tranquilizers in the past year were products containing alprazolam (3.3 million persons), lorazepam (1.0 million persons), clonazepam (920,000 persons), or diazepam (475,000 persons). No respondents in the combined QFT and DR data reported misuse of Librium[®], Tranxene[®], or oxazepam as the only benzodiazepine tranquilizers or the only tranquilizers that they misused.

Table 6.7 Alternate Measures of Past Year Use and Misuse of Specific Tranquilizers for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Tranquilizer	Any Past Year Use¹	Past Year Use But Not Misuse^{1,2}	Past Year Misuse¹
Any Prescription Tranquilizer³	39,356 (2,974)	33,569 (2,722)	5,787 (776)
Benzodiazepine Tranquilizers	27,113 (2,375)	22,374 (2,168)	4,739 (729)
Xanax [®] , Xanax [®] XR, Alprazolam, or Extended-Release Alprazolam	14,431 (1,501)	11,153 (1,300)	3,279 (548)
Ativan [®] or Lorazepam	6,306 (1,051)	5,291 (985)	1,015 (315)
Klonopin [®] or Clonazepam	7,262 (1,072)	6,342 (1,018)	920 (269)
Valium [®] or Diazepam	4,202 (1,057)	3,727 (1,016)	475 (284)
Librium [®] as Only Benzodiazepine Tranquilizer ⁴	263 (263)	263 (263)	0* (0*)
Tranxene [®] as Only Benzodiazepine Tranquilizer ⁴	30 (30)	30 (30)	0* (0*)
Oxazepam as Only Benzodiazepine Tranquilizer ⁴	387 (368)	387 (368)	0* (0*)
Librium [®] , Tranxene [®] , or Oxazepam as Only Tranquilizers	649 (452)	649 (452)	0* (0*)
Flexeril [®] or Soma [®]	11,440 (1,231)	9,879 (1,116)	1,561 (406)
Flexeril [®] or Soma [®] as Only Tranquilizers	5,913 (883)	5,399 (818)	712 (252)
Buspirone (also known as BuSpar [®]), Hydroxyzine (also known as Atarax [®] or Vistaril [®]), or Meprobamate (also known as Equanil [®] or Miltown [®])	3,083 (739)	2,797 (708)	286 (212)
Buspirone, Hydroxyzine, or Meprobamate as Only Tranquilizers	1,215 (506)	1,009 (462)	206 (206)
Any Other Prescription Tranquilizer	5,792 (1,268)	5,661 (1,255)	131 (131)
Any Other Prescription Tranquilizer as Only Tranquilizers	4,044 (1,129)	3,914 (1,115)	131 (131)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

NOTE: Standard errors are shown in parentheses. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews, and Hispanic respondents who completed the interview in English also are excluded for these comparisons ($n = 3,012$).

NOTE: Questionnaire Field Test data collected from September 1 through November 3, 2012. Dress Rehearsal data collected from September 1 through October 31, 2013.

¹ Persons with unknown data are excluded.

² Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

³ Includes benzodiazepine tranquilizers (Xanax[®], Xanax[®] XR, alprazolam, extended-release alprazolam, Ativan[®], lorazepam, Klonopin[®], clonazepam, Valium[®], diazepam, Librium[®], Tranxene[®], or oxazepam); Flexeril[®], Soma[®], buspirone (also known as BuSpar[®]), hydroxyzine (also known as Atarax[®] or Vistaril[®]), meprobamate (also known as Equanil[®] or Miltown[®]), or any other prescription tranquilizer.

⁴ Includes use/misuse of other types of tranquilizers or muscle relaxants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

6.2.2.3 Stimulants

Table 6.8 presents estimated numbers of persons aged 12 or older who used prescription stimulants in the past year, those who reported past year misuse, and those who reported past year use but not misuse. Estimates are presented for any prescription stimulants, groups of stimulants (e.g., stimulants containing methylphenidate), and specific stimulants.

- An estimated 15.6 million persons aged 12 or older used any stimulant in the past year, including 5.4 million who misused stimulants and 10.3 million who used stimulants but did not misuse them.
- Of the 15.6 million persons who used any stimulant in the past year, 10.5 million used amphetamines²⁴ or methylphenidate products; 2.2 million used stimulants that are prescribed for weight loss; 444,000 used Provigil[®]; and 2.4 million used other stimulants. Of the 10.5 million persons who used amphetamines or methylphenidate products in the past year, 8.5 million used amphetamines, and 3.7 million used methylphenidate products.
- Among the 3.7 million persons who used methylphenidate products in the past year, about 190,000 reported that they used Metadate[®] CD (126,000 persons) or Metadate[®] ER (66,000 persons) as their only methylphenidate products, or about 5 percent of the persons who used methylphenidate. No respondents in the combined QFT and DR data reported that Daytrana[®], which delivers methylphenidate through a patch, was the only form of methylphenidate that they used in the past year.
- Of the 5.4 million persons who misused stimulants in the past year, most of the misuse was accounted for by amphetamines or methylphenidate products (4.0 million persons, or about 75 percent), including 3.8 million persons who misused amphetamines and 1.1 million who misused methylphenidate. An estimated 84,000 persons misused weight-loss stimulants, and 89,000 persons misused other stimulants.
- No respondents in the combined QFT and DR data reported that the *only* stimulants they misused in the past year were the methylphenidate products Daytrana[®], Metadate[®] CD or Metadate[®] ER; the weight-loss stimulants Didrex[®], benzphetamine, Tenuate[®], diethylpropion, or phendimetrazine; Provigil[®]; or other stimulants.

²⁴ Amphetamines included Adderall[®], Adderall[®] XR, Dexedrine[®], dextroamphetamine, or amphetamine-dextroamphetamine combinations. Vyvanse[®] (lisdexamfetamine) was not counted as an amphetamine for these analyses.

Table 6.8 Alternate Measures of Past Year Use and Misuse of Specific Stimulants for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Stimulant	Any Past Year Use ¹	Past Year Use But Not Misuse ²	Past Year Misuse ¹
Any Prescription Stimulant³	15,612 (1,416)	10,253 (1,269)	5,359 (753)
Amphetamine or Methylphenidate Products	10,497 (1,159)	6,458 (957)	3,959 (640)
Amphetamine Products	8,492 (981)	4,700 (739)	3,792 (634)
Methylphenidate Products	3,696 (740)	2,563 (687)	1,052 (253)
Daytrana [®] as Only Methylphenidate Product ⁴	0* (0*)	0* (0*)	0* (0*)
Metadate [®] CD as Only Methylphenidate Product ⁴	126 (101)	126 (101)	0* (0*)
Metadate [®] ER as Only Methylphenidate Product ⁴	66 (66)	66 (66)	0* (0*)
Daytrana [®] , Metadate [®] CD, or Metadate [®] ER, as Only Stimulants	96 (96)	96 (96)	0* (0*)
Weight-Loss Stimulants	2,274 (559)	2,190 (550)	84 (48)
Didrex [®] as Only Weight-Loss Stimulant ⁴	0* (0*)	0* (0*)	0* (0*)
Benzphetamine as Only Weight-Loss Stimulant ⁴	0* (0*)	0* (0*)	0* (0*)
Tenuate [®] as Only Weight-Loss Stimulant ⁴	0* (0*)	0* (0*)	0* (0*)
Diethylpropion as Only Weight-Loss Stimulant ⁴	45 (34)	15 (15)	30 (30)
Phendimetrazine as Only Weight-Loss Stimulant ⁴	250 (193)	250 (193)	0* (0*)
Weight-Loss Stimulants as Only Stimulants	1,542 (470)	1,517 (469)	25 (25)
Didrex [®] , Benzphetamine, Tenuate [®] , Diethylpropion, or Phendimetrazine as Only Stimulants	63 (50)	63 (50)	0* (0*)
Provigil [®]	444 (358)	444 (358)	0* (0*)
Provigil [®] as Only Stimulant	24 (24)	24 (24)	0* (0*)
Any Other Prescription Stimulant	2,376 (613)	2,287 (606)	89 (89)
Any Other Prescription Stimulant as Only Stimulants	1,855 (580)	1,855 (580)	0* (0*)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

NOTE: Standard errors are shown in parentheses. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews, and Hispanic respondents who completed the interview in English also are excluded for these comparisons ($n = 3,012$).

NOTE: Questionnaire Field Test data collected from September 1 through November 3, 2012. Dress Rehearsal data collected from September 1 through October 31, 2013.

¹ Persons with unknown data are excluded.

² Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

³ Includes *amphetamine products* (Adderall[®], Adderall[®] XR, Dexedrine[®], generic dextroamphetamine, or generic amphetamine-dextroamphetamine combinations); *methylphenidate products* (Ritalin[®], Ritalin[®] SR, Ritalin[®] LA, Concerta[®], Daytrana[®], Metadate CD, Metadate ER, Focalin, Focalin XR, generic methylphenidate, or generic dexmethylphenidate); *weight-loss stimulants* (Didrex[®], benzphetamine, Tenuate[®], diethylpropion, phendimetrazine, or phentermine); and Provigil[®], Vyvanse[®], or any other prescription stimulant.

⁴ Includes use/misuse of other types of stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

6.2.2.4 Sedatives

Table 6.9 presents estimated numbers of persons aged 12 or older who used prescription sedatives in the past year, those who reported past year misuse, and those who reported past year use but not misuse. Estimates are presented for any prescription sedatives, groups of sedatives (e.g., barbiturates), and specific sedatives.

- An estimated 18.9 million persons aged 12 or older used any sedative in the past year, including 1.8 million who misused sedatives and 17.1 million who used sedatives but did not misuse them.
- Of the 18.9 million persons who used any sedative in the past year, 13.0 million used zolpidem products; 1.4 million used Lunesta[®]; 603,000 used zaleplon products; 2.6 million used benzodiazepines that are indicated for use as sedatives; 511,000 used barbiturates; and 4.2 million used other sedatives.
- An estimated 1.6 million persons used only benzodiazepine sedatives in the past year, 511,000 used only barbiturates, and 2.9 million reported that other sedatives were the only sedatives that they used in the past year.
- Among the 2.6 million persons who used benzodiazepine sedatives in the past year, about 1.0 million reported that the only benzodiazepine sedative they used was Halcion[®] (586,000 persons), triazolam (the generic equivalent of Halcion[®]; 301,000 persons), or Restoril[®] (128,000 persons).
- Among the 511,000 persons who used barbiturates in the past year, 390,000 (about 76 percent) reported that phenobarbital was the only barbiturate that they used.
- Most misuse of prescription sedatives in the past year involved misuse of zolpidem products. Among the 1.8 million persons who misused sedatives in the past year, 1.6 million misused zolpidem products (nearly 90 percent).
- Although 4.2 million persons reported past year use of sedatives other than those that were included in the sedatives module, only 24,000 persons reported past year misuse of other sedatives (about 0.4 percent). Among the estimated 1.8 million persons who misused sedatives in the past year, only 24,000 (about 1 percent) reported that they misused only sedatives other than those in the module.

Table 6.9 Alternate Measures of Past Year Use and Misuse of Specific Sedatives for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Sedative	Any Past Year Use ¹	Past Year Use But Not Misuse ²	Past Year Misuse ¹
Any Prescription Sedative³	18,890 (1,754)	17,091 (1,628)	1,800 (434)
Zolpidem Products	13,000 (1,473)	11,410 (1,332)	1,591 (423)
Lunesta [®]	1,420 (470)	1,274 (456)	146 (115)
Zaleplon Products	603 (299)	524 (288)	78 (78)
Benzodiazepine Sedatives	2,640 (670)	2,318 (648)	322 (173)
Dalmane [®] as Only Benzodiazepine Sedative ⁴	0* (0*)	0* (0*)	0* (0*)
Flurazepam as Only Benzodiazepine Sedative ⁴	0* (0*)	0* (0*)	0* (0*)
Halcion [®] as Only Benzodiazepine Sedative ⁴	586 (346)	450 (319)	136 (136)
Triazolam as Only Benzodiazepine Sedative ⁴	301 (154)	233 (138)	68 (68)
Restoril [®] as Only Benzodiazepine Sedative	128 (86)	32 (32)	96 (80)
Benzodiazepine Sedatives as Only Sedatives	1,612 (472)	1,503 (466)	109 (74)
Barbiturates	511 (235)	415 (228)	96 (58)
Butisol [®] as Only Barbiturate ⁴	34 (34)	0* (0*)	34 (34)
Seconal [®] as Only Barbiturate ⁴	87 (87)	87 (87)	0* (0*)
Phenobarbital as Only Barbiturate ⁴	390 (216)	328 (211)	62 (47)
Barbiturates as Only Sedatives	290 (185)	213 (177)	77 (55)
Any Other Prescription Sedative	4,183 (838)	4,160 (837)	24 (24)
Any Other Prescription Sedative as Only Sedatives	2,939 (724)	2,916 (723)	24 (24)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

NOTE: Standard errors are shown in parentheses. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews, and Hispanic respondents who completed the interview in English also are excluded for these comparisons ($n = 3,012$).

NOTE: Questionnaire Field Test data collected from September 1 through November 3, 2012. Dress Rehearsal data collected from September 1 through October 31, 2013.

¹ Persons with unknown data are excluded.

² Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

³ Includes zolpidem products (Ambien[®], Ambien[®] CR, zolpidem, or extended-release zolpidem); Lunesta[®], zaleplon products (Sonata[®] or zaleplon); benzodiazepine sedatives (Dalmane[®], flurazepam, Halcion[®], triazolam, Restoril[®], or temazepam); barbiturates (Butisol[®], Seconal[®], or phenobarbital); or any other prescription sedative.

⁴ Includes use/misuse of other types of sedatives.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

6.2.2.5 Discussion of Specific Prescription Drug Data

Results from *Tables 6.6* to *6.9* generally are consistent with available information on commonly prescribed medications. For example, hydrocodone pain relievers were the most commonly used and misused prescription pain relievers based on the combined QFT and DR data; three of the top five most commonly dispensed prescription drugs in the data on rxlist.com were versions of pain relievers that contain hydrocodone and acetaminophen. Similarly, the four most commonly misused benzodiazepine tranquilizers in the QFT and DR data (alprazolam, lorazepam, clonazepam, and diazepam) were among the 200 most commonly dispensed prescription drugs in 2012. Amphetamine salts (e.g., Adderall[®]), extended-release methylphenidate products, and products containing zolpidem also were among the most commonly dispensed prescription drugs.

Conversely, the benzodiazepines Librium[®], Tranxene[®], and oxazepam and the non-benzodiazepine tranquilizers buspirone, hydroxyzine, and meprobamate were not in the top 200. The absence of these latter tranquilizers from the top 200 list probably reflects a move toward prescribing newer "generations" of benzodiazepines instead of these non-benzodiazepines and "older" benzodiazepine tranquilizers. Similarly, the finding that past year users of barbiturates comprised only about 500,000 of the nearly 19 million persons who were estimated to have used sedatives in the past year probably reflects changes in prescribing practices for treatment of insomnia.

Data on misuse of specific subgroups of prescription drugs also are generally consistent with data from the Drug Enforcement Administration's National Forensic Laboratory Information System (NFLIS), which reports forensic laboratory results for drugs that were seized in criminal justice operations. In 2012, for example, pain relievers containing oxycodone or hydrocodone accounted for nearly 70 percent of the narcotic analgesics that were identified by NFLIS laboratories (Office of Diversion Control, 2013). These also were the two most commonly misused subgroups of prescription pain relievers in the QFT and DR data. Similarly, the 15 most commonly reported tranquilizers and central nervous system depressants in the 2012 NFLIS data included four benzodiazepine tranquilizers (alprazolam, clonazepam, diazepam, and lorazepam), the muscle relaxants carisoprodol (Soma[®]) and cyclobenzaprine (Flexeril[®]), zolpidem, the benzodiazepine sedative temazepam (Restoril[®]), the tranquilizer hydroxyzine, and the barbiturate phenobarbital. Although nearly 85 percent of the forensic laboratory reports for stimulants in 2012 involved methamphetamine, amphetamines (e.g., Adderall[®]), methylphenidate (e.g., Ritalin[®]), lisdexamfetamine (Vyvanse[®]), and phentermine were among the most commonly identified stimulants in 2012 (Office of Diversion Control, 2013).

Consistent with data from these other sources, the QFT and DR data suggest that the redesigned questionnaire is capturing information about the most commonly used and misused prescription psychotherapeutic drugs in the United States. Given the constraints placed on respondent burden, it will be particularly important for redesigning the questionnaire for 2015 to include not only the subgroups of most commonly used and misused prescription drugs within an overall category (e.g., pain relievers that contain hydrocodone), but also to include examples of specific prescription drugs within these subgroups that are most relevant to survey respondents for reporting use and misuse. For example, findings from *Table 6.6* suggest that it would be reasonable for 2015 to replace the hydrocodone pain reliever Lorcet[®] and the oxycodone pain

reliever Tylox[®] with other pain relievers that could be more important for estimating the prevalence of use and misuse of hydrocodone and oxycodone products, respectively.

On the one hand, low estimates for specific prescription drugs in the QFT and DR data—particularly for past year misuse—can be informative to SAMHSA for identifying prescription drugs that could be dropped for the 2015 questionnaire without seriously sacrificing the validity of prevalence estimates. For example, the low numbers of reports (or no reports) of use or misuse of Librium[®], Tranxene[®], and oxazepam suggests that these drugs could be dropped for 2015.

However, prevalence is not likely to be the only consideration for decisions to retain or add prescription drugs for 2015. The following issues also are likely to be relevant even if a drug is less commonly prescribed and prevalence estimates are low:

- the potential for serious health consequences if the drug is used outside of medical supervision or not according to medical directions (e.g., extended-release pain relievers for which a Risk Evaluation and Mitigation Strategy [REMS] is required);
- the popularity of a prescription drug to be diverted²⁵ for misuse (e.g., as evidenced in criminal seizures);
- the breadth of coverage of prescription drugs within an overall psychotherapeutic category (e.g., stimulants that are prescribed for weight loss in addition to those that are prescribed for treatment of attention-deficit/hyperactivity disorder [ADHD]);
- special characteristics of a drug (e.g., tamper-resistant formulations) that could warrant prevalence estimation relative to prevalence estimates for other prescription drugs; and
- evidence that a recently approved prescription drug has the potential to become more commonly diverted for misuse.

6.2.3 Height and Weight

Analyses of height and weight data for the QFT included benchmarking analyses that compared QFT estimates with those from the National Health Interview Survey (NHIS) and the National Health and Nutrition Examination Survey (NHANES). Comparison of height and weight data from the DR with data sources external to NSDUH is discussed in *Section 7.3*. In addition, analysis of height data from the QFT identified extreme high and low values based on the allowable ranges for the questions. The same allowable ranges for height were present in quarter 1 of the 2013 main survey; these ranges for height were adjusted in quarter 2 of the 2013 main survey and for the DR. Therefore, analyses of height and weight data include data from quarter 1 of 2013 (i.e., prior to the changes for the height questions), in the quarter 3 and 4 comparison data for 2013, and for the DR. Because the height and weight questions were not added to the main survey until 2013, height and weight data are not available for the 2012 comparison data.

²⁵ Rigg, Kurtz, and Surratt (2012) defined prescription drug diversion as "the transfer of a prescription drug from a lawful to an unlawful channel of distribution or use." The Centers for Medicare & Medicaid Services (CMS) referred to the diversion of drugs from legal and medically necessary uses toward uses that are illegal and typically are not medically authorized or necessary (CMS, 2012).

6.2.3.1 Height

Tables 6.10 through **6.15** present summary statistics for height in inches. If respondents reported their height in metric units (i.e., meters and centimeters or centimeters only), their heights were converted to inches. **Table 6.10** presents summary height statistics for persons aged 12 or older. **Tables 6.11** and **6.12** present statistics for males and females aged 12 or older, respectively. **Tables 6.13** through **6.15** present height statistics for persons aged 16 or older, overall and by gender. In addition, these tables show the number of respondents whose height data were assigned codes for "bad data" because the heights they reported were below or above the values based on the revised ranges for height that were fielded in quarter 2 and in the DR. These cases were treated as having missing data for height.

- For all persons aged 12 or older (**Table 6.10**), all persons aged 16 or older (**Table 6.13**), and males within these age groups (**Tables 6.11** and **6.14**), mean estimates of height were similar between the DR, quarter 1 of 2013, and the quarter 3 and quarter 4 comparison data for 2013. For example, the mean height among all persons aged 16 or older was 66.9 inches in quarter 1 of 2013 and in the 2013 data from quarters 3 and 4, and it was 66.6 inches in the DR.
- Among females, the quarter 1 estimates of mean height were greater than those in the DR for females aged 12 or older (**Table 6.12**) and those aged 16 or older (**Table 6.15**). The estimated mean height among females aged 16 or older in quarters 3 and 4 of 2013 also was greater than the corresponding mean for the DR. Among females aged 16 or older, for example, the mean height was 64.2 inches in quarter 1 of 2013, 64.1 inches in quarters 3 and 4 of 2013, and 63.8 inches in the DR.

6.2.3.2 Weight

Tables 6.16 through **6.21** present summary statistics for weight in pounds for persons aged 12 or older (**Tables 6.16** through **6.18**) and for those aged 16 or older (**Tables 6.19** through **6.21**). As for the height tables, statistics for weight in pounds also are presented by gender within these age groups (**Tables 6.17** and **6.20** for males; **Tables 6.18** and **6.21** for females). Females aged 12 to 44 who reported that they were currently pregnant were asked to report their weight before they became pregnant. If respondents reported their weight in kilograms, their weights were converted to pounds. Unlike the height data, no reported weights were assigned codes for "bad data."

- For all persons aged 12 or older (**Table 6.16**), all persons aged 16 or older (**Table 6.19**), and females within these age groups (**Tables 6.18** and **6.21**), mean estimates of weight were similar between the DR, quarter 1 of 2013, and the quarter 3 and quarter 4 comparison data for 2013. For example, the mean weight among all persons aged 16 or older was 177.7 pounds in quarter 1 of 2013, 178.8 pounds in quarters 3 and 4 of 2013, and 176.3 pounds in the DR.

Table 6.10 Summary Statistics for Height in Inches among Persons Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches¹	2013 Q1 (n = 15,368)	2013 Comparison (n = 32,162)²	2013 DR (n = 2,087)³
Sample Used in Analysis	14,724	31,289	2,027
Responses Set to "Bad Data" in Editing	262	0	0
Summary Statistics			
Mean	66.8	66.8	66.5
Variance	0.00	0.00	0.03
Standard Deviation	0.06	0.05	0.17
Mode	64.0	64.0	66.0
Range	79.0	90.2	76.3
Quartiles			
Maximum	107.0	113.8	107.0
75th Percentile	70.0	70.0	69.0
Median	66.9	67.0	66.0
25th Percentile	64.0	64.0	63.0
Percentiles			
99th Percentile	76.0	77.0	76.0
95th Percentile	74.0	74.0	73.0
90th Percentile	72.0	72.0	72.0
10th Percentile	62.0	62.0	61.0
5th Percentile	60.0	60.0	60.0
1st Percentile	57.0	56.0	57.0
Five Highest			
(Highest)	107.0	113.8	107.0
	106.0	107.9	105.0
	105.0	107.0	103.0
	105.0	107.0	100.8
	105.0	107.0	87.0
Five Lowest			
	36.0	23.6	41.0
	35.0	23.6	41.0
	29.0	23.6	39.0
	28.3	23.6	34.0
(Lowest)	28.0	23.6	30.7

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., meters, centimeters) were converted to inches.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.11 Summary Statistics for Height in Inches among Males Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches¹	2013 Q1 (n = 7,324)	2013 Comparison (n = 15,763)²	2013 DR (n = 1,002)³
Sample Used in Analysis	7,008	15,338	979
Responses Set to "Bad Data" in Editing	136	0	0
Summary Statistics			
Mean	69.5	69.7	69.3
Variance	0.01	0.00	0.04
Standard Deviation	0.07	0.05	0.21
Mode	70.0	71.0	71.0
Range	78.7	90.2	76.3
Quartiles			
Maximum	107.0	113.8	107.0
75th Percentile	72.0	72.0	72.0
Median	70.0	70.0	69.0
25th Percentile	67.0	68.0	67.0
Percentiles			
99th Percentile	77.0	78.0	76.0
95th Percentile	75.0	75.0	75.0
90th Percentile	74.0	74.0	73.0
10th Percentile	66.0	65.7	65.0
5th Percentile	64.0	64.0	64.0
1st Percentile	59.0	58.0	59.0
Five Highest			
(Highest)	107.0	113.8	107.0
	105.0	107.9	105.0
	102.0	107.0	103.0
	102.0	107.0	100.8
	102.0	107.0	80.7
Five Lowest			
	40.0	24.0	53.0
	40.0	24.0	53.0
	36.0	23.6	51.0
	35.0	23.6	43.3
(Lowest)	28.3	23.6	30.7

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., meters, centimeters) were converted to inches.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.12 Summary Statistics for Height in Inches among Females Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches¹	2013 Q1 (n = 8,044)	2013 Comparison (n = 16,399)²	2013 DR (n = 1,085)³
Sample Used in Analysis	7,716	15,951	1,048
Responses Set to "Bad Data" in Editing	126	0	0
Summary Statistics			
Mean	64.2 ^a	64.0	63.7
Variance	0.00	0.00	0.02
Standard Deviation	0.07	0.05	0.15
Mode	64.0	64.0	63.0
Range	78.0	83.4	53.0
Quartiles			
Maximum	106.0	107.0	87.0
75th Percentile	66.0	66.0	66.0
Median	64.0	64.0	64.0
25th Percentile	62.0	62.0	62.0
Percentiles			
99th Percentile	72.0	72.0	71.0
95th Percentile	69.0	69.0	69.0
90th Percentile	68.0	68.0	68.0
10th Percentile	61.0	60.2	60.0
5th Percentile	59.1	59.0	59.0
1st Percentile	55.0	53.0	54.0
Five Highest			
(Highest)	106.0	107.0	87.0
	105.0	105.0	80.7
	105.0	103.0	79.0
	105.0	101.0	75.0
	104.0	101.0	72.0
Five Lowest			
	40.0	24.0	41.3
	39.0	24.0	41.0
	36.0	23.6	41.0
	29.0	23.6	39.0
(Lowest)	28.0	23.6	34.0

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., meters, centimeters) were converted to inches.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.13 Summary Statistics for Height in Inches among Persons Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches¹	2013 Q1 (n = 11,978)	2013 Comparison (n = 24,991)²	2013 DR (n = 1,743)³
Sample Used in Analysis	11,644	24,572	1,704
Responses Set to "Bad Data" in Editing	154	0	0
Summary Statistics			
Mean	66.9	66.9	66.6
Variance	0.00	0.00	0.03
Standard Deviation	0.06	0.05	0.18
Mode	66.0	66.0	66.0
Range	78.7	90.2	76.3
Quartiles			
Maximum	107.0	113.8	107.0
75th Percentile	70.0	70.0	70.0
Median	67.0	67.0	66.0
25th Percentile	64.0	64.0	63.0
Percentiles			
99th Percentile	76.0	77.0	76.0
95th Percentile	74.0	74.0	73.0
90th Percentile	72.0	73.0	72.0
10th Percentile	62.0	62.0	61.0
5th Percentile	60.0	60.0	60.0
1st Percentile	58.0	57.0	58.0
Five Highest			
(Highest)	107.0	113.8	107.0
	105.0	107.0	103.0
	105.0	106.0	100.8
	105.0	105.0	87.0
	105.0	105.0	80.7
Five Lowest			
	40.2	24.0	43.3
	40.0	23.6	41.3
	40.0	23.6	39.0
	40.0	23.6	34.0
(Lowest)	28.3	23.6	30.7

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., meters, centimeters) were converted to inches.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.14 Summary Statistics for Height in Inches among Males Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches¹	2013 Q1 (n = 5,644)	2013 Comparison (n = 12,030)²	2013 DR (n = 809)³
Sample Used in Analysis	5,490	11,842	796
Responses Set to "Bad Data" in Editing	80	0	0
Summary Statistics			
Mean	69.8	70.0	69.5
Variance	0.01	0.00	0.05
Standard Deviation	0.07	0.06	0.21
Mode	70.0	71.0	71.0
Range	78.7	90.2	76.3
Quartiles			
Maximum	107.0	113.8	107.0
75th Percentile	72.0	72.0	72.0
Median	70.0	70.0	69.0
25th Percentile	68.0	68.0	67.0
Percentiles			
99th Percentile	77.0	78.0	76.0
95th Percentile	75.0	75.0	75.0
90th Percentile	74.0	74.0	73.0
10th Percentile	66.0	66.0	65.0
5th Percentile	65.0	65.0	64.0
1st Percentile	62.0	62.0	62.0
Five Highest			
(Highest)	107.0	113.8	107.0
	105.0	107.0	103.0
	101.0	106.0	100.8
	96.0	105.0	80.7
	95.0	105.0	80.0
Five Lowest			
	42.1	24.0	58.0
	40.6	24.0	57.0
	40.2	24.0	56.0
	40.0	23.6	43.3
(Lowest)	28.3	23.6	30.7

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., meters, centimeters) were converted to inches.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.15 Summary Statistics for Height in Inches among Females Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches¹	2013 Q1 (n = 6,334)	2013 Comparison (n = 12,961)²	2013 DR (n = 934)³
Sample Used in Analysis	6,154	12,730	908
Responses Set to "Bad Data" in Editing	74	0	0
Summary Statistics			
Mean	64.2 ^a	64.1 ^a	63.8
Variance	0.01	0.00	0.03
Standard Deviation	0.07	0.05	0.16
Mode	64.0	64.0	64.0
Range	65.0	81.4	53.0
Quartiles			
Maximum	105.0	105.0	87.0
75th Percentile	66.0	66.0	66.0
Median	64.0	64.0	64.0
25th Percentile	62.0	62.0	62.0
Percentiles			
99th Percentile	72.0	72.0	71.0
95th Percentile	69.0	69.0	69.0
90th Percentile	68.0	68.0	68.0
10th Percentile	61.0	61.0	60.0
5th Percentile	60.0	59.1	60.0
1st Percentile	56.0	54.0	56.0
Five Highest			
(Highest)	105.0	105.0	87.0
	105.0	103.0	80.7
	105.0	101.0	72.0
	101.0	101.0	72.0
	101.0	98.0	72.0
Five Lowest			
	43.3	24.0	48.0
	41.3	24.0	45.7
	40.6	24.0	41.3
	40.0	23.6	39.0
(Lowest)	40.0	23.6	34.0

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., meters, centimeters) were converted to inches.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.16 Summary Statistics for Weight in Pounds among Persons Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds¹	2013 Q1 (n = 15,368)	2013 Comparison (n = 32,162)²	2013 DR (n = 2,087)³
Sample Used in Analysis	15,027	31,320	2,027
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	174.7	175.8	173.4
Variance	0.42	0.24	2.54
Standard Deviation	0.65	0.49	1.59
Mode	150.0	150.0	150.0
Range	502.7	557.8	423.3
Quartiles			
Maximum	551.2	606.3	463.0
75th Percentile	200.0	200.0	200.0
Median	170.0	170.0	170.0
25th Percentile	140.0	140.0	140.0
Percentiles			
99th Percentile	328.0	320.0	300.0
95th Percentile	260.0	260.0	259.0
90th Percentile	235.0	235.0	235.0
10th Percentile	120.0	120.0	122.0
5th Percentile	110.0	110.0	110.0
1st Percentile	90.0	92.0	90.0
Five Highest			
(Highest)	551.2	606.3	463.0
	550.0	606.3	436.5
	540.1	606.3	368.2
	500.0	551.2	365.0
	495.0	551.2	360.0
Five Lowest			
	50.0	50.0	64.0
	50.0	50.0	58.0
	48.5	50.0	40.0
	48.5	50.0	40.0
(Lowest)	48.5	48.5	39.7

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., kilograms) were converted to pounds.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.17 Summary Statistics for Weight in Pounds among Males Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds¹	2013 Q1 (n = 7,324)	2013 Comparison (n = 15,763)²	2013 DR (n = 1,002)³
Sample Used in Analysis	7,185	15,404	980
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	190.8 ^a	192.0 ^a	185.7
Variance	0.77	0.43	5.25
Standard Deviation	0.87	0.65	2.29
Mode	180.0	180.0	150.0
Range	502.7	557.8	423.3
Quartiles			
Maximum	551.2	606.3	463.0
75th Percentile	215.0	216.0	210.0
Median	185.0	185.0	180.0
25th Percentile	162.0	163.0	155.0
Percentiles			
99th Percentile	343.0	340.0	315.0
95th Percentile	275.0	275.0	255.0
90th Percentile	250.0	250.0	240.0
10th Percentile	140.0	140.0	135.0
5th Percentile	125.0	125.0	124.0
1st Percentile	90.0	95.0	99.0
Five Highest			
(Highest)	551.2	606.3	463.0
	550.0	606.3	436.5
	540.1	606.3	365.0
	500.0	551.2	360.0
	495.0	550.0	350.0
Five Lowest			
	50.0	50.0	75.0
	50.0	50.0	65.0
	48.5	50.0	58.0
	48.5	50.0	40.0
(Lowest)	48.5	48.5	39.7

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., kilograms) were converted to pounds.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.18 Summary Statistics for Weight in Pounds among Females Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds¹	2013 Q1 (n = 8,044)	2013 Comparison (n = 16,399)²	2013 DR (n = 1,085)³
Sample Used in Analysis	7,842	15,916	1,047
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	159.6	160.4	161.6
Variance	0.59	0.40	4.84
Standard Deviation	0.77	0.64	2.20
Mode	120.0	130.0	130.0
Range	430.0	501.2	328.2
Quartiles			
Maximum	480.0	551.2	368.2
75th Percentile	180.0	180.0	185.0
Median	150.0	150.0	150.0
25th Percentile	130.0	130.0	130.0
Percentiles			
99th Percentile	300.0	299.0	290.0
95th Percentile	240.0	245.0	259.0
90th Percentile	216.0	218.3	225.0
10th Percentile	115.0	115.0	116.0
5th Percentile	107.0	106.0	105.0
1st Percentile	91.0	91.0	75.0
Five Highest			
(Highest)	480.0	551.2	368.2
	450.0	500.0	320.0
	444.0	460.0	318.0
	440.0	443.1	316.0
	424.0	423.3	300.0
Five Lowest			
	60.0	50.0	67.0
	58.0	50.0	67.0
	50.0	50.0	65.0
	50.0	50.0	64.0
(Lowest)	50.0	50.0	40.0

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., kilograms) were converted to pounds.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.19 Summary Statistics for Weight in Pounds among Persons Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds¹	2013 Q1 (n = 11,978)	2013 Comparison (n = 24,991)²	2013 DR (n = 1,743)³
Sample Used in Analysis	11,803	24,582	1,707
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	177.7	178.8	176.3
Variance	0.47	0.27	2.55
Standard Deviation	0.69	0.52	1.60
Mode	150.0	150.0	150.0
Range	491.6	556.3	423.3
Quartiles			
Maximum	540.1	606.3	463.0
75th Percentile	200.0	202.0	200.0
Median	172.0	174.0	172.0
25th Percentile	145.0	145.0	141.0
Percentiles			
99th Percentile	330.0	321.9	300.0
95th Percentile	260.0	265.0	259.0
90th Percentile	235.0	240.0	236.0
10th Percentile	125.0	125.0	125.0
5th Percentile	115.0	116.0	117.0
1st Percentile	100.0	100.0	95.0
Five Highest			
(Highest)	540.1	606.3	463.0
	500.0	606.3	436.5
	495.0	551.2	368.2
	480.0	551.2	365.0
	474.0	550.0	360.0
Five Lowest			
	50.0	50.7	65.0
	50.0	50.0	64.0
	50.0	50.0	40.0
	48.5	50.0	40.0
(Lowest)	48.5	50.0	39.7

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., kilograms) were converted to pounds.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.20 Summary Statistics for Weight in Pounds among Males Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds¹	2013 Q1 (n = 5,644)	2013 Comparison (n = 12,030)²	2013 DR (n = 809)³
Sample Used in Analysis	5,586	11,877	799
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	194.7 ^a	195.9 ^a	189.0
Variance	0.80	0.46	5.92
Standard Deviation	0.89	0.68	2.43
Mode	180.0	180.0	150.0
Range	491.6	556.3	423.3
Quartiles			
Maximum	540.1	606.3	463.0
75th Percentile	215.0	220.0	215.0
Median	185.0	190.0	185.0
25th Percentile	165.0	165.0	160.0
Percentiles			
99th Percentile	343.9	340.0	315.0
95th Percentile	276.0	276.0	260.0
90th Percentile	250.0	250.0	240.0
10th Percentile	147.0	146.0	140.0
5th Percentile	137.0	135.0	130.0
1st Percentile	115.0	120.0	110.0
Five Highest			
(Highest)	540.1	606.3	463.0
	500.0	606.3	436.5
	495.0	551.2	365.0
	474.0	550.0	360.0
	456.0	501.0	350.0
Five Lowest			
	50.0	55.0	100.0
	50.0	50.7	99.2
	50.0	50.7	94.0
	48.5	50.0	40.0
(Lowest)	48.5	50.0	39.7

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., kilograms) were converted to pounds.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.21 Summary Statistics for Weight in Pounds among Females Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds¹	2013 Q1 (n = 6,334)	2013 Comparison (n = 12,961)²	2013 DR (n = 934)³
Sample Used in Analysis	6,217	12,705	908
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	162.0	162.6	164.2
Variance	0.66	0.46	4.85
Standard Deviation	0.81	0.68	2.20
Mode	130.0	130.0	130.0
Range	430.0	501.2	328.2
Quartiles			
Maximum	480.0	551.2	368.2
75th Percentile	180.0	185.0	190.0
Median	154.0	154.3	154.0
25th Percentile	130.0	132.0	130.0
Percentiles			
99th Percentile	300.0	300.0	290.0
95th Percentile	245.0	247.0	259.0
90th Percentile	220.0	220.0	230.0
10th Percentile	117.0	118.0	120.0
5th Percentile	110.0	110.0	110.0
1st Percentile	98.0	96.0	78.0
Five Highest			
(Highest)	480.0	551.2	368.2
	450.0	460.0	320.0
	444.0	443.1	318.0
	440.0	423.3	316.0
	424.0	410.0	300.0
Five Lowest			
	70.0	60.0	68.0
	70.0	55.0	67.0
	65.0	51.0	65.0
	58.0	50.0	64.0
(Lowest)	50.0	50.0	40.0

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Answers in metric units (i.e., kilograms) were converted to pounds.

² 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

- Among males, the DR estimates of weight were lower than those in quarter 1 of 2013 and in quarters 3 and 4 of 2013 for males aged 12 or older (*Table 6.17*) and for those aged 16 or older (*Table 6.20*). The estimated mean weight among males aged 16 or older was 189.0 pounds in the DR. In comparison, the mean weights among males aged 16 or older were 194.7 pounds in quarter 1 of 2013 and 195.9 pounds in quarters 3 and 4 of 2013.

6.2.3.3 Discussion of Height and Weight Data

Except where noted, findings for height and weight were consistent across the different NSDUH data sources that were examined in this section. Where means differed, these findings could reflect the influence of extreme high or low values on the resulting means in the DR data because of the smaller DR sample size. However, further comparison of NSDUH height and weight data with data from other sources also will be important for (see *Section 7.3*) increasing SAMHSA's confidence in the validity of these NSDUH data.

6.3 Further Analyses Based on QFT Findings or Analyses to Explain Anticipated Findings in 2015

6.3.1 Core Substance Use Items Other Than Methamphetamine and Prescription Drugs

This section presents highlights for core substance use estimates from the 2012 NSDUH comparison data, the 2013 NSDUH quarters 3 and 4 comparison data, and data from the QFT and DR for substances other than methamphetamine and prescription drugs. *Section 6.3.1.1* discusses highlights for marijuana, cocaine, and heroin. *Section 6.3.1.2* discusses highlights for hallucinogens, and *Section 6.3.1.3* discusses highlights for inhalants. *Section 6.3.1.4* discusses multiple definitions of use of "any illicit drug." *Sections 6.3.1.5* and *6.3.1.6* present highlights based on these definitions for any illicit drug use. *Sections 6.3.1.7* and *6.3.1.8* present findings for cigarette use and smokeless tobacco use, respectively. Finally, *Section 6.3.1.9* provides findings on any use of alcohol, and *Section 6.3.1.10* presents findings for binge alcohol use, as defined in that section.

6.3.1.1 Marijuana, Cocaine, and Heroin

This section presents key findings for marijuana, cocaine, and heroin use from the 2012 comparison data and 2013 quarters 3 and 4, as well as data from the QFT and DR. *Tables 6.22* through *6.25* provide estimates for lifetime use of these substances for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older. Likewise, *Tables 6.26* through *6.29* provide estimates for past year use of these substances, and *Tables 6.30* through *6.33* provide estimates for past month use of these substances. No changes were made in the instrument for the QFT and DR for the questions on marijuana, cocaine (including crack), and heroin use. However, some significant differences between the QFT and comparison data had been identified that warranted further investigation in the DR analysis (Currivan et al., 2013). Furthermore, some differences that were not significant in the QFT analysis could become significant when QFT and DR data are combined for non-Hispanic English-language respondents.

- In contrast to the finding of no significant differences in the lifetime prevalence of crack cocaine use between the QFT data and corresponding comparison data for persons aged 12 or older, the estimate for lifetime crack use among persons aged 12 or older in the combined QFT and DR data (5.2 percent) was greater than the estimates in the 2012 and 2013 comparison data (3.7 and 3.6 percent, respectively) (*Table 6.22*).
- Among adolescents aged 12 or older, the findings of lower estimates of any cocaine use in the QFT than in the comparison data continued to be observed in the combined QFT and DR data for lifetime (*Table 6.23*), past year (*Table 6.27*), and past month use (*Table 6.31*). However, the past month estimate for the combined QFT and DR data would have been suppressed in published estimates.
- Among young adults aged 18 to 25, the rate of past month cocaine use had been higher in the 2011 comparison data than in the QFT (Currivan et al., 2013). However, the rates were similar for the combined QFT-DR data and the 2012 and 2013 comparison data (*Table 6.32*).
- Among adults aged 26 or older, the lifetime rate of crack use was *higher* in the combined QFT-DR data (6.2 percent) compared with the rate of 4.3 percent in both the 2012 and 2013 comparison data (*Table 6.25*).
- For heroin, estimates were lower in the combined QFT-DR data than in the 2012 or 2013 comparison data for past year use among 12 to 17 year olds, past month use among persons aged 12 or older (*Table 6.30*), and past month use among adolescents aged 12 to 17 and adults aged 26 or older (*Table 6.33*). However, the combined QFT/DR estimates would have been suppressed for all of these estimates except for past month use among persons aged 12 or older.

Thus, some differences between field test and comparison data for estimates of cocaine and heroin use that had been observed in the QFT continued to be observed in the combined QFT and DR data despite the content of these modules not changing for the QFT and DR. However, the assumption continues to be that any changes in prevalence for these drugs in 2015 relative to earlier years based on a full sample of approximately 67,000 interviews in 2015 will reflect an actual change in prevalence in the population. This assumption can be tested by reviewing trend data that include data from the first 6 months of 2015, which will likely have a sample size of more than 30,000, or roughly 10 times the sample size of the combined QFT-DR data. In addition, single-year fluctuations in prevalence would need to be interpreted with caution. It would be important to examine trends across multiple years—including years beyond 2015—to account for occasional fluctuations in prevalence that may "correct" themselves with additional years of data.

6.3.1.2 Hallucinogens

This section discusses key findings for use of any hallucinogen, lysergic acid diethylamide (LSD), phencyclidine (PCP), and Ecstasy in the QFT and DR data and in the 2012 and 2013 comparison data. Although questions about ketamine, tryptamines, and *Salvia divinorum* had been moved from the noncore special drugs module to the core hallucinogens

module for the QFT and DR, findings from the QFT indicated few differences in lifetime, past year, or past month prevalence between the QFT and comparison data (Currivan et al., 2013).

- Among adolescents aged 12 to 17, the estimate of lifetime use of hallucinogens was greater in the QFT than in the 2011 and 2012 comparison data. Similarly, the prevalence of lifetime use of hallucinogens among adolescents was greater in the combined QFT-DR data (4.5 percent) than in the 2013 comparison data (2.5 percent) (**Table 6.23**).
- For Ecstasy, the prevalence of past month use was lower in the combined QFT-DR data than in the 2013 comparison data for persons aged 12 or older (0.1 vs. 0.3 percent) (**Table 6.30**). The prevalence of past month use among adults aged 26 or older also was lower in the combined QFT-DR data (less than 0.05 percent) than in the 2012 or 2013 comparison data (0.1 and 0.2 percent, respectively) (**Table 6.33**).

In addition, respondents in the main survey and the QFT were asked about lifetime use of "any other" hallucinogen besides the ones they had seen in the preceding questions. Respondents who reported use of other hallucinogens could specify use of up to five other hallucinogens that they had ever used (subsequently referred to in this section as "OTHER, Specify" data). The questions about ketamine, tryptamines, and *Salvia divinorum* had been included in the main survey since 2006 because of evidence from their "OTHER, Specify" data that these could be additional important substances for understanding hallucinogen use, especially among adolescents and young adults aged 18 to 25 (Kroutil, Vorburger, & Aldworth, 2007). Questions about these hallucinogens were moved from the special drugs module in the main survey to the core hallucinogens module in the QFT and DR questionnaires. The effect of this movement had been investigated for the QFT to assess whether it affected the reporting of (a) use of these three hallucinogens because of their earlier placement in the QFT and DR; and (b) use of "other" hallucinogens.

Estimates of lifetime use of ketamine, tryptamines, *Salvia divinorum*, and other hallucinogens in the QFT-DR data and in the 2012 and 2013 comparison data are shown in **Table 6.34**. As was observed for the QFT, estimates of lifetime use of other hallucinogens were lower in the QFT than in the 2011 or 2012 comparison data for persons aged 12 or older, young adults aged 18 to 25, and adults aged 26 or older. Among persons aged 12 or older, the estimate of lifetime use of other hallucinogens was 0.7 percent for the QFT-DR, 1.5 percent for the 2012 comparison data, and 1.9 percent for the 2013 comparison data. In addition, the prevalence of lifetime use of *Salvia divinorum* among adolescents aged 12 to 17 in the QFT-DR (1.8 percent) was greater than that in the 2013 comparison data (0.6 percent) but was not significantly different from the prevalence in the 2012 comparison data (1.1 percent).

At least for adults, these findings offer further indication that moving the additional hallucinogen questions from the special drugs module to the core hallucinogens module in the QFT appears to have affected the reporting for the residual "other" hallucinogen category. Benefits of this change are that analysts have more information about the specific hallucinogens that persons have used, whereas the category for other hallucinogens can be a "catchall" for a wide variety of possible substances. Furthermore, this change could reduce the amount of data review and coding of "OTHER, Specify" data that is needed for hallucinogens when the redesigned questionnaire is fielded in 2015. An additional noteworthy finding from these

analyses is that moving the questions for these three hallucinogens from the special drugs module to the core hallucinogens module did not appear to affect most lifetime estimates. Although one difference between QFT-DR data and comparison data was observed for the lifetime estimate of *Salvia divinorum* among adolescents, this was not a consistent pattern across both sets of comparison data.

6.3.1.3 Inhalants

Questions about lifetime use of felt-tip pens and computer keyboard cleaner (air duster) were added to the inhalants module for the QFT and DR because review of "OTHER, Specify" data suggested that these could be other important inhalants that persons used to get high. Furthermore, prior research has shown that NSDUH respondents are more likely to report use of a substance if they are asked a direct "yes/no" question about the substance than if they need to type in its name as part of "OTHER, Specify" questions (Kroutil, Vorburger, Aldworth, & Colliver, 2010).

Although the only change to the inhalants module for the QFT was the addition of the questions about lifetime use of these two inhalants, estimates of lifetime use of inhalants were greater in the QFT than in the 2011 and 2012 comparison data for persons aged 12 or older, adolescents aged 12 to 17, and adults aged 26 or older (Currivan et al., 2013). In turn, increased reporting of lifetime use could translate to increased reporting of use in more recent periods.

- The same finding of a higher prevalence of lifetime use of inhalants was observed for the combined QFT-DR data relative to the 2012 and 2013 comparison data for persons aged 12 or older, adolescents aged 12 to 17, and adults aged 26 or older (**Tables 6.22, 6.23, and 6.25**). Among adolescents, the estimates of lifetime use of inhalants were 9.4 percent for the combined QFT-DR data, 6.2 percent for the 2012 comparison data, and 4.9 percent for the 2013 comparison data.
- As in the QFT, estimates of past year and past month use of inhalants did not differ significantly between the QFT-DR data and comparison data for persons aged 12 or older and adults aged 18 to 25 (**Tables 6.26 and 6.28**, respectively, for the past year and **Tables 6.30 and 6.32** for the past month). Estimates of past year use of inhalants among adults aged 26 or older also were similar in the QFT-DR and comparison data (**Table 6.29**).
- For adolescents aged 12 to 17, a similar pattern of estimates of past year use of inhalants was observed in the QFT-DR data that was observed in the QFT, with the QFT-DR estimate (3.5 percent) being higher than the estimate from the 2013 comparison data from quarters 3 and 4 (1.9 percent) but no significant difference between the QFT-DR estimate and that from all four quarters in the 2012 comparison data (2.3 percent) (**Table 6.27**).
- Among adults aged 26 or older, the estimates of past month use were 0.1 percent in the QFT-DR data and the 2012 comparison data (**Table 6.33**). This estimate for the QFT-DR data was lower than the estimate for the 2013 comparison data (0.2 percent).

As for the hallucinogen data that were described previously, adding the questions to the QFT about lifetime use of felt-tip pens or computer keyboard cleaner could affect the reporting

of the lifetime use of "other" inhalants. Also, computer keyboard cleaner is an aerosol product. Therefore, asking about lifetime use of computer keyboard cleaner could affect estimates for lifetime use of other aerosol sprays (i.e., other than spray paint in the main study and other than spray paint or computer keyboard cleaner in the QFT).

Analysis of QFT data indicated that adolescents aged 12 to 17 who had ever inhaled felt-tip pens appeared to comprise a substantial portion of the adolescent lifetime inhalant users. Among young adults aged 18 to 25, those who had ever inhaled felt-tip pens comprised about half of the lifetime users of inhalants (Currivan et al., 2013).

Estimates of lifetime use of felt-tip pens and computer keyboard cleaner were made for the combined QFT-DR data. Estimates of lifetime use of other aerosol sprays and other inhalants also were compared for the QFT-DR data and the data from 2012 and quarters 3 and 4 of 2013. These estimates are shown in **Table 6.35**.

- Consistent with the findings for the QFT, the QFT-DR estimate for lifetime use of other aerosol sprays among adults aged 18 to 25 was lower than the estimates in the 2012 and 2013 comparison data. The QFT-DR estimate for other inhalants also was lower than the comparison data, although the QFT-DR estimate was flagged for suppression.
- Among adolescents aged 12 to 17, the lifetime estimate of use of other inhalants in the QFT-DR data than in the 2012 comparison data (0.7 vs. 1.4 percent) but was similar to the estimate in the 2013 comparison data (0.9 percent). In the QFT, the estimate of use of other inhalants among adolescents was not significantly different from the estimates in the comparison data (Currivan et al., 2013).

To further understand the estimates in **Table 6.35** and in anticipation of effects on estimates of inhalant use in 2015, analyses of the QFT data were repeated for the combined QFT-DR data that categorized users into two groups: (1) lifetime users of felt-tip pens or computer keyboard cleaner (which could include persons who used other inhalants in addition to these two); and (2) lifetime users of other inhalants, excluding use of felt-tip pens and computer keyboard cleaner. Estimates for these two groups of lifetime users were made for persons aged 12 or older and for each age group.

Estimates of persons aged 12 or older and in each age group who reported past year use also were made for these two groups of lifetime users. These estimates are shown in **Table 6.40**. However, the estimates by age group were flagged for suppression. Statistical testing was not conducted to identify any age group differences in the estimates presented in this table or differences in the past year estimates. Also, the questions in the QFT and DR did not allow determination of the specific inhalants that were used in the past year.

- Percentages of persons who were lifetime users of felt-tip pens or computer keyboard cleaners were 7.9 percent for 12 to 17 year olds, 7.4 percent for 18 to 25 year olds, and 2.9 percent for adults aged 26 or older. Percentages of persons who were lifetime users of other inhalants (but not these two) were 1.4 percent for 12 to 17 year olds, 2.9 percent for 18 to 25 year olds, and 8.5 percent for adults aged 26 or older.

- Among persons aged 12 or older who were lifetime users of felt-tip pens or computer keyboard cleaners, 12.4 percent used some inhalant in the past year. For lifetime users of other inhalants excluding these two, 3.3 percent used inhalants in the past year. These findings from the combined QFT-DR data were consistent with those from the QFT data alone (Currivan et al., 2013).
- An estimated 31.5 percent of adolescents who were lifetime users of felt-tip pens or computer keyboard cleaners and 69.4 percent of lifetime users of other inhalants excluding these two were past year users. Because of the low precision of these estimates, however, these findings for adolescents need to be interpreted with caution.

Consistent with the findings from the QFT (Currivan et al., 2013), lifetime use of felt-tip pens or computer keyboard cleaner *appears* to be more common among adolescents and young adults than among adults aged 26 or older. As noted previously, however, age group differences were not tested.

Taken together, these additional analyses further suggest that adding the questions about lifetime use of felt-tip pens and computer keyboard cleaner may affect data trends in lifetime use of inhalants once the new questionnaire is fielded for the 2015 survey, including trends for adults aged 26 or older. Given that the estimates of past year use of inhalants were not significantly different between either the QFT data or the combined QFT-DR data relative to the comparison datasets that included four quarters of data, these findings are inconclusive regarding the potential that this questionnaire change could affect trends for past year use of inhalants among adolescents. However, estimates for past month use of inhalants appeared unlikely to be affected by this change. Because NSDUH national reports tend to focus on estimates of past month use (i.e., current use), inclusion of these two additional inhalants in the 2015 survey might have a small impact on trends in the past month use of inhalants. Because long-term trends in lifetime use and past year use of inhalants are typically included in annual NSDUH detailed tables and reports of findings, it will be important for SAMHSA to consider how to handle any disruption in the trends for lifetime use of inhalants in the detailed tables and national reporting for 2015.

6.3.1.4 Definitions of Illicit Drug Summary Measures

This section discusses the definitions for various summary measures of illicit drug use. The standard definition of any illicit drug use captures use of any of one of nine categories of illicit drugs: marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and misuse of any one of four classes of psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives). The standard definition of any illicit drug use also includes use of methamphetamine as reported in the noncore questions that were added in 2005 and 2006. The standard definition also includes data from the new methamphetamine module in the QFT and DR. In addition, because marijuana use has historically been the most prevalent form of illicit drug use, a summary measure of illicit drug use other than marijuana is a standard NSDUH measure that allows for the detection of trends in any illicit drug use that may be masked by trends in marijuana use.

Because of extensive changes to questions asking about prescription drug misuse (including the addition of a new methamphetamine module), the standard definitions of any illicit drug use (and any illicit drug use other than marijuana) were modified for analyses

described in this chapter to exclude the use of methamphetamine and the misuse of any prescription drugs. Alternate Definition 1 of any illicit drug use covers any use of marijuana, cocaine (including crack), heroin, hallucinogens, and inhalants. Comparisons between the combined QFT-DR data and corresponding comparison data for this measure are free of any measurable differences in the use of methamphetamine and the misuse of psychotherapeutics. Alternate Definition 3 for any illicit drug use includes use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine. Similarly, the Alternate Definition of any illicit drug use other than marijuana covers any use of cocaine (including crack), heroin, hallucinogens, and inhalants.²⁶

In addition, as noted in *Sections 6.3.1.2* and *6.3.1.3*, the modules for hallucinogens and inhalants were modified by explicitly asking respondents about hallucinogens that had previously been asked about in the special drugs module and asking direct questions about specific additional inhalants. Thus, Alternate Definition 2 of any illicit drug use is similar to Alternate Definition 1 except that the use of hallucinogens and inhalants is ignored. Similarly, ignoring any reported use of hallucinogens and inhalants leads to a measure of any illicit drug use other than marijuana that only contains two categories of drugs: cocaine (including crack) and heroin.

Exhibit 6.1 summarizes these measures, which were all were constructed for the lifetime, past year, and past month reporting periods. These estimates are shown in *Tables 6.22* to *6.33* and *Tables 6.42* to *6.45*. Estimates from *Tables 6.22* to *6.33* are discussed in this section and focus on the effects on summary estimates of illicit drug use that could be attributed to changes to the hallucinogens and inhalants modules (or other differences); separate from any effects on these estimates that could be attributed to changes to questions for methamphetamine and prescription drugs. Estimates from *Tables 6.42* to *6.45* are discussed in *Section 6.3.2* in the context of a discussion of the changes to the questions for methamphetamine and prescription drugs and the effects of these changes on estimates.

Exhibit 6.1 Substances Included in Definitions of Illicit Drugs and Illicit Drugs Other than Marijuana

Substance	Illicit Drugs				Illicit Drugs Other than Marijuana		
	Standard Definition	Alternate Definition 1	Alternate Definition 2	Alternate Definition 3	Standard Definition	Alternate Definition	Cocaine or Heroin
Marijuana	✓	✓	✓	✓			
Cocaine (including Crack)	✓	✓	✓	✓	✓	✓	✓
Heroin	✓	✓	✓	✓	✓	✓	✓
Hallucinogens	✓	✓		✓	✓	✓	
Inhalants	✓	✓		✓	✓	✓	
Prescription Drug Misuse	✓				✓		
Methamphetamine	✓			✓	✓		

✓ = Use of this substance is included in the summary measure.

²⁶ Note that a respondent who is considered a user of illicit drugs other than marijuana may have used marijuana, but he or she would have used one of the other substances to be considered a user of illicit drugs other than marijuana. Similarly, information on the use of methamphetamine and the misuse of psychotherapeutics is ignored in creating these measures.

6.3.1.5 Any Illicit Drug

In the QFT summary estimates of lifetime, past year, or past month use of illicit drugs based on Alternate Definition 1 (i.e., including hallucinogens and inhalants but not methamphetamine or prescription drugs) and Alternate Definition 2 (i.e., excluding hallucinogens and inhalants in addition to methamphetamine and prescription drugs) did not differ between the QFT and comparison data for persons aged 12 or older, adults aged 18 to 25, or adults aged 26 or older. Estimates of lifetime and past year use among adolescents were greater in the QFT than in some comparison datasets for Alternate Definition 1, but these definitions did not remain for Alternate Definition 2 (Currivan et al., 2013).

- The patterns of similar estimates between QFT and comparison data also were observed in the QFT-DR and comparison data for lifetime, past year, and past month use of illicit drugs among persons aged 12 or older (*Tables 6.22, 6.26, and 6.30*, respectively) and adults aged 26 or older (*Tables 6.25, 6.29, and 6.33*, respectively) for Alternate Definitions 1 and 2.
- Among adolescents aged 12 to 17, unlike the pattern that was observed with just the QFT data, the summary estimates of lifetime, past year, and past month use of illicit drugs based on Alternate Definitions 1 and 2 did not differ between the combined QFT-DR data and the 2012 or 2013 comparison data (*Tables 6.23, 6.27, and 6.31*).
- Among young adults aged 18 to 25, estimates of lifetime use of illicit drugs based on Alternate Definition 1 in the QFT-DR data (60.3 percent) were greater than the estimates in the 2012 and 2013 comparison data (55.1 and 53.9 percent, respectively) (*Table 6.24*). The estimate of lifetime use based on Alternate Definition 2 also was greater for the QFT-DR data than for the 2013 comparison data (58.3 vs. 52.7 percent). However, estimates of past year and past month use of illicit drugs based on Alternate Definitions 1 and 2 were not significantly different between the QFT-DR and comparison data (*Tables 6.28 and 6.32*, respectively).

6.3.1.6 Illicit Drugs Other than Marijuana

As noted previously, marijuana historically has been the most commonly used illicit drug. Consequently, marijuana is likely to drive the estimates of any illicit drug use. Changes to the QFT and DR questions for hallucinogens and inhalants could have more of an effect on estimates of use of illicit drugs other than marijuana. Significant differences in rates of use of cocaine, crack, and heroin in the QFT-DR data relative to the comparison data (*Section 6.3.1.1*) also could affect estimates for use of illicit drugs other than marijuana, independent of the changes to the modules for hallucinogens and inhalants.

In the QFT, rates of lifetime use of illicit drugs other than marijuana based on the Alternate Definition that included hallucinogens and inhalants but not methamphetamine or prescription drugs were not significantly different between the QFT and comparison data for persons aged 12 or older and adults aged 26 or older. However, some of these differences approached statistical significance. In addition, some rates of lifetime use of illicit drugs other than marijuana based on the Alternate Definition differed between the QFT and comparison data (Currivan et al., 2013).

- Unlike the pattern that was observed for the QFT, the prevalence of lifetime use of illicit drugs other than marijuana among persons aged 12 or older based on the Alternate Definition was greater in the QFT-DR data than in the 2013 comparison data (25.1 vs. 22.4 percent) but was not significantly different from the prevalence of 22.7 percent based on the 2012 comparison data (**Table 6.22**).
- Consistent with the findings in the QFT, the prevalence of lifetime use of illicit drugs other than marijuana among adults aged 26 or older did not differ significantly between the QFT-DR data and the comparison data (**Table 6.25**).
- Among adolescents aged 12 to 17, the pattern of a higher rate of lifetime use of illicit drugs other than marijuana in the QFT than in the comparison data based on the Alternate Definition (i.e., including hallucinogens and inhalants) also was observed for the QFT-DR data relative to the 2013 and 2014 comparison data (**Table 6.23**). As also was observed for the QFT, the QFT-DR estimate of lifetime use of cocaine or heroin among adolescents was *lower* than the corresponding estimates in the comparison data.
- Consistent with the findings in the QFT, the lifetime estimate for the Alternate Definition of any illicit drugs other than marijuana among adults aged 18 to 25 in the QFT-DR data was higher than that in the 2013 comparison data but was not significantly different from the estimate in the 2012 comparison data (**Table 6.24**). Lifetime estimates of use of cocaine or heroin among 18 to 25 year olds also did not differ between the QFT-DR data and comparison data.
- The lack of differences that were observed between the QFT and comparison data for past year use of illicit drugs other than marijuana based on the Alternate Definition and for cocaine or heroin also were observed between the QFT-DR and comparison data for persons aged 12 or older (**Table 6.26**), adults aged 18 to 25 (**Table 6.28**), and adults aged 26 or older (**Table 6.29**).
- Among adolescents aged 12 to 17, the QFT-DR estimates of past year use based on the Alternate Definition did not differ from those in the comparison data (**Table 6.27**). In the QFT, the QFT estimate was greater than the estimate for the 2012 comparison data, but it did not differ from the estimate for the 2011 comparison data (Currivan et al., 2013).
- Consistent with the findings in the QFT, estimates of past year use of cocaine or heroin among adolescents aged 12 to 17 in the QFT-DR data were lower than those from the 2012 and 2013 comparison data.
- Unlike the findings in the QFT, the estimate of past month use of illicit drugs other than marijuana based on the Alternate Definition and the estimate of past month use of cocaine or heroin were lower in the QFT-DR data than in the comparison data for persons aged 12 or older (**Table 6.30**) and adults aged 26 or older (**Table 6.33**).

Taken together, these findings suggest that changes to the modules for hallucinogens and inhalants could affect trend data for the use of illicit drugs and illicit drugs other than marijuana in 2015, especially for adolescents. Although the cocaine and heroin modules did not change for the QFT and DR, some significant differences for aggregate estimates of use of cocaine or heroin continued to be observed between the combined QFT-DR data and comparison data. As noted

previously, further examination of estimates for cocaine and heroin use in the 6-month data for 2015 will be useful for forecasting the final trends in 2015.

6.3.1.7 Cigarettes

Questions on cigarette use did not change for the QFT and DR relative to the main survey, both in terms of content or placement as the very first set of substance use questions. Therefore, the expectation for the QFT analysis was that the QFT estimates would be very similar to the estimates for the comparison data 2011 comparison data and 2012 quarters 3 and 4 comparison data. Consistent with expectations, the QFT estimates for cigarette use were similar to the estimates in the comparison data for lifetime, past year, and past month cigarette use estimates and across all age groups (Currivan et al., 2013).

Lack of significant difference in the prevalence of cigarette use between the QFT-DR and comparison data for 2012 and 2013 continued to be observed for most estimates in **Tables 6.22** to **6.33**. However, the prevalence of lifetime use of cigarettes for young adults aged 18 to 25 in the QFT-DR data was greater than that in the 2013 comparison data (63.7 vs. 57.6 percent) (**Table 6.24**). The QFT-DR estimate for lifetime use of cigarettes among 18 to 25 year olds was not significantly different from the estimate of 60.2 percent in the 2012 comparison data.

Based on these findings, it seems likely that the trend for estimates of cigarette use will not be disrupted in 2015. The anomalous finding of a difference in lifetime prevalence among 18 to 25 year olds between the QFT-DR and 2013 comparison data (but not between the QFT-DR and 2012 comparison data) could be investigated further with the 6-month data from 2015.

6.3.1.8 Smokeless Tobacco

The smokeless tobacco questions underwent some changes for the QFT and DR. In the main survey, respondents are asked separate sets of questions about their use of snuff and about their use of chewing tobacco. In the QFT and DR, respondents were asked a single set of questions about use of any smokeless tobacco product. Smokeless tobacco for the QFT and DR also was defined somewhat differently than in the main survey and included the use of snuff, dip, chewing tobacco, or "snus."²⁷ The QFT analysis included investigation of whether these changes could affect estimates of smokeless tobacco use.

In the QFT, lifetime estimates of smokeless tobacco use did not differ between the QFT and comparison data for persons aged 12 or older or within any of the three age groups. However, estimates of past year and past month use were greater in the QFT than in the comparison data for persons aged 12 or older and adults aged 26 or older. For adolescents aged 12 to 17 and young adults aged 18 to 25, the estimates of past year and past month smokeless tobacco use did not differ between the QFT and comparison data (Currivan et al., 2013).

- Unlike the QFT findings, estimates of lifetime smokeless tobacco use were lower in the QFT-DR data than in the 2012 comparison data for persons aged 12 or older (**Table 6.22**) and adults aged 26 or older (**Table 6.25**). The estimate of lifetime use

²⁷ "Snus" is a type of Swedish snuff. The question in the QFT is as follows: "The next questions are about your use of 'smokeless' tobacco such as snuff, dip, chewing tobacco, or 'snus.'"

among adults aged 26 or older also was lower in the QFT-DR data than in the 2013 comparison data.

- As in the QFT, estimates of past year and past month smokeless tobacco use in the QFT-DR were not significantly different from those in the 2012 or 2013 comparison data (*Tables 6.26 to 6.29* for past year; *Tables 6.30 to 6.33* for past month).

As was observed in the QFT, the higher estimates for lifetime use among adults aged 26 or older in the comparison data versus the combined QFT-DR data appear to be driving the higher lifetime estimates for persons aged 12 or older in the comparison data. The lack of significant differences for past year and past month estimates suggests that the higher rate of lifetime use among adults aged 26 or older could be a function of the two opportunities in the main survey to report lifetime use of smokeless tobacco (i.e., either snuff or chewing tobacco). In contrast, it may be less of a challenge for some respondents to determine that they used some type of "smokeless tobacco" in the past year or past month than to determine whether the product specifically was "snuff" or "chewing tobacco." This explanation is consistent with main survey data for the brand of snuff or chewing tobacco that respondents reported using most often in the past 30 days. Specifically, respondents could specify a brand of snuff as some "other" brand of "chewing tobacco" they used most often, or vice versa (Kroutil et al., 2012a). Although respondent difficulties in distinguishing between snuff and chewing tobacco in the main survey can be identified only for the past 30 days, they also are likely to be occurring for reports of these types of smokeless tobacco use that occurred less recently than the past 30 days but within 12 months of the interview.

These findings also suggest that trends could be disrupted for lifetime use of smokeless tobacco for all persons aged 12 or older and among adults aged 26 or older in 2015. Estimates of lifetime, past year, and past month use of smokeless tobacco among persons aged 12 or older and by age group can be monitored in the 6-month data for 2015 to anticipate whether these changes to the smokeless tobacco questions might affect trends in the final data for 2015.

6.3.1.9 Any Alcohol Use

Because the primary questions for lifetime, past year, and past month alcohol use were not changed for the QFT instrument, QFT estimates for these items were expected to be similar to those in the corresponding comparison data. Consistent with expectations, most QFT estimates for alcohol use were similar to the 2011 comparison estimates and 2012 quarters 3 and 4 comparison estimates (Currivan et al., 2013).

Tables 6.22 through 6.25 provide estimates for lifetime alcohol use for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older, respectively. Likewise, *Tables 6.26 through 6.29* provide estimates for past year alcohol use, and *Tables 6.30 through 6.33* provide estimates for any past month alcohol use. In addition, *Tables 6.36 to 6.38* provide estimates of lifetime, past year, and past month alcohol use by gender.

- Similar to the QFT, estimates of lifetime and past year use of alcohol were similar between the QFT-DR and comparison data for persons aged 12 or older and all age

groups. Estimates of past month use also were similar between the QFT-DR data and comparison data for adolescents aged 12 to 17 and adults aged 18 to 25.

- Unlike the QFT findings, the estimate of past month use of alcohol among persons aged 12 or older was lower in the QFT-DR data (50.7 percent) than in the 2012 or 2013 comparison data (54.1 and 53.9 percent, respectively) (**Table 6.30**). Similarly, the estimate of past month use of alcohol among adults aged 26 or older was lower in the QFT-DR data (53.5 percent) than in the 2012 or 2013 comparison data (57.5 and 57.6 percent, respectively) (**Table 6.33**).
- Among adults aged 26 or older, some estimates of past year and past month alcohol use among males or females also were lower in the QFT-DR than in the comparison data (**Tables 6.37** and **6.38**, respectively). For males aged 26 or older, the estimates of past year and past month alcohol use were lower in the QFT-DR than in the 2013 comparison data but were not significantly different from the rates in the 2012 comparison data. For females in this age group, the rate of past month alcohol use was lower in the QFT-DR than in the 2012 comparison data (48.7 vs. 52.9 percent) but was not significantly different from the rate of 51.6 percent for the 2013 comparison data.

Thus, additional analysis of combined QFT and DR data continued to show a lack of significant differences in most rates of any alcohol use between the QFT-DR and comparison data, which suggests that trends in any alcohol use generally will be maintained in 2015. Furthermore, the lack of significant differences in estimates of past month alcohol use among adolescents aged 12 to 17 between QFT-DR and comparison data suggests that the significant difference that was observed between the QFT and 2011 comparison data (Currivan et al., 2013) may have been an anomaly. However, examination of estimates of past month alcohol use among adults aged 26 or older in the 6-month data for 2015 could be important for forecasting trends in this age group and this age group's contribution to trends for the population aged 12 or older in 2015.

6.3.1.10 Past Month Binge Alcohol Use

One notable change in the QFT and DR instrument involved the definition of binge alcohol use. In the main survey, binge alcohol use is defined as drinking five or more drinks on one occasion for both male and female respondents. In the QFT and DR, the definition of binge alcohol use was changed to drinking four or more drinks on one occasion for female respondents. This change was investigated for the QFT because it had the potential to increase reports of binge alcohol use by lowering the threshold for the minimum number of drinks for females.

In the QFT, there were no significant differences in estimates of binge alcohol use in the past month regardless of gender for persons aged 12 or older or in any of the three age groups. However, differences approached statistical significance for adults aged 26 or older (Currivan et al., 2013).

Table 6.39 contains two sets of estimates of binge alcohol use by age group and gender. The first set of estimates is based only on core data. As noted previously, binge alcohol use in the comparison data was defined for males and females as drinking five or more drinks on the same

occasion on at least 1 day in the past 30 days based on their reports in the core alcohol module. For the QFT and DR, binge alcohol use was defined for males in the same manner as in the comparison data. For females, binge alcohol use in the QFT and DR was defined as drinking four or more drinks on the same occasion based on their reports in the core alcohol module.

Table 6.39 also contains core-plus-noncore (CPN) estimates for the 2012 and 2013 comparison data. In addition to reports of consumption of five or more drinks on a single occasion on at least 1 day in the past 30 days, these CPN measures took into account females' reports of usual consumption of four or more drinks on the days that they drank alcohol in the past 30 days (from the core alcohol module) or their consumption of four or more drinks on the same occasion on at least 1 day in the past 30 days (from the noncore consumption of alcohol module). These CPN measures were created to further gauge the potential effects on estimates of binge alcohol use because of the change to the threshold for females. For males in the comparison data, the CPN measure was the same as the measure based only on core data. Estimates for the QFT-DR data based on core alcohol use data (i.e., including the "four or more" criterion for females) are repeated for comparison with the CPN estimates.

- Consistent with the findings from the QFT, most rates of binge alcohol use in the past month based on core data were similar between the QFT-DR and comparison data. In particular, rates among persons aged 12 or older were similar for all persons and for males and females.
- Among 12 to 17 year olds, the QFT-DR estimate for males was *lower* than the core-only estimate in the 2012 comparison data (4.4 vs. 6.8 percent) but was not significantly different from the estimate in the 2013 comparison data (6.3 percent). The QFT-DR estimates for all adolescents aged 12 to 17 and males in this age group also were lower than the CPN estimates in the 2012 comparison data. For adolescent females, however, neither the core-only nor the CPN estimates in the comparison data were significantly different from the QFT-DR estimates.
- For females aged 26 or older, the QFT-DR estimate was *greater* than the core-only estimate in the 2012 comparison data (17.0 vs. 13.8 percent) but was not significantly different from the estimate in the 2013 comparison data (14.7 percent). The CPN estimates for the 2012 and 2013 comparison data that included the lower threshold of four or more drinks were not significantly different from the QFT-DR estimate.

Consistent with the findings from the QFT, these findings suggest that lowering the threshold for binge alcohol use among females to consumption of four or more drinks on an occasion may not affect the trends in binge alcohol use among all persons aged 12 or older or among all persons within most age groups (i.e., regardless of gender). Females aged 26 or older may provide an exception to this general conclusion. The higher estimate of binge alcohol use in the QFT-DR data relative to the core-only estimate for the 2012 comparison data suggests that the lower threshold for binge alcohol use among females may be more important for estimating binge alcohol use among females in this age group than it is for females in other age groups. These findings also suggest that the planned change in the definition of binge alcohol use among females in 2015 may affect trends for females aged 26 or older.

6.3.2 Methamphetamine and Prescription Drug Items

As noted in *Chapters 2* and *3*, the following changes to the questions for methamphetamine and prescription drugs were made for the QFT and the DR:

- A new methamphetamine module was added instead of questions about methamphetamine use being included as part of the stimulants module.
- The definition, approach, and terminology for measuring misuse of prescription drugs were revised.
- Modules were added that asked respondents about any use of pain relievers, tranquilizers, stimulants, and sedatives, as opposed to just misuse.
- The focus of the prescription drug modules was on a 12-month reference period rather than the lifetime reference period used in the current questionnaire.
- Electronic images of prescription drugs replaced the current hard-copy pill card versions, and the images included more than just pills.
- Questions about discontinued prescription drugs were deleted, and questions were added for other prescription drugs not previously included in the questionnaire.
- Questions about prescription drugs that were included in supplemental sections of the current questionnaire were moved to the appropriate prescription drug module.

These changes are planned for implementation in the redesigned NSDUH questionnaire in 2015 and are likely to affect estimates of methamphetamine use and misuse of prescription drugs starting in 2015.

This section presents findings on methamphetamine use and prescription drug misuse from the comparison data for 2012 and quarters 3 and 4 of 2013 and from the combined QFT and DR data for non-Hispanic English-language respondents. *Tables 6.42* to *6.44* present estimates for these measures for the lifetime, past year, and past month periods.

6.3.2.1 Estimates for Methamphetamine Items

A consequence of the placement of questions about methamphetamine use within the current NSDUH module for misuse of prescription stimulants is that misuse of any stimulant always will be as recent as or more recent than the last use of methamphetamine in the edited and imputed data. Furthermore, a consistency check is triggered in the core stimulants module in the main survey if respondents report more recent use of methamphetamine than they reported for most recent use of any prescription stimulant. Some respondents in these consistency checks may change their answer for methamphetamine to indicate less recent use than they had originally reported. Because the methamphetamine questions in the QFT and DR were in a module separate from the questions about misuse of prescription stimulants, respondents could report lifetime use or more recent use of methamphetamine without needing to report lifetime misuse of stimulants or misuse of stimulants as recently or more recently than when they last used methamphetamine.

Also, respondents who receive the current NSDUH questionnaire may fail to report methamphetamine use when questions about this drug are asked in the context of questions about

misuse of prescription stimulants. Therefore, the methamphetamine use measures for the comparison data (i.e., 2012 and quarters 3 and 4 of 2013) were based on reports of methamphetamine use in the core stimulants module plus reports of use from the supplemental (or noncore) special drugs module (i.e., core plus noncore, or CPN). However, additional respondents who reported lifetime use of methamphetamine in the special drugs module were included in the CPN measures only if their reason for not previously reporting methamphetamine use was that they did not think of methamphetamine as a prescription drug; respondents who reported use in the special drugs module were not counted as users if they reported that they did not previously report methamphetamine use because they "made a mistake" when answering the methamphetamine questions in the stimulants module or for reasons other than not thinking of this as a prescription drug (Kroutil, Handley, Bradshaw, Chien, & Felts, 2012b). Consequently, these CPN measures of methamphetamine use in the comparison data still might underestimate the prevalence of use.

For the QFT and DR, the methamphetamine use measures were based only on data from the new methamphetamine module in the core section of the QFT questionnaire. Although QFT and DR respondents did not have the same multiple opportunities to report methamphetamine use as in the comparison data, there also was no question (and no need) to check for the reason that some respondents did not previously report methamphetamine use.

Findings from the QFT analysis indicated that the estimate of lifetime methamphetamine use among persons aged 12 or older was greater in the QFT than in the 2012 comparison data. The estimate in the 2011 comparison data was not significantly different from the QFT estimate but approached statistical significance. Estimates of lifetime use within the age groups were not significantly different between the QFT and comparison data, although some differences approached statistical significance. Estimates of methamphetamine use in the past year among persons aged 12 or older and in each of the three age groups also did not differ significantly between the QFT and comparison data, although estimates within some age groups approached significance (Currivan et al., 2013).

- Consistent with the findings for the QFT, the estimate of lifetime use of methamphetamine among persons aged 12 or older in the QFT-DR data (7.4 percent) was greater than the respective estimates of 4.9 and 4.8 percent in the 2012 and 2013 comparison data (**Table 6.42**).
- Estimates of past year use of methamphetamine among persons aged 12 or older were not significantly different between the QFT-DR data and the comparison data (**Table 6.43**). This finding was consistent with the QFT findings. The estimates of past year use were 0.7 percent in the QFT-DR data, 0.4 percent in the 2012 comparison data, and 0.5 percent in the 2013 comparison data.
- Estimates of methamphetamine use in the past month among persons aged 12 or older were not significantly different between the QFT-DR data and the comparison data (**Table 6.44**). Again, this finding was consistent with the QFT findings. The estimates of past month use were 0.4 percent in the QFT-DR data, 0.1 percent in the 2012 comparison data, and 0.2 percent in the 2013 comparison data.

6.3.2.2 Measurement Issues for Prescription Drug Misuse

The shift in focus of questions about the misuse of specific prescription drugs from the lifetime reference period in the current questionnaire to a 12-month reference period and the deletion of questions about discontinued prescription drugs in the QFT and DR could decrease the estimates of lifetime misuse in these surveys relative to the comparison data. Comparison data respondents had multiple opportunities to report lifetime misuse of prescription drugs, including misuse of drugs that currently are no longer available by prescription in the United States. In contrast, QFT and DR respondents who did not report past year use or misuse of any prescription drugs in a given category were asked only a single question about misuse of *any* prescription drugs in that category in their lifetime. For pain relievers, for example, this question was worded as follows: "Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it?" However, respondents in the QFT and DR were not given any additional cues or aids to remind them of the types of drugs that qualify as "prescription pain relievers." Therefore, respondents in the QFT and DR would need to depend largely on their ability to remember the examples of specific pain relievers that they saw in the screener section. In light of regular changes in the prescription drug market in the United States, QFT and DR respondents also would need to consider not only lifetime misuse of prescription drugs that currently are available, but also any past misuse of prescription drugs that previously were but no longer are available. Because of the structure and content of the questions in the QFT and DR, therefore, respondents who last misused prescription drugs more than 12 months ago might underreport their misuse.

Conversely, the expansion of the number of questions in the QFT and DR about past year misuse of specific prescription drugs could be expected to increase the estimates of past year misuse relative to estimates in the main survey. For example, respondents in the QFT and DR would be classified as having misused prescription pain relievers in the past 12 months if they reported misuse in that period of any of 40 possible pain relievers, including "any other" pain reliever. In the main survey, respondents are defined as having misused pain relievers in the past year principally through their response to the question, "How long has it been since you last used any prescription pain reliever that was not prescribed for you or that you took only for the experience or feeling it caused?" Only those respondents in the main survey who reported lifetime misuse of the pain reliever OxyContin[®] have an additional opportunity to report past year misuse through a corresponding question about the last time they used OxyContin[®] that was not prescribed for them or that they took only for the experience or feeling the drug caused.

As noted previously, the definition of misuse also was changed for the QFT. The definition of misuse in the main survey combines a *behavior* (use of a prescription drug that was not prescribed for the respondent) and a *motivation* for misuse (use of a prescription drug only for the experience or feeling that it caused). In the QFT and DR, the definition of misuse "in any way a doctor did not direct you to use it" focuses on behaviors. The following examples were given to QFT and DR respondents for behaviors that constitute misuse:

- (use) without a prescription of your own;
- (use) in greater amounts, more often, or longer than you were told to take it; or
- (use) in any other way a doctor did not direct you to use it.

Especially for misuse of prescription pain relievers, alerting respondents in the QFT and DR that overuse of prescribed medication (e.g., use in greater amounts or more often than prescribed) constitutes misuse also could increase reporting of misuse.

6.3.2.3 Misuse of Any Prescription Psychotherapeutic Drug

Consistent with the hypotheses noted previously, findings from the QFT analysis generally indicated that estimates of lifetime misuse of any prescription psychotherapeutic drug (i.e., pain relievers, tranquilizers, stimulants, or sedatives) were lower in the QFT data than in the comparison data. In contrast, estimates of past year misuse were greater in the QFT data than in the comparison data. Estimates of misuse in the past month in the QFT data also were in the direction of being greater than those in the comparison data; some of these differences approached but did not attain statistical significance because of the smaller QFT sample size (Currivan et al., 2013).

- In accordance with the QFT findings, the estimate of lifetime misuse of any prescription psychotherapeutic drug among persons aged 12 or older was *lower* in the QFT-DR data (14.8 percent) than in the comparison data for 2012 (21.3 percent) or 2013 (20.6 percent) (**Table 6.42**).
- The estimate of past year misuse of prescription psychotherapeutic drugs among persons aged 12 or older (8.0 percent) was *greater* than the corresponding estimates in the comparison data for 2012 and 2013 (6.3 and 5.7 percent, respectively) (**Table 6.43**). This finding also was consistent with the QFT findings.
- Estimates of misuse of any psychotherapeutic drugs in the past month among persons aged 12 or older were not significantly different between the QFT-DR data and the comparison data (**Table 6.44**). Again, this finding was consistent with the QFT findings. The estimates of past month misuse were 2.6 percent in the QFT-DR and 2012 comparison data and 2.3 percent in the 2013 comparison data.

6.3.2.4 Pain Relievers

In the QFT analysis, estimates for misuse of prescription pain relievers followed the same general pattern as misuse of any prescription drug, with some lower estimates of lifetime misuse in the QFT than in some comparison datasets and generally higher estimates of past year misuse in the QFT than in the comparison data (Currivan et al., 2013). Highlights are presented in the remainder of this section for analyses using combined QFT-DR data and comparisons with data from 2012 and quarters 3 and 4 of 2013.

- As for any prescription psychotherapeutic drug, the estimate of lifetime misuse of pain relievers for persons aged 12 or older in the QFT-DR data (12.0 percent) was lower than the estimates of 14.4 percent in the 2012 comparison data and 13.8 percent in the 2013 comparison data (**Table 6.42**).
- The estimate of past year misuse of pain relievers among persons aged 12 or older was greater for the QFT-DR data than for the 2013 comparison data (5.7 vs. 4.1 percent) (**Table 6.43**). The past year estimate for the QFT-DR data was not significantly different from the estimate for the 2012 comparison data (4.7 percent).

- Estimates of past year misuse of OxyContin[®] were available for the QFT-DR data and the comparison data (**Table 6.43**). These estimates were similar in these datasets (0.9 percent in the QFT-DR data and 0.6 percent in both the 2012 and 2013 comparison data).
- Estimates of misuse of pain relievers in the past month among persons aged 12 or older were 1.7 percent in the QFT-DR and 2013 comparison data and 1.9 percent in the 2012 comparison data (**Table 6.44**).

6.3.2.5 Tranquilizers

- Consistent with the QFT findings and findings for any psychotherapeutic drug and pain relievers, the estimate of lifetime misuse of tranquilizers among persons aged 12 or older was lower in the QFT-DR data (5.6 percent) than in the comparison data for 2012 (9.4 percent) or 2013 (9.3 percent) (**Table 6.42**).
- The estimate of past year misuse of tranquilizers among persons aged 12 or older (2.7 percent) was similar to the corresponding estimates in the comparison data for 2012 and 2013 (2.3 and 2.0 percent, respectively) (**Table 6.43**). This finding was consistent with the QFT findings, but it differed from the findings for any psychotherapeutic drug and pain relievers.
- Estimates of the misuse of tranquilizers in the past month among persons aged 12 or older were similar in the QFT-DR data and the comparison data (**Table 6.44**). Again, this finding was consistent with the QFT findings. The estimates of past month misuse were 0.8 percent in the QFT-DR and 2012 comparison data and 0.6 percent in the 2013 comparison data.

6.3.2.6 Sedatives

Unlike the general pattern that was observed in the QFT analysis for other prescription drugs, the estimates of lifetime misuse of sedatives generally were similar between the QFT and the two comparison datasets. Consistent with the findings for other prescription drugs, however, the estimates of past year sedative misuse in the QFT generally were greater than corresponding estimates in the comparison data (Currivan et al., 2013).

- As was observed for the QFT, the estimate of lifetime misuse of sedatives among persons aged 12 or older in the QFT-DR data (3.4 percent) was similar to the estimates in the 2012 and 2013 comparison data (3.3 and 3.0 percent, respectively) (**Table 6.42**).
- The estimate of past year sedative misuse in the QFT-DR data for persons aged 12 or older (0.8 percent) was greater than corresponding estimates in the 2012 and 2013 comparison data (0.2 and 0.1 percent, respectively) (**Table 6.43**). This finding was consistent with findings from the QFT and also was consistent with findings from the QFT-DR data for pain relievers and tranquilizers.

- Estimates of past month sedative misuse among persons aged 12 or older were similar in the QFT-DR and comparison data (**Table 6.44**). Estimates ranged from less than 0.05 percent in the 2013 comparison data to 0.2 percent in the QFT-DR data.

However, the estimates for sedative misuse in the comparison data that were described previously were based only on reports of misuse from the core module. These estimates did not include data on the misuse of the sedative Ambien[®] that were in the supplemental (i.e., noncore) special drugs module. In an analysis of data from the 2006 NSDUH, when questions about Ambien[®] were added to the special drugs module, inclusion of these data on Ambien[®] misuse had a major impact on estimates of sedative misuse compared with estimates based on core sedative data alone (Kroutil et al., 2007). Ambien[®] is one of the specific prescription drugs included in the core sedatives module for the QFT and DR. Therefore, CPN measures of sedative misuse that included data on Ambien[®] misuse also were created for the 2012 and 2013 comparison data. These data are included in **Tables 6.48 to 6.50**.

Similar analyses had been conducted previously for the QFT to compare estimates of sedative misuse from the QFT data with CPN estimates from the corresponding comparison datasets. Inclusion of data for Ambien[®] raised the CPN estimates of lifetime misuse of sedatives in the comparison data to the point that most estimates were greater than the QFT estimates. Ambien[®] data in the CPN estimates of past year misuse also appeared to erase or reverse the direction of the differences in prevalence between the QFT and comparison data that were observed for comparison data estimates based only on core sedatives module data. However, inclusion of Ambien[®] data in the CPN estimates had little apparent effect on estimates of past month sedative misuse or differences between the QFT and comparison data for past month misuse (Currivan et al., 2013).

- Consistent with the QFT analysis, CPN estimates of lifetime misuse of sedatives for the 2012 and 2013 comparison data were greater than the QFT-DR estimates for persons aged 12 or older and for all age groups (**Table 6.48**).
- For past year misuse of sedatives, the CPN estimates that included Ambien[®] for the 2012 and 2013 comparison data were similar to the QFT-DR estimates for persons aged 12 or older and for all age groups (**Table 6.49**). Again, this finding was consistent with the findings from the QFT analysis.
- For past month misuse of sedatives, estimates for the QFT-DR and comparison data were similar for both core-only and CPN estimates in the comparison data (**Table 6.50**). Among adults aged 18 to 25, however, the QFT-DR estimate was lower than the CPN estimate for the 2012 comparison data (0.1 vs. 0.4 percent).

These findings further underscore the conclusion that was reached from the QFT analysis about the likely importance of including questions about Ambien[®] for estimating sedative misuse.

6.3.2.7 Stimulants

Because the estimates of methamphetamine use in the 2012 and 2013 comparison data were based on CPN measures of methamphetamine use (see **Section 6.3.2.1**), the corresponding estimates of any stimulant misuse in the comparison data included these CPN methamphetamine

use data. These CPN measures are referred to as the "Standard Definition" of stimulant misuse in *Tables 6.42 to 6.44*. To produce estimates of stimulant misuse for the combined QFT and DR data that were as analogous as possible to these estimates in the comparison data, the "standard definition" estimates of stimulant misuse were based on data from the core methamphetamine and prescription stimulants modules. A "QFT definition" of stimulant misuse also was created for the QFT-DR based on data in the core stimulants module but not including data on methamphetamine use. Because it is not possible to disentangle methamphetamine use from misuse of other stimulants in the comparison data, however, this QFT definition measure was not created for the comparison data.

In the QFT analysis, estimates of lifetime stimulant misuse based on the standard definition including methamphetamine were similar between the QFT and comparison data. Some estimates of past year and past month use based on the standard definition were greater in the QFT than in the comparison data (Currivan et al., 2013).

- Consistent with the QFT findings, estimates of lifetime misuse of stimulants among persons aged 12 or older based on the standard definition that included methamphetamine were similar between the QFT-DR data and the comparison data (*Table 6.42*). Estimates of lifetime misuse of stimulants for persons aged 12 or older based on the standard definition were 10.2 percent for the QFT-DR and 8.7 percent in both the 2012 and 2013 comparison data.
- The estimate of past year misuse of stimulants for persons aged 12 or older based on the standard definition was greater in the QFT-DR data (2.5 percent) than in the 2012 or 2013 comparison data (1.3 and 1.5 percent, respectively) (*Table 6.43*).
- Estimates of past month misuse of stimulants among persons aged 12 or older based on the standard definition were 0.7 percent for the QFT-DR data, 0.5 percent for the 2012 comparison data, and 0.5 percent for the 2013 comparison data (*Table 6.44*). The estimate for the QFT-DR data was not significantly different from the estimates in the comparison data.

For the QFT-DR data, statistical tests were not conducted between estimates of stimulant misuse based on the standard definition that included methamphetamine and the QFT definition that did not include methamphetamine. Nevertheless, these data provide some indication of the potential effect if methamphetamine use is no longer included in estimates of stimulant misuse in 2015 and beyond.

- Estimates of lifetime stimulant misuse in the QFT-DR data for persons aged 12 or older were 10.2 percent for the standard definition that included methamphetamine and 4.3 percent for the definition that did not include methamphetamine (*Table 6.42*).
- Among persons aged 12 or older, the standard definition estimate of past year stimulant misuse for the QFT-DR data was 2.5 percent, and the estimate without methamphetamine was 1.9 percent (*Table 6.43*).
- The standard definition estimate in the QFT-DR data for past month stimulant misuse among persons aged 12 or older was 0.7 percent, and estimate based on the definition that did not include methamphetamine was 0.4 percent (*Table 6.44*).

As was the case for sedatives, the standard definition estimates for stimulant misuse in the comparison data that were described previously did not include data on the misuse of the stimulant Adderall[®] from the special drugs module. The impact of the Adderall[®] data on estimates of nonmedical stimulant use in the 2006 NSDUH was particularly notable for adolescents aged 12 to 17 and young adults aged 18 to 25 (Kroutil et al., 2007). Adderall[®] is one of the specific prescription drugs that was included in the core stimulants module for the QFT and DR. Therefore, measures of stimulant misuse based on the standard definition plus noncore data on Adderall[®] misuse were created for the 2012 and 2013 comparison data. These data are included in *Tables 6.45 to 6.47*.

Similar analyses had been conducted previously for the QFT to compare estimates of stimulant misuse from the QFT data with CPN estimates from the corresponding comparison datasets. Inclusion of data for Adderall[®] had relatively little effect on whether differences in lifetime stimulant misuse between the QFT and comparison data were statistically significant. For persons aged 12 or older and young adults aged 18 to 25, however, inclusion of data for Adderall[®] appeared to erase the differences in the prevalence of past year misuse that were observed between the QFT and comparison data for the standard definition estimates. Among persons aged 12 or older, the comparison data estimates for 2011 and 2012 that included noncore Adderall[®] data also were similar to the standard definition estimate in the QFT (Currivan et al., 2013).

- Consistent with the QFT analysis, CPN estimates of lifetime misuse of stimulants were not significantly different for the 2012 and 2013 comparison data were not significantly different from the QFT-DR estimate based on the standard definition for persons aged 12 or older, young adults aged 18 to 25, and adults aged 26 or older (*Table 6.45*). Among adolescents aged 12 to 17, the CPN estimates of lifetime stimulant misuse for the comparison data that included Adderall[®] were greater than the standard definition estimate from the QFT-DR data.
- For past year misuse of stimulants, the CPN estimates that included Adderall[®] for the 2012 and 2013 comparison data were similar to the QFT-DR estimates for persons aged 12 or older, adolescents aged 12 to 17, and adults aged 26 or older (*Table 6.46*). Among young adults aged 18 to 25, however, the CPN estimates continued to be lower than the QFT-DR estimate based on the standard definition.
- For past month misuse of stimulants, estimates for the QFT-DR and comparison data were similar for both core-only and CPN estimates in the comparison data (*Table 6.47*).

In the QFT analysis, including noncore Adderall[®] data in the CPN estimates of past year misuse erased the difference between estimates of past year misuse of stimulants in the QFT and comparison data for young adults aged 18 to 25. In the combined QFT and DR data, however, the estimate for young adults based on the standard definition (i.e., including methamphetamine) continued to be greater than the CPN estimates in the comparison data. For persons aged 12 or older and for those in other age groups, the CPN estimates for the comparison data that included Adderall[®] were similar to the standard definition estimates for the QFT-DR data. Although including noncore Adderall[®] data did not affect differences in estimates between the QFT-DR and comparison data in this analysis, the findings for all persons aged 12 or older and those for

other age groups continue to underscore the likely importance of including questions about Adderall[®] for estimating misuse of prescription stimulants.

6.3.2.8 Effects of Methamphetamine and Prescription Drugs on Illicit Drug Use Estimates

As noted in *Section 6.3.1.4*, the measures of use of any illicit drug and illicit drugs other than marijuana in current published NSDUH estimates include use of methamphetamine and misuse of prescription drugs. The changes to the methamphetamine and prescription drug questions that were previously summarized in *Section 6.3.2* for the QFT-DR data (and, by extension, for the redesigned questionnaire in 2015) also could affect estimates for these other summary measures of illicit drug use.

In addition to the alternate definitions that were described previously in *Section 6.3.1.4*, a third alternate definition for any illicit drug use was developed that included methamphetamine but did not include prescription drugs (subsequently referred to as Alternate Definition 3). In addition, measures of use of illicit drugs and illicit drugs other than marijuana were created based on the standard NSDUH definitions that included both methamphetamine and prescription drugs. Estimates based on Alternate Definition 3 for illicit drug use and the standard definitions are presented in this section and in *Tables 6.42* to *6.45*.

In the QFT analysis, estimates of lifetime use were not significantly different between the QFT and the comparison data for persons aged 12 or older, adults aged 18 to 25, and adults aged 26 or older for the illicit drug Alternate Definition 3 or for the standard definitions of use of illicit drugs or illicit drugs other than marijuana. As for the lifetime period, estimates of past year use of illicit drugs based on the standard definition or Alternate Definition 3 were not significantly different between the QFT and comparison data for persons aged 12 or older. For adolescents aged 12 to 17, however, the standard definition estimate and the estimate for Alternate Definition 3 differed between the QFT and 2012 comparison data. The estimates of use of illicit drugs other than marijuana in the past year based on the standard definition were greater in the QFT than in the 2011 or 2012 comparison data for persons aged 12 or older and young adults aged 18 to 25. Most estimates of past month use of illicit drugs or illicit drugs other than marijuana did not differ significantly between the QFT and comparison data, regardless of the definitions (Currivan et al., 2013).

- Consistent with the QFT findings, estimates of lifetime use of illicit drugs and illicit drugs other than marijuana that included methamphetamine and prescription drugs were similar between the QFT-DR and comparison data for persons aged 12 or older (*Table 6.42*).
- Estimates of past year use of illicit drugs among persons aged 12 or older were similar between the QFT-DR and comparison data (*Table 6.43*). Consistent with the QFT findings, however, the standard definition estimate of use of illicit drugs other than marijuana for persons aged 12 or older was greater in the QFT-DR data (9.8 percent) than in the 2012 or 2013 comparison data (8.1 and 7.4 percent, respectively).

- As was observed for the QFT, estimates of past month use of illicit drugs and illicit drugs other than marijuana that included methamphetamine and prescription drugs were similar between the QFT-DR and comparison data for persons aged 12 or older (*Table 6.44*).

6.3.2.9 Methamphetamine, Prescription Drug, and Illicit Drug Estimation Issues to Consider for the 2015 Redesign

For *methamphetamine*, the past year and past month estimates among persons aged 12 or older did not differ significantly between the QFT-DR and comparison data, but the estimate of lifetime use for persons aged 12 or older was greater in the QFT-DR data than in the comparison data. If the prevalence of lifetime methamphetamine use in 2015 is higher than in recent years for persons aged 12 or older or within different age groups because of changes to the questionnaire in 2015, SAMHSA will need to decide how to handle the reporting of trends in lifetime use, as noted previously in Section 6.3.1. One option would be not to report trend data for lifetime methamphetamine use between 2015 and earlier years or to discontinue the reporting of lifetime trend data for methamphetamine altogether from 2015 onward. Alternatively, SAMHSA could start a new baseline for lifetime methamphetamine use beginning in 2015. Other, more sophisticated options could involve statistical procedures to adjust the trend data for 2002 to 2014. Although data on trends in lifetime prevalence may be of interest for examining historical changes in the popularity of different drugs, data on trends in the prevalence of methamphetamine use in the past year and past month are likely to be of more importance to policymakers, the public health sector, the criminal justice sector, and others because of the demands that methamphetamine users may place on the criminal justice system, the health care delivery system (including substance abuse treatment), and systems for providing social services (including services to dependents of adult substance users).

For *prescription drugs*, the general findings of lower estimates of *lifetime* misuse of prescription drugs but higher *past year* estimates in both the QFT and combined QFT-DR data relative to corresponding comparison datasets are expected, given the changes to the prescription drug questions for the QFT. The structure of the current questionnaire provides respondents with multiple opportunities to report lifetime misuse of specific prescription drugs but less opportunity to report past year misuse. This situation was reversed for the questionnaire that was used in the QFT and DR, with respondents having more opportunity to report past year misuse of specific prescription drugs and limited opportunity to report misuse of any prescription drugs that occurred more than 12 months prior to the interview—including misuse of prescription drugs that are no longer available by prescription in the United States.

These findings from both the QFT and combined QFT-DR data for prescription drugs also support the conclusion to start a new baseline in 2015 for trends in prescription drug misuse. In addition, it may be useful for SAMHSA to consider whether to discontinue reporting trend data for lifetime misuse of prescription drugs after 2014 because of questions about the accuracy of respondent self-reports of misuse of prescription drugs more than 12 months prior to the interview.

For summary measures of use of *illicit drugs*, many estimates of the use of illicit drugs or the use of illicit drugs other than marijuana were not significantly different between the QFT-DR

and comparison data when data for methamphetamine or prescription drugs (or both) were included in the estimates. However, the estimate for past year use of illicit drugs other than marijuana that included methamphetamine and prescription drugs *was* affected for persons aged 12 or older. Given that NSDUH data consistently show the prevalence of misuse of prescription drugs to be second only to marijuana among illicit drugs, the higher estimate of use of illicit drugs other than marijuana based on the standard definition in the QFT-DR data than in the comparison data can be explained by the higher estimate of misuse of prescription drugs in the QFT-DR data. However, changes to the methamphetamine and prescription drug use questions were not the only changes made to the questionnaire for the QFT and DR. As discussed previously, changes also were made to the hallucinogens and inhalants modules in the QFT and DR questionnaires that could affect estimates of the use of illicit drugs and illicit drugs other than marijuana. Analysis of 6-month data for 2015 is likely to be useful for assisting SAMHSA in deciding how to create these summary illicit drug use measures in 2015 and how to report trends for these measures.

6.3.3 Selected Noncore Items

This section presents and discusses estimates for selected noncore items, including findings from the DR for results flagged from the QFT report as warranting further investigation or QFT results that were noted as a potential preview of findings in 2015. Results from some tables might be relevant to both topics. This section also highlights any new noteworthy findings for selected noncore items from the DR that were not identified in the QFT and briefly notes any similar findings between the QFT and DR data.

6.3.3.1 Dependence and Abuse

Table 6.51 presents estimates for substance dependence or abuse in the past year among all persons aged 12 or older. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. Across all three datasets, the estimates for both dependence and abuse for the selected substances were generally quite similar, with the following potential exceptions:

- The estimate for hallucinogens dependence appeared to be significantly higher in the 2012 comparison data (rounded to 0.0 percent) than in the combined QFT and DR data (also rounded to 0.0 percent). The estimate for hallucinogens dependence in the 2013 comparison data (rounded to 0.0 percent) met the criteria for low precision and, therefore, would ordinarily be suppressed.
- Similarly, the estimate for hallucinogens dependence or abuse appeared to be significantly higher in the 2012 comparison data (0.1 percent) than in the combined QFT and DR data (rounded to 0.0 percent). However, the estimates for hallucinogens dependence or abuse for the combined QFT and DR data and the 2013 comparison data both met the criteria for low precision and, therefore, would ordinarily be suppressed.

Overall, few differences were observed for substance dependence or abuse for multiple substances when comparing the combined QFT and DR data with the two comparison datasets.

6.3.3.2 Needle Use

Estimates for the use of five substances with a needle in the lifetime, past year, and past month among persons aged 12 or older are provided in *Table 6.52*. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. Across all three datasets, the estimates for substance use with a needle for the five substances were generally quite similar, with the following notable differences:

- The estimate for use of heroin with a needle in the past month appeared to be significantly higher in the 2012 comparison data (0.1 percent) than in the combined QFT and DR data (rounded to 0.0 percent). The estimate for heroin use with a needle in the past month was also 0.0 percent (rounded) for the 2013 comparison data and not significantly different from the estimate for the combined QFT and DR data.
- Similarly, the estimates for use of cocaine with a needle in the past year were significantly higher for the 2012 comparison data (0.1 percent) and the 2013 comparison data (0.1 percent) than for the combined QFT and DR data (rounded to 0.0 percent). However, the estimate for cocaine use with a needle in the past year for the combined QFT and DR data met the criteria for low precision and, therefore, would ordinarily be suppressed.
- The estimate for use of cocaine with a needle in the past month appeared to be significantly higher in the 2012 comparison data (0.1 percent) than in the combined QFT and DR data (rounded to 0.0 percent). The estimate for cocaine use with a needle in the past month was also 0.0 percent (rounded) for the 2013 comparison data and not significantly different from the estimate for the combined QFT and DR data.
- For both past year and past month use of prescription stimulants with a needle, the estimates for the 2012 and the 2013 comparison data both appeared to be higher than the parallel estimates for the combined QFT and DR data. However, the estimates for both past year and past month stimulants use with a needle for the combined QFT and DR data met the criteria for low precision and, therefore, would ordinarily be suppressed.

No significant differences were observed for any of the three reference periods for use of methamphetamine with a needle or the combined use of heroin, cocaine, methamphetamine, or prescription stimulants with a needle. Overall, the findings for the use of various substances were similar to the QFT results, where the QFT estimates looked similar to the two comparison datasets for most needle use estimates but some differences were observed (Currivan et al., 2013).

6.3.3.3 Substance Use Treatment

Table 6.55 presents estimates for received substance use treatment in the lifetime and past year, as well as types of past year substance use treatment, among all persons aged 12 or older. For past year treatment, estimates are presented for alcohol use only, drug use only, and both alcohol and drug use. This table provides estimates only for data based on English-language

non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data.

Across all three datasets, the estimates for received substance use treatment in the lifetime and past year substance use treatment were generally quite similar. The only significant difference observed was for past year treatment for alcohol use only. The estimates for past year treatment for alcohol use were significantly higher for the 2012 comparison data (0.6 percent) and the 2013 comparison data (0.6 percent) than for the combined QFT and DR data (0.3 percent).

6.3.3.4 Adult Mental Health

Table 6.56 presents estimates for adult mental health treatment in the past year and the type of facility where treatment was received among persons aged 18 or older. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. In all three datasets, the estimate for staying overnight in a hospital for mental health treatment was close to 1 percent and not significantly different for any comparisons across datasets. Similarly, no significant differences were observed among the three datasets for any of the various types of mental health treatment facilities. Overall, the estimates for adult mental health treatment were quite similar in the combined QFT and DR data and the comparison data.

Estimates for selected mental health measures among persons aged 18 or older are provided in **Table 6.58**. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. Across all three datasets, the estimates for the selected mental health measures were generally quite similar, with the following potential exceptions:

- Estimates for serious psychological distress (SPD) in the past month appeared to be higher in the 2012 comparison data (5.1 percent) and the 2013 comparison data (5.0 percent) than in the combined QFT and DR data (4.0 percent). Despite the similarity between the 2012 and 2013 comparison data, only the difference between the 2012 main study data and the combined QFT and DR data was statistically significant. This finding was similar to the QFT results, where the QFT estimate for past month SPD was significantly lower than the same estimates for the two comparison datasets (Currivan et al., 2013). However, when SPD estimates for adults were rerun to compare data just for the DR with data from the 2012 and 2013 comparison datasets (i.e., including Hispanic respondents and Spanish-language interviews), the estimate of past month SPD in the DR (4.7 percent) was no longer significantly different from the estimates in the 2012 and 2013 comparison data (5.2 and 5.1 percent, respectively).
- Estimates for SPD in the past *year* also appeared to be higher in the 2012 comparison data (10.6 percent) and the 2013 comparison data (10.6 percent) than in the combined QFT and DR data (9.2 percent), but these differences were not statistically significant. When estimates for just the DR were compared with corresponding estimates from the 2012 and 2013 comparison data, the estimate of past year SPD in

the DR (9.7 percent) also was not significantly different from estimates in the 2012 and 2013 comparison data (10.8 and 10.5 percent, respectively).

- Estimates for loss of interest in things that are usually enjoyable for several days or longer (in the past year) appeared to be higher in the combined QFT and DR data (5.8 percent) than in both the 2012 comparison data (4.2 percent) and the 2013 comparison data (4.0 percent), but these differences were not statistically significant.

6.3.3.5 Adolescent Mental Health

Estimates for mental health treatment in the past year and number of nights received treatment among persons aged 12 to 17 are presented in **Table 6.57**. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. In all three datasets, the estimate for staying overnight in hospital for mental health treatment was close to 2 percent and not significantly different for any comparisons across datasets. Estimates were also similar across the three datasets for the other three mental health items in **Table 6.57**: (a) number of nights in a hospital for mental health treatment, (b) staying overnight in a residential treatment center for mental health treatment, and (c) number of nights in a residential treatment center for mental health treatment. For both number of nights in a hospital and number of nights in a residential treatment center, the estimates for the combined QFT and DR data met the criteria for low precision and, therefore, would ordinarily be suppressed.

Table 6.59 provides estimates for selected adolescent depression characteristics among persons aged 12 to 17. The three estimates involve feelings experienced for several days or longer, including feeling sad, empty or depressed; feeling very discouraged most of the day; and losing interest in things that are usually enjoyable. Estimates for all three of these adolescent depression characteristics were quite similar across the three datasets, and none of the small differences observed was statistically significant.

6.3.3.6 Miscellaneous Noncore Items

Perceived Risk. Estimates for perceived great risk of harm associated with using two types of substances—cigarettes and marijuana—among all persons aged 12 or older are presented in **Table 6.53**. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. For the first item, perceived risk of smoking one or more packs of cigarettes per day, estimates were quite similar across the three datasets, and none of the small differences observed was statistically significant.

For marijuana use, estimates were examined for the perceived risk of both (1) smoking marijuana once per month and (2) smoking once or twice per week. The estimate for perceived risk of smoking marijuana once per month was significantly lower in the 2013 comparison data (26.1 percent) than in the combined QFT and DR data (29.1 percent). The estimate for the 2012 comparison data (28.8 percent), however, was quite similar to the estimate for the combined QFT and DR data. For the second marijuana risk item, perceived risk of smoking marijuana once or twice per week, estimates were quite similar across the three datasets, and none of the small differences observed was statistically significant.

Years Since Last Use. Estimates for the number of years since last use of six selected substances among lifetime users aged 12 to 49 are presented in **Table 6.54**. The six sets of estimates for years since last use are for cigarettes, alcohol, marijuana, cocaine, hallucinogens, and inhalants. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. The following highlights summarize the results in **Table 6.54**:

- The estimates for years since last use of cigarettes were quite similar across the three datasets, with a range from 10.2 to 10.6 years, and none of the small differences observed was statistically significant.
- The estimates for years since last use of alcohol appeared to be lower in the 2012 comparison data (2.5 years) and the 2013 comparison data (2.5 years) than in the combined QFT and DR data (3.2 years). Despite the similarity between the 2012 and 2013 comparison data, only the difference between the 2012 main study data and the combined QFT and DR data was statistically significant.
- The estimates for years since last use of marijuana were higher in the 2012 comparison data (9.9 years) and the 2013 comparison data (also 9.9 years) than in the combined QFT and DR data (8.6 years). The differences between the two comparison datasets and the combined QFT and DR dataset were both statistically significant.
- The estimates for years since last use of cocaine were nearly identical across the three datasets at about 10.5 years.
- The estimates for years since last use of hallucinogens were quite similar across the three datasets, with a range from 11.0 to 11.4 years, and none of the small differences observed was statistically significant.
- The estimates for years since last use of inhalants were quite similar across the three datasets, with a range from 13.7 to 14.8 years, and none of the small differences observed was statistically significant. The estimate for the 2013 comparison data (14.4 years) and the combined QFT and DR data were quite similar (14.8 years). The estimate for the 2012 comparison data (13.7 years) appeared to be somewhat lower, but the differences between this estimate and the other two estimates were not statistically significant.

Arrests. Estimates for being arrested and booked in the lifetime and the past year for breaking the law among all persons 12 or older are presented in **Table 6.60**. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. Estimates for lifetime arrest and booking for breaking the law were similar across the three datasets, ranging from 16.5 to 17.4 percent. None of the small differences observed was statistically significant. Similarly, for past year arrest and booking, estimates were similar across the three datasets, ranging from 2.6 to 3.1 percent, and none of these small differences was statistically significant.

Table 6.22 Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLCIT DRUGS					
Alternate Definition 1 ⁵	46.0	47.0	46.3	-0.3 (1.49)	0.7 (1.50)
Alternate Definition 2 ⁶	44.7	45.9	44.6	0.1 (1.53)	1.2 (1.54)
Marijuana and Hashish	44.5	45.6	44.4	0.1 (1.52)	1.2 (1.53)
Cocaine	15.0	14.8	16.0	-1.0 (1.09)	-1.2 (1.12)
Crack	3.7 ^a	3.6 ^a	5.2	-1.5 (0.66)	-1.6 (0.69)
Heroin	1.9	1.9	2.2	-0.3 (0.43)	-0.3 (0.44)
Hallucinogens	15.3	16.2	17.2	-1.9 (1.12)	-0.9 (1.15)
LSD	9.8	10.4	11.5	-1.6 (0.93)	-1.1 (0.93)
PCP	2.7	2.6	3.6	-1.0 (0.61)	-1.0 (0.62)
Ecstasy	6.3	7.1	6.6	-0.3 (0.64)	0.4 (0.64)
Inhalants	8.6 ^a	8.5 ^a	11.1	-2.5 (0.75)	-2.5 (0.75)
ILLCIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	22.7	22.4 ^a	25.1	-2.4 (1.21)	-2.7 (1.25)
Cocaine or Heroin ⁷	15.1	14.8	16.0	-0.9 (1.09)	-1.2 (1.12)
CIGARETTES	64.2	63.8	64.1	0.1 (1.41)	-0.3 (1.39)
SMOKELESS TOBACCO⁸	19.3 ^a	19.1	17.0	2.3 (1.03)	2.1 (1.08)
ALCOHOL	83.9	83.5	83.2	0.7 (0.99)	0.4 (0.99)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.22sp Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 2,061) ^{1,2}	2013 Comparison (n = 998) ^{1,3}	2013 DR (n = 185) ^{1,4}	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1 ⁵	11.6	9.5	14.4*	-2.8 (5.05)	-4.9 (5.27)
Alternate Definition 2 ⁶	10.5	9.2	13.6*	-3.0 (4.80)	-4.4 (4.96)
Marijuana and Hashish	9.2	8.2	9.5	-0.4 (3.51)	-1.3 (3.51)
Cocaine	4.9	3.6	7.2*	-2.3 (3.84)	-3.6 (3.89)
Crack	0.5	0.6	0.3	0.2 (0.39)	0.3 (0.39)
Heroin	0.5	0.2	0.1	0.4 (0.29)	0.0 (0.19)
Hallucinogens	1.5	0.8	4.0	-2.6 (2.04)	-3.3 (2.14)
LSD	0.4	0.1	1.9	-1.5 (1.20)	-1.8 (1.19)
PCP	0.2	0.0	0.0*	0.2 (0.14)	0.0 (0.05)
Ecstasy	0.4	0.4	0.6	-0.2 (0.42)	-0.2 (0.41)
Inhalants	2.0	1.2	1.0	1.0 (0.77)	0.2 (0.69)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	6.6	4.4	11.2*	-4.6 (5.25)	-6.8 (5.35)
Cocaine or Heroin ⁷	4.9	3.6	7.3*	-2.4 (3.85)	-3.7 (3.89)
CIGARETTES	40.8	39.3	39.4*	1.4 (6.77)	-0.1 (6.69)
SMOKELESS TOBACCO⁸	1.9 ^a	1.2 ^a	0.1	1.8 (0.53)	1.0 (0.42)
ALCOHOL	65.1 ^a	64.6	72.9	-7.8 (3.87)	-8.3 (4.89)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.23 Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 17,573) ^{1,2}	2013 Comparison (n = 8,610) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 707) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLCIT DRUGS					
Alternate Definition 1 ⁵	20.3	19.1	23.0	0.3 (0.95)	0.8 (0.95)
Alternate Definition 2 ⁶	16.5	15.9	17.3	0.4 (0.93)	0.8 (0.92)
Marijuana and Hashish	16.4	15.8	17.3	0.2 (0.91)	0.7 (0.91)
Cocaine	0.9 ^a	0.8 ^a	0.2	0.4 (0.28)	0.2 (0.25)
Crack	0.1	0.1	0.1	0.1 (0.11)	-0.0 (0.11)
Heroin	0.2 ^a	0.1 ^a	0.0*	0.1 (0.11)	0.0 (0.11)
Hallucinogens	3.1	2.5 ^a	4.5	-0.0 (0.27)	-0.0 (0.27)
LSD	1.0	1.0	0.8	0.0 (0.10)	0.1 (0.11)
PCP	0.3	0.2	0.5	0.0 (0.02)	0.0 (0.03)
Ecstasy	1.7	1.3	1.9	0.2 (0.14)	0.3 (0.15)
Inhalants	6.2 ^a	4.9 ^a	9.4	-0.1 (0.16)	-0.2 (0.16)
ILLCIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	8.4 ^a	7.0 ^a	11.9	0.1 (0.45)	-0.2 (0.42)
Cocaine or Heroin ⁷	1.0 ^a	0.8 ^a	0.2	0.3 (0.29)	0.1 (0.27)
CIGARETTES	17.5	15.5	16.0	-1.2 (1.41)	-2.4 (1.37)
SMOKELESS TOBACCO⁸	7.2	6.8	7.0	-0.7 (0.50)	-0.8 (0.52)
ALCOHOL	31.9	29.7	30.5	2.4 (1.39)	1.8 (1.35)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.24 Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 18,029) ^{1,2}	2013 Comparison (n = 8,532) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 702) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1 ⁵	55.1 ^a	53.9 ^a	60.3	-0.2 (0.69)	0.2 (0.69)
Alternate Definition 2 ⁶	53.9	52.7 ^a	58.3	-0.3 (0.69)	0.1 (0.69)
Marijuana and Hashish	53.7	52.6 ^a	58.0	-0.5 (0.67)	-0.1 (0.67)
Cocaine	12.3	11.6	10.8	0.3 (0.11)	0.3 (0.11)
Crack	2.0	1.6	2.6	0.1 (0.05)	0.1 (0.05)
Heroin	2.2	2.1	2.6	0.1 (0.03)	0.1 (0.03)
Hallucinogens	18.2	17.8	19.9	0.1 (0.09)	0.2 (0.10)
LSD	6.7	6.9	7.3	0.0 (0.04)	0.0 (0.04)
PCP	1.0	0.7	0.9	-0.0 (0.02)	-0.0 (0.02)
Ecstasy	13.1	12.4	12.2	0.1 (0.06)	0.2 (0.06)
Inhalants	8.7	7.7	10.3	0.0 (0.05)	0.1 (0.06)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	23.7	22.5 ^a	27.2	0.5 (0.15)	0.5 (0.16)
Cocaine or Heroin ⁷	12.6	11.8	10.8	0.4 (0.12)	0.4 (0.12)
CIGARETTES	60.2	57.6 ^a	63.7	-1.0 (1.35)	-2.2 (1.32)
SMOKELESS TOBACCO⁸	22.0	22.7	23.2	-0.4 (0.45)	-0.5 (0.46)
ALCOHOL	85.0	84.3	86.2	3.5 (1.37)	3.2 (1.40)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.25 Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 19,630) ^{1,2}	2013 Comparison (n = 9,475) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 1,603) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLCIT DRUGS					
Alternate Definition 1 ⁵	47.4	49.0	46.7	-2.7 (2.14)	-3.9 (2.23)
Alternate Definition 2 ⁶	46.4	48.1	45.5	-0.8 (1.87)	-1.4 (1.95)
Marijuana and Hashish	46.2	47.9	45.3	-0.9 (1.87)	-1.5 (1.95)
Cocaine	17.0	16.8	18.6	0.7 (0.16)	0.5 (0.17)
Crack	4.3 ^a	4.3 ^a	6.2	-0.0 (0.13)	-0.0 (0.13)
Heroin	2.0	2.1	2.4	0.2 (0.04)	0.1 (0.02)
Hallucinogens	16.2	17.5	18.2	-1.4 (0.93)	-2.0 (0.93)
LSD	11.3	12.0	13.3	0.2 (0.33)	0.2 (0.34)
PCP	3.2	3.2	4.4	-0.2 (0.26)	-0.3 (0.26)
Ecstasy	5.7	6.9	6.3	-0.2 (0.49)	-0.6 (0.49)
Inhalants	8.8 ^a	9.1 ^a	11.4	-3.2 (1.22)	-4.5 (1.21)
ILLCIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	24.2	24.2	26.3	-3.5 (1.43)	-5.0 (1.42)
Cocaine or Heroin ⁷	17.1	16.9	18.6	0.8 (0.16)	0.6 (0.17)
CIGARETTES	70.0	70.2	69.6	1.5 (1.99)	-0.5 (1.99)
SMOKELESS TOBACCO⁸	20.3 ^a	19.9 ^a	17.2	0.2 (1.10)	-0.2 (1.14)
ALCOHOL	89.6	89.5	88.6	1.5 (2.37)	-0.7 (2.40)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.26 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLCIT DRUGS					
Alternate Definition 1 ⁵	13.0	13.5	12.7	-0.5 (1.63)	-1.2 (1.68)
Alternate Definition 2 ⁶	12.6	13.0	12.2	0.3 (1.49)	-0.4 (1.55)
Marijuana and Hashish	12.2	12.7	12.0	0.2 (1.49)	-0.4 (1.55)
Cocaine	1.8	1.6	1.4	0.5 (0.10)	0.4 (0.10)
Crack	0.4	0.3	0.3	0.1 (0.03)	0.0 (0.02)
Heroin	0.3	0.3	0.2	0.1 (0.03)	0.0 (0.02)
Hallucinogens	1.6	1.7	1.7	-0.3 (0.72)	-0.6 (0.72)
LSD	0.4	0.4	0.4	0.3 (0.20)	0.4 (0.20)
PCP	0.1	0.0	0.0	-0.0 (0.14)	-0.1 (0.14)
Ecstasy	1.0	1.0	0.7	0.1 (0.37)	-0.1 (0.36)
Inhalants	0.6	0.6	0.7	-1.2 (0.74)	-1.6 (0.73)
ILLCIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	3.3	3.1	3.2	-1.1 (0.95)	-1.7 (0.95)
Cocaine or Heroin ⁷	1.9	1.7	1.6	0.6 (0.10)	0.4 (0.10)
CIGARETTES	26.9	25.6	28.0	1.1 (1.55)	-0.9 (1.57)
SMOKELESS TOBACCO⁸	5.1	5.0	5.8	-0.8 (0.96)	-0.7 (0.99)
ALCOHOL	68.3	67.7	65.9	3.1 (1.95)	1.2 (2.02)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.26sp Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 2,061) ^{1,2}	2013 Comparison (n = 998) ^{1,3}	2013 DR (n = 185) ^{1,4}	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
ILLCIT DRUGS					
Alternate Definition 1 ⁵	2.1	1.3	1.8	0.3 (0.83)	-0.4 (0.63)
Alternate Definition 2 ⁶	1.8	1.3	1.8	-0.0 (0.83)	-0.5 (0.63)
Marijuana and Hashish	1.5	1.3	1.2	0.3 (0.65)	0.1 (0.45)
Cocaine	0.4	0.3	0.6*	-0.2 (0.54)	-0.2 (0.64)
Crack	0.1	0.1	0.0*	0.1 (0.04)	0.1 (0.14)
Heroin	0.0	0.0*	0.1	-0.1 (0.14)	-0.1 (0.14)
Hallucinogens	0.1	0.2	0.2	-0.1 (0.20)	0.0 (0.22)
LSD	0.0	0.1	0.0*	0.0 (0.03)	0.1 (0.07)
PCP	0.0*	0.0*	0.0*	0.0 (0.00)	0.0 (0.00)
Ecstasy	0.1	0.1	0.2	-0.1 (0.19)	-0.1 (0.20)
Inhalants	0.3	0.1	0.1	0.2 (0.19)	-0.1 (0.14)
ILLCIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	0.7	0.5	0.9	-0.2 (0.59)	-0.4 (0.67)
Cocaine or Heroin ⁷	0.4	0.3	0.7	-0.3 (0.55)	-0.4 (0.65)
CIGARETTES	14.7	15.8	19.0*	-4.3 (5.71)	-3.2 (5.82)
SMOKELESS TOBACCO⁸	0.1	0.3	0.1	-0.0 (0.13)	0.1 (0.19)
ALCOHOL	45.0 ^a	41.9 ^a	59.4	-14.4 (4.64)	-17.5 (5.27)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.27 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 17,573) ^{1,2}	2013 Comparison (n = 8,610) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 707) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLCIT DRUGS					
Alternate Definition 1 ⁵	14.7	14.0	15.2	0.2 (1.11)	-0.3 (1.14)
Alternate Definition 2 ⁶	13.1	12.5	12.8	0.5 (1.05)	0.1 (1.08)
Marijuana and Hashish	13.1	12.4	12.8	0.4 (1.05)	0.0 (1.08)
Cocaine	0.6 ^a	0.5 ^a	0.1	0.1 (0.03)	0.1 (0.04)
Crack	0.1 ^a	0.0 ^a	0.0*	0.0 (0.00)	0.0 (0.00)
Heroin	0.1 ^a	0.0 ^a	0.0*	0.0 (0.00)	0.0 (0.00)
Hallucinogens	2.1	1.7	2.4	0.1 (0.27)	-0.1 (0.27)
LSD	0.5	0.6	0.3	0.0 (0.09)	0.1 (0.11)
PCP	0.1	0.1	0.2	-0.1 (0.10)	-0.1 (0.10)
Ecstasy	1.0	0.8	0.9	0.2 (0.10)	0.0 (0.10)
Inhalants	2.3	1.9 ^a	3.5	-0.1 (0.28)	-0.3 (0.28)
ILLCIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	4.2	3.6	5.3	0.4 (0.34)	0.1 (0.34)
Cocaine or Heroin ⁷	0.7 ^a	0.5 ^a	0.1	0.1 (0.03)	0.1 (0.04)
CIGARETTES	11.8	9.8	10.7	1.0 (1.16)	-0.3 (1.18)
SMOKELESS TOBACCO⁸	4.3	4.3	5.0	-0.8 (0.82)	-1.1 (0.82)
ALCOHOL	25.3	23.5	22.3	2.4 (1.36)	1.1 (1.37)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.28 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 18,029) ^{1,2}	2013 Comparison (n = 8,532) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 702) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1 ⁵	33.9	33.2	33.4	-5.2 (2.43)	-6.3 (2.47)
Alternate Definition 2 ⁶	33.3	32.5	32.0	-4.4 (2.52)	-5.6 (2.56)
Marijuana and Hashish	32.8	32.1	31.7	-4.3 (2.50)	-5.4 (2.56)
Cocaine	4.6	4.7	3.2	1.5 (1.55)	0.8 (1.56)
Crack	0.5	0.3	0.6	-0.6 (0.90)	-1.0 (0.91)
Heroin	0.9	0.9	0.8	-0.4 (0.69)	-0.5 (0.68)
Hallucinogens	6.7	6.7	7.6	-1.6 (2.03)	-2.1 (1.99)
LSD	2.0	2.3	2.0	-0.7 (1.58)	-0.4 (1.54)
PCP	0.2	0.1	0.2	0.1 (0.37)	-0.1 (0.38)
Ecstasy	4.1	4.2	3.4	0.9 (1.50)	0.2 (1.53)
Inhalants	1.5	1.4	1.1	-1.6 (1.26)	-2.6 (1.30)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	9.6	9.4	9.5	-3.5 (2.25)	-4.8 (2.23)
Cocaine or Heroin ⁷	4.9	5.0	3.6	1.7 (1.55)	1.0 (1.56)
CIGARETTES	42.5	39.8	43.8	-3.5 (2.43)	-6.1 (2.40)
SMOKELESS TOBACCO⁸	10.3	10.7	10.3	-1.2 (2.58)	-0.5 (2.53)
ALCOHOL	78.4	77.7	78.5	-1.3 (1.74)	-1.9 (1.77)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.29 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 19,630) ^{1,2}	2013 Comparison (n = 9,475) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 1,603) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLCIT DRUGS					
Alternate Definition 1 ⁵	9.5	10.3	9.1	0.5 (2.62)	-0.3 (2.59)
Alternate Definition 2 ⁶	9.3	10.0	9.0	1.3 (2.54)	0.5 (2.50)
Marijuana and Hashish	8.9	9.7	8.8	1.0 (2.54)	0.3 (2.53)
Cocaine	1.5	1.2	1.3	1.4 (0.90)	1.5 (0.88)
Crack	0.4	0.3	0.3	-0.1 (0.38)	-0.3 (0.37)
Heroin	0.2	0.2	0.2	0.1 (0.34)	0.1 (0.33)
Hallucinogens	0.8	0.8	0.6	-0.9 (1.51)	-0.8 (1.43)
LSD	0.1	0.1	0.1	-0.0 (0.60)	0.2 (0.57)
PCP	0.0 ^a	0.0	0.0*	-0.0 (0.15)	-0.1 (0.15)
Ecstasy	0.5	0.5	0.3	0.7 (0.77)	0.7 (0.74)
Inhalants	0.3	0.3	0.3	0.3 (0.44)	0.3 (0.46)
ILLCIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	2.2	2.0	2.0	0.1 (1.60)	-0.0 (1.49)
Cocaine or Heroin ⁷	1.6	1.3	1.5	1.3 (0.94)	1.5 (0.90)
CIGARETTES	26.1	25.1	27.5	-1.3 (2.39)	-4.0 (2.37)
SMOKELESS TOBACCO⁸	4.3	4.1	5.1	-0.0 (1.50)	0.4 (1.50)
ALCOHOL	71.5	71.1	68.8	-0.1 (2.25)	-0.8 (2.26)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.30 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1 ⁵	7.8	8.2	8.0	-0.9 (2.11)	-1.5 (2.08)
Alternate Definition 2 ⁶	7.6	8.0	7.9	-1.1 (2.11)	-1.6 (2.08)
Marijuana and Hashish	7.3	7.7	7.8	-1.4 (2.09)	-1.9 (2.08)
Cocaine	0.7 ^a	0.7 ^a	0.3	0.4 (0.41)	0.5 (0.42)
Crack	0.2 ^a	0.1	0.1	-0.3 (0.36)	-0.3 (0.36)
Heroin	0.1 ^a	0.1 ^a	0.0	0.1 (0.19)	-0.0 (0.19)
Hallucinogens	0.4	0.5 ^a	0.3	0.0 (0.57)	0.3 (0.58)
LSD	0.1	0.1	0.1	0.1 (0.21)	0.1 (0.21)
PCP	0.0	0.0	0.0	-0.2 (0.15)	-0.2 (0.15)
Ecstasy	0.2	0.3 ^a	0.1	0.2 (0.39)	0.3 (0.39)
Inhalants	0.2	0.2	0.1	0.1 (0.19)	0.0 (0.20)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	1.2 ^a	1.3 ^a	0.7	0.3 (0.71)	0.6 (0.73)
Cocaine or Heroin ⁷	0.7 ^a	0.7 ^a	0.3	0.5 (0.44)	0.5 (0.45)
CIGARETTES	23.1	22.0	24.1	0.5 (2.41)	-1.3 (2.41)
SMOKELESS TOBACCO⁸	3.9	3.8	4.3	0.1 (1.27)	0.8 (1.25)
ALCOHOL	54.1 ^a	53.9 ^a	50.7	0.4 (3.05)	-0.9 (3.12)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.30sp Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 2,061) ^{1,2}	2013 Comparison (n = 998) ^{1,3}	2013 DR (n = 185) ^{1,4}	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1 ⁵	1.0	0.7	0.9	0.1 (0.79)	-0.1 (0.68)
Alternate Definition 2 ⁶	0.8	0.7	0.9	-0.0 (0.78)	-0.1 (0.68)
Marijuana and Hashish	0.7	0.7	0.3	0.4 (0.31)	0.4 (0.28)
Cocaine	0.2	0.2	0.6*	-0.4 (0.54)	-0.3 (0.57)
Crack	0.0	0.1	0.0*	0.0 (0.04)	0.1 (0.14)
Heroin	0.0*	0.0*	0.0*	0.0 (0.00)	0.0 (0.00)
Hallucinogens	0.1	0.0	0.0*	0.1 (0.04)	0.0 (0.03)
LSD	0.0	0.0*	0.0*	0.0 (0.01)	0.0 (0.00)
PCP	0.0*	0.0*	0.0*	0.0 (0.00)	0.0 (0.00)
Ecstasy	0.0	0.0	0.0*	0.0 (0.02)	0.0 (0.03)
Inhalants	0.2	0.1	0.0*	0.2 (0.13)	0.1 (0.04)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	0.4	0.3	0.6*	-0.1 (0.55)	-0.3 (0.58)
Cocaine or Heroin ⁷	0.2	0.2	0.6*	-0.4 (0.54)	-0.3 (0.57)
CIGARETTES	11.5	14.1	18.1*	-6.5 (5.79)	-4.0 (5.89)
SMOKELESS TOBACCO⁸	0.0	0.1	0.1	-0.1 (0.13)	-0.0 (0.14)
ALCOHOL	27.1	25.1	33.9*	-6.8 (6.28)	-8.8 (6.58)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.31 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 17,573) ^{1,2}	2013 Comparison (n = 8,610) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 707) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLCIT DRUGS					
Alternate Definition 1 ⁵	7.7	7.2	7.5	0.7 (1.73)	2.3 (1.74)
Alternate Definition 2 ⁶	7.1	6.8	6.7	0.9 (1.77)	2.6 (1.78)
Marijuana and Hashish	7.1	6.7	6.7	0.9 (1.76)	2.6 (1.77)
Cocaine	0.1 ^a	0.1 ^a	0.0*	-1.6 (1.34)	-1.8 (1.38)
Crack	0.0*	0.0*	0.0*	-1.8 (0.82)	-1.9 (0.85)
Heroin	0.0*	0.0*	0.0*	-0.4 (0.54)	-0.3 (0.55)
Hallucinogens	0.6	0.5	0.5	-1.9 (1.32)	-0.6 (1.36)
LSD	0.1	0.2	0.1	-2.0 (1.13)	-1.3 (1.14)
PCP	0.0	0.0*	0.1	-1.2 (0.78)	-1.3 (0.79)
Ecstasy	0.3	0.1	0.1	-0.6 (0.74)	0.6 (0.73)
Inhalants	0.6	0.5	0.7	-2.6 (0.92)	-2.3 (0.92)
ILLCIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	1.3	1.0	0.9	-2.1 (1.42)	-2.1 (1.46)
Cocaine or Heroin ⁷	0.1 ^a	0.1 ^a	0.0*	-1.6 (1.34)	-1.8 (1.38)
CIGARETTES	7.0	5.7	6.0	0.4 (1.56)	0.6 (1.55)
SMOKELESS TOBACCO⁸	2.5	2.2	3.3	3.1 (1.18)	2.7 (1.25)
ALCOHOL	12.9	11.6	10.5	0.9 (1.09)	0.8 (1.09)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.32 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 18,029) ^{1,2}	2013 Comparison (n = 8,532) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 702) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1 ⁵	20.3	19.8	21.2	0.4 (0.88)	1.2 (0.90)
Alternate Definition 2 ⁶	19.9	19.4	21.0	0.3 (0.86)	1.0 (0.88)
Marijuana and Hashish	19.5	19.1	21.0	0.1 (0.85)	0.9 (0.87)
Cocaine	1.2	1.3	0.8	0.2 (0.31)	-0.0 (0.29)
Crack	0.1	0.1	0.4	0.2 (0.12)	0.0 (0.12)
Heroin	0.4	0.2	0.3	0.0 (0.13)	0.0 (0.12)
Hallucinogens	1.8	2.1	1.8	0.1 (0.19)	0.2 (0.20)
LSD	0.4	0.3	0.3	0.0 (0.08)	0.0 (0.09)
PCP	0.0	0.0	0.2	0.0 (0.01)	0.0 (0.02)
Ecstasy	1.1	1.1	0.8	0.2 (0.11)	0.3 (0.13)
Inhalants	0.4	0.3	0.3	-0.1 (0.18)	-0.1 (0.18)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	3.0	3.3	2.7	0.2 (0.40)	0.0 (0.38)
Cocaine or Heroin ⁷	1.4	1.5	1.0	0.1 (0.33)	-0.1 (0.31)
CIGARETTES	33.6	31.9	33.1	-1.4 (1.69)	-2.4 (1.65)
SMOKELESS TOBACCO⁸	6.5	7.2	6.4	-0.8 (0.58)	-1.0 (0.61)
ALCOHOL	62.0	60.7	61.6	2.7 (1.59)	2.3 (1.57)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.33 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 19,630) ^{1,2}	2013 Comparison (n = 9,475) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 1,603) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLCIT DRUGS					
Alternate Definition 1 ⁵	5.8	6.5	6.0	-0.1 (0.66)	0.6 (0.68)
Alternate Definition 2 ⁶	5.8	6.4	6.0	-0.2 (0.66)	0.4 (0.68)
Marijuana and Hashish	5.4	6.0	5.8	-0.4 (0.65)	0.2 (0.67)
Cocaine	0.6 ^a	0.6 ^a	0.3	0.4 (0.13)	0.3 (0.13)
Crack	0.2 ^a	0.2 ^a	0.0*	0.2 (0.04)	0.2 (0.04)
Heroin	0.1 ^a	0.1 ^a	0.0*	0.1 (0.02)	0.1 (0.03)
Hallucinogens	0.2 ^a	0.3 ^a	0.1	0.1 (0.06)	0.2 (0.07)
LSD	0.0	0.1	0.0	-0.0 (0.03)	0.0 (0.04)
PCP	0.0	0.0	0.0*	0.0 (0.00)	0.0 (0.02)
Ecstasy	0.1 ^a	0.2 ^a	0.0	0.1 (0.04)	0.2 (0.05)
Inhalants	0.1	0.2 ^a	0.1	0.0 (0.05)	0.1 (0.06)
ILLCIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition ⁵	0.9 ^a	1.0 ^a	0.4	0.5 (0.14)	0.6 (0.15)
Cocaine or Heroin ⁷	0.7 ^a	0.7 ^a	0.3	0.4 (0.13)	0.4 (0.14)
CIGARETTES	23.3	22.2	24.7	-1.5 (1.60)	-2.5 (1.56)
SMOKELESS TOBACCO⁸	3.6	3.5	4.1	-0.4 (0.51)	-0.6 (0.53)
ALCOHOL	57.5 ^a	57.6 ^a	53.5	4.0 (1.55)	4.1 (1.63)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.

⁶ Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.

⁷ Cocaine use includes crack.

⁸ Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.34 Specific Hallucinogen Use in the Lifetime, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Hallucinogen/Age Group	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Hallucinogens, Aged 12 or Older	15.3	16.2	17.2	-1.9 (1.12)	-0.9 (1.15)
Ketamine ^{5,6}	1.0	1.1	1.4	-0.3 (0.28)	-0.3 (0.28)
DMT, AMT, or 5-MeO-DIPT ("Foxy") ⁵	0.6	0.7	1.0	-0.4 (0.22)	-0.3 (0.22)
<i>Salvia divinorum</i> ⁵	2.1	2.0	2.5	-0.5 (0.40)	-0.6 (0.41)
Other Hallucinogens ⁷	1.5 ^a	1.9 ^a	0.7	0.8 (0.22)	1.2 (0.23)
Hallucinogens, Aged 12 to 17	3.1	2.5 ^a	4.5	-1.4 (0.93)	-2.0 (0.93)
Ketamine ^{5,6}	0.3	0.2	0.4	-0.1 (0.22)	-0.2 (0.22)
DMT, AMT, or 5-MeO-DIPT ("Foxy") ⁵	0.4	0.3	0.4	0.0 (0.25)	-0.1 (0.25)
<i>Salvia divinorum</i> ⁵	1.1	0.6 ^a	1.8	-0.7 (0.52)	-1.1 (0.53)
Other Hallucinogens ⁷	1.0	0.8	0.5	0.5 (0.24)	0.3 (0.25)
Hallucinogens, Aged 18 to 25	18.2	17.8	19.9	-1.6 (2.03)	-2.1 (1.99)
Ketamine ^{5,6}	1.4	1.9	1.4	0.0 (0.46)	0.5 (0.48)
DMT, AMT, or 5-MeO-DIPT ("Foxy") ⁵	2.0	2.6	2.1	-0.1 (0.74)	0.5 (0.75)
<i>Salvia divinorum</i> ⁵	8.4	7.4	7.6	0.8 (1.30)	-0.2 (1.27)
Other Hallucinogens ⁷	3.3 ^a	4.1 ^a	1.1	2.2 (0.44)	3.0 (0.45)
Hallucinogens, Aged 26 or Older	16.2	17.5	18.2	-1.9 (1.32)	-0.6 (1.36)
Ketamine ^{5,6}	1.1	1.1	1.5	-0.4 (0.34)	-0.4 (0.34)
DMT, AMT, or 5-MeO-DIPT ("Foxy") ⁵	0.4	0.4	0.9	-0.5 (0.26)	-0.5 (0.26)
<i>Salvia divinorum</i> ⁵	1.2	1.2	1.8	-0.7 (0.40)	-0.6 (0.41)
Other Hallucinogens ⁷	1.3 ^a	1.7 ^a	0.7	0.7 (0.26)	1.0 (0.28)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

AMT = alpha-methyltryptamine; DMT = dimethyltryptamine; DR = Dress Rehearsal; 5-MeO-DIPT = 5-methoxy-diisopropyltryptamine; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Asked in the hallucinogens module in the QFT and DR and in the special drugs module in the 2012 and 2013 comparison data.

⁶ Ketamine is also known as "Special K" or "Super K."

⁷ For the 2012 and 2013 comparison data, use of any other hallucinogens besides the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; or "Ecstasy," also called MDMA. For the QFT and DR, use of any other hallucinogens besides the ones in the 2012 and 2013 comparison data, plus the following: ketamine; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.35 Specific Inhalant Use in the Lifetime, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Inhalant/Age Group	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Inhalants, Aged 12 or Older	8.6 ^a	8.5 ^a	11.1	-2.5 (0.75)	-2.5 (0.75)
Felt-Tip Pens	N/A	N/A	3.0	N/A (N/A)	N/A (N/A)
Computer Keyboard Cleaner	N/A	N/A	1.3	N/A (N/A)	N/A (N/A)
Other Aerosol Sprays ⁵	0.8	0.8	0.8	-0.1 (0.24)	-0.0 (0.25)
Other Inhalants ⁶	0.4	0.4	0.7	-0.2 (0.24)	-0.3 (0.25)
Inhalants, Aged 12 to 17	6.2 ^a	4.9 ^a	9.4	-3.2 (1.22)	-4.5 (1.21)
Felt-Tip Pens	N/A	N/A	7.2	N/A (N/A)	N/A (N/A)
Computer Keyboard Cleaner	N/A	N/A	1.1	N/A (N/A)	N/A (N/A)
Other Aerosol Sprays ⁵	1.1	0.9	0.8	0.3 (0.36)	0.1 (0.36)
Other Inhalants ⁶	1.4 ^a	0.9	0.7	0.7 (0.33)	0.2 (0.34)
Inhalants, Aged 18 to 25	8.7	7.7	10.3	-1.6 (1.26)	-2.6 (1.30)
Felt-Tip Pens	N/A	N/A	5.2	N/A (N/A)	N/A (N/A)
Computer Keyboard Cleaner	N/A	N/A	2.9	N/A (N/A)	N/A (N/A)
Other Aerosol Sprays ⁵	1.5 ^a	1.2 ^a	0.4	1.1 (0.24)	0.8 (0.25)
Other Inhalants ⁶	0.8 ^a	0.8 ^a	0.0*	0.8 (0.06)	0.8 (0.09)
Inhalants, Aged 26 or Older	8.8 ^a	9.1 ^a	11.4	-2.6 (0.92)	-2.3 (0.92)
Felt-Tip Pens	N/A	N/A	2.1	N/A (N/A)	N/A (N/A)
Computer Keyboard Cleaner	N/A	N/A	1.1	N/A (N/A)	N/A (N/A)
Other Aerosol Sprays ⁵	0.6	0.7	0.9	-0.3 (0.30)	-0.2 (0.31)
Other Inhalants ⁶	0.3	0.2	0.8	-0.5 (0.31)	-0.5 (0.31)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Aerosol sprays other than computer keyboard cleaner or spray paint (Combined QFT and DR). Aerosol sprays other than spray paint (2012 or 2013 comparison data).

⁶ For the 2012 and 2013 comparison data, use of any other inhalants besides the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; or other aerosol sprays. For the combined QFT and DR, use of any other inhalants besides the ones in the 2012 and 2013 comparison data, plus the following: felt-tip pens, felt-tip markers, or magic markers; and computer cleaner, also known as air duster.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.36 Alcohol Use in the Lifetime among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (<i>n</i> = 55,232) ^{1,2}	2013 Comparison (<i>n</i> = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (<i>n</i> = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older	83.9	83.5	83.2	0.7 (0.99)	0.4 (0.99)
Male	86.3	85.6	84.5	2.4 (1.39)	1.8 (1.35)
Female	81.7	81.6	81.9	3.5 (1.37)	3.2 (1.40)
Aged 12 to 17	31.9	29.7	30.5	1.7 (1.17)	1.1 (1.20)
Male	31.4	29.0	30.7	3.5 (1.83)	3.6 (1.90)
Female	32.5	30.4	30.2	2.8 (2.09)	3.7 (2.12)
Aged 18 to 25	85.0	84.3	86.2	-0.2 (1.44)	-0.3 (1.46)
Male	84.9	84.1	85.0	1.5 (1.85)	0.2 (1.77)
Female	85.0	84.5	87.5	4.1 (1.69)	2.8 (1.70)
Aged 26 or Older	89.6	89.5	88.6	1.5 (2.37)	-0.7 (2.40)
Male	93.1	92.7	91.0	3.1 (1.95)	1.2 (2.02)
Female	86.4	86.5	86.6	2.4 (1.36)	1.1 (1.37)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.37 Alcohol Use in the Past Year among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older	68.3	67.7	65.9	0.7 (2.38)	-1.6 (2.58)
Male	70.9	71.1	67.5	2.0 (2.30)	-0.4 (2.46)
Female	65.9	64.6	64.4	0.7 (1.89)	-0.5 (1.98)
Aged 12 to 17	25.3	23.5	22.3	2.3 (3.79)	0.2 (3.73)
Male	24.5	22.0	22.5	4.1 (2.93)	2.8 (2.93)
Female	26.2	24.9	22.1	4.2 (2.07)	2.6 (1.99)
Aged 18 to 25	78.4	77.7	78.5	-1.3 (1.74)	-1.9 (1.77)
Male	79.2	78.4	78.4	-0.1 (2.25)	-0.8 (2.26)
Female	77.6	77.0	78.7	0.4 (3.05)	-0.9 (3.12)
Aged 26 or Older	71.5	71.1	68.8	-0.1 (2.54)	-0.9 (2.57)
Male	75.2	75.8 ^a	71.0	0.9 (3.26)	0.0 (3.31)
Female	68.3	66.8	66.8	-1.4 (4.25)	-2.7 (4.36)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.38 Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older	54.1 ^a	53.9 ^a	50.7	-2.5 (1.92)	-3.0 (2.04)
Male	58.1	59.0	55.3	-1.1 (2.41)	-1.7 (2.49)
Female	50.4 ^a	49.1	46.4	2.3 (3.17)	1.0 (3.20)
Aged 12 to 17	12.9	11.6	10.5	0.9 (1.09)	0.8 (1.09)
Male	12.5	11.4	11.9	2.7 (1.59)	2.3 (1.57)
Female	13.3 ^a	11.8	9.1	4.0 (1.55)	4.1 (1.63)
Aged 18 to 25	62.0	60.7	61.6	2.1 (1.38)	1.7 (1.41)
Male	64.2	63.0	65.6	4.1 (2.19)	4.7 (2.30)
Female	59.8	58.5	57.5	3.8 (2.47)	5.3 (2.56)
Aged 26 or Older	57.5 ^a	57.6 ^a	53.5	-0.2 (1.53)	-0.0 (1.60)
Male	62.6	64.1 ^a	58.8	1.4 (2.21)	0.0 (2.14)
Female	52.9 ^a	51.6	48.7	4.2 (2.07)	2.9 (2.11)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.38sp Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (n = 2,061) ^{1,2}	2013 Comparison (n = 998) ^{1,3}	2013 DR (n = 185) ^{1,4}	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
Aged 12 or Older	27.1	25.1	33.9*	-6.8 (6.28)	-8.8 (6.58)
Male	39.5	37.3	39.4*	0.0 (13.06)	-2.1 (12.23)
Female	16.3	14.4	29.2*	-13.0 (6.95)	-14.8 (7.62)
Aged 12 to 17	11.7	4.8	6.6*	5.2 (4.36)	-1.8 (5.85)
Male	11.9 ^a	5.7*	2.7*	9.3 (4.17)	3.0 (5.20)
Female	11.5*	3.9*	18.0*	-6.5 (10.97)	-14.1 (11.94)
Aged 18 to 25	33.9	33.3	52.7*	-18.8 (13.66)	-19.4 (13.45)
Male	44.6	45.8	72.3*	-27.6 (23.13)	-26.5 (22.58)
Female	20.3	18.6	42.0*	-21.7 (18.59)	-23.4 (17.37)
Aged 26 or Older	27.3	25.7	34.9*	-7.6 (6.79)	-9.2 (7.18)
Male	40.5	38.8	42.1*	-1.6 (14.71)	-3.3 (13.90)
Female	16.2	14.7	29.1*	-12.9 (7.21)	-14.4 (7.94)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.39 Binge Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
BINGE ALCOHOL USE, CORE ONLY⁵					
Aged 12 or Older	22.4	22.4	23.2	-0.8 (1.19)	-0.8 (1.17)
Male	29.8	29.5	28.6	1.2 (1.84)	1.0 (1.83)
Female	15.7	15.8	18.2	-2.6 (1.31)	-2.4 (1.30)
Aged 12 to 17	6.7	5.6	4.9	1.8 (1.02)	0.7 (1.03)
Male	6.8 ^a	6.3	4.4	2.4 (1.06)	1.9 (1.08)
Female	6.5	4.8	5.4	1.1 (1.47)	-0.6 (1.47)
Aged 18 to 25	39.9	37.7	40.9	-1.0 (2.94)	-3.3 (2.91)
Male	45.7	44.6	45.5	0.1 (3.98)	-0.9 (4.06)
Female	34.3	30.8	36.1	-1.8 (3.10)	-5.3 (3.04)
Aged 26 or Older	21.4	21.9	22.5	-1.0 (1.30)	-0.6 (1.31)
Male	29.9	29.9	28.6	1.3 (2.07)	1.3 (2.06)
Female	13.8 ^a	14.7	17.0	-3.2 (1.56)	-2.3 (1.56)
BINGE ALCOHOL USE, CORE PLUS NONCORE⁶					
Aged 12 or Older	25.0	24.6	23.2	1.8 (1.19)	1.4 (1.17)
Male	29.8	29.5	28.6	1.2 (1.84)	1.0 (1.83)
Female	20.6	20.1	18.2	2.4 (1.31)	1.9 (1.29)
Aged 12 to 17	7.5 ^a	6.2	4.9	2.6 (1.02)	1.3 (1.02)
Male	6.8 ^a	6.3	4.4	2.4 (1.06)	1.9 (1.08)
Female	8.2	6.0	5.4	2.8 (1.46)	0.6 (1.47)
Aged 18 to 25	43.2	41.0	40.9	2.2 (2.94)	0.1 (2.91)
Male	45.7	44.6	45.5	0.1 (3.98)	-0.9 (4.06)
Female	40.7	37.4	36.1	4.6 (3.09)	1.3 (3.03)
Aged 26 or Older	24.1	24.1	22.5	1.6 (1.30)	1.7 (1.30)
Male	29.9	29.9	28.6	1.3 (2.07)	1.3 (2.06)
Female	18.8	18.9	17.0	1.9 (1.55)	2.0 (1.56)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Binge Alcohol Use in the 2012 and 2013 comparison data based on only core alcohol module data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the Combined QFT and DR is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

⁶ Binge Alcohol Use in the 2012 and 2013 comparison data based on core plus noncore data is defined for males as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. The measure for females in the 2012 and 2013 comparison data is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days or usually having four drinks on those days when respondents drank alcohol in the past 30 days based on the core alcohol module data, or drinking four or more drinks on the same occasion on at least 1 day in the past 30 days (including the last occasion of alcohol use) based on the noncore consumption of alcohol module data. Combined QFT and DR data for binge alcohol use based on the core alcohol module data are repeated in these rows.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.39sp Binge Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (n = 2,061) ^{1,2}	2013 Comparison (n = 998) ^{1,3}	2013 DR (n = 185) ^{1,4}	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
BINGE ALCOHOL USE, CORE ONLY⁵					
Aged 12 or Older	16.4	14.7	19.8*	-3.4 (5.74)	-5.1 (5.71)
Male	26.2	23.6	29.4*	-3.2 (12.24)	-5.8 (11.63)
Female	7.9	7.0	11.6*	-3.8 (4.76)	-4.6 (4.88)
Aged 12 to 17	7.5 ^a	2.6	2.0*	5.5 (2.38)	0.6 (2.31)
Male	8.5	2.5*	2.7*	5.9 (4.16)	-0.2 (3.15)
Female	6.3 ^a	2.8*	0.0*	6.3 (2.46)	2.8 (1.82)
Aged 18 to 25	22.7 ^a	22.1 ^a	52.7*	-30.0 (13.45)	-30.6 (13.81)
Male	33.7	34.0	72.3*	-38.6 (23.06)	-38.3 (22.49)
Female	8.8	8.1	42.0*	-33.2 (18.04)	-33.9 (18.18)
Aged 26 or Older	16.3	14.9	19.7*	-3.4 (6.27)	-4.9 (6.20)
Male	26.5	24.1	30.9*	-4.4 (13.77)	-6.8 (13.09)
Female	7.9	7.1	10.8*	-2.9 (4.98)	-3.7 (5.02)
BINGE ALCOHOL USE, CORE PLUS NONCORE⁶					
Aged 12 or Older	17.4	15.1	19.8*	-2.4 (5.75)	-4.7 (5.77)
Male	26.2	23.6	29.4*	-3.2 (12.24)	-5.8 (11.63)
Female	9.7	7.7	11.6*	-1.9 (4.78)	-3.9 (5.16)
Aged 12 to 17	7.8 ^a	2.6	2.0*	5.8 (2.44)	0.6 (2.31)
Male	8.5	2.5*	2.7*	5.9 (4.16)	-0.2 (3.15)
Female	7.1 ^a	2.8*	0.0*	7.1 (2.53)	2.8 (1.82)
Aged 18 to 25	23.7 ^a	23.0 ^a	52.7*	-29.0 (13.64)	-29.7 (13.82)
Male	33.7	34.0	72.3*	-38.6 (23.06)	-38.3 (22.49)
Female	11.1	10.1	42.0*	-30.9 (18.69)	-31.9 (18.25)
Aged 26 or Older	17.4	15.3	19.7*	-2.4 (6.26)	-4.5 (6.27)
Male	26.5	24.1	30.9*	-4.4 (13.77)	-6.8 (13.09)
Female	9.8	7.9	10.8*	-1.1 (4.98)	-3.0 (5.34)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Binge Alcohol Use in the 2012 and 2013 comparison data based on only core alcohol module data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the DR is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

⁶ Binge Alcohol Use in the 2012 and 2013 comparison data based on core plus noncore data is defined for males as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. The measure for females in the 2012 and 2013 comparison data is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days or usually having four drinks on those days when respondents drank alcohol in the past 30 days based on the core alcohol module data, or drinking four or more drinks on the same occasion on at least 1 day in the past 30 days (including the last occasion of alcohol use) based on the noncore consumption of alcohol module data. DR data for binge alcohol use based on the core alcohol module data are repeated in these rows.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.40 Lifetime Use of Felt-Tip Pens, Computer Cleaners or Other Inhalants, by Age Group and Past Year Use of Inhalants according to Types of Inhalants Used in the Lifetime among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Inhalant/Age Group	Aged 12 or Older (n = 3,012)	Aged 12 to 17 (n = 707)	Aged 18 to 25 (n = 702)	Aged 26 or Older (n = 1,603)
LIFETIME USE				
Felt-Tip Pens or Computer Keyboard Cleaner ¹	3.9	7.9	7.4	2.9
Other Inhalants, Excluding Felt-Tip Pens or Computer Keyboard Cleaner ²	7.2	1.4	2.9	8.5
PAST YEAR USE				
Among Lifetime Users of Felt-Tip Pens or Computer Keyboard Cleaner ¹	12.4	31.5*	7.4*	8.5*
Among Lifetime Users of Other Inhalants, Excluding Users of Felt-Tip Pens or Computer Keyboard Cleaner ²	3.3	69.4*	19.6*	1.1*

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

NOTE: Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

NOTE: Questionnaire Field Test data collected from September 1 through November 3, 2012. Dress Rehearsal data collected from September 1 through October 31, 2013.

NOTE: Denominators for lifetime use estimates consist of the combined QFT and DR sample for persons aged 12 or older or within the specific age groups. Denominators for past year use estimates among persons aged 12 or older consist of lifetime users of inhalants aged 12 or older who reported use of felt-tip pens or computer keyboard cleaner (n = 182) or who reported lifetime use of other inhalants but not these two specific inhalants (n = 185).

¹ Estimates could include lifetime use of other inhalants in addition to lifetime use of felt-tip pens, felt-tip markers, or magic markers; or computer cleaner, also known as air duster.

² Other inhalants in the combined QFT and DR include the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; other aerosol sprays, or other inhalants besides those that were listed.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.41 Use of Hallucinogens in Lifetime among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data) ⁵	15.3	16.2	17.2	-1.9 (1.12)	-0.9 (1.15)
Core Plus Noncore ⁵	15.8	16.7	17.2	-1.4 (1.12)	-0.5 (1.14)
Aged 12 to 17					
Core Only (without Noncore Data) ⁵	3.1	2.5 ^a	4.5	-1.4 (0.93)	-2.0 (0.93)
Core Plus Noncore ⁵	3.7	2.7	4.5	-0.9 (0.93)	-1.8 (0.93)
Aged 18 to 25					
Core Only (without Noncore Data) ⁵	18.2	17.8	19.9	-1.6 (2.03)	-2.1 (1.99)
Core Plus Noncore ⁵	20.3	19.4	19.9	0.5 (2.01)	-0.5 (2.00)
Aged 26 or Older					
Core Only (without Noncore Data) ⁵	16.2	17.5	18.2	-1.9 (1.32)	-0.6 (1.36)
Core Plus Noncore ⁵	16.4	17.8	18.2	-1.7 (1.32)	-0.4 (1.36)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ For the 2012 and 2013 comparison data, Core-Only estimates are based on use of any of the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; "Ecstasy," also called MDMA; or any other hallucinogen. Core Plus Noncore estimates are based on use of any of the hallucinogens from the core, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*. Combined QFT and DR estimates are based on use of any of the hallucinogens available in the Core Plus Noncore data for the 2012 and 2013 comparison data. The Core-Only estimate for the Combined QFT and DR is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.42 Misuse of Prescription Drugs or Methamphetamine in the Lifetime among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Prescription Drug Misuse^{5,6}	21.3 ^a	20.6 ^a	14.8	6.5 (0.95)	5.8 (0.94)
Pain Reliever Misuse	14.4 ^a	13.8 ^a	12.0	2.5 (0.81)	1.8 (0.82)
Tranquilizer Misuse	9.4 ^a	9.3 ^a	5.6	3.8 (0.64)	3.7 (0.61)
Sedative Misuse	3.3	3.0	3.4	-0.1 (0.49)	-0.4 (0.49)
Stimulant Misuse, Standard Definition ^{6,7}	8.7	8.7	10.2	-1.5 (0.85)	-1.5 (0.87)
Stimulant Misuse, QFT Definition ⁸	N/A	N/A	4.3	N/A (N/A)	N/A (N/A)
Methamphetamine Use ⁵	4.9 ^a	4.8 ^a	7.4	-2.6 (0.74)	-2.6 (0.75)
Illicit Drugs, Standard Definition^{5,6,9}	49.3	50.3	48.8	0.5 (1.45)	1.4 (1.44)
Alternate Definition 3¹⁰	46.1	47.0	46.3	-0.2 (1.49)	0.7 (1.50)
Illicit Drugs Other Than Marijuana, Standard Definition^{5,6,9}	30.7	30.4	31.2	-0.5 (1.26)	-0.8 (1.27)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2012 and 2013 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁶ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data, but is not included for the Combined 2012 QFT and 2013 DR.

⁷ Estimate for the Combined 2012 QFT and 2013 DR includes data for methamphetamine and misuse of prescription stimulants.

⁸ Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.

⁹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the Combined 2012 QFT and 2013 DR, both measures also included methamphetamine.

¹⁰ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2012 and 2013 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.42sp Misuse of Prescription Drugs or Methamphetamine in the Lifetime among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 2,061)^{1,2}	2013 Comparison (n = 998)^{1,3}	2013 DR (n = 185)^{1,4}	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
Prescription Drug Misuse^{5,6}	9.1	9.3	9.0*	0.2 (4.54)	0.3 (4.35)
Pain Reliever Misuse	6.8	5.4	8.9*	-2.0 (4.43)	-3.4 (4.24)
Tranquilizer Misuse	2.9 ^a	3.4 ^a	0.1	2.8 (0.83)	3.3 (0.92)
Sedative Misuse	0.5	0.4	0.4*	0.1 (0.40)	-0.0 (0.46)
Stimulant Misuse, Standard Definition ^{6,7}	0.6	1.2	0.7*	-0.1 (0.76)	0.4 (0.85)
Stimulant Misuse, QFT Definition ⁸	N/A	N/A	0.7*	N/A (N/A)	N/A (N/A)
Methamphetamine Use ⁵	0.3 ^a	0.8 ^a	0.0*	0.3 (0.16)	0.8 (0.37)
Illicit Drugs, Standard Definition^{5,6,9}	18.6	16.6	19.9*	-1.3 (5.84)	-3.3 (5.86)
Alternate Definition^{3,10}	11.7	9.6	14.4*	-2.7 (5.05)	-4.9 (5.27)
Illicit Drugs Other Than Marijuana, Standard Definition^{5,6,9}	13.9	11.7	16.7*	-2.7 (6.08)	-4.9 (6.02)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2012 and 2013 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁶ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data, but is not included for the 2013 DR.

⁷ Estimate for the 2013 DR includes data for methamphetamine and misuse of prescription stimulants.

⁸ Estimate for the 2013 DR includes data only for misuse of prescription stimulants.

⁹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2013 DR, both measures also included methamphetamine.

¹⁰ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2012 and 2013 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.43 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 55,232)^{1,2}	2013 Comparison (n = 26,617)^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012)^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Prescription Drug Misuse^{5,6}	6.3 ^a	5.7 ^a	8.0	-1.7 (0.67)	-2.3 (0.67)
Pain Reliever Misuse	4.7	4.1 ^a	5.7	-1.0 (0.56)	-1.6 (0.56)
OxyContin [®] Misuse ⁷	0.6	0.6	0.9	-0.3 (0.24)	-0.4 (0.25)
Tranquilizer Misuse	2.3	2.0	2.7	-0.3 (0.35)	-0.7 (0.36)
Sedative Misuse	0.2 ^a	0.1 ^a	0.8	-0.6 (0.20)	-0.7 (0.20)
Stimulant Misuse, Standard Definition ^{5,8}	1.3 ^a	1.5 ^a	2.5	-1.2 (0.36)	-1.0 (0.37)
Stimulant Misuse, QFT Definition ⁹	N/A	N/A	1.9	N/A (N/A)	N/A (N/A)
Methamphetamine Use ⁵	0.4	0.5	0.7	-0.3 (0.17)	-0.2 (0.18)
Illicit Drugs, Standard Definition^{5,6,10}	15.9	16.0	16.7	-0.8 (1.01)	-0.7 (1.02)
Alternate Definition 3¹¹	13.1	13.6	12.9	0.1 (0.96)	0.7 (0.96)
Illicit Drugs Other Than Marijuana, Standard Definition^{5,6,10}	8.1 ^a	7.4 ^a	9.8	-1.7 (0.75)	-2.4 (0.75)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2012 and 2013 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁶ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data, but is not included for the 2012 QFT and 2013 DR.

⁷ Lifetime and Past Month misuse of OxyContin[®] are not shown because these estimates cannot be produced from the 2012 QFT and 2013 DR.

⁸ Estimate for the Combined 2012 QFT and 2013 DR includes data for methamphetamine and misuse of prescription stimulants.

⁹ Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.

¹⁰ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the Combined 2012 QFT and 2013 DR, both measures also included methamphetamine.

¹¹ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2012 and 2013 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.44 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 55,232)^{1,2}	2013 Comparison (n = 26,617)^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012)^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Prescription Drug Misuse^{5,6}	2.6	2.3	2.6	0.0 (0.35)	-0.3 (0.36)
Pain Reliever Misuse	1.9	1.7	1.7	0.2 (0.27)	-0.0 (0.29)
Tranquilizer Misuse	0.8	0.6	0.8	0.0 (0.20)	-0.2 (0.20)
Sedative Misuse	0.1	0.0	0.2	-0.1 (0.10)	-0.2 (0.10)
Stimulant Misuse, Standard Definition ^{5,7}	0.5	0.5	0.7	-0.3 (0.17)	-0.2 (0.18)
Stimulant Misuse, QFT Definition ⁸	N/A	N/A	0.4	N/A (N/A)	N/A (N/A)
Methamphetamine Use ⁵	0.1	0.2	0.4	-0.2 (0.14)	-0.2 (0.15)
Illicit Drugs, Standard Definition^{5,6,9}	9.3	9.4	9.7	-0.4 (0.74)	-0.3 (0.76)
Alternate Definition^{3,10}	7.9	8.3	8.2	-0.4 (0.70)	0.1 (0.71)
Illicit Drugs Other Than Marijuana, Standard Definition^{5,6,9}	3.5	3.2	3.4	0.1 (0.39)	-0.1 (0.41)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2012 and 2013 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

⁶ Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data, but is not included for the Combined 2012 QFT and 2013 DR.

⁷ Estimate for the Combined 2012 QFT and 2013 DR includes data for methamphetamine and misuse of prescription stimulants.

⁸ Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.

⁹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the Combined 2012 QFT and 2013 DR, both measures also included methamphetamine.

¹⁰ Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2012 and 2013 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.45 Misuse of Stimulants in the Lifetime among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Standard Definition ⁵	8.7	8.7	10.2	-1.5 (0.85)	-1.5 (0.87)
Standard Definition, Plus Noncore Adderall® ⁶	10.3	10.3	10.2	0.1 (0.84)	0.1 (0.88)
QFT and DR Definition ⁷	N/A	N/A	4.3	N/A (N/A)	N/A (N/A)
Aged 12 to 17					
Standard Definition ⁵	2.1	2.1	2.1	-0.1 (0.60)	-0.0 (0.61)
Standard Definition, Plus Noncore Adderall® ⁶	3.7 ^a	3.6 ^a	2.1	1.6 (0.60)	1.4 (0.61)
QFT and DR Definition ⁷	N/A	N/A	1.9	N/A (N/A)	N/A (N/A)
Aged 18 to 25					
Standard Definition ⁵	10.5 ^a	9.6 ^a	15.3	-4.7 (1.79)	-5.6 (1.75)
Standard Definition, Plus Noncore Adderall® ⁶	17.3	16.7	15.3	2.1 (1.82)	1.5 (1.79)
QFT Definition ⁷	N/A	N/A	13.0	N/A (N/A)	N/A (N/A)
Aged 26 or Older					
Standard Definition ⁵	9.2	9.3	10.3	-1.1 (1.02)	-1.1 (1.05)
Standard Definition, Plus Noncore Adderall® ⁶	9.9	10.1	10.3	-0.4 (1.01)	-0.2 (1.05)
QFT and DR Definition ⁷	N/A	N/A	3.2	N/A (N/A)	N/A (N/A)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ The Standard Definition for Stimulant Misuse for the 2012 and 2013 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the Combined 2012 QFT and 2013 DR includes data from the core modules for methamphetamine and stimulants.

⁶ Estimates for the 2012 and 2013 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall®. The Standard Definition estimate for the Combined 2012 QFT and 2013 DR is repeated in the Standard Definition Plus Noncore Adderall® row.

⁷ Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.46 Misuse of Stimulants in the Past Year among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Standard Definition ⁵	1.3 ^a	1.5 ^a	2.5	-1.2 (0.36)	-1.0 (0.37)
Standard Definition, Plus Noncore Adderall ^{®6}	2.0	2.2	2.5	-0.4 (0.36)	-0.3 (0.38)
QFT and DR Definition ⁷	N/A	N/A	1.9	N/A (N/A)	N/A (N/A)
Aged 12 to 17					
Standard Definition ⁵	1.5	1.4	1.6	-0.2 (0.54)	-0.2 (0.54)
Standard Definition, Plus Noncore Adderall ^{®6}	2.4	2.3	1.6	0.8 (0.53)	0.7 (0.55)
QFT and DR Definition ⁷	N/A	N/A	1.5	N/A (N/A)	N/A (N/A)
Aged 18 to 25					
Standard Definition ⁵	4.3 ^a	3.9 ^a	11.3	-6.9 (1.69)	-7.3 (1.70)
Standard Definition, Plus Noncore Adderall ^{®6}	7.7 ^a	7.0 ^a	11.3	-3.5 (1.74)	-4.2 (1.75)
QFT and DR Definition ⁷	N/A	N/A	10.4	N/A (N/A)	N/A (N/A)
Aged 26 or Older					
Standard Definition ⁵	0.8	1.1	1.2	-0.4 (0.28)	-0.1 (0.30)
Standard Definition, Plus Noncore Adderall ^{®6}	1.1	1.4	1.2	-0.1 (0.28)	0.2 (0.31)
QFT and DR Definition ⁷	N/A	N/A	0.6	N/A (N/A)	N/A (N/A)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ The Standard Definition for Stimulant Misuse for the 2012 and 2013 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the Combined 2012 QFT and 2013 DR includes data from the core modules for methamphetamine and stimulants.

⁶ Estimates for the 2012 and 2013 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall[®]. The Standard Definition estimate for the Combined 2012 QFT and 2013 DR is repeated in the Standard Definition Plus Noncore Adderall[®] row.

⁷ Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.47 Misuse of Stimulants in the Past Month among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Standard Definition ⁵	0.5	0.5	0.7	-0.3 (0.17)	-0.2 (0.18)
Standard Definition, Plus Noncore Adderall ^{®6}	0.7	0.8	0.7	-0.0 (0.18)	0.0 (0.19)
QFT and DR Definition ⁷	N/A	N/A	0.4	N/A (N/A)	N/A (N/A)
Aged 12 to 17					
Standard Definition ⁵	0.6	0.4	0.5	0.1 (0.27)	-0.1 (0.26)
Standard Definition, Plus Noncore Adderall ^{®6}	0.8	0.8	0.5	0.3 (0.27)	0.3 (0.27)
QFT and DR Definition ⁷	N/A	N/A	0.4	N/A (N/A)	N/A (N/A)
Aged 18 to 25					
Standard Definition ⁵	1.3	1.4	2.1	-0.9 (0.58)	-0.8 (0.58)
Standard Definition, Plus Noncore Adderall ^{®6}	2.3	2.2	2.1	0.1 (0.59)	0.1 (0.59)
QFT and DR Definition ⁷	N/A	N/A	1.9	N/A (N/A)	N/A (N/A)
Aged 26 or Older					
Standard Definition ⁵	0.3	0.4	0.5	-0.2 (0.19)	-0.1 (0.20)
Standard Definition, Plus Noncore Adderall ^{®6}	0.4	0.5	0.5	-0.1 (0.19)	0.0 (0.20)
QFT and DR Definition ⁷	N/A	N/A	0.1	N/A (N/A)	N/A (N/A)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ The Standard Definition for Stimulant Misuse for the 2012 and 2013 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the Combined 2012 QFT and 2013 DR includes data from the core modules for methamphetamine and stimulants.

⁶ Estimates for the 2012 and 2013 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall[®]. The Standard Definition estimate for the Combined 2012 QFT and 2013 DR is repeated in the Standard Definition Plus Noncore Adderall[®] row.

⁷ Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.48 Misuse of Sedatives in the Lifetime among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data) ⁵	3.3	3.0	3.4	-0.1 (0.49)	-0.4 (0.49)
Core Plus Noncore ⁵	5.3 ^a	5.0 ^a	3.4	1.9 (0.50)	1.6 (0.51)
Aged 12 to 17					
Core Only (without Noncore Data) ⁵	0.7	0.5	0.6	0.1 (0.31)	-0.1 (0.32)
Core Plus Noncore ⁵	1.6 ^a	1.2 ^a	0.6	1.0 (0.31)	0.6 (0.33)
Aged 18 to 25					
Core Only (without Noncore Data) ⁵	1.3	1.2	2.0	-0.8 (0.69)	-0.9 (0.69)
Core Plus Noncore ⁵	4.3 ^a	4.0 ^a	2.0	2.3 (0.68)	2.0 (0.71)
Aged 26 or Older					
Core Only (without Noncore Data) ⁵	3.9	3.5	3.9	-0.0 (0.61)	-0.4 (0.61)
Core Plus Noncore ⁵	5.9 ^a	5.6 ^a	3.9	2.0 (0.62)	1.7 (0.62)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2012 and 2013 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core-Only estimate for the Combined 2012 QFT and 2013 DR is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.49 Misuse of Sedatives in the Past Year among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data) ⁵	0.2 ^a	0.1 ^a	0.8	-0.6 (0.20)	-0.7 (0.20)
Core Plus Noncore ⁵	0.9	0.7	0.8	0.0 (0.20)	-0.2 (0.20)
Aged 12 to 17					
Core Only (without Noncore Data) ⁵	0.3	0.2	0.6	-0.3 (0.31)	-0.4 (0.32)
Core Plus Noncore ⁵	0.8	0.6	0.6	0.2 (0.30)	0.0 (0.32)
Aged 18 to 25					
Core Only (without Noncore Data) ⁵	0.4	0.4	1.3	-0.9 (0.49)	-0.9 (0.50)
Core Plus Noncore ⁵	1.5	1.2	1.3	0.2 (0.50)	-0.1 (0.51)
Aged 26 or Older					
Core Only (without Noncore Data) ⁵	0.2 ^a	0.1 ^a	0.8	-0.6 (0.23)	-0.7 (0.23)
Core Plus Noncore ⁵	0.8	0.6	0.8	-0.0 (0.24)	-0.2 (0.23)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2012 and 2013 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core-Only estimate for the Combined 2012 QFT and 2013 DR is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.50 Misuse of Sedatives in the Past Year among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data) ⁵	0.1	0.0	0.2	-0.1 (0.10)	-0.2 (0.10)
Core Plus Noncore ⁵	0.3	0.2	0.2	0.1 (0.10)	-0.1 (0.10)
Aged 12 to 17					
Core Only (without Noncore Data) ⁵	0.1	0.1	0.1	0.0 (0.10)	-0.0 (0.10)
Core Plus Noncore ⁵	0.2	0.2	0.1	0.1 (0.10)	0.1 (0.10)
Aged 18 to 25					
Core Only (without Noncore Data) ⁵	0.2	0.0	0.1	0.1 (0.09)	-0.1 (0.09)
Core Plus Noncore ⁵	0.4 ^a	0.1	0.1	0.3 (0.10)	0.0 (0.09)
Aged 26 or Older					
Core Only (without Noncore Data) ⁵	0.1	0.0	0.3	-0.2 (0.13)	-0.2 (0.13)
Core Plus Noncore ⁵	0.3	0.2	0.3	0.0 (0.13)	-0.1 (0.12)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2012 and 2013 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core-Only estimate for the Combined 2012 QFT and 2013 DR is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.51 Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Dependence or Abuse Measure	2012 Comparison (n = 55,232) ^{1,2}	2013 Quarters 3 and 4 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
DEPENDENCE					
Illicit Drugs⁵	2.0	1.8	1.9	0.1 (0.25)	-0.0 (0.24)
Marijuana	1.0	1.0	1.0	0.1 (0.18)	0.0 (0.18)
Hallucinogens	0.0 ^a	0.0*	0.0	0.0 (0.01)	-0.0 (0.01)
Inhalants	0.0	0.0	0.0	0.0 (0.01)	0.0 (0.01)
Prescription Drugs ⁶	0.8	0.7	0.8	0.0 (0.15)	-0.1 (0.16)
Pain Relievers	0.6	0.6	0.6	0.1 (0.13)	0.1 (0.14)
Stimulants Among Methamphetamine Users	0.1	0.0*	N/A	N/A (N/A)	N/A (N/A)
Methamphetamine	N/A	N/A	0.2	N/A (N/A)	N/A (N/A)
Illicit Drugs Other Than Marijuana⁵	1.2	0.9	1.0	0.1 (0.21)	-0.1 (0.21)
Illicit Drugs Excluding Marijuana⁷	1.0	0.8	0.9	0.1 (0.20)	-0.1 (0.21)
ABUSE					
Illicit Drugs⁵	0.8	0.6	0.7	0.1 (0.15)	-0.1 (0.16)
Marijuana	0.6	0.4	0.5	0.1 (0.12)	-0.1 (0.12)
Hallucinogens	0.1	0.0*	0.1	0.0 (0.03)	-0.1 (0.03)
Inhalants	0.0	0.0	0.0	0.0 (0.02)	0.0 (0.02)
Prescription Drugs ⁶	0.3	0.2	0.3	-0.0 (0.11)	-0.1 (0.11)
Pain Relievers	0.2	0.1	0.2	0.0 (0.09)	-0.1 (0.08)
Illicit Drugs Other Than Marijuana⁵	0.4	0.2	0.3	0.0 (0.12)	-0.1 (0.11)
Illicit Drugs Excluding Marijuana⁷	0.3	0.2	0.4	-0.1 (0.13)	-0.2 (0.12)
DEPENDENCE OR ABUSE					
Illicit Drugs⁵	2.8	2.4	2.6	0.3 (0.30)	-0.1 (0.30)
Marijuana	1.6	1.4	1.5	0.2 (0.22)	-0.0 (0.23)
Hallucinogens	0.1 ^a	0.0*	0.0*	0.1 (0.01)	0.0 (0.00)
Inhalants	0.0	0.0	0.0	0.0 (0.02)	0.0 (0.02)
Prescription Drugs ⁶	1.0	0.8	1.1	-0.0 (0.19)	-0.2 (0.19)
Pain Relievers	0.8	0.8	0.8	0.1 (0.16)	0.0 (0.17)
Illicit Drugs Other Than Marijuana⁵	1.5	1.2	1.4	0.1 (0.23)	-0.2 (0.23)
Illicit Drugs Excluding Marijuana⁷	1.3	1.1	1.3	0.0 (0.23)	-0.2 (0.23)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

^a Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics.

Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics.

Estimates for the Combined 2012 QFT and 2013 DR include relevant dependence or abuse data for methamphetamine.

⁶ Estimates for Prescription Drugs include misuse of pain relievers, tranquilizers, stimulants, or sedatives. Estimates for the Combined 2012 QFT and 2013 DR do not include dependence or abuse data for methamphetamine.

⁷ Illicit Drugs Excluding Marijuana include dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics and require respondents not to have corresponding dependence or abuse for marijuana. Estimates for the Combined 2012 QFT and 2013 DR include relevant dependence or abuse data for methamphetamine.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.52 Substance Use with a Needle in the Lifetime, Past Year, and Past Month among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance Used with a Needle/Period of Use	2012 Comparison (n = 55,232) ^{1,2}	2013 Quarters 3 and 4 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
USE OF HEROIN WITH A NEEDLE					
Lifetime	0.9	1.0	0.7	0.1 (0.27)	0.3 (0.27)
Past Year	0.2	0.1	0.1	0.0 (0.06)	0.0 (0.07)
Past Month	0.1 ^a	0.0	0.0	0.1 (0.02)	0.0 (0.01)
USE OF COCAINE WITH A NEEDLE					
Lifetime	0.9	1.1	1.0	-0.2 (0.32)	0.0 (0.31)
Past Year	0.1 ^a	0.1 ^a	0.0*	0.1 (0.01)	0.1 (0.02)
Past Month	0.0 ^a	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
USE OF METHAMPHETAMINE WITH A NEEDLE					
Lifetime	0.7	0.8	1.0	-0.2 (0.31)	-0.2 (0.30)
Past Year	0.1	0.1	0.2	-0.1 (0.09)	-0.1 (0.09)
Past Month	0.0	0.0	0.1	-0.1 (0.07)	-0.1 (0.07)
USE OF PRESCRIPTION STIMULANTS WITH A NEEDLE⁵					
Past Year	0.1 ^a	0.1 ^a	0.0*	0.1 (0.01)	0.1 (0.02)
Past Month	0.0 ^a	0.0 ^a	0.0*	0.0 (0.01)	0.0 (0.01)
USE OF HEROIN, COCAINE, METHAMPHETAMINE, OR PRESCRIPTION STIMULANTS WITH A NEEDLE⁵					
Past Year	0.2	0.2	0.2	0.0 (0.09)	0.0 (0.09)
Past Month	0.1	0.1	0.1	-0.0 (0.07)	-0.0 (0.07)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Lifetime estimates involving use of prescription stimulants with a needle are not presented because only QFT and DR respondents who reported past year stimulant misuse are asked about use of stimulants with a needle and only about their use of stimulants with a needle in the past year or past month.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.53 Perceived Great Risk of Harm Associated with Substance Use among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Perception of Great Risk ¹	2012 Comparison (n = 55,232) ^{2,3}	2013 Comparison (n = 26,617) ^{2,4}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{2,5}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
PERCEPTIONS OF GREAT RISK – CIGARETTES					
Smoke one or more packs per day	70.6	69.3	69.2	1.4 (1.38)	0.1 (1.36)
PERCEPTIONS OF GREAT RISK – MARIJUANA					
Smoke once a month	28.8	26.1 ^a	29.1	-0.3 (1.35)	-2.9 (1.38)
Smoke once or twice a week	38.5	35.1	37.0	1.5 (1.43)	-1.9 (1.44)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Response categories for the Perceptions of Risk questions include "No risk," "Slight risk," "Moderate risk," and "Great risk." The estimates in this table correspond to persons reporting "Great risk." Respondents with unknown Perceptions of Risk data were excluded.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

³ 2012 comparison data collected in quarters 1 through 4, 2012.

⁴ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁵ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.54 Number of Years Since Last Use for Selected Substances among Lifetime Users Aged 12 to 49 for English-Language Non-Hispanic Interviews: Averages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 48,288)^{1,2}	2013 Comparison (n = 23,236)^{1,3}	Combined 2012 QFT and 2013 DR (n = 2,454)^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Cigarettes	10.5	10.6	10.2	0.3 (0.49)	0.4 (0.51)
Alcohol	2.5 ^a	2.5	3.2	-0.7 (0.35)	-0.7 (0.37)
Marijuana	9.9 ^a	9.9 ^a	8.6	1.3 (0.44)	1.4 (0.45)
Cocaine	10.5	10.6	10.6	-0.1 (0.70)	-0.0 (0.72)
Hallucinogens	11.3	11.4	11.0	0.3 (0.68)	0.4 (0.71)
Inhalants	13.7	14.4	14.8	-1.1 (0.89)	-0.3 (0.88)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

NOTE: If respondents reported last using a substance more than 30 days ago but within the past 12 months, the number of years since last use was assumed to be zero, regardless of whether they reported last use more than a year ago based on the age, year, or month when they last used. In addition, the number of years since last use was set to zero for past month substance users, but they were not asked the questions pertaining to prior substance use.

NOTE: Within each set of data, sample sizes will vary by substance because nonusers of the substance were excluded from the analysis.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons. Sample sizes are for all respondents aged 12 to 49 after these exclusions had been made. Sample sizes for the specific drugs will vary based on the numbers of lifetime users.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.55 Received Substance Use Treatment in the Lifetime and Past Year and Types of Past Year Substance Use Treatment among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance Use Treatment	2012 Comparison (n = 55,232) ^{1,2}	2013 Comparison (n = 26,617) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 3,012) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
LIFETIME TREATMENT	6.3	6.3	6.6	-0.3 (0.65)	-0.3 (0.65)
PAST YEAR TREATMENT	1.4	1.4	1.3	0.2 (0.24)	0.1 (0.23)
Alcohol Use Only	0.6 ^a	0.6 ^a	0.3	0.3 (0.10)	0.3 (0.10)
Drug Use Only	0.4	0.4	0.5	-0.0 (0.14)	-0.1 (0.14)
Both Alcohol and Drug Use	0.4	0.4	0.4	-0.0 (0.14)	-0.1 (0.14)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.56 Adult Mental Health Treatment in the Past Year and Type of Facility Where Received Treatment among Persons Aged 18 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

	2012 Comparison (n = 37,659) ^{2,3}	2013 Comparison (n = 18,007) ^{2,4}	Combined 2012 QFT and 2013 DR (n = 2,305) ^{2,5}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Past Year Mental Health Treatment¹					
STAYED OVERNIGHT IN HOSPITAL FOR MENTAL HEALTH TREATMENT	0.8	1.0	1.0	-0.2 (0.27)	-0.1 (0.26)
FACILITY TYPE – OVERNIGHT MENTAL HEALTH TREATMENT⁶					
Private or Public Psychiatric Hospital	0.2	0.2	0.2	-0.0 (0.18)	-0.1 (0.18)
Psychiatric Unit – General Hospital	0.2	0.2	0.2	0.0 (0.08)	0.0 (0.08)
Medical unit – General Hospital	0.2	0.3	0.3	-0.1 (0.12)	-0.0 (0.12)
Another Type of Hospital	0.1	0.1	0.1	-0.0 (0.11)	-0.0 (0.11)
Residential Treatment Center	0.1	0.1	0.0	0.0 (0.05)	0.1 (0.05)
Other Facility	0.1	0.1	0.2	-0.1 (0.08)	-0.1 (0.07)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Respondents with unknown mental health treatment information were excluded.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

³ 2012 comparison data collected in quarters 1 through 4, 2012.

⁴ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁵ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁶ Respondents could indicate multiple locations for treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.57 Youth Mental Health Treatment in the Past Year and Number of Nights Received Treatment among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic and P Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

	2012 Comparison (n = 17,573) ^{2,3}	2013 Comparison (n = 8,610) ^{2,4}	Combined 2012 QFT and 2013 DR (n = 707) ^{2,5}	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, P Value
Past Year Mental Health Treatment¹					
STAYED OVERNIGHT IN HOSPITAL FOR MENTAL HEALTH TREATMENT					
Yes	1.9	2.2	2.1	0.08, 0.7746	0.85, 0.3564
No	98.1	97.8	97.9		
NUMBER OF NIGHTS IN HOSPITAL FOR MENTAL HEALTH TREATMENT				0.10, 0.9080	0.29, 0.7496
1 Night	49.9	50.5	54.5 [*]		
2 to 6 Nights	28.4	27.5	26.0 [*]		
7 or More Nights	21.6	21.9	19.5 [*]		
STAYED OVERNIGHT IN RESIDENTIAL TREATMENT CENTER FOR MENTAL HEALTH TREATMENT				0.27, 0.6032	0.24, 0.6222
Yes	0.9	1.1	1.4		
No	99.1	98.9	98.6		
NUMBER OF NIGHTS IN RESIDENTIAL TREATMENT CENTER FOR MENTAL HEALTH TREATMENT				0.21, 0.8079	0.41, 0.6630
1 Night	26.8	39.4	27.1 [*]		
2 to 6 Nights	29.8	20.7	44.0 [*]		
7 or More Nights	43.4	39.9	28.9 [*]		

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^c Interaction between the characteristic and survey is significant at the 0.05 level.

¹ Respondents with unknown mental health treatment information were excluded.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

³ 2012 comparison data collected in quarters 1 through 4, 2012.

⁴ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁵ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.58 Selected Mental Health Measures among Persons Aged 18 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Mental Health Measure	2012 Comparison (n = 37,659) ^{1,2}	2013 Comparison (n = 18,007) ^{1,3}	Combined 2012 QFT and 2013 DR (n = 2,305) ^{1,4}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Past Month SPD ⁵	5.1 ^a	5.0	4.0	1.1 (0.52)	1.0 (0.54)
Past Year SPD ⁵	10.6	10.6	9.2	1.5 (0.78)	1.4 (0.77)
Past Year Thoughts of Suicide ⁶	3.9	3.8	3.4	0.5 (0.53)	0.4 (0.52)
Past Year Suicide Plans ⁶	1.2	1.2	0.8	0.3 (0.20)	0.4 (0.22)
Past Year Attempted Suicide ⁶	0.5	0.5	0.4	0.1 (0.13)	0.1 (0.14)
Several Days or Longer Felt Sad, Empty, or Depressed ⁷	31.3	31.2	30.8	0.5 (1.15)	0.4 (1.16)
Several Days When Most of the Day Felt Very Discouraged ⁷	12.4	12.0	12.2	0.3 (1.20)	-0.1 (1.19)
Several Days or Longer Lost Interest in Things Usually Enjoyable ⁷	4.2	4.0	5.8	-1.6 (0.97)	-1.8 (0.97)
Average Past Month Total K6 Score ⁸	3.8	3.8	3.6	0.2 (0.12)	0.2 (0.12)
Average Past Year Worst K6 Total Score ⁸	4.9	4.9	4.7	0.2 (0.16)	0.2 (0.16)
Average WHODAS Score (0 to 24)	3.7	3.7	3.4	0.2 (0.15)	0.2 (0.15)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; K6 = Kessler 6; QFT = Questionnaire Field Test; SPD = serious psychological distress; WHODAS = World Health Organization Disability Assessment Schedule.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ SPD is defined as having a score of 13 or higher on the K6 scale.

⁶ Respondents with unknown suicide information were excluded.

⁷ Respondents with unknown depression information were excluded.

⁸ The K6 score is derived from 12 questions asking the frequency that a respondent experienced symptoms of psychological distress. Six new questions were asked for the first time in 2008 to all respondents aged 18 or older about their past 30-day symptoms. Responses to these six questions are combined to produce the past month score ranging from 0 to 24. The original six questions are then only asked respondents who reported that there was a month in the past year when they felt more symptoms than they felt in the past 30 days, and a score ranging from 0 to 24 is produced. The maximum of these two scores is taken to create the past year K6 score.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.59 Adolescent Depression Characteristics among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Depression Characteristic¹	2012 Comparison (n = 17,573)^{2,3}	2013 Comparison (n = 8,610)^{2,4}	Combined 2012 QFT and 2013 DR (n = 707)^{2,5}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Several Days or Longer Felt Sad, Empty or Depressed	42.9	44.5	41.5	1.4 (2.19)	3.0 (2.19)
Several Days When Most of the Day Felt Very Discouraged	8.6	8.1	8.1	0.5 (1.85)	0.0 (1.87)
Several Days or Longer Lost Interest in Things Usually Enjoyable	15.3	15.7	15.7	-0.3 (2.58)	0.0 (2.52)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Respondents with unknown depression information were excluded.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

³ 2012 comparison data collected in quarters 1 through 4, 2012.

⁴ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁵ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.60 Arrested and Booked in the Lifetime and Past Year for Breaking the Law among Persons 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Arrested and Booked¹	2012 Comparison (n = 55,232)^{2,3}	2013 Comparison (n = 26,617)^{2,4}	Combined 2012 QFT and 2013 DR (n = 3,012)^{2,5}	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
TIME PERIOD					
Lifetime	17.4	16.5	16.9	0.5 (1.06)	-0.4 (1.08)
Past Year	3.1	2.6	2.9	0.2 (0.36)	-0.2 (0.35)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

^a Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Respondents with unknown arrested and booked information were excluded.

² Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

³ 2012 comparison data collected in quarters 1 through 4, 2012.

⁴ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁵ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

7. Selected Noncore Estimates for DR, Comparison Data, and External Data Sources

7.1 Overview of Selected DR Estimates Compared with Comparison Data and Other Survey Data

This chapter presents comparisons of estimates from the 2013 Dress Rehearsal (DR) with estimates from the 2012 comparison sample, the 2013 comparison sample and comparable sources of data other than the National Survey on Drug Use and Health (NSDUH). Comparable statistics from other surveys can be used as benchmark tools for evaluating the validity of estimates from the DR. Such comparisons take into consideration that the external data used in the comparison have their own error properties and influences, such as mode of administration. For example, survey modes vary by self-administration versus interviewer administration or use of paper-and-pencil questionnaires versus computer-assisted interviewing.

Section 7.2 presents comparisons between data from the DR with the comparison data and external data sources for items that were moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) administration for both the 2012 Questionnaire Field Test (QFT) and the DR. DR estimates for measures of income received from government income support assistance programs, health insurance coverage, employment, and family income are compared with estimates from the 2012 and 2013 NSDUH comparison samples and from external data sources, including the National Health Interview Survey (NHIS), the American Community Survey (ACS), and the Current Population Survey (CPS). In *Section 7.3*, estimates from the DR for the height and weight items introduced in the 2012 QFT are compared with estimates from the NHIS and National Health and Nutrition Examination Survey (NHANES). In addition, items on health conditions, disabilities and English-language ability that were added to the QFT and DR are compared with estimates from the NHIS and ACS. *Section 7.4* presents comparisons for a new question on sexual orientation that was added to the DR questionnaire with estimates from two other surveys—the 2012 General Social Survey (GSS) and the 2006 to 2010 National Survey of Family Growth (NSFG).

7.2 Comparisons of Estimates for Items Moved from CAPI to ACASI Administration

For the QFT, questions in the income and health insurance coverage modules were administered in ACASI instead of CAPI. For some of these items, estimates from the QFT differed from estimates from the 2011 and 2012 NSDUH comparison samples and estimates from external data sources. In particular, QFT estimates differed from other data sources with respect to income received from government income support assistance programs, health insurance coverage, employment, and family income.

- QFT estimates for the receipt of Supplemental Security Income (SSI), food stamps, and welfare payments were generally higher than the estimates from the 2011 and 2012 comparison samples. The QFT estimates for SSI and food stamps were also higher than the estimates from external data sources (i.e., the NHIS and ACS).
- There were no statistically significant differences between the QFT estimates for employment status (full-time, part-time, unemployed, and other) and those from the 2011 and 2012 comparison samples. Unemployment rates from the QFT were also similar to those from the CPS.
- QFT estimates for private health insurance coverage (among those who were insured) were lower than the estimates from the 2011 and 2012 comparison samples and from the 2011 ACS and 2011 NHIS. In the QFT, 62.1 percent of those with insurance reported coverage through a private plan. Estimates for the NSDUH comparison samples and the external data sources ranged from 67.1 percent in the 2011 comparison sample to 68.7 percent in the 2011 NHIS.
- QFT estimates resulted in higher proportions of persons at lower income levels and lower proportions at higher income levels compared with the 2011 and 2012 comparison samples and the 2011 NHIS.

Although a decision was made to continue with CAPI administration of these modules for the 2015 survey, it is nevertheless of interest to the project to determine whether results from the QFT survey were generalizable to other field tests such as the DR. In this section, estimates from the DR sample are compared with those from the 2012 and 2013 quarters 3 and 4 comparison samples and estimates from external benchmark surveys.

In *Table 7.1*, DR estimates for four types of received income or participation in government assistance programs for all persons aged 12 or older are presented with parallel estimates from the 2012 and 2013 comparison samples, the 2012 ACS, and the 2012 NHIS. Several notable comparisons can be observed from this table:

- For social security, the estimate for the DR sample (23.6 percent) was somewhat lower than that for the 2012 and 2013 comparison samples, the 2012 ACS, and the 2012 NHIS, all of which were about 26 or 27 percent. However, the difference between the DR estimate and both the 2012 and 2013 comparison sample estimates was not statistically significant. This is similar to results from the QFT. In the QFT, estimates for the receipt of social security were very similar across those in the 2011 and 2012 quarters 3 and 4 comparison samples and in the 2011 ACS and 2011 NHIS, all at about 27 percent, with no statistically significant differences between the QFT estimate and estimates for the 2011 and 2012 quarters 3 and 4 comparison samples.
- For SSI, the DR estimate for all persons aged 12 or older (8.0 percent) appeared to be higher than the estimates from the NHIS (5.4 percent) and the ACS (6.2 percent). The difference between the estimate of SSI from the DR sample and both the 2012 and 2013 comparison samples was not statistically significant. These results are similar to the results from comparisons of the QFT with the NSDUH comparison samples and external data sources. The QFT estimate for all persons aged 12 or older (9.4 percent) was especially higher than the estimates from the external sources

Table 7.1 Received Income and Program Participation among Persons Aged 12 or Older: Percentages and Standard Errors for 2012 Comparison, 2013 Comparison, 2013 Dress Rehearsal, and Other Surveys

Income and Program Participation	2012 Comparison^{1,2} Percent (SE)	2013 Comparison^{1,3} Percent (SE)	2013 DR^{1,4} Percent (SE)	2012 ACS⁵ Percent (SE)	2012 NHIS⁶ Percent (SE)
Social Security Supplemental Security Income (SSI)	26.7 (0.44)	26.8 (0.49)	23.6 (2.13)	26.9 (0.05)	25.7 (0.33)
Food Stamps	7.6 (0.24)	7.7 (0.31)	8.0 (1.00)	6.2 (0.03)	5.4 (0.17)
Welfare Payments	16.4 ^a (0.30)	16.3 ^a (0.49)	19.9 (1.47)	15.1 (0.05)	14.4 (0.30)
	2.5 (0.12)	2.1 ^a (0.12)	3.2 (0.52)	3.4 (0.02)	3.5 (0.14)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; DR = Dress Rehearsal; NHIS = National Health Interview Survey; SE = standard error.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, or persons in institutional group quarters.

⁶ Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013; U.S. Census, American Community Survey, 2012; National Health Interview Survey (NHIS), 2012.

(5.0 percent for the 2011 NHIS and 6.0 percent from the 2011 ACS). Estimates for SSI from the other surveys were 5.0 percent in the 2011 NHIS and 7.6 percent in the 2012 quarters 3 and 4 comparison sample.

- The DR estimate for the receipt of assistance from food stamp programs²⁸ for all persons aged 12 or older (19.9 percent) was also generally higher than the estimates from the other data sources, ranging from 14.4 percent in the NHIS sample to 16.4 percent in the 2012 comparison sample. The difference between the estimate of food stamp receipt on the DR and both the 2012 and 2013 comparison samples was statistically significant. This result was similar to the finding from the QFT in which the estimate of participation in the QFT sample was higher than the estimate from the 2012 comparison sample. The difference between the DR estimate and the 2012 and 2013 comparison samples appeared slightly larger than the differences between the QFT estimate and the 2011 and 2012 comparison samples. If the comparison samples can be considered a point of reference, the difference increased from a 2 or 3 percentage point difference from the QFT to about a 3.5 percentage point difference in the DR sample.
- For receipt of welfare payments, such as those from Temporary Assistance for Needy Families (TANF), the DR estimate for all persons aged 12 or older (3.2 percent) was higher than the estimate from the 2012 comparison sample (2.5 percent) and the 2013 comparison sample (2.1 percent), but was similar to the ACS estimate (3.4 percent)

²⁸ Food stamp programs are now more commonly known as the Supplemental Nutrition Assistance Program (SNAP).

and the NHIS estimate (3.5 percent). This result was similar to the result from the QFT in which the QFT estimate was higher than the estimates from the 2011 and 2012 quarters 3 and 4 comparison samples, but similar to those from the ACS and NHIS. The difference between the DR estimate and the 2013 comparison sample estimate was statistically significant.

Estimates of participation in two programs—SSI and food stamps—appeared to be higher for the DR sample than in the 2012 and 2013 comparison samples as well as estimates from the NHIS and ACS. In addition, the estimate for the receipt of welfare payments in the DR sample was higher than those from the 2012 and 2013 comparison samples. These findings reinforce the results from the QFT, which suggested that QFT respondents were either somewhat lower overall in socioeconomic status or that the respondents in the QFT sample, even after weighting, were more likely than respondents in CAPI mode to report participation in these programs in ACASI mode.

In **Table 7.2**, DR estimates for four employment categories for all persons aged 18 or older are presented with parallel estimates from the 2012 and 2013 comparison samples and the 2013 monthly samples for July through October from the 2013 CPS. A few comparisons can be observed from this table:

- For all persons aged 18 or older, the DR estimate of persons employed full time (48.6 percent) was slightly lower than both the 2012 comparison estimate (50.0 percent) and the 2013 comparison estimate (51.0 percent), and the differences were not statistically significant. The CPS estimate covering quarter 3 and the first month of quarter 4 (49.4 percent) was similar to the DR estimate as well.

Table 7.2 Levels of Current Employment among Persons Aged 18 or Older: Percentages and Standard Errors for 2012 Comparison, 2013 Comparison, 2013 Dress Rehearsal, and CPS Data

Levels of Current Employment	2012 Comparison^{1,2} Percent (SE)	2013 Comparison^{1,3} Percent (SE)	2013 DR^{1,4} Percent (SE)	2013 CPS Q3 & Q4¹ Percent (SE)
CURRENT EMPLOYMENT				
Full-Time	50.0 (0.45)	51.0 (0.69)	48.6 (2.17)	49.4 (0.09)
Part-Time	14.0 (0.28)	14.0 (0.36)	14.0 (1.45)	10.9 (0.56)
Unemployed	5.8 (0.17)	4.5 ^a (0.17)	6.2 (0.83)	4.5 (0.04)
Other ⁵	30.2 (0.39)	30.5 (0.58)	31.2 (2.06)	35.2 (0.09)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; DR = Dress Rehearsal; SE = standard error.

¹ Sample does not include Alaska or Hawaii.

² 2012 comparison data collected in quarters 1 through 4, 2013.

⁴ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

³ DR data collected from September 1 through October 31, 2013.

⁵ The "other" employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013; Bureau of Labor Statistics and U.S. Census Bureau, Current Population Survey, 2013.

- For all persons aged 18 or older, the DR estimate of persons employed part time (14.0 percent) was the same as both the 2012 and 2013 comparison sample estimates, but both of these estimates appeared to be greater than the estimate of 10.9 percent from the CPS.
- The DR estimate for being unemployed for all persons aged 18 or older (6.2 percent) was slightly higher than the 2013 quarters 3 and 4 CPS estimate (4.5 percent), but it was similar to the 2012 comparison estimate (5.8 percent). Furthermore, the difference between the 2012 comparison sample and the DR estimate was not statistically significant. The difference between the DR estimate and the 2013 comparison sample estimate (4.5 percent) was statistically significant.
- For all persons aged 18 or older, the DR estimate of persons with an employment status of "other" (31.2 percent), such as being retired or otherwise not in the labor force, was lower than the 2013 quarters 3 and 4 CPS estimate (35.2 percent), but it was similar to the 2012 comparison estimate (30.2 percent) and 2013 comparison sample estimate (30.5 percent).

Table 7.3 provides unemployment rate estimates among persons aged 18 or older for three age groups for the DR sample, the 2012 and 2013 comparison samples, and the 2013 quarters 3 and 4 CPS. DR unemployment rate estimates were similar to the 2012 comparison sample and the 2013 quarters 3 and 4 CPS for all persons aged 18 or older and for persons aged 18 to 25. Unemployment rate estimates for the DR sample were higher than the other two estimates for persons aged 26 or older. Overall, comparisons between the DR and the other sources of survey data on employment status and unemployment rates showed generally similar estimates for these measures. No statistically significant differences between the DR and the 2012 comparison sample were uncovered in these analyses for current employment status and the unemployment rate. However, the difference between the unemployment rate estimate for the DR sample and the 2013 comparison sample estimate (6.4 percent) was statistically significant.

Table 7.3 Unemployment Rates among Persons Aged 18 or Older, by Age Group: Percentages and Standard Errors for 2012 Comparison, 2013 Comparison, 2013 Dress Rehearsal, and CPS Data

Age Group	2012 Comparison ^{1,2} Percent (SE)	2013 Comparison ^{1,3} Percent (SE)	2013 DR ^{1,4} Percent (SE)	2013 CPS Q3 & Q4 ¹ Percent (SE)
18 or Older	8.3 (0.24)	6.4 ^a (0.25)	9.0 (1.21)	7.0 (0.06)
18 to 25	15.3 (0.45)	13.9 (0.56)	15.4 (2.43)	13.4 (0.22)
26 or Older	6.9 (0.27)	5.0 (0.28)	7.8 (1.41)	5.9 (0.58)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; DR = Dress Rehearsal; SE = standard error.

^a Difference between estimate and corresponding 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013; Bureau of Labor Statistics and U.S. Census Bureau, Current Population Survey, 2013.

In **Table 7.4**, DR estimates for four types of health insurance coverage for all persons aged 12 or older are presented with parallel estimates from the 2012 and 2013 comparison samples, the 2012 ACS, and the 2012 NHIS. A few notable comparisons can be highlighted from this table:

- For all persons aged 12 or older, estimates for the first three types of health insurance coverage—Medicare; Medicaid; and TRICARE, CHAMPUS, CHAMPVA, or other military health care sources—are generally different across the four sources of estimates. For Medicare coverage, the DR estimate was the highest estimate, although the differences between the DR estimate and those from the 2012 and 2013 comparison samples were not statistically significant. Also, the DR estimate for Medicaid coverage for all persons aged 12 or older (15.4 percent) was slightly higher than the parallel estimates from both the 2012 and 2013 comparison samples (12.1 and 12.6 percent, respectively), the NHIS (11.7 percent), and the ACS (13.5 percent). The differences between the DR estimate for Medicaid coverage and those from the 2012 and 2013 comparison samples were statistically significant.
- In addition, the DR estimate for health insurance coverage through TRICARE, CHAMPUS, or other military health care sources for all persons aged 12 or older (3.4 percent) was lower than the estimates from the other four data sources. However, the differences between the DR estimate and the estimates from the 2012 and 2013 comparison samples (4.8 and 4.4 percent, respectively) were not statistically significant.

Table 7.4 Health Insurance Coverage among Persons Aged 12 or Older: Percentages and Standard Errors for 2012 Comparison Data, 2013 Comparison Data, 2013 Dress Rehearsal, and Other Surveys

Health Insurance Coverage	2012 Comparison ^{1,2} Percent (SE)	2013 Comparison ^{1,3} Percent (SE)	2013 DR ^{1,4} Percent (SE)	2012 ACS ⁵ Percent (SE)	2012 NHIS ⁶ Percent (SE)
Medicare	18.2 (0.35)	18.6 (0.52)	20.0 (2.00)	18.3 (0.01)	17.7 (0.23)
Medicaid	12.1 ^a (0.25)	12.6 ^a (0.33)	15.4 (1.28)	13.5 (0.03)	11.7 (0.20)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care	4.8 (0.20)	4.4 (0.25)	3.4 (0.79)	4.7 (0.02)	3.6 (0.12)
Private Health Insurance	64.5 ^a (0.43)	65.5 ^a (0.51)	56.4 (2.07)	65.4 (0.07)	65.6 (0.38)
Uninsured	15.2 (0.27)	14.5 (0.35)	16.8 (1.55)	16.3 (0.06)	16.5 (0.25)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DR = Dress Rehearsal; NHIS = National Health Interview Survey; SE = standard error; VA = Department of Veterans Affairs.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, or institutional group quarters.

⁶ Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013; U.S. Census, American Community Survey, 2012; National Health Interview Survey (NHIS), 2012.

- For all persons aged 12 or older, the DR estimate (56.4 percent) for private health insurance was lower than the estimates from the other four data sources, which were very similar to each other, ranging from 64.5 percent in the 2012 comparison sample to 65.6 percent in the NHIS sample. This finding is similar to a result from the QFT, which found that estimates of private insurance coverage in the QFT were much lower than those in the comparison samples and the benchmark surveys.

Benchmarking DR estimates for four types of health insurance coverage to both recent NSDUH data and other national survey data revealed some results that were similar to those found for the QFT. Across all age groups, the largest and most consistent differences between the QFT estimates and estimates from the other four data sources were observed for private health insurance. In the QFT, there were small differences in estimates of Medicare coverage, while the differences were larger (but not statistically significant) between the DR estimates and those for the other four data sources. As with results from the QFT, differences in estimates for military coverage in the DR sample and the NSDUH comparison samples were not statistically significant. However, the DR estimate (3.4 percent) was very similar to the 2012 NHIS estimate of 3.6 percent, while the QFT estimate of 5.0 percent appeared higher than the 2011 NHIS estimate of 3.5 percent. Finally, the estimate for Medicaid coverage in the DR sample was higher than in the other four data sources, and this was similar to what was found in the QFT.

In **Table 7.5**, DR estimates for three income categories for all persons aged 12 or older are presented with parallel estimates from the 2012 and 2013 comparison samples and the 2012 NHIS. For all persons aged 12 or older, the DR estimate for a family income of \$49,999 or lower (61.3 percent) appeared to be considerably higher than the estimates from the 2012 comparison sample (51.0 percent), the 2013 comparison sample (50.2 percent), and the NHIS (47.7 percent). Correspondingly, the DR estimate for the percentage of persons aged 12 or older with a family income of \$75,000 or greater was lower than the estimates for the 2012 comparison sample, the 2013 comparison sample, and the NHIS. These differences were much larger than the similar patterns reported with respect to the QFT. For all persons aged 12 or older, the QFT estimate for

Table 7.5 Income among Persons Aged 12 or Older: Percentages and Standard Errors for 2012 Comparison Data, 2013 Comparison Data, 2013 Dress Rehearsal, and 2013 NHIS

Income	2012 Comparison ^{1,2} Percent (SE)	2013 Comparison ^{1,3} Percent (SE)	2013 DR ^{1,4} Percent (SE)	2012 NHIS ⁵ Percent (SE)
< \$49,999	51.0 ^a (0.51)	50.2 ^a (0.79)	61.3 (2.62)	47.7 (0.48)
\$50,000 to \$74,999	16.4 (0.27)	17.0 (0.46)	14.9 (1.23)	17.6 (0.32)
\$75,000 or More	32.6 ^a (0.50)	32.8 ^a (0.71)	23.8 (2.10)	34.7 (0.48)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; NHIS = National Health Interview Survey; SE = standard error.

^a Difference between estimate and DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013; National Health Interview Survey (NHIS), 2012.

a family income of \$49,999 (52.1 percent) or less was only slightly higher than the 2011 and 2012 quarters 3 and 4 comparison estimate and moderately higher than the 2011 NHIS estimate (46.5 percent).

Overall, the DR estimates resulted in higher proportions of persons at lower income levels and lower proportions at higher income levels compared with the other sources of survey data. As with the QFT, this difference may account for some of the observed differences between the DR estimates and those from the other data sources for those items that were the most highly correlated with income level.

7.3 Comparisons of Estimates for Items New to the QFT and DR Instruments

This section reports on comparisons between estimates from the DR sample with estimates from external data sources for items that were introduced in the QFT and then repeated for the DR. Included are items on self-reported height and weight, a question that asks respondents whether a doctor or other health care professional had ever told them whether they had one or more of nine health conditions, six items on disabilities and physical limitations, and an item on English-language ability.

Questions on height and weight were introduced in the QFT, and these questions were repeated for the DR. Comparisons were carried out with two benchmark data sources—the 2012 NHIS and the 2009-2010 and 2011-2012 NHANES). The latter source provides self-reported height and weight data and physical measurements of both. Comparisons were limited to estimates from respondents aged 16 or older because the NHANES only has self-reported height and weight for persons aged 16 or older. For the DR and comparison NSDUH data, height and weight estimates were produced with and without using NHIS coding rules. Also, at the time of this analysis, self-reported measures of height and weight on the NHANES were not available yet for the 2011-2012 NHANES.

In addition, because the coding of NHIS height and weight data includes specific lower and upper bounds, the DR estimates for height and weight were calculated both unbounded and bounded in accordance with NHIS criteria. The second calculation provided a more equivalent comparison between the DR and 2012 NHIS data. The summary statistics for height presented in *Table 7.6* and the summary statistics for weight presented in *Table 7.7* provided some sense of how the DR statistics for these new questionnaire items compared with other national surveys.

- Both the unbounded DR mean height estimate (66.6 inches) and the NHIS-bounded DR mean height estimate (66.5 inches) were very similar to the NHIS mean height estimate (66.9 inches), the NHANES directly measured mean height estimate (66.4 inches), and the NHANES self-reported mean height estimate (66.9 inches).
- The unbounded DR mean weight estimate (176.3 pounds) was similar to both the self-reported and measured weight estimates based on the NHANES, whereas the NHIS-bounded DR mean weight estimate (176.0 pounds) was similar to the NHIS measure of mean weight estimate (174.2 pounds).

Table 7.6 2012 NHIS, 2009-2010 NHANES, and 2011-2012 NHANES Height Statistics among Persons Aged 16 or Older for Comparison with the 2013 Dress Rehearsal

Statistic	2013 DR ^{1,2}		2012 NHIS ^{4,5}	NHANES ⁵	
	Unbounded	NHIS Bounds ³		2009-2010 Self-Reported	2011-2012 Measured
Sample Size	1,704	1,695	33,465	6,730	5,839
Mean	66.6	66.5	66.9	66.9	66.4
Standard Error	0.11	0.11	0.03	0.07	0.11
Minimum	30.7	30.7	58.0	41.0	52.95
Maximum	107.0	76.0	76.0	81.0	80.51
Median	66.0	66.0	66.18	66.19	66.30

DR = Dress Rehearsal; NHANES = National Health and Nutrition Examination Survey; NHIS = National Health Interview Survey.

NOTE: Answers in metric units (i.e., meters, centimeters) were converted to inches.

¹ Sample does not include Alaska or Hawaii.

² DR data collected from September 1 through October 31, 2013.

³ Includes values up to 76 inches for men aged 18 or older and 70 inches for women aged 18 or older. For children, the weighted 1½ and 98½ percentiles for height were computed by age/gender. Respondents with values outside of these bounds were excluded from the estimates.

⁴ For adults, these include values of 76 inches for men aged 18 or older and 70 inches for women aged 18 or older. For children, the gender-specific height-for-age values of the highest 1½ percent of records and the lowest 1½ percent of records were changed to "96" or "996" ("Not available"). In cases where extreme values were reported for either current height or current weight, the data for both variables were changed to "96" or "996" ("Not available") on the public use data file.

⁵ Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey (NHANES), 2009-2010; National Health Interview Survey (NHIS), 2012.

Table 7.7 2012 NHIS, 2009-2010 NHANES, and 2011-2012 NHANES Weight Statistics among Persons Aged 16 or Older for Comparison with the 2013 Dress Rehearsal

Statistic	2013 DR ^{1,2,3}		2012 NHIS ^{5,6,7}	NHANES ⁷	
	Unbounded	NHIS Bounds ⁴		2009-2010 Self-Reported	2011-2012 Measured
Sample Size	1,707	1,699	32,686	6,741	5,838
Mean	176.3	176.0	174.2	177.4	178.9
Standard Error	1.12	1.04	0.31	0.89	1.13
Minimum	39.7	95.0	90.0	76.0	64.15
Maximum	463.0	300.0	299.0	670.0	476.4
Median	172.0	172.0	169.6	171.1	173.1

DR = Dress Rehearsal; NHANES = National Health and Nutrition Examination Survey; NHIS = National Health Interview Survey.

NOTE: Answers in metric units (i.e., kilograms) were converted to pounds.

¹ Sample does not include Alaska or Hawaii.

² DR data collected from September 1 through October 31, 2013.

³ Pregnant women were asked to report their pre-pregnancy weight. Pregnancy status available for women aged 12 to 44.

⁴ For persons aged 18 or older, these include values between 126 and 299 pounds for men and 100 and 274 pounds for women. For children, the weighted 1½ and 98½ percentiles for weight were computed by gender and age. Respondents with values outside of these bounds were excluded from the estimates.

⁵ For persons aged 18 or older, includes values between 126 and 299 pounds for men and between 100 and 274 pounds for women. For children, the gender-specific weight-for-age values of the highest 1½ percent of records and the lowest 1½ percent of records were changed to "96" or "996" ("Not available"). In cases where extreme values were reported for either current height or current weight, the data for both variables were changed to "96" or "996" ("Not available") on the public use data file.

⁶ Pregnant women were asked to report their pre-pregnancy weight. Pregnancy status available for women aged 20 to 44.

⁷ Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey (NHANES), 2009-2010; National Health Interview Survey (NHIS), 2012.

Overall, the DR height and weight estimates aligned closely to the estimates from the 2012 NHIS and the 2009-2010 NHANES and 2011-2012 NHANES, both self-reported and directly measured.

A new series of questions added to the QFT questionnaire and repeated in the DR questionnaire asked respondents whether a doctor or other health care professional had ever told them whether they had one or more of nine health conditions, as shown in *Table 7.8*. The QFT and 2011 NHIS estimates were generally similar for some conditions, but significant differences were observed for a few conditions, with the QFT estimates being lower than NHIS estimates. Estimates from the QFT and 2011 NHIS were similar for any kind of heart condition or heart disease, diabetes or sugar diabetes, and kidney disease. For most of the other conditions, the QFT estimates appeared to be lower than the 2011 NHIS estimates.

- The difference between the QFT and 2011 NHIS estimates for ever having been diagnosed with hypertension or high blood pressure was the largest absolute difference, and the comparison between the DR and 2012 NHIS produced a similar result; 15.8 percent of DR respondents reported ever having been diagnosed with hypertension or high blood pressure, while 29.7 percent of NHIS respondents reported ever having been diagnosed.
- In the comparison between the QFT and the 2011 NHIS, estimates for ever having been diagnosed with any kind of heart condition or heart disease were very similar (10.4 percent for the QFT sample and 10.8 percent for the 2011 NHIS). The difference for the comparison between the DR sample and the 2012 NHIS was larger (8.4 percent for the DR sample vs. 10.5 percent for the 2012 NHIS).

A key difference between the QFT and DR instruments on the one hand and the NHIS instrument is that in the NSDUH instruments, the health conditions were treated as response categories in a "code all that apply" format, whereas in the NHIS instrument the parallel categories were administered as separate, individual items.

Another new series of questions added to the QFT instrument asked respondents whether they had any of six types of disabilities or physical limitations. Estimates from the QFT and 2011 NHIS were very similar for being deaf or having serious hearing difficulty, being blind or having serious difficulty seeing, and having serious difficulty concentrating, remembering, or making decisions. QFT estimates appeared to be significantly lower than the comparable 2011 NHIS estimates for the following disabilities or physical limitations: having serious difficulty walking or climbing stairs, having difficulty dressing or bathing, and having difficulty doing errands alone, such as visiting a doctor's office or shopping. Comparisons between DR estimates and the 2012 NHIS produced more similar results than comparisons between the QFT estimates and 2011 NHIS with one notable exception. The QFT estimate for serious difficulty concentrating, remembering, or making decisions (6.6 percent) was very similar to the 2011 NHIS estimate of 6.2 percent. As shown in *Table 7.9*, the DR estimate was 8.9 percent, while the 2012 NHIS estimate was only 4.5 percent. Estimates for these disabilities and physical limitations from the 2012 ACS are also presented in *Table 7.9*. For most items, ACS estimates were lower than those from the DR. The exceptions were for difficulty dressing or bathing and difficulty doing errands alone, such as visiting a doctor's office or shopping.

Table 7.8 Conditions Told to Respondent by Doctor or Other Health Professional among Persons Aged 12 or Older: Percentages and Standard Errors, 2013 Dress Rehearsal and 2012 National Health Interview Survey

Condition	2013 DR ^{1,2} Percent (SE)	2012 NHIS ³ Percent (SE)
Any kind of heart condition or heart disease	8.4 (1.19)	10.5 (0.20)
Diabetes or sugar diabetes	8.9 (1.06)	8.1 (0.16)
Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD	4.2 (0.89)	5.5 (0.16)
Cirrhosis of the liver	0.2 (0.16)	1.3 (0.08)
Hepatitis	1.7 (0.50)	3.0 (0.11)
Kidney disease, not including bladder infection or incontinence	2.3 (0.70)	1.9 (0.90)
Asthma	11.1 (1.18)	13.2 (0.23)
Cancer or a malignancy of any kind	4.8 (0.88)	8.2 (0.18)
Hypertension, also called high blood pressure	15.8 (1.67)	29.7 (0.37)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; NHIS = National Health Interview Survey; SE = standard error.

¹ Sample does not include Alaska or Hawaii.

² DR data collected from September 1 through October 31, 2013.

³ Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; CDC, National Center for Health Statistics, National Health Interview Survey, 2012.

Table 7.9 Disabilities or Physical Limitations among Persons Aged 12 or Older: Percentages and Standard Errors, 2013 Dress Rehearsal, 2012 National Health Interview Survey, and 2012 American Community Survey

Disability or Physical Limitation	2013 DR ^{1,2,3} Percent (SE)	2012 NHIS ³ Percent (SE)	2012 ACS ¹ Percent (SE)
Deaf or serious hearing difficulty	4.5 (0.72)	4.9 (0.46)	3.9 (0.02)
Blind or serious difficulty seeing	4.2 (0.71)	4.0 (0.42)	2.4 (0.01)
Serious difficulty concentrating, remembering, or making decisions	8.9 (1.03)	4.5 (0.42)	5.1 (0.02)
Serious difficulty walking or climbing stairs	10.3 (1.39)	10.7 (0.65)	7.6 (0.02)
Difficulty dressing or bathing	2.8 (0.57)	3.3 (0.39)	2.8 (0.01)
Difficulty doing errands alone, such as visiting a doctors' office or shopping ⁴	4.4 (0.75)	5.8 (0.50)	5.6 (0.02)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; NHIS = National Health Interview Survey; ACS = American Community Survey.

¹ Sample does not include Alaska or Hawaii.

² DR data collected from September 1 through October 31, 2013.

³ Unknown or invalid data were excluded from the analysis.

⁴ Estimates are for persons aged 15 or older.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; National Health Interview Survey (NHIS), 2012; American Community Survey (ACS), 2012.

Another item added to the QFT questionnaire and repeated in the DR questionnaire was an item that assessed respondents' capabilities in speaking English. Item QD55 asks, "How well do you speak English?" The ACS questionnaire contains the same question, but it is only asked if there is a response of "yes" to the preceding item, which asks if the person speaks a language other than English at home. Those who do not speak a language other than English at home are skipped out of the question on English-language ability. The ACS estimates shown in **Table 7.10** are based on classifying those who answered "no" to the preceding question as those who speak English "very well." Because of the skip pattern in the ACS sequence, it would be expected that at best only a rough approximation can be made; not all of the ACS respondents who were skipped out of the English proficiency item would have answered "very well" to that question. Also, a DR respondent who chose "not at all" would most likely have been asked the ACS question because they would most likely have reported that another language was used in the home.

Table 7.10 English-Speaking Proficiency among Persons Aged 12 or Older: Percentages and Standard Errors, 2013 Dress Rehearsal and 2012 ACS

How well do you speak English? (QD55)	2013 DR^{1,2,3} Percent (SE)	2012 ACS^{1,4} Percent (SE)
Very well	83.6 (1.40)	91.2 (0.03)
Well	10.9 (1.16)	4.0 (0.02)
Not well	4.5 (0.68)	3.3 (0.02)
Not at all	1.0 (0.25)	1.5 (0.01)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; DR = Dress Rehearsal; SE = standard error.

¹ Sample does not include Alaska or Hawaii.

² DR data collected from September 1 through October 31, 2013.

³ Unknown or invalid data were excluded from the analysis.

⁴ ACS item is only asked if there is a response of "yes" to the preceding question: "Does this person speak a language other than English at home?" The estimate shown here for the ACS classifies those who answered "no" to the preceding question as those who speak English "very well."

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; American Community Survey (ACS), 2012.

7.4 Comparisons of Estimates from Items New to the DR Instrument

For the DR, two items on sexual attraction and identity were added:

QD62 People are different in their sexual attraction to other people. Which statement best describes your feelings?

[IF QD01=5] (asked of males)

- 1 I am only attracted to females
- 2 I am mostly attracted to females
- 3 I am equally attracted to females and males
- 4 I am mostly attracted to males
- 5 I am only attracted to males
- 6 I am not sure

DK/REF

[IF QD01=9] (asked of females)

- 1 I am only attracted to males
- 2 I am mostly attracted to males
- 3 I am equally attracted to males and females
- 4 I am mostly attracted to females
- 5 I am only attracted to females
- 6 I am not sure

QD63 Which one of the following do you consider yourself to be?

- 1 Heterosexual, that is, straight
- 2 [IF QD01=9 THEN "Lesbian or] Gay"
- 3 Bisexual

DK/REF

There appear to be few public use datasets that can be used to produce estimates comparable with those from the DR sample. The NHIS began asking a question similar to QD63 in 2013, but its estimates and data are not currently available. Gates (2011) reviewed a number of survey-based estimates of sexual orientation, including the 2006-2008 NSFG and the 2008 GSS. Public use data from the NSFG (through 2010) do not appear to include these items. The 2012 GSS item on sexual orientation asks, "Which of the following best describes you," with response categories of (1) gay, lesbian, or homosexual; (2) bisexual; or (3) heterosexual or straight. Estimates (and complex sample standard errors) for persons aged 18 or older, as well as by age groups, were produced using an online data analysis tool.

Table 7.11 presents estimates for the new item on sexual identity (QD63) and those from the 2012 GSS both overall for persons aged 18 or older and separately for males and females. In general, these estimates appear similar to each other, suggesting that these items can be used to obtain valid estimates on sexual orientation.

Table 7.12 presents estimates of sexual identity for persons aged 18 to 44 years old for the DR and GSS data and published estimates from the 2006 to 2010 NSFG (Chandra, Copen, & Moser, 2013). The published NSFG estimates reflect the presence of responses of "something else" and those who did not provide a response whereas the DR and GSS estimates drop cases with invalid or missing data and compute percentages based only on those who provided valid responses. In general, estimates for the sexual identity item appear similar to those from the GSS and NSFG suggesting that the item can be used to obtain valid estimates of this construct.

Table 7.11 Sexual Identity among Persons Aged 18 or Older, by Gender: Percentages and Standard Errors for 2013 Dress Rehearsal and 2012 GSS Data

Gender and Age / Sexual Identity	2013 DR^{1,2,3} Percent (SE)	2012 GSS³ Percent (SE)
All 18 or Older		
Heterosexual	96.0 (0.67)	96.9 (0.28)
Lesbian or Gay	1.3 (0.34)	1.5 (0.19)
Bisexual	2.7 (0.53)	1.6 (0.18)
Males, 18 or Older		
Heterosexual	97.7 (0.74)	97.3 (0.35)
Gay	1.3 (0.46)	1.7 (0.26)
Bisexual	1.0 (0.45)	1.0 (0.22)
Females, 18 or Older		
Heterosexual	94.5 (1.08)	96.6 (0.35)
Lesbian or Gay	1.3 (0.50)	1.3 (0.24)
Bisexual	4.2 (0.94)	2.1 (0.25)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; GSS = General Social Survey; SE = standard error.

¹ Sample does not include Alaska or Hawaii.

² DR data collected from September 1 through October 31, 2013.

³ Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; NORC, General Social Survey, 2012.

Table 7.12 Sexual Identity among Persons Aged 18 to 44, by Gender: Percentages and Standard Errors for 2013 Dress Rehearsal and 2012 GSS Data

Gender and Age / Sexual Identity	2013 DR^{1,2,3} Percent (SE)	2012 GSS³ Percent (SE)	2006 – 2010 NSFG⁴ Percent (SE)
All, 18 to 44			
Heterosexual	94.8 (0.88)	95.7 (0.45)	-
Lesbian or Gay	1.9 (0.57)	1.8 (0.27)	-
Bisexual	3.4 (0.58)	2.5 (0.34)	-
Males, 18 to 44			
Heterosexual	96.6 (1.22)	96.6 (0.57)	95.6 (0.4)
Gay	1.9 (0.80)	1.9 (0.41)	1.8 (0.2)
Bisexual	1.5 (0.74)	1.5 (0.42)	1.2 (0.2)
Females, 18 to 44			
Heterosexual	92.9 (1.33)	94.9 (0.60)	93.6 (0.4)
Lesbian or Gay	1.8 (0.84)	1.7 (0.40)	1.2 (0.2)
Bisexual	5.3 (0.92)	3.4 (0.45)	3.9 (0.3)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; GSS = General Social Survey; SE = standard error.

¹ Sample does not include Alaska or Hawaii.

² DR data collected from September 1 through October 31, 2013.

³ Unknown or invalid data were excluded from the analysis.

⁴ Estimates do not account for unknown or invalid data.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; NORC, General Social Survey, 2012; Chandra, Copen and Mosher (2013).

7.5 Summary of Comparisons between DR, Comparison Data, and External Data

Overall, two key differences in estimates between the QFT sample and the comparison samples remained in place based on a preliminary analysis of data from the DR sample. One group of differences suggests that the DR sample members were more associated with lower socioeconomic status than respondents in other surveys, including the NSDUH-based comparison datasets. It appears that changes introduced in the DR questionnaire for some of these items did not have any impact on the results of these comparisons with external data sources.

- DR estimates for those participating in means-tested government programs, such as food stamps and SSI, were significantly higher than those for the 2012 and 2013 comparison data and for the external benchmark data sources. This is similar to findings from the QFT. Similarly, the DR estimate of the percentage of persons with private insurance remained well below that of the other data sources in these comparisons, as was observed in the QFT.
- The DR sample yielded a higher percentage of persons with family incomes of less than \$50,000 when compared with either the 2012 and 2013 comparison data files or the NHIS benchmark external source. This finding is similar to what was reported for the QFT, but the magnitude of the difference was larger in the DR than in the QFT.

Another key finding from the QFT was that the NSDUH item on ever having been diagnosed with specific health conditions produced estimates that were generally lower than those from the NHIS, and this finding was repeated in the DR field test. This may be due to the NSDUH items being assessed using a single question with a "code all that apply" format, whereas the NHIS asks about each condition in separate questions.

Comparisons between DR estimates and external data sources also provided information to further develop items added to both the QFT and the DR instruments.

- Data on self-reported height and weight gathered from the DR generally appeared to be consistent with data from the NHIS and NHANES.
- DR estimates on six disability items were generally consistent with estimates from the NHIS and ACS. A notable exception was that the DR estimate for serious difficulty concentrating, remembering, or making decisions was higher than estimates from the benchmark data sources and from the QFT. The DR estimates on sexual identity (heterosexual, gay/lesbian, or bisexual) appeared to be consistent with data from the 2012 GSS and the 2006 to 2010 NSFG.

8. Summary and Implications

As noted in *Chapter 1*, the primary goal of the 2013 Dress Rehearsal (DR) was to measure, using multiple indicators and data sources, the total effect on National Survey on Drug Use and Health (NSDUH) estimates from the full set of changes to the protocol planned for the 2015 partial redesign. Following the 2012 Questionnaire Field Test (QFT), the DR aimed to further test the revisions made to the questionnaires, materials, and equipment. Further protocol revisions that were made following the QFT were tested during the DR, most notably the addition of Spanish-language interviews and a utilization of new lightweight laptop computers. Based primarily on the results presented in *Chapters 4 to 7*, this chapter summarizes the key findings from the DR with respect to each of the five main research questions and the implications of these results for implementing a partially redesigned protocol in 2015. Where appropriate, recommendations for the 2015 NSDUH that are based on results and insights gained from the DR are noted.

Section 8.1 highlights key outcomes of the DR data collection related to data quality (*Chapter 4*), including screening and interview response rates, variable imputation rates and item missingness rates, interview timing results, and other data quality indicators. Conclusions from specific assessments of the redesigned protocol in *Chapter 5*—including field observations, responses to field interviewer (FI) debriefing surveys, new equipment surveys, FI training surveys, debriefing calls with FIs, and field observations—are summarized in *Section 8.2*. *Section 8.3* discusses key findings from comparing DR estimates with main study estimates for specific substance use items and other core and selected noncore estimates (*Chapter 6*). *Section 8.4* focuses on key findings from comparing estimates for items that were revised or moved for the DR and QFT with estimates from the comparison data, as well as those items that are new, and those items that were moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) administration, as described in *Chapter 7*. *Section 8.5* describes the implications for the 2015 partially redesigned instrument and protocol, based on the results of the DR and QFT.

8.1 Data Collection Outcomes and Data Quality Assessment (*Research Questions 2 and 3*)

In most respects, the DR data met the standards of data quality similar to those applied to the 2013 quarters 3 and 4 and 2012 NSDUH main study comparison data, as detailed in *Chapter 4*. Data quality indicators were examined to assess the impact of the redesigned protocol, including changes to the equipment and questionnaire, on data collection outcomes achieved by the DR. Data collection outcomes and data quality are assessed by item missingness and variable imputation rates, interview timing results, screening and interview response rates, and other data quality indicators, described in the sections below.

8.1.1 Item Missingness Rates and Variable Imputation Rates

Overall, item missingness rates and variable imputation rates examined in the DR results were similar to the QFT results. Item missingness rates were examined especially for those items

that were moved from CAPI to ACASI administration for the QFT and DR, as a number of these items had higher missingness rates than the parallel items administered via CAPI in the main study comparison data. Items that were introduced in the QFT then revised between the QFT and DR and those that were new to the DR questionnaire were also examined.

As detailed in *Section 4.4* and *Tables B.1 to B.4* in *Appendix B*, the following items that will be moved from CAPI to ACASI administration in the 2015 questionnaire had relatively higher item missingness rates in the QFT and produced similar results in the DR:

- marital status (QD07);
- number of home moves in the past year (QD13);
- full- or part-time student status (QD19);
- work at a job or business at any time in the past week (QD21); and
- most of the items that ask about recent employment history, missing workdays, size of employing organization, and related issues (QD31, QD33, QD36, QD38, QD39a, QD40, QD41, and QD42).

These items are planned to be administered in ACASI in the partially redesigned 2015 questionnaire, so these items will be examined closely in the 2015 Early Data Review (EDR) to see whether item missingness rates remain as a potential data quality issue. Although a number of items asking about health insurance coverage, receipt of various sources of income via government assistance programs, and income also had relatively higher missingness rates based on the ACASI data in the QFT and DR, these items will be administered via CAPI in the partially redesigned 2015 questionnaire.

Another indicator of the quality of the DR data is the proportion of cases for which imputation was required prior to using specific variables for analysis. *Section 4.3* and *Tables 4.9a* through *4.9f* provided rates of imputation and logical assignment for selected variables. With a few exceptions, the weighted percentages of cases that were either imputed or logically assigned for the following variables were similar across the DR, 2012 comparison, and 2013 quarters 3 and 4 comparison datasets:

- recency of substance use,
- past year initiation status,
- health insurance, and
- income.

The majority of the age at first use variables in the DR data required no logical assignment or imputation.

8.1.2 Interview Timing Results

Overall interview times were lower or similar for DR respondents compared with the 2012 respondents, the 2013 quarters 3 and 4 respondents, and the QFT respondents for most age groups. Spanish-language DR respondents aged 12 or older, however, had higher overall

interview times when compared with the Spanish-language 2012 respondents and the Spanish-language 2013 quarters 3 and 4 respondents. Spanish-language DR timing data were *considerably* higher than either the Spanish-language 2012 main study or the Spanish-language 2013 quarters 3 and 4 for respondents aged 65 or older; however, despite this larger difference in average times for respondents aged 65 or older, the overall timing differences for Spanish-language interviews were not of a large magnitude.

As expected, the average timing for the total core substance use sections for all respondents aged 12 or older was higher for the DR respondents than it was for the 2012 respondents and the 2013 quarters 3 and 4 respondents and only slightly lower than it was for the QFT respondents. Additions and revisions to the hallucinogens, inhalants, and prescription drug sections in the partially redesigned DR questionnaire contributed to these higher durations for the core substance use modules when compared with the main study data.

Timings for the redesigned prescription drug modules for the DR respondents aged 12 or older were higher than they were for the 2012 respondents and 2013 quarters 3 and 4 respondents, but they were lower than the timings for the QFT respondents. Among the redesigned prescription drug modules, the pain relievers module accounted for the higher administration times for the DR respondents compared with the 2012 and 2013 quarters 3 and 4 respondents.

For the health insurance section, a higher average administration time was observed for the DR respondents compared with the 2012 respondents and the 2013 quarters 3 and 4 respondents. However, the average administration times for this section were similar to those observed in the QFT. The primary change to this section in the DR questionnaire, relative to the main study instrument, was moving these questions from CAPI to ACASI administration. Questionnaire changes to accommodate the ACASI mode were also implemented in both the QFT and the DR.

8.1.3 Screening and Interview Response Rates

The overall response rates obtained during the DR were lower than for the 2012 main study comparison sample and very similar to those obtained during the QFT, albeit slightly lower. These differences are illustrated in *Table 4.1* in *Chapter 4*.

Screening rates account for much of the difference in overall response between the DR and the 2012 main study comparison sample as well as the QFT. As shown in *Table 4.1*, weighted screening rates declined steadily from the 2012 comparison sample to the QFT and then again during the DR, although the decline was less steep in the latter comparison. Overall, as shown in *Table 4.2*, the distribution of visits for completed screenings in the DR sample was similar to the distributions for the 2012 and 2013 quarters 3 and 4 comparison samples.

Interviewing response rates for the DR were lower than for the 2012 main study comparison group but higher than for the QFT. Similar to the number of visits for completed screenings (see *Table 4.2*), the percentage of completed interviews by the number of visits during the DR followed a similar pattern as the 2013 quarters 3 and 4 and 2012 main study comparison groups.

8.1.4 Other Data Quality Indicators

Additional indicators were employed to assess the quality of the DR data. Outcomes for the DR are compared with the 2012 main study and the 2013 quarters 3 and 4 main study comparison data, where appropriate, by the following indicators:

- **Responding to lead questions for "OTHER, Specify" data.** This data quality indicator examined instances of choosing "other" responses for which respondents were subsequently asked to specify an open-ended response, focusing on items that were new, moved within the questionnaire, or revised. Rates for "other" responses to these items (shown in *Table 4.14*) were low in the combined QFT and DR data relative to the rates for predefined response categories. These low rates for "other" responses were consistent with the findings from the QFT and support the overall conclusion that predefined categories performed adequately in the QFT and DR.
- **Patterned responses in the core drug questions.** This indicator examined patterned responses in answers to the screening questions for past year prescription drug use or to the questions for past year misuse in the DR, relative to the comparison data. As described in *Chapter 4*, attention was given to identifying cases in the prescription drug data where responses of only "1" or "2" were recorded for all screener questions for a given prescription drug category and/or high numbers of individual prescription drugs that were misused relative to the overall distribution of the number of drugs that were misused within a given category. No cases were removed from the DR data because of patterned responses. Although three respondents had a pattern of keying "2" in one or more prescription drug modules, no respondents had a pattern of keying only responses of "1" in the screening questions. No cases were recommended to have their prescription drug answers set to "bad data" because of high numbers of individual prescription drugs that were recorded as misused.

8.2 Assessments of the Redesigned Protocol (*Research Question 1*)

As described in *Chapter 5*, five field-related efforts were used to assess the partially redesigned questionnaire and protocol used in the DR. Overall, these assessments provided some assurance that revisions made to the questionnaire and protocol following the QFT will facilitate continued high quality and efficiency in NSDUH data collection when the partial redesign is implemented in 2015. Based on these assessments and discussions with the Substance Abuse and Mental Health Services Administration (SAMHSA), RTI recommends changes for 2015 to address the instrument and screeners, training and materials, and equipment. In addition to being described in this section of the report, recommendations for 2015 are documented in *Tables 8.1* to *8.3* (shown at the end of this chapter with the chapter's other tables), subject to SAMHSA approval. Key results from the five field-related assessments are described in the sections below.

8.2.1 Field Interviewer Training Survey

FIs provided their reactions to the DR FI training program through an FI training survey. Insights derived from their reactions to the training program and materials and the FIs' general comfort level with DR tasks will be useful in developing the 2015 NSDUH training programs and related materials. Overall, the results of the DR FI training survey were very positive and similar to the information gathered at the end of the QFT training program in August 2012.

Overall, FIs were highly satisfied with the DR training program, as evidenced by most indicating agreement ("strongly agree" or "agree") to the statements about training. One important finding, however, concerned the pace of the DR training session. Fewer FIs reported they strongly agreed or agreed with the statement concerning the pace of training. Although one FI reported that it was too slow, more reported that it was too quick.

8.2.2 Field Interviewer Equipment Survey

To assess changes to equipment that are planned for implementation in 2015 and utilized on the DR, FIs were surveyed about their experiences with the equipment. Responses to the equipment survey indicate that the FIs overall were very satisfied with the equipment and programs deployed in the DR. Most of the DR FIs indicated that the decreased weight of the laptop was advantageous. Additionally, they felt that it was easy to learn and easy to use. The DR FIs were very satisfied with the new tablet email program, which provided two-way email capabilities for increased communication between the FIs and their field supervisors (FSs). The FIs overwhelmingly preferred using the default Samsung keypad instead of the hacker's keypad.

The results of the equipment survey indicate that the FIs found the design of the laptop's carrying case to be problematic, which supports efforts to improve this piece of equipment. The FIs also reported difficulty with the function keys on the laptop, pointing out that they were very small and hard to read. Recommendations for changes to equipment, emanating from the equipment survey, are provided in *Table 8.3*.

8.2.3 Field Interviewer Debriefing Items

FI debriefing items were used to gauge how respondents reacted to the partially redesigned protocol used during the DR. The DR results for the debriefing questions provided insight into respondents' reactions to the DR interview and protocol. Overall, the FIs reported that respondents reacted favorably to the new computer equipment, indicating that it should not greatly influence respondents' experience with the interview. The function keys were reported as problematic in some instances, however, which indicates a need to optimize them for 2015 in order to prevent frustration or confusion that could influence the outcome of the interview. Data from the debriefing items did not illuminate any significant problems with the respondents' comprehension of questionnaire items, suggesting that lack of comprehension should not be a significant factor influencing data quality. The FIs reported that a proxy was used in about one fourth of the interviews, and some challenges were reported with the process of introducing the proxy respondents to the computer, which affected a larger proportion of respondents who took the interview in Spanish.

The FIs indicated overall that 7 percent of the time there were problems with the proxy use of ACASI to answer the income and health insurance questions (see *Table 5.25*), but for Spanish-language interviews it was 11 percent. This will have limited implications in 2015 if these questions are not administered in ACASI.

The FIs indicated that the interviews during the DR were slightly less private than during the QFT and the 2012 and 2013 comparison interviews. As indicated in *Table 5.29*, fewer FIs

classified the DR interview as "completely private" compared with both the 2012 and 2013 comparison interviews and the QFT interviews.

As shown in *Table 5.15*, FIs reported in only 13.2 percent of the completed interviews that the respondent commented that the interview was too long, which differs insubstantially from the QFT results. Older respondents and those with lower levels of education were more likely to make comments about the interview being too long.

8.2.4 Debriefing Calls with Field Interviewers

FI debriefing calls were held with FIs who conducted DR interviews in order to obtain direct feedback from them on their experiences collecting data using the redesigned NSDUH questionnaire on the new laptop and completing screenings using the touch screen. Altogether, five debriefing calls were conducted. The goal of these calls was to gather FIs' feedback and insights on use of the equipment, challenges encountered, and any significant concerns raised by respondents regarding the questionnaire or protocol in order to inform potential changes to the preparation, protocol, and procedures for the 2015 NSDUH. Key findings include the following:

- FIs on all five debriefing calls noted that respondents reacted positively to the changes to the lead letter and the question and answer (Q&A) brochure, with many having already read the lead letter. The FIs suggested that the lead letter's added color was what led to the improved respondent interest and recall. FIs noted that respondents seemed to have greater recall of the DR lead letter than its main study counterpart.
- All FIs confirmed that the DR FI training program was effective in preparing them to use the tablet in the field to conduct screenings. Also, all of them reported quickly feeling comfortable using the tablet.
- Across all five debriefing calls, FIs confirmed that the DR FI training program was effective in preparing them to use the new laptop computer, and all had overwhelmingly positive feelings toward the new laptop.
- Several FIs commented that they felt that having the pill images available on the screen rather than in the showcard booklet results in greater attention being paid to the images on the part of the respondent.
- When asked to provide their overall reaction to the DR questionnaire changes, including the recall and length of time, nearly all of the FIs reported that their experience was very similar to their work on the main study.

Recommendations emanating from the calls are documented in *Tables 8.1* to *8.3*.

8.2.5 Field Observations of Field Interviewers

The majority of the FIs displayed positive behaviors when conducting DR screenings and interviews. Some of the errors observed among the DR interviewers were not specifically related to the redesigned protocol and may have been observed on the main study. Overall, the results from DR field observations suggested that relatively few specific changes to the protocol are

needed in advance of the 2015 survey data collection; however, specific items noted are described below:

- Nearly 10 percent of the time (see *Table 5.33*), the FIs failed to provide their name, RTI International, U.S. Department of Health and Human Services, and the lead letter during a screening.
- During the interviewing, the most common problems were not reading all of the screens verbatim (see *Table 5.34*), not answering respondent questions thoroughly and appropriately (see *Table 5.35*), and not following proper quality control and incentive procedures (see *Table 5.35*).

Enhancements to the training that are recommended on the basis of the field observations are documented in *Tables 8.1* to *8.3*.

8.3 Selected Core and Noncore Estimates for English- and Spanish-Language Dress Rehearsal Data and Comparison Data (*Research Question 4*)

As detailed in *Chapter 6*, findings on a large number of selected core and noncore estimates from the DR and the 2012 and 2013 quarters 3 and 4 comparison data were presented for the following types of analyses:

- analyses to make decisions for the 2015 survey;
- further analyses based on findings from the QFT; and
- analyses to explain anticipated findings in 2015.

This section highlights key findings from *Chapter 6* and suggests implications for the 2015 NSDUH. Where appropriate, implications of these results and recommendations for the 2015 survey year are presented in *Tables 8.1* to *8.3* in *Section 8.5*.

8.3.1 Core Substance Use Estimates Other Than Methamphetamine and Prescription Drugs (*Research Question 4a*)

Some differences between field test and comparison data for estimates of cocaine and heroin use that had been observed in the QFT continued to be observed in the combined QFT and DR data for non-Hispanic English-language interviews despite the content of these modules not changing for the QFT and DR. However, the assumption continues to be that any changes in prevalence for these drugs in 2015 relative to earlier years based on a full sample of approximately 67,000 interviews in 2015 will reflect an actual change in prevalence in the population. However, this assumption can be tested by reviewing trend data from the first 6 months of 2015, which will likely have a sample size of more than 30,000, or roughly 10 times the sample size of the combined QFT-DR data. In addition, single-year fluctuations in prevalence would need to be interpreted with caution. It would be important to examine trends across multiple years—including years beyond 2015—to account for occasional fluctuations in prevalence that may "correct" themselves with additional years of data.

8.3.2 Methamphetamine, Prescription Drug, and Illicit Drug Summary Estimates (Research Question 4b)

For *methamphetamine*, separating questions about the use of this drug from questions about the misuse of prescription stimulants generally increased the prevalence of lifetime use relative to the estimates in the comparison data, even when noncore data were included in the comparison datasets for persons who reported their use of methamphetamine outside of the context of questions about prescription drugs. If the prevalence of lifetime methamphetamine use in 2015 is higher than in recent years for persons aged 12 or older or within different age groups because of changes to the questionnaire in 2015, SAMHSA will need to decide how to handle the reporting of trends in lifetime use. One option would be not to report trend data for lifetime methamphetamine use between 2015 and earlier years or to discontinue the reporting of lifetime trend data for methamphetamine altogether from 2015 onward. Alternatively, SAMHSA could start a new baseline for lifetime methamphetamine use beginning in 2015. Other, more sophisticated options could involve statistical procedures to adjust the trend data for 2002 to 2014. Although data on trends in lifetime prevalence may be of interest for examining historical changes in the popularity of different drugs, data on trends in the prevalence of methamphetamine use in the past year and past month are likely to be of more importance to policymakers, the public health sector, the criminal justice sector, and others because of the demands that methamphetamine users may place on the criminal justice system, the health care delivery system (including substance abuse treatment), and systems for providing social services (including services to dependents of adult substance users).

For *prescription drugs*, the general findings of lower estimates of *lifetime* misuse of prescription drugs but higher *past year* estimates in both the QFT and combined QFT-DR data relative to corresponding comparison datasets were expected, given the changes to the prescription drug questions for the QFT. In the current questionnaire, respondents have multiple opportunities to report lifetime misuse of specific prescription drugs whereas respondents in the QFT and DR had multiple opportunities to report past year misuse of specific prescription drugs. Similarly, respondents in the main survey have limited opportunity to report past year misuse, and respondents in the QFT and DR had limited opportunity to report misuse of any prescription drugs that occurred more than 12 months prior to the interview—including misuse of prescription drugs that are no longer available by prescription in the United States.

These findings from both the QFT and combined QFT-DR data for prescription drugs also support the conclusion to start a new baseline in 2015 for trends in prescription drug misuse. In addition, it may be useful for SAMHSA to consider whether to discontinue reporting trend data for lifetime misuse of prescription drugs after 2014 because of questions about the accuracy of respondent self-reports of misuse of prescription drugs more than 12 months prior to the interview.

The general lack of effect of changes to the methamphetamine and prescription drug modules in the QFT and DR on summary measures of use of *any illicit drug* is consistent with marijuana being the most commonly used illicit drug in the United States. The increases in estimates of past year use of *illicit drugs other than marijuana* in the QFT and DR relative to the comparison data when methamphetamine and prescription drugs were included also can be explained by the prevalence of misuse of prescription drugs consistently being second only to

marijuana among illicit drugs. Analysis of 6-month data for 2015 is likely to be useful for assisting SAMHSA in deciding how to create these summary illicit drug use measures in 2015 and how to report trends for these measures.

8.3.3 Selected Noncore Estimates (*Research Question 4d*)

Overall, few differences in prevalence were observed between the data for the QFT and DR and comparison data for the main survey, particularly for substance dependence and abuse, needle use, and substance use treatment. No changes were made to the substance treatment module for the QFT and DR, and relatively minor changes were made to the questions for dependence and abuse and for needle use.

In addition, estimates for some mental health measures differed between the combined QFT and DR data for adults but not for adolescents aged 12 to 17. However, the mental health questions did not change in the QFT and DR for adults or adolescents. As for the drug use measures that were discussed previously, the estimates for adults that differed between the field test and comparison data could be examined in the 6-month data for 2015 to test the hypothesis that the observed differences between the field test and comparison data for these mental health measures were an artifact of the smaller sample sizes for the QFT and DR datasets.

8.4 Selected Noncore Estimates for the Dress Rehearsal, Comparison Data and External Data Sources (*Research Question 5*)

As detailed in *Chapter 7*, comparisons of several sets of key estimates from the DR were made with estimates from the 2012 comparison sample and data sources other than NSDUH. Comparisons were made for the following three sets of estimates for use as benchmark tools for evaluating the validity of the DR's estimates:

- selected items that were moved from CAPI to ACASI administration in both the QFT and the DR,
- selected items new to the QFT instrument and also included in the DR, and
- two items on sexual attraction and identity that were first used in NSDUH in the DR instrument.

In addition to these findings being summarized in this section of the report, any implications of these results and recommendations for the 2015 survey year are presented in *Tables 8.1 to 8.3* in *Section 8.5*.

8.4.1 Estimates for Selected Items Moved from CAPI to ACASI Administration

Section 7.2 compared DR estimates with 2012 main study comparison data and various external sources for the following sets of estimates:

- received income and program participation,
- current employment,
- unemployment rates,

- health insurance coverage, and
- income.

Overall, some of the key differences in estimates observed between the QFT data, main study comparison data, and external data sources were observed for the DR data. The majority of these observed differences suggested that the DR sample was comprised of a higher proportion of respondents with lower socioeconomic status. Key findings supporting this conclusion were as follows:

- DR estimates for those participating in means-tested government programs, such as food stamps and Supplemental Security Income (SSI), were significantly higher than those for the 2012 comparison data and for the external data sources.
- The DR estimate of the percentage of persons with private health insurance coverage was well below that of the other data sources.
- The DR data produced a higher percentage of persons with incomes of less than \$50,000 when compared with either the 2012 comparison data file or the external source.

8.4.2 Estimates for Items New to the QFT Questionnaire and Included in the DR

In *Section 7.3*, DR estimates were compared with two external data sources for two items that were new to the QFT questionnaire and included in the DR—height and weight. Overall, these comparisons revealed that the DR height and weight estimates aligned closely to estimates from the two external sources, both self-reported and directly measured. Key findings were as follows:

- Both the unbounded DR mean height estimate and the National Health Interview Survey (NHIS)-bounded DR mean height estimate were very similar to the NHIS mean height estimate, the National Health and Nutrition Examination Survey (NHANES) directly measured mean height estimate, and the NHANES self-reported mean height estimate.
- The unbounded DR mean weight estimate was similar to both the self-reported and measured weight estimates based on the NHANES, whereas the NHIS-bounded DR mean weight estimate was very similar to the NHIS measure of mean weight estimate.

These findings suggest that the items for measuring height and weight in the DR appear likely to produce estimates that are highly comparable with other large national in-person surveys, including those that use either bounded estimates of self-reported height and weight or direct measures of height and weight.

DR estimates were also compared with those from the NHIS for the items asking about ever having been diagnosed with specific health conditions. The DR estimates were generally lower than those from the NHIS, and these findings replicated the result from the QFT analysis. Observed differences between the QFT and DR estimates compared with external data sources like the NHIS could be attributable to differences in question formats. The NSDUH

questionnaire asks about these items via a single question using a "code all that apply" format, whereas the NHIS asks about each health condition via separate questions.

The pattern of DR estimates being generally lower than those from the NHIS for specific health conditions was consistent with previous comparisons of NSDUH and NHIS data. A report comparing 2006 chronic health condition estimates derived from NSDUH and other health data sources found NSDUH estimates to be generally lower than those from the NHIS (Pemberton et al., 2013). Estimates varied from the other data sources examined in this report, including data from the Medical Expenditure Panel Survey (MEPS) and the NHANES, likely due to differences in the sampling frames, data collection methods, and questionnaires used to produce these estimates. Overall, no clear pattern was observed in the direction of differences between NSDUH and the other data sources.

Finally, DR estimates on six items on disabilities or physical limitations were compared with estimates from the 2012 NHIS and 2012 ACS. Overall, differences between the DR and 2012 NHIS estimates were smaller than those between the QFT and 2011 NHIS. An exception was the item on "serious difficulty concentrating, remembering, or making decisions." For that item, the DR estimate was considerably higher than the estimate from the 2012 NHIS.

8.4.3 Estimates for Items New to the DR Questionnaire

Section 7.3 attempted to compare two items on sexual attraction and orientation that were added as new items to the DR instrument. There appear to be few public use datasets that can be used to produce estimates comparable with those from the DR; however, this section did compare the new item on sexual orientation to a comparable item from the 2012 General Social Survey (GSS) and published estimates from the 2006 to 2010 National Survey of Family Growth (NSFG). The DR estimates for sexual orientation appeared to be consistent with data from the GSS across gender and age groups.

8.5 Implications for the 2015 Partially Redesigned Instrument and Protocol

This section summarizes key issues resulting from the protocol assessments and analyses conducted as part of the QFT and DR. It also identifies recommendations on how each problem could be addressed for the partially redesigned NSDUH protocol. *Table 8.1* presents issues and recommendations for the screener and questionnaire items, *Table 8.2* presents issues and recommendations for the training and materials, and *Table 8.3* presents issues and recommendations for the field equipment. Combined, these three tables summarize the key implications of the QFT and DR results for the 2015 data collection.

The 2015 EDR and the 2015 NSDUH 6-month tables can be used to examine the initial results for items or estimates that were determined to be problematic in the QFT or DR. Examples include items with relatively higher missingness rates or estimates that differed significantly from the current main study data. *Table 8.4* documents items that could be included in the 2015 EDR to provide an initial preview of the data, such as missingness rates. As the first footnote in *Table 8.4* indicates, the EDR uses data collected within the first 2 weeks of the survey year and presents unweighted estimates for these data. Given that the EDR relies upon unweighted data to help identify significant problems at the start of a new data collection year,

such as unusual missingness rates or timing results, one appropriate way to use the EDR would be to examine unweighted missingness rates for those items identified as problematic in the QFT and DR in *Table 8.4*. *Table 8.5* documents similar items recommended for priority examination in the 2015 NSDUH 6-month tables. Data presented in the 6-month tables are weighted, so more robust comparisons between main study NSDUH data and field test data are feasible.

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire

Questionnaire Item	Issues(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
HLTH21	Respondents who reported using tobacco in their lifetime, but not necessarily in the past year, were later asked if a doctor had advised them to quit smoking in the past year in HLTH21.	The routing logic for the comparable question in 2014 (HLTH18) was updated to prevent respondents who reported not smoking in the past year in the tobacco module from receiving this question.	This change will be carried forward.
QD62, QD63	The routing logic for the sexual attraction (QD62) and sexual orientation (QD63) questions was incorrect and was missing a reference to the age variable that restricts these questions to adult respondents.	The routing was corrected at DR FI training with an instrument patch, and these items functioned properly during data collection.	This change will be carried forward.
MILTERM1	These items include the wording "Is that correct?" whereas elsewhere in the questionnaire, confirmation questions say, "Is this correct?"	Consider editing these items to say "Is this correct?" for consistency.	Edit approved by SAMHSA. RTI will implement.
SP03r	See above.	See above.	Edit approved by SAMHSA. RTI will implement.
Calendar screens (throughout)	Dates appear without subscript on calendar screens.	Revise calendar screens so that dates include the superscript (i.e., "23rd" as opposed to "23"). This would include edits to the calendar tutorial. Revise audio as necessary.	Edit approved by SAMHSA. RTI will implement.
QD01 and QD03		Move the introductory text, "The first few questions are for statistical purposes only..." from QD01 to QD03. This will allow interviewers to avoid the confusion of reading a statement that is unrelated to the information they are entering.	Change approved by SAMHSA. RTI has made this change in the CAI specs.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Pain relievers screener and main module	Propoxyphene products (Darvocet [®] , Darvon [®] , and generic propoxyphene) have been withdrawn from the U.S. market.	Drop these drugs from the pain relievers screener and main module for 2015.	Change approved by SAMHSA. RTI has made this change in the CAI specs.
Pain relievers screener and main module	These brand name drugs have been discontinued: Talacen [®] , Talwin [®] , and Talwin [®] NX, but generic pentazocine is still available.	Drop these drugs from the pain relievers screener and main module for 2015, and do not replace them with their generic equivalents.	Change approved by SAMHSA. RTI has made this change in the CAI specs.
Pain relievers screener and main module	New formulations for Vicodin [®] Suboxone [®] will affect their drug images. In addition, the current image for OxyContin [®] shows a form that was discontinued because it was prone to tampering, along with the recently introduced form that is designed to be more resistant to tampering. Legislation that affects the amount of acetaminophen (APAP) in opioid pain relievers also could affect the images for other pain relievers that contain APAP (e.g., generic hydrocodone plus APAP, Percocet [®]).	Replace the current images for these drugs with new images, as appropriate.	Change approved by SAMHSA. RTI will investigate availability of new images.
PR01 in the pain relievers screener and the appropriate location in the main module	FDA shows Lorcet [®] HD as being discontinued, and this had the lowest prevalence of misuse for the hydrocodone products in the QFT and DR. Also, most respondents in the QFT and DR data who reported misuse of Lorcet [®] reported misuse of other hydrocodone products. No information is available on plans to reformulate Lorcet [®] to include no more than 325 mg of APAP as per legislation that went into effect in January 2014.	Drop Lorcet [®] from the pain relievers screener and main module. Add the hydrocodone products Norco [®] and Zohydro [®] ER to the pain relievers screener and main module. Norco [®] was mentioned in "write-in" data in the DR and also was mentioned more often than Lorcet [®] in write-in data for 2012. Zohydro [®] ER was approved in late October 2013. It is the first single-entity hydrocodone product and the first extended-release hydrocodone product. For these reasons, its approval has been controversial. Market launch is anticipated for 2014.	Changes approved by SAMHSA. RTI replaced Lorcet [®] with Norco [®] in PR01 and PRY03. Added a response category in PR01 and added questions PRY031 and PRY03a1 for Zohydro [®] ER between PRY03a and PRY04.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
PR02 in the pain relievers screener and the appropriate location in the main module	No information is available on plans to reformulate Tylox [®] to include no more than 325 mg of APAP. Most respondents in the QFT and DR data who reported misuse of Tylox [®] reported misuse of other oxycodone products. In the 2012 main survey, Tylox [®] was mentioned less often than other oxycodone products in the write-in data.	Drop Tylox [®] from the pain relievers screener and main module. Add the oxycodone products Roxicet [®] and Roxicodone [®] to the pain relievers screener and main module. Roxicet [®] and Roxicodone [®] show evidence of increasing trends in the main survey write-in data.	Changes approved by SAMHSA. Because propoxyphene drugs previously had been included in PR03 but will be dropped for 2015, RTI split the screener questions about oxycodone products between PR02 and PR03. Included Roxicet [®] and Roxicodone [®] in PR03. Replaced Tylox with Roxicet [®] in PRY08 and PRY08a and added PRY081 and PRY081a for Roxicodone [®] between PRY08a and PRY09.
PR04 in the pain relievers screener and the appropriate location in the main module	There is a generic equivalent of Ultram [®] ER and Ryzolt [®] . Also, Ryzolt [®] has been discontinued. Dropping Ryzolt [®] will make room for this drug. Tramadol products were one of the most commonly misused groups of pain relievers in the QFT.	Add "Extended-release tramadol (generic)" to question PR04 in the pain relievers screener for 2015 and in the appropriate location in the main module. Also will require creating a new drug image. Drop Ryzolt [®] from the questionnaire for 2015.	Changes approved by SAMHSA. RTI added new drug to PR04. Created PRY171 and PRY171a between PRY17a and PRY18.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
PR05 in the pain relievers screener and the appropriate location in the main module	The response, "Asked whether Tylenol [®] with codeine was the same as OTC Tylenol [®] ," came up in one of the debriefing write-ins. Misreporting of OTC Tylenol [®] as Tylenol [®] with codeine also came up in cognitive testing. In the QFT, Tylenol [®] with codeine 3 or 4 was reported as one of the more commonly misused pain relievers.	Consider adding an explanation to the screener question for Tylenol [®] with codeine 3 or 4 and codeine pills that Tylenol [®] with codeine 3 or 4 is different from OTC Tylenol [®] . Making this change could reduce the potential for false positives if respondents report "misuse" of Tylenol [®] with codeine 3 or 4 (e.g., use without a prescription) when they really used OTC Tylenol [®] .	No changes requested by SAMHSA.
PR06 in the pain relievers screener and the appropriate location in the main module	The pain relievers pill card in the main survey shows images of extended-release morphine, but there was not a response option for this form in the DR. Also, Oramorph [®] SR has been discontinued.	Add "Extended-release morphine (generic)" to question PR06 in the pain relievers screener for 2015 and in the appropriate location in the main module. Also will require creating a new drug image and could require changing the existing drug image for morphine. Drop Oramorph [®] SR from the questionnaire for 2015.	Changes approved by SAMHSA. RTI added new drug to PR06. Created PRY241 and PRY241a between PRY24a and PRY25.
PR08 in the pain relievers screener and the appropriate location in the main module	Subutex [®] has been discontinued.	Drop Subutex [®] from the pain relievers screener and main module for 2015.	Change approved by SAMHSA.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
PR08 in the pain relievers screener and the appropriate location in the main module	There are the generic equivalents of Opana [®] and Opana [®] ER.	Add "Oxymorphone (generic)" and "Extended-release oxymorphone (generic)" to the pain relievers screener and main module for 2015. This also will require creating new drug images.	Change approved by SAMHSA. RTI added these items to PR09 and replaced Talacen [®] , Talwin [®] , and Talwin [®] NX with remaining pain relievers in PR10. Moved up PRY35 to PRY36a to follow PRY31a. Added PRY361, PRY361a, PRY362, and PRY362a between PRY36a and PRY32 (new order).
Pain relievers screener and main module	The DR questionnaire does not identify that hydromorphone is the equivalent of Dilaudid [®] .	Consider adding "Hydromorphone (generic)" to the pain relievers screener and main module, or change the items for Dilaudid [®] to "Dilaudid [®] or hydromorphone (generic)." These changes would require creating a new pill image for hydromorphone or changing the image for Dilaudid [®] to add pictures for the generic.	SAMHSA approved changing to "Dilaudid [®] or hydromorphone." RTI added SAMHSA-approved wording to all instances of Dilaudid [®] .
Pain relievers screener and main module	Exalgo [®] was approved in 2010. Its patents are scheduled to expire in July 2014. Adding Exalgo [®] and generic hydromorphone would allow more complete coverage of the misuse of hydromorphone products.	Consider adding Exalgo [®] (extended-release hydromorphone) to the pain relievers screener and main module in the vicinity of items for Dilaudid [®] . This also will require creating a new drug image.	Change approved by SAMHSA. RTI added "Exalgo or extended-release hydromorphone" to PR10, one item after "Dilaudid [®] or hydromorphone." Added PRY331 and PRY331a between PRY33a and PRY34.

See notes at end of table.

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Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Pain relievers screener and main module	MoxDuo [®] IR is a combination of two powerful opioids, morphine and oxycodone, that is scheduled for a new review in May 2014. Product launch is targeted for the second half of 2014.	Add MoxDuo [®] IR to the pain relievers screener and main module. Also will require obtaining a new drug image (depending on potential cost).	Change approved by SAMHSA. RTI added MoxDuo [®] IR to PR10. Added PRY332 and PRY332a between PRY331a and PRY34.
PRL03 (and TRL03, STL03, and SVL03)	Some DR cases for pain relievers skipped out of PRL03 when the respondent reported some initiation within the past 12 months but initiation of other drugs in the same month as the interview month but in the previous calendar year (e.g., September 2012).	Adjust the criteria in the past year initiation variables (e.g., PRYRINIT1 for Vicodin [®]) to set the initiation variable to 1 if the YFU equals CURRENT YEAR MINUS 1, the MFU is between 1 and 12, and the MFU is greater than OR EQUAL TO the current month.	Change approved by SAMHSA.
Tranquilizers screener and main module	Librium [®] , Tranxene [®] , and oxazepam (generic equivalent of Serax [®]) represent an older "generation" of benzodiazepine tranquilizers and had a low prevalence in the QFT and DR data.	Drop Librium [®] , Tranxene [®] , and oxazepam from the tranquilizers screener and main module.	Changes approved by SAMHSA. RTI has made these changes in the CAI specs.
Tranquilizers screener and main module	Flexeril [®] has been discontinued, but the generic is still available.	Drop Flexeril [®] from the tranquilizers screener and main module, or replace it with "Cyclobenzaprine, also known as Flexeril [®] ." Replacing Flexeril [®] with the generic will require creating a new drug image.	Change approved by SAMHSA to replace "Flexeril" with "Cyclobenzaprine (generic), also known as Flexeril [®] ," and to create an image for the generic.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Tranquilizers screener and main module	Buspirone, hydroxyzine, and meprobamate had low prevalence reported in the QFT.	Consider dropping buspirone, hydroxyzine, and meprobamate from the tranquilizers screener and main module.	Final recommendation made to SAMHSA to retain questions about these drugs for 2015. Final recommendation approved by SAMHSA.
Stimulants screener and main module	Generic extended-release amphetamine-dextroamphetamine pills are available that are equivalent to Adderall® XR.	Add "Extended-release amphetamine-dextroamphetamine pills other than Adderall XR (generic)" to the stimulants screener and main module. This also will require creating a new drug image.	Change approved by SAMHSA. RTI has split amphetamine products in the screener to include brand-name drugs in ST01 and generic drugs in ST02. Added STY051 and STY051a between STY05a and STY06.
Stimulants screener and main module	Generic extended-release methylphenidate was approved in 2011. This is equivalent to Ritalin® SR/LA and Concerta®.	Add "Extended-release methylphenidate (generic)" to the stimulants screener and main module. This also will require creating a new drug image and could require changing the existing drug image for methylphenidate.	Change approved by SAMHSA. RTI has put Ritalin®, Ritalin® SR/LA, Concerta®, and Daytrana® in ST03 in the screener and has put Metadate® CD, Metadate® ER, methylphenidate, and extended-release methylphenidate in ST04. Moved STY10 and STY10a to follow STY12a. Added STY101 and STY101a between STY10a and STY13.

See notes at end of table.

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Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issues(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Stimulants screener and main module	Generic extended-release dexamethylphenidate was approved in 2013. This is equivalent to Focalin [®] XR.	Add "Extended-release dexamethylphenidate (generic)" to the stimulants screener and main module. This also will require creating a new drug image.	Change approved by SAMHSA. RTI has put Focalin [®] , Focalin [®] XR, dexamethylphenidate, and extended-release dexamethylphenidate in ST05 in the screener. Added STY151 and STY151a between STY15a and STY16.
Stimulants screener and main module	Modafinil is the generic equivalent of Provigil [®] and was approved in 2012. Armodafinil (generic equivalent of Nuvigil [®]) also was approved in 2012 and is chemically similar to Modafinil.	Consider adding "Modafinil (generic)," Nuvigil [®] , and "Armodafinil (generic)" to the stimulants screener and main module. This also will require creating new drug images.	Final recommendation made to SAMHSA not to add these drugs for 2015, based on QFT and DR data for Provigil [®] and write-in data from the main survey for modafinil, Nuvigil [®] , and armodafinil. Final recommendation approved by SAMHSA.
Sedatives screener and main module	Patents for Lunesta [®] are scheduled to expire in February and August 2014. Tentative approvals have been given to the generic equivalent (eszopiclone). Use and misuse of Lunesta [®] , Sonata [®] , and the generic equivalent of Sonata [®] (zaleplon) in the QFT and DR data were not as prevalent as those for zolpidem products (e.g., Ambien [®]) or benzodiazepine sedatives (e.g., Halcion [®] , Restoril [®]).	Change "Lunesta" to "Lunesta or eszopiclone" and change "Sonata" to "Sonata or zaleplon" in the sedatives screener and main module. Drop the separate response category for zaleplon in the sedatives screener and the corresponding questions in the main module.	Changes approved by SAMHSA. RTI has made these changes in the CAI specs.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Sedatives screener and main module	Dalmane [®] has been discontinued, but the generic is still available.	Drop Dalmane [®] from the sedatives screener and main module. Consider replacing the items for Flurazepam with "Flurazepam (generic), also known as Dalmane."	Changes approved by SAMHSA to drop Dalmane [®] and replace "Flurazepam" with "Flurazepam (generic), also known as Dalmane." RTI has moved Restoril [®] and temazepam to SV03 in the sedatives screener. Moved SVY13 and SVY13a to appear between SVY10a and SVY11.
DRSV11 and DRSV12	The CAI instrument asks whether the respondent suffers from one or more symptoms of withdrawal in DRSV11 and DRSV12, but the DSM-IV criteria call for two or more symptoms.	Update the criteria to be consistent with the DSM-IV for 2015.	Change approved by SAMHSA. RTI will correct the criteria for 2015.
QD16a	Those who report not having moved in the last year (at QD13) are being asked if they have lived in the United States for at least a year unnecessarily.	Skip those who report not having moved in the past year (QD13) out of QD16a (lived in the United States for at least a year).	Change approved by SAMHSA. RTI to pursue.
QP02	The default value for "sample member" is problematic.	Brainstorm a new default value for "sample member."	SAMHSA approved. In progress.
QH113 and QH114	These screens have electronic calendars. Because they are being moved to CAPI, respondents will no longer have calendar access to assist in answering the questions.	Add "that is from (fill) through today" to the question text for these items.	Change approved by SAMHSA. RTI will pursue.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Q108N	Q108N asks about cash assistance from a State or county welfare program, yet some States do not have counties (e.g., Alaska has boroughs, and Louisiana has parishes).	Alter the wording of the question based on State recorded earlier in the interview.	Change approved by SAMHSA. RTI will pursue.

APAP = acetaminophen; CAI = computer-assisted interviewing; CAPI = computer-assisted personal interviewing; DR = Dress Rehearsal; DSM-IV = *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition; FDA = U.S. Food and Drug Administration; FI = field interviewer; MFU = month of first use; mg = milligram; OTC = over-the-counter; QFT = Questionnaire Field Test; RTI = RTI International (a trade name of Research triangle Institute); SAMHSA = Substance Abuse and Mental Health Services Administration; specs = specifications; YFU = year of first use.

Table 8.2 Issues Identified for Training and Materials from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Protocol

Training/Materials Element	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Protocol	Decision
Materials	Response options for QHI15 are currently not read to respondents. This option could unnecessarily be associated with high respondent burden if a respondent was trying to differentiate between 18 months ago and 2 years ago. Instead, those fall into the same response category.	Develop showcard for QHI15.	Will not be pursued.
Materials	During a field observation, a respondent did not notice the instruction to press the space bar to enter more than one response. He asked for help, but the FI did not know about this type of item and just told him to do his best, which did not solve the problem.	Develop a job aid to provide a summary of types of response options or errors to allow FIs to troubleshoot respondent issues. This could include a mention of "check all that apply" items, open-ended items, a discrete list, open-ended numeric, and so on. It could also include explanations of range checks and hard errors that respondents may encounter.	Will be changed for 2015.
Training	Some FIs do not seem to be familiar with the instruction that they can say, "Is that you?" if obvious during the CAI HH roster.	FIs should be reminded of this option during training so as to minimize respondent confusion when responding "Self."	Will be changed for 2015.
Training	Some trainees reported that the pace of the training was not right for them.	Revise the training agenda as needed to reflect timing and pacing issues noted and make adjustments as feasible.	Will be pursued, pending SAMHSA review.

See notes at end of table.

(continued)

Table 8.2 Issues Identified for Training and Materials from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Protocol (continued)

Training/Materials Element	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Protocol	Decision
Training	FI laptops will not have CD drives.	Investigate options for Web-based training.	RTI will summarize the pros and cons and cost estimate of switching to Web-based training and submit it to SAMHSA.
Training	Some FIs were unfamiliar with the computer equipment (particularly the tablet), which caused some difficulty during training.	Ship the tablets to FIs in advance of the training to allow them opportunities to practice and gain familiarity prior to classroom learning. Extend the training agenda to include additional time on the equipment.	Change approved by SAMHSA. Equipment will be purchased earlier and shipped to FIs prior to 2015 veteran training.
Training	Some FIs appeared to lack knowledge of proper NSDUH procedures.	Extend the training agenda to focus additional time on the application of proper NSDUH interviewing procedures. Conduct a certification exercise at the conclusion of training to formally evaluate each FI's adherence to screening and interviewing procedures.	Pending SAMHSA approval. Cost estimate submitted by RTI to SAMHSA on 12/9/13.
Training	Observers noticed some FIs struggling with the introduction screen and use of correct terminology.	Provide additional emphasis on and practice with reading the introductory screen and using correct terminology when speaking to respondents.	Will be pursued, pending SAMHSA review.
Training	Observers noticed some difficulties with respondents being confused when asked the race/ethnicity questions.	Provide additional training and practice on how to address respondent confusion with the race/ethnicity questions.	Will be pursued, pending SAMHSA review.
Training	Some FIs have problems with basic troubleshooting of the interviewing laptop.	Provide FIs with additional documentation and training on laptop troubleshooting.	Will be pursued, pending SAMHSA review.

CAI HH = computer-assisted interviewing household; DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test; RTI = RTI International (a trade name of Research triangle Institute); SAMHSA = Substance Abuse and Mental Health Services Administration.

Table 8.3 Issues Identified for Field Equipment from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Protocol

Equipment Element	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Protocol	Decision
Letter-generating system	At the end of the DR data collection period, a problem was discovered in the letter-generating system that prevented refusal and UTC letters from being sent. Although letters were requested by the field, the letters were not sent to respondents from RTI as planned	RTI to address system problem to ensure that this is not a problem in subsequent data collection.	Pending.
Laptop bag	The laptop bag was not well received due to the design of its strap and pockets, based on equipment survey results and comments.	Identify a bag that has straps connecting to its sides (rather than on the front and back), more interior pockets, and fewer zippered pockets. Consider the Samsonite bag for 2015 that was considered for the DR.	Pending.
Laptop	Function keys were not easily identifiable and confusing to some.	Use a different labeling method to identify function keys and make them more easily identifiable. Attempt to purchase laptops that have larger function keys or otherwise make the function keys more easily read.	Pending.
Screening/tablet	Some FIs reported that the additional password on the tablet screen was cumbersome.	Consider removing the extra password from the tablet screen.	Pending.

DR = Dress Rehearsal; FI = field interviewer; QFT = Questionnaire Field Test; RTI = RTI International (a trade name of Research triangle Institute); UTC = unable to contact.

Table 8.4 Estimates and Items Identified from the QFT or DR Analysis for Preview in the 2015 Early Data Review

Estimate or Questionnaire Item¹	Item Missingness Rate Was Significantly Higher than Comparison Data	Estimate Was Significantly Different from Comparison Data
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	Yes	No
Is anyone in your immediate family currently serving in the U.S. military? (QD10d)	Yes	N/A
How many times in the past 12 months have you moved? (QD13)	Yes	No
In what State did you live in 1 year ago today? (QD13a)	Yes	N/A
Are you a full-time student or a part-time student? (QD19)	Yes	No
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	Yes	No
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	Yes	No
Did you work at a job or business at any time last week? (QD26)	Yes	Yes
Did you work at a job or business at any time during the past 12 months? (QD33)	Yes	No
How many different employers have you had in the past 12 months? (QD36)	Yes	No
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	Yes	Yes
In what year did you last work at a job or business? (QD39a)	Yes	N/A
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	Yes	No
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	Yes	No
How many people work for your employer out of this office, store, etc.? (QD42)	Yes	Yes
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	Yes	Yes
In [YEAR], did you receive food stamps? (QI07N)	Yes	Yes

See notes at end of table.

(continued)

Table 8.4 Estimates and Items Identified from the QFT or DR Analysis for Preview in the 2015 Early Data Review (continued)

Estimate or Questionnaire Item¹	Item Missingness Rate Was Significantly Higher than Comparison Data	Estimate Was Significantly Different from Comparison Data
At any time during [YEAR], even for 1 month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	Yes	No
In [YEAR], because of low income, did you receive any other kind of nonmonetary welfare or public assistance? (QI10N)	Yes	No
What is the highest grade or year of school you have completed ? Just give me the number from the card. (QD11) ²	Yes	Yes
What grade or year of school are you now attending? / What grade or year of school will you be attending when your vacation is over? (QD18)	Yes	Yes
Please answer this question again. [IF QD17 = 1] What grade or year of school are you now attending? / [IF QD17b = 1] What grade or year of school will you be attending when your vacation is over? (QD18CC03)	Yes	Yes
Please answer this question again. What is the highest grade or year of school you have completed ? (QD18CC04)	Yes	Yes

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

¹ The Early Data Review provides unweighted results from data collected in the first 2 weeks of the survey year.

² The changes to the education categories in QD11 could affect the classification of highest education for adults in 2015.

Table 8.5 Estimates and Items Identified from the QFT or DR Analysis for Priority Examination in the 2015 6-Month Tables

Estimate or Questionnaire Item¹	Item Missingness Rate Was Significantly Higher Than Comparison Data	Estimate Was Significantly Different from Comparison Data
Lifetime Inhalants Use	No	Yes
Past Year Smokeless Tobacco Use	No	Yes
Past Month Smokeless Tobacco Use	No	Yes
Past Month Serious Psychological Distress (SPD)	No	Yes
Past Year Cocaine Use	No	Yes
Past Month Cocaine Use	No	Yes
Past Year Heroin Use	No	Yes
Past Month Heroin Use	No	Yes
Lifetime Use of Any Prescription Drug	No	Yes
Past Year Use of Any Prescription Drug	No	Yes
Cell Phone Status	No	Yes

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

¹The 6-month tables provide weighted results for data collected from January through June of the survey year.

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**Appendix A: Screener and Questionnaire Changes Made for
the Questionnaire Field Test (QFT) and Instrument and
Protocol Revisions Made for the Dress Rehearsal (DR)**

Table A.1 Changes between the 2012 NSDUH Screener and the 2012 Questionnaire Field Test (QFT) Screener

Screener Item	QFT Changes	Notes
Study Introduction Screen	<ul style="list-style-type: none"> On study introduction screen, "RTI International" replaced previous mentions of "RTI" or "Research Triangle Institute," and "US Public Health Service" was replaced with "US Department of Health and Human Services." 	
Informed Consent Screen	<ul style="list-style-type: none"> Replaced mentions of the incentive by saying, "\$30 in cash" as opposed to "\$30 cash payment." 	This change also was made in 2013.
Confirm Roster Screen	<ul style="list-style-type: none"> Removed "Other" and "Unspecified" from verify roster screen for roster members who are missing race, ethnicity, or military status. 	This deletion was also made in 2013.
FI Debriefing Items	<ul style="list-style-type: none"> New FI debriefing questions were added and administered at the end of the screening for codes 30, 31, 32, and 70 cases. 	

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire

Module	QFT Changes	Notes
Core Demographics	<ul style="list-style-type: none"> Moved the marital status questions out of this module to the back-end ACASI. Revised response categories for educational attainment in QD11, adding additional degree-level detail (from 17 to 20 categories). Added "Guamanian or Chamorro" and "Samoan" race categories. Added questions for military veterans to identify era served and whether in combat zone. 	Race and military changes also were made in 2013. Further revised era response categories for DR.
Beginning ACASI Section	<ul style="list-style-type: none"> Added question for the FI or R to indicate that the R has already done the tutorial so he or she does not have to do the full tutorial again. 	Added logic to PREVCOM2 in DR to only ask of adults.
ACASI Tutorial	No Changes	
Calendar	<ul style="list-style-type: none"> New electronic version was introduced in the tutorial, so calendar-filling questions were altered to reflect the on-screen calendar. This module was moved to follow the ACASI tutorial and was administered via ACASI. 	
Tobacco	<ul style="list-style-type: none"> Combined smokeless sections into one section. Dropped smokeless brands. 	
Alcohol	<ul style="list-style-type: none"> Changed binge definition to four or more drinks for females. 	
Marijuana	No Changes	
Cocaine	No Changes	
Crack	No Changes	
Heroin	No Changes	
Hallucinogens	<ul style="list-style-type: none"> Moved questions about Ketamine/Special K, DMT/AMT/Foxy, and <i>Salvia divinorum</i> from the special drugs module to hallucinogens. 	
Inhalants	<ul style="list-style-type: none"> Added questions about markers and air duster. 	

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
*Methamphetamine	<ul style="list-style-type: none"> Created a new methamphetamine module modeled after cocaine. 	
All Prescription Drugs **Screeener and Main Module	<ul style="list-style-type: none"> Adapted each of the former prescription drug modules to two new modules: a screener and a main module. <ul style="list-style-type: none"> Added the word "prescription" to the introduction for each section. Electronic pill cards replaced the showcards. Adopted "ensemble format": All screener modules determining any use in past 12 months are asked before misuse (main) modules. The main modules measured misuse among those drugs that were used in the past 12 months, as well as lifetime misuse. Discontinued prescription drugs were deleted, and newly available drugs were added. Drugs currently asked about in noncore modules were moved to the appropriate prescription drug module. Edited the definition of misuse to generally refer to use "in any way a doctor did not direct you to use them." 	
Pain Relievers **Screeener and Main Module	<ul style="list-style-type: none"> See changes described under "All Prescription Drugs." 	
Tranquilizers **Screeener and Main Module	<ul style="list-style-type: none"> See changes described under "All Prescription Drugs." 	

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
Stimulants **Screener and Main Module	<ul style="list-style-type: none"> • See changes described under "All Prescription Drugs." • Moved questions about 12-month and 30-day needle use from special drugs module to stimulants. 	
Sedatives **Screener and Main Module	<ul style="list-style-type: none"> • See changes described under "All Prescription Drugs." 	
Special Drugs	<ul style="list-style-type: none"> • Removed all methamphetamine questions except lifetime and recency of methamphetamine needle use. • Removed "Desoxyn, or Methedrine" because they are no longer on the market. • Removed Ketamine/Special K, DMT/AMT/Foxy, and <i>Salvia divinorum</i>, Ambien[®], and Adderall[®], moving them to other modules as appropriate. • Moved stimulant needle use lifetime and recency questions to stimulants module. • Added an introduction to SD17 (2013 variable SD12), the question about reusing needles, to remind Rs about needle use reported in the stimulant module. • Replaced all instances of "not prescribed for you or that you took only for the experience or feeling it caused" with "not prescribed for you." 	
Risk/Availability	No Changes	
Blunts	<ul style="list-style-type: none"> • Added questions on medical marijuana use (MJMM01 and MJMM02). 	Medical marijuana questions also were added in 2013.

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
Substance Dependence and Abuse	<ul style="list-style-type: none"> Updated the stimulant questions to reflect the separate methamphetamine and prescription stimulants modules. 	
Special Topics	No Changes	
Market Information for Marijuana	<ul style="list-style-type: none"> Dropped entire module. 	
Prior Substance Use	<ul style="list-style-type: none"> Dropped all prescription drug and methamphetamine questions. Dropped "which (substance use) came first" questions. 	
Drug Treatment	No Changes	
Health Care	<ul style="list-style-type: none"> Extended the module to ask questions about a number of additional topics, including revising the list of health conditions, adding questions about cancer diagnosis, and asking about the age at first diagnosis of other conditions. Added height and weight questions. Added questions on whether R has had discussions with a doctor about substance use in the past year. 	Height, weight, and the discussions one has had with a doctor about substance use in the past year also were added in 2013.
Adult Mental Health Service Utilization	No Changes	
Social Environment	<ul style="list-style-type: none"> Dropped SEN04 - # of times moved in past 5 years. 	
Parenting Experiences	No Changes	
Youth Experiences	<ul style="list-style-type: none"> Dropped YE04 - # of times moved in past 5 years. 	
Mental Health	No Changes	
Adult Depression	No Changes	
Youth Mental Health Service Utilization	No Changes	
Adolescent Depression	No Changes	
Consumption of Alcohol	<ul style="list-style-type: none"> Dropped all prescription drugs (except for methamphetamine) from "used with alcohol" question (CA09). Dropped 4+ binge questions for females. 	

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
End of ACASI & Back-End Demographics	<ul style="list-style-type: none"> • Moved to ACASI. • QD13 (number of moves in the past 12 months) was edited to add the interviewer note to the question text. • Added six questions about disability. • Added a question about English-speaking ability. 	Sexual orientation questions were added in the DR.
Education	<ul style="list-style-type: none"> • Moved to ACASI. • Revised consistency check questions to be consistent with the revised categories in QD11 (educational attainment). • Moved questions about marital status to this module. • Added questions about military families to this module. 	Military families' questions were edited in the DR.
Employment	<ul style="list-style-type: none"> • Moved to ACASI. • Dropped I&O questions (job titles, industries). 	
Household Roster	<ul style="list-style-type: none"> • Dropped step, foster, adoptive descriptions of children and parents. 	
Proxy Information	<ul style="list-style-type: none"> • Edited the statement that asks Rs about whether they would like to nominate a proxy (PROXYINT), adding the information that the next questions are about the family's income as well. 	This change also was made in 2013.
**Beginning Proxy Tutorial	<ul style="list-style-type: none"> • New module to introduce proxy R to CAI program. • Administered via CAPI. 	
**Proxy Tutorial	<ul style="list-style-type: none"> • New module to introduce proxy R to CAI program. • Administered via ACASI. 	

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
Health Insurance	<ul style="list-style-type: none"> • Moved to ACASI. • Explanations on what CHAMPUS and CHAMPVA stand for were edited. • Edited wording of QHI02 (Medicaid) to include information formerly in an interviewer note. • Edited wording of QHI02a (CHIP) to include information formerly in an interviewer note. • Edited wording of QHI03 (CHAMPUS) to include information formerly in parentheses and an interviewer note. • Edited wording of QHI06 (private health insurance) to include information formerly in an interviewer note. • Edited wording of QHI07 (source of private health insurance) to include information formerly in an interviewer note. • Edited wording of QHI11 (other health insurance) to include information formerly in an interviewer note. • Edited wording of QHI14 (time without health insurance) to include information formerly in an interviewer note. 	<p>Explanations on what CHAMPUS and CHAMPVA stand for were also edited in 2013.</p>

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
Income	<ul style="list-style-type: none"> • Moved to ACASI. • Edited wording of QI01N (social security or railroad retirement payments) to include information formerly in an interviewer note and removed parenthetical statement about checks being mailed on the 3rd of the month in a gold envelope. • Edited wording of QI03N (SSI) to include information formerly in an interviewer note. • Edited wording of QI07N (food stamps) to include information formerly in an interviewer note. • Removed the information formerly contained in an interviewer note for QI08N (TANF). • Edited wording of QI10N (non-monetary welfare) to include information formerly in an interviewer note. • Edited INTRTINN for ACASI administration. • Top response category for income was revised to \$150,000 or more. • Replaced telephone landline question with two questions about cellular phones. 	<p>The parenthetical statement was also removed from QI01N in 2013.</p> <p>Further edits to the wording of INTRTINN were also made in 2013.</p> <p>Changed the question to gender-appropriate pronoun in INTROINC in 2013.</p>
Incentive	<ul style="list-style-type: none"> • Made slight wording changes, such as change "pay" to "hand" or "given." 	Change also made in 2013.
Verification	<ul style="list-style-type: none"> • Changed "mailing" to "current" address. 	Change also made in 2013.
FI Observation Questions	<ul style="list-style-type: none"> • Moved to tablet and tailored for QFT. 	

ACASI = audio computer-assisted self-interviewing; AMT = alpha-methyltryptamine; CAI = computer-assisted interviewing; CAPI = computer-assisted personal interviewing; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; CHIP = Children's Health Insurance Program; DMT = dimethyltryptamine; DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test; R = respondent; SSI = supplemental security income; TANF = Temporary Assistance for Needy Families; VA = Department of Veterans Affairs.

NOTE: The QFT interviews were conducted in English only.

Table A.3 Changes between the 2012 Questionnaire Field Test (QFT) Screener and the 2013 Dress Rehearsal (DR) Screener

Screener Item	DR Changes	Notes
SDU Characteristic Screen	<ul style="list-style-type: none"> • Removed. 	This screen also will be removed for 2014.
Controlled Access Type Screen	<ul style="list-style-type: none"> • Removed. 	This screen also will be removed for 2014.
Confirm Roster Screen	<ul style="list-style-type: none"> • Removed "Other" and "Unspecified" from verify roster screen for roster members who are missing race, ethnicity, or military status. 	This deletion was also made in 2013.
Administrative Items	<ul style="list-style-type: none"> • Added ability to enter appointments in tablet calendar. • Added the call distribution feature. 	
FI Debriefing Items	<ul style="list-style-type: none"> • Debriefing items were dropped for codes 30, 31, and 32. FIs will answer debriefing items only for interview Rs (code 70). 	

Table A.4 Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire

CAI Module	DR Changes	Notes
Core Demographics	<ul style="list-style-type: none"> Updated response options for military service periods. 	Updated response options also will be used in 2014.
Beginning ACASI Section	<ul style="list-style-type: none"> Removed the F7 function, which muted the sound during ACASI. Added logic so that interviewers were no longer asked whether an adolescent R had previously served as a proxy. 	
ACASI Tutorial	<ul style="list-style-type: none"> Edited questions throughout the tutorial for clarity. Edited final response option in ALLAPPLY to "something else" (kinds of music listened to). Added language about how to enter a response after closing the F2 Help box. Added "Practice Question #" on each screen to clarify that the questions are unrelated to the survey content. 	The edited response option in ALLAPPLY also will be used in 2014.
Calendar	<ul style="list-style-type: none"> Edited the calendar screen to indicate how to close the calendar by pressing F1 again. 	
Tobacco	<ul style="list-style-type: none"> Changed the name of "Macanudos" to "Macanudo" for accuracy. 	
Alcohol	No Changes	
Marijuana	No Changes	
Cocaine	No Changes	
Crack	No Changes	
Heroin	No Changes	
Hallucinogens	<ul style="list-style-type: none"> Fixed a routing error in three recency variables that affected nine cases in the QFT. 	
Inhalants	No Changes	
Methamphetamine	No Changes	

See notes at end of table.

(continued)

Table A.4 Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire (continued)

CAI Module	DR Changes	Notes
All Prescription Drug Screeners	No Changes	
All Prescription Drug Main Modules	<ul style="list-style-type: none"> • Removed Help screens from all prescription drug questions except age at first use items. • Added logic to identify Rs with unknown recent initiation. A variable was created to identify and route these Rs to another new variable that asks about initiation of misuse of prescription pain relievers more than 12 months ago if the only definite reports of initiation occurred in the past 12 months, or all initiation data were missing. • Fixed a skip pattern error that skipped source of prescription drug for adolescents in the QFT. • Edited logic and ranges throughout the modules for accuracy. 	
Prescription Pain Reliever Main Module	<ul style="list-style-type: none"> • Changes listed above. • Edited response options of PRYMOT1 for consistency with the other prescription drug questions. 	
Tranquilizers Main Module Stimulants Main Module	<ul style="list-style-type: none"> • Changes listed above. • Changes listed above. 	
Sedatives Main Module	<ul style="list-style-type: none"> • Changes listed above. 	
Special Drugs	No Changes	
Risk/Availability	No Changes	
Blunts	<ul style="list-style-type: none"> • Edited routing into MJMM01 and MJMM02 (medical marijuana) to include all Rs who earlier reported marijuana use in the past 12 months. • Added the words, "or other health care professional" to the medical marijuana questions. 	<ul style="list-style-type: none"> • Edit also will be used in 2014. • Edit will be used in 2013.

See notes at end of table.

(continued)

Table A.4 Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire (continued)

CAI Module	DR Changes	Notes
Substance Dependence and Abuse	<ul style="list-style-type: none"> Redefined MET12MON (the variable defining 12-month use of methamphetamine) to include use of methamphetamine with a needle reported in the special drugs module. 	
Special Topics	No Changes	
Prior Substance Use	No Changes	
Drug Treatment	<ul style="list-style-type: none"> Changed the data structure on TX10 to allow R to choose all 12 possible options. This corrected a QFT error. 	
Health Care	<ul style="list-style-type: none"> Added "B or C" to "Hepatitis" in HLTH25 for more precise description of condition. Edited logic so that Rs who are diagnosed with cancer at their current age are no longer asked whether they had cancer in the past 12 months. Edited ranges for height in feet and inches for accuracy and increased upper limit for weight. 	New ranges for height and weight were changes via a patch at the start of Q2 data collection.
Adult Mental Health Service Utilization	No Changes	
Social Environment	No Changes	
Parenting Experiences	No Changes	
Youth Experiences	No Changes	
Mental Health	No Changes	
Adult Depression	No Changes	
Youth Mental Health Service Utilization	No Changes	
Adolescent Depression	No Changes	
Consumption of Alcohol	No Changes	

See notes at end of table.

(continued)

Table A.4 Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire (continued)

CAI Module	DR Changes	Notes
End of ACASI & Back-End Demographics	<ul style="list-style-type: none"> • Added two questions on sexual attraction and identity. 	
Education	<ul style="list-style-type: none"> • Further revised consistency check questions to be consistent with categories in QD11 (educational attainment). • Moved definition of "immediate family" from help screen to question text in military family questions. • Made other minor wording changes to military questions for clarity. • Added an "Other, Specify" item in the military family series. 	
Employment	<ul style="list-style-type: none"> • Edited the Help instructions to several questions. • Deleted question about size of workplace. • Added a new variable and appropriate logic, which instructs Rs to lock the ACASI portion of the instrument before returning the computer to the interviewer (PENTER1). 	
Household Roster	No Changes	
Proxy Information/Decision	<ul style="list-style-type: none"> • Edited logic so if a R lists a parent, grandparent, or in-law as a household member, these relations will be listed regardless of missing age data. 	This change also was made in 2013.
Beginning Proxy Tutorial	<ul style="list-style-type: none"> • Added wording noting that the proxy's family member nominated him or her to take part in the interview. • Added "and headphones" to IntrAcasi1b. • Deleted the F7 instruction for the proxy. 	
Proxy Tutorial	<ul style="list-style-type: none"> • Edited wording of tutorial questions for clarity. • Added language about how to enter a response after closing the F2 box. Added this language to all questions that include F2 Help boxes. 	

See notes at end of table.

(continued)

Table A.4 Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire (continued)

CAI Module	DR Changes	Notes
Health Insurance	<ul style="list-style-type: none"> • Updated State program names for Medicaid, CHIP, and TANF. • Removed Help instructions in QHI06 (private health insurance) and moved key terms to the question itself. • Dropped "including Indian Health Insurance" from QHI11. 	
Income	<ul style="list-style-type: none"> • Edited the wording of INTROINC for improved flow. • Deleted QI05N (income from wages or pay) and added this source to the list in INTRTINN. • Edited the wording of QI03N (SSI) for accuracy. • Edited the wordings of QI07N (food stamps) for accuracy. • Edited the list of income sources in INTRTINN. Also edited the introductory text. • Added a new variable and appropriate logic, which instructs Rs to lock the ACASI portion of the instrument before returning the computer to the FI. 	INTROINC wording change also will be used in 2014.
Incentive	No Changes	
Verification	<ul style="list-style-type: none"> • Edited the wording of TOALLR3I for clarity. 	

ACASI = audio computer-assisted self-interviewing; CAI = computer-assisted interviewing; CHIP = Children's Health Insurance Program; DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test; R = respondent; SSI = supplemental security income; TANF = Temporary Assistance for Needy Families.

NOTE: DR interviews were conducted in both English and Spanish.

**Appendix B: Item Missingness Tables for English-Language
and Spanish-Language Interviews**

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			Combined 2012 QFT and 2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Ever used Ketamine (LS01i ⁶)	55,231	79	0.1	26,617	34	0.1	3,012	2	0.1
Ever used DMT, AMT, or Foxy (LS01j ⁶)	55,230	106	0.2	26,617	49	0.1	3,012	5	0.2
Ever used <i>Salvia divinorum</i> (LS01k ⁶)	55,230	112	0.1	26,617	53	0.2	3,012	3	0.1
How long has it been since you last used Ketamine? (LS33 ⁶)	585	5	0.1 ^a	296	2	0.3	40	0*	0.0*
How long has it been since you last used DMT, AMT, or Foxy? (LS34 ⁶)	528	2	0.2	305	1	0.3	32	1*	1.1*
How long has it been since you last used <i>Salvia divinorum</i> ? (LS35 ⁶)	2,000	4	0.1 ^a	845	1	0.1	74	0*	0.0*
Ever used a needle to inject any drug that was not prescribed for you (SD15 ⁷)	55,231	24	0.0	26,617	15	0.0	3,012	2	0.0
Are you now married, widowed, divorced or separated, or have you never married? (QD07)	46,543	4	0.0 ^a	22,357	7	0.1 ^a	2,681	12	0.3
How many times have you been married? (QD08)	18,031	7	0.1	8,543	1	0.0	1,352	3	0.2
How many times in the past 12 months have you moved? (QD13)	55,229	38	0.0 ^a	13,958	5	0.0 ^a	3,012	37	0.8
In what State did you live in one year ago today? (QD13a)	16,540	8	0.0 ^a	7,854	0*	0.0 ^{a*}	917	8	0.6

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			Combined 2012 QFT and 2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Were you born in the United States? (QD14)	55,229	4	0.0*	26,614	1*	0.0*	3,012	2	0.1
Have you lived in the United States for at least one year? (QD16a)	3,289	0*	0.0*	1,580	0*	0.0*	279	0*	0.0*
How many years have you lived in the United States? (QD16b)	3,111	3	0.1	1,502	1	0.0	265	2	0.4
How many months have you lived in the United States? (QD16c)	178	0*	0.0 ^a *	78	0*	0.0 ^a *	14	3*	30.0*
Are you now attending or are you currently enrolled in school? (QD17)	55,229	3	0.0*	26,614	0*	0.0*	3,012	6	0.1
What grade or year of school are you now attending? (QD18)	27,235	8	0.1	12,977	4	0.1	1,080	2	0.4
Are you a full-time student or a part-time student? (QD19)	27,235	17	0.0 ^a	12,977	14	0.1 ^a	1,080	11	0.8
During the past 30 days how many whole days of school did you miss because you were sick or injured? (QD20)	24,829	73	0.2 ^a	11,853	38	0.3	924	11	0.7
During the past 30 days how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	21,257	21	0.1 ^a	8,462	16	0.2	808	7	0.6
Did you work at a job or business at any time last week? (QD26)	46,539	5	0.0 ^a	22,354	2	0.0 ^a	2,681	11	0.2

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			Combined 2012 QFT and 2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Even though you did not work at any time last week, did you have a job or business? (QD27)	21,008	2	0.0	9,838	1	0.1	1,166	3	0.2
How many hours did you work last week at all jobs or businesses? (QD28)	25,525	23	0.1	12,514	12	0.1	1,504	5	0.3
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	28,302	22	0.1	13,853	11	0.0	1,666	2	0.1
Which one of these reasons best describes why you did not work last week? (QD30)	2,777	2	0.2	1,339	2	0.3	162	1*	0.1
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	18,231	2	0.0 ^a	8,499	5	0.0 ^a	1,004	7	0.5
During the past 30 days, did you make specific efforts to find work? (QD32)	4,493	0*	0.0*	2,029	1	0.0	231	1*	0.0
Did you work at a job or business at any time during the past 12 months? (QD33)	18,235	7	0.0 ^a	8,501	3	0.1 ^a	1,015	15	0.8
How many different employers have you had in the past 12 months? (QD36)	28,329	14	0.0 ^a	13,804	7	0.0 ^a	1,582	17	1.0
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	28,302	9	0.0	13,853	4	0.0	1,666	5	0.2
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	6,134	52	0.9 ^a	3,101	25	0.6 ^a	341	18	3.8

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			Combined 2012 QFT and 2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
In what year did you last work at a job or business? (QD39a)	18,230	84	0.8 ^a	8,499	45	1.1 ^a	1,004	40	4.8
In what month in did you last work at a job or business? (QD39b)	5,911	39	0.7	2,797	10	0.3	271	2	0.6
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	28,302	16	0.0 ^a	13,853	10	0.1 ^a	1,666	16	0.6
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	28,302	9	0.0 ^a	13,853	11	0.1 ^a	1,666	14	0.4
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	28,302	1,532	4.4 ^a	13,853	809	5.6 ^a	1,666	56	2.9
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	20,439	358	1.8 ^a	9,968	172	2.2 ^a	1,227	8	0.6
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	28,302	176	0.6	13,853	109	0.8 ^a	1,666	11	0.3
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	28,302	4,048	11.9 ^a	13,853	2,055	12.2 ^a	1,666	117	7.2
Does your workplace ever test its employees for alcohol use? (QD47)	28,302	1,721	5.7 ^a	13,853	843	6.5 ^a	1,666	61	3.2

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			Combined 2012 QFT and 2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Does your workplace ever test its employees for drug use? (QD48)	28,302	1,391	4.8 ^a	13,853	671	4.8 ^a	1,666	53	3.3
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	12,654	212	2.0 ^a	6,269	88	1.9 ^a	749	6	0.7
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	12,654	759	5.5 ^a	6,269	384	6.3 ^a	749	21	2.6
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	12,654	1,743	14.1	6,269	915	16.8 ^a	749	78	11.3
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	28,302	47	0.2	13,853	24	0.2	1,666	8	0.3
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	28,302	50	0.2	13,853	25	0.1	1,666	8	0.3
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	55,224	193	0.2	26,614	104	0.2	3,011	20	0.4
You have indicated that [SAMPLE MEMBER B] covered by Medicare. Is this correct? (QHI01v)	1,068	7	0.1	546	1	0.1	132	1*	0.6*
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	55,224	340	0.4 ^a	26,614	188	0.4 ^a	3,011	37	0.9
You have indicated that [SAMPLE MEMBER B] covered by Medicaid. Is this correct? (QHI02v)	175	0*	0.0*	95	1	0.2	19	0*	0.0*

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			Combined 2012 QFT and 2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
[SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02A)	22,027	495	2.4	10,692	283	2.5	864	22	3.0
[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	55,224	191	0.2 ^a	26,614	137	0.3	3,011	21	0.6
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	55,224	386	0.4	26,614	212	0.4	3,011	38	0.7
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)	35,740	143	0.3 ^a	17,128	69	0.2 ^a	1,756	3	0.1
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	35,740	16,350	44.5 ^a	17,128	7,864	43.9 ^a	1,756	486	26.0
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	35,740	16,257	44.7 ^a	17,128	7,823	44.3 ^a	1,756	500	27.1
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	35,740	9,681	26.8 ^a	17,128	4,674	27.1 ^a	1,756	311	17.5
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)	8,112	20	0.2	3,792	13	0.1	565	1	0.1
During the past 12 months, was there any time when [SAMPLE MEMBER] did not have any kind of health insurance or coverage? (QHI13)	47,982	109	0.1	23,191	66	0.2	2,544	8	0.2

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			Combined 2012 QFT and 2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
During the past 12 months, about how many months without any kind of health insurance or coverage? (QHI14)	3,540	27	0.4	1,594	6	0.1	211	3	0.9
About how long has it been since [SAMPLE MEMBER] last had any kind of health care coverage? (QHI15)	6,781	49	0.4 ^a	3,182	34	0.8 ^a	429	1	0.1
Which of these reasons is the main reason why [SAMPLE MEMBER] stopped being covered by health insurance? (QHI17)	6,259	34	0.4	2,927	14	0.2	352	3	0.6
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18 ⁸)	55,232	7	0.0	255	0*	0.0*	77	1*	0.4*
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	55,224	535	0.6	26,614	289	0.7	3,011	47	1.0
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	55,224	703	0.8 ^a	26,614	397	1.0	3,011	63	1.4
In [YEAR], did you receive food stamps? (QI07N)	55,224	240	0.3	26,614	113	0.3	3,011	32	0.6
At any time during [YEAR], even for one month, did you receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)	55,224	354	0.4 ^a	26,614	189	0.4 ^a	3,011	42	0.7

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			Combined 2012 QFT and 2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (Q110N)	55,224	293	0.3 ^a	26,614	139	0.3 ^a	3,011	38	0.6
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (Q112AN)	857	23	2.3	374	14	2.5	65	1 [*]	1.0 [*]
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (Q112BN)	2,883	109	3.8	1,310	58	2.9	158	10	7.2
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (Q120N)	55,223	681	1.9 ^a	26,614	339	2.1 ^a	3,011	116	3.4
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (Q121A)	38,838	467	2.3 ^a	18,604	255	3.2	1,727	64	4.5
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (Q121B)	15,704	361	3.5	7,671	164	2.9	1,181	41	3.7
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (Q122)	34,968	2,044	7.9	16,930	1,032	8.2	1,576	127	8.9

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			Combined 2012 QFT and 2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23A)	7,387	455	5.9	3,530	216	6.2	521	36	8.8
Of these income groups, which category best represents your total combined family income during [YEAR] (QI23B)	37,224	2,358	6.8	18,028	1,139	6.8	1,894	124	6.1

*Low precision; estimate would be suppressed under NSDUH suppression rules.

AMT = alpha-methyltryptamine; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; CHIP = Children's Health Insurance Program; DMT = dimethyltryptamine; DR = Dress Rehearsal; QFT = Questionnaire Field Test; TANF = Temporary Assistance for Needy Families; VA = Department of Veterans Affairs.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

^a Difference between estimate and combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

⁵ Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

⁶ For 2012 and 2013 comparison data, these items correspond to items in the special drugs module, but were moved to the hallucinogens module in the QFT and DR.

⁷ For 2012 and 2013 comparison data, this item corresponds to special drug item SD05.

⁸ "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Ever used Ketamine? (LS01i ⁶)	2,059	3	0.0	998	3	0.1	185	0*	0.0*
Ever used DMT, AMT, or Foxy? (LS01j ⁶)	2,059	4	0.0	998	5	0.2	185	0*	0.0*
Ever used <i>Salvia divinorum</i> ? (LS01k ⁶)	2,059	1	0.0*	998	4	0.1	185	1*	0.1
How long has it been since you last used Ketamine? (LS33 ⁶)	7	1*	0.0*	2	1*	82.6*	0	0*	.
How long has it been since you last used DMT, AMT, or Foxy? (LS34 ⁶)	2	0*	0.0*	0	0*	.	0	0*	.
How long has it been since you last used <i>Salvia divinorum</i> ? (LS35 ⁶)	7	0*	0.0*	6	0*	0.0*	2	0*	0.0*
Ever used a needle to inject any drug that was not prescribed for you? (SD15 ⁷)	2,059	0*	0.0*	998	1	0.0	185	0*	0.0*
Are you now married, widowed, divorced or separated, or have you never married? (QD07)	1,822	2	0.0	867	0*	0.0*	169	2	0.3
How many times have you been married? (QD08)	979	0*	0.0*	476	0*	0.0*	117	0*	0.0*
How many times in the past 12 months have you moved? (QD13)	2,059	1	0.0 ^a *	586	0*	0.0 ^a *	185	8	2.0
In what State did you live in one year ago today? (QD13a)	633	1	0.0	272	0*	0.0*	56	2*	1.6*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Were you born in the United States? (QD14)	2,059	0*	0.0*	998	0*	0.0*	185	4	0.7
Have you lived in the United States for at least one year? (QD16a)	1,713	0*	0.0*	804	0*	0.0*	136	0*	0.0*
How many years have you lived in the United States? (QD16b)	1,649	2	0.2	761	0*	0.0*	132	2	1.3
How many months have you lived in the United States? (QD16c)	64	0*	0.0*	43	0*	0.0*	4	2*	20.5*
Are you now attending or are you currently enrolled in school? (QD17)	2,059	0*	0.0*	998	0*	0.0*	185	1*	0.3
What grade or year of school are you now attending? (QD18)	535	3	1.0*	282	1*	1.4*	41	2*	12.8*
Are you a full-time student or a part-time student? (QD19)	535	1	0.1	282	0*	0.0*	41	4*	12.4*
During the past 30 days how many whole days of school did you miss because you were sick or injured? (QD20)	474	2	0.1	254	1*	0.2	32	1*	0.6*
During the past 30 days how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	422	1	0.0	207	1*	0.3	31	2*	1.0*
Did you work at a job or business at any time last week? (QD26)	1,820	1	0.2	867	0*	0.0*	169	4	1.3

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Even though you did not work at any time last week, did you have a job or business? (QD27)	765	0*	0.0*	355	0*	0.0*	92	1*	0.1*
How many hours did you work last week at all jobs or businesses? (QD28)	1,054	1	0.2	512	0*	0.0*	73	1*	1.2*
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	1,137	1	0.1	542	0*	0.0*	80	0*	0.0*
Which one of these reasons best describes why you did not work last week? (QD30)	83	0*	0.0*	30	0*	0.0*	7	1*	11.3*
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	682	1	0.0*	325	0*	0.0*	85	5*	1.4*
During the past 30 days, did you make specific efforts to find work? (QD32)	140	0*	0.0*	65	0*	0.0*	20	0*	0.0*
Did you work at a job or business at any time during the past 12 months? (QD33)	683	0*	0.0*	325	0*	0.0*	89	2*	1.6*
How many different employers have you had in the past 12 months? (QD36)	1,040	2	0.4*	489	0*	0.0*	82	3*	2.2*
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	1,137	0*	0.0*	542	1	0.1	80	0*	0.0*
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	232	0*	0.0 ^a *	106	0*	0.0 ^a *	20	5*	32.1*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
In what year did you last work at a job or business? (QD39a)	682	6	2.2	325	3	0.7 ^a	85	9 [*]	10.0 [*]
In what month in did you last work at a job or business? (QD39b)	137	0 [*]	0.0 [*]	61	3 [*]	2.8 [*]	12	0 [*]	0.0 [*]
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	1,137	3	0.3 ^a	542	0 [*]	0.0 ^{a*}	80	7 [*]	6.2 [*]
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	1,137	3	0.4 ^a	542	0 [*]	0.0 ^{a*}	80	6 [*]	5.1 [*]
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	1,137	33	1.9	542	14	2.7	80	2 [*]	4.4 [*]
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	665	8	1.2	325	1	0.1	55	0 [*]	0.0 [*]
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	1,137	7	0.6 ^a	542	3	0.2	80	0 [*]	0.0 [*]
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	1,137	96	7.7	542	50	9.1	80	4 [*]	4.8 [*]
Does your workplace ever test its employees for alcohol use? (QD47)	1,137	24	1.9	542	14	1.8	80	2 [*]	2.3 [*]

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Does your workplace ever test its employees for drug use? (QD48)	1,137	19	1.4	542	13	1.8	80	2*	2.3*
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	422	1	0.0	202	1*	0.8*	38	1*	3.3*
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	422	16	2.8	202	13	3.8	38	1*	2.3*
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	422	24	4.8	202	16	6.4	38	3*	6.8*
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	1,137	10	1.0	542	3	0.8	80	2*	1.9*
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	1,137	10	1.0 ^a	542	3	0.8	80	0*	0.0*
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	2,059	3	0.3	997	3	0.2	185	0*	0.0*
You have indicated that [SAMPLE MEMBER B] covered by Medicare. Is this correct? (QHI01v)	29	0*	0.0*	12	0*	0.0*	17	0*	0.0*
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	2,059	10	0.6 ^a	997	2	0.0	185	0*	0.0*
You have indicated that [SAMPLE MEMBER B] covered by Medicaid. Is this correct? (QHI02v)	40	0*	0.0*	18	0*	0.0*	8	0*	0.0*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
[SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02A)	520	6	1.4	278	3	0.4	43	0*	0.0*
[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	2,059	3	0.2	997	0*	0.0*	185	2	0.6
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	2,059	6	0.1	997	0*	0.0*	185	0*	0.0*
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)	345	1	0.3	172	0*	0.0*	37	0*	0.0*
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	345	128	34.9 ^a	172	74	41.9 ^a	37	3*	9.1*
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	345	134	36.1 ^{a*}	172	74	43.8 ^a	37	3*	9.1*
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	345	89	20.0	172	50	23.2	37	2*	26.6*
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)	1,114	0*	0.0*	517	0*	0.0*	86	0*	0.0*
During the past 12 months, was there any time when [SAMPLE MEMBER] did not have any kind of health insurance or coverage? (QHI13)	996	3	0.5	515	0*	0.0*	101	0*	0.0*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
During the past 12 months, about how many months without any kind of health insurance or coverage? (QHI14)	123	0*	0.0*	55	0*	0.0*	16	0*	0.0*
About how long has it been since [SAMPLE MEMBER] last had any kind of health care coverage? (QHI15)	1,052	4	0.2	479	0*	0.0*	82	2*	2.4*
Which of these reasons is the main reason why [SAMPLE MEMBER] stopped being covered by health insurance? (QHI17)	438	3	0.6	207	3	0.8	40	5*	7.6*
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18 ⁸)	2,061	2	0.1	272	2	0.6	42	3*	8.1*
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	2,059	7	0.2	997	3	0.1	185	2	0.6
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	2,059	21	0.8	997	2	0.0	185	2	0.6
In [YEAR], did you receive food stamps? (QI07N)	2,059	9	0.6	997	2	0.4	185	3	1.5*
At any time during [YEAR], even for one month, did you receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)	2,059	11	0.4	997	1	0.0	185	1*	0.3

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (Q110N)	2,059	6	0.1	997	0*	0.0*	185	1*	0.3
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (Q112AN)	21	1*	0.4*	11	0*	0.0*	6	2*	47.0*
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (Q112BN)	123	2*	2.3 ^{a*}	81	3*	3.4 ^{a*}	16	5*	27.7*
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (Q120N)	2,059	32	1.8	997	14	1.9	185	14	6.0
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (Q121A)	1,644	23	2.3	815	18	2.2	132	4	3.7
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (Q121B)	383	3	0.7	168	1*	0.1	40	3*	4.0*
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (Q122)	1,563	172	12.1	774	70	9.9	141	20	14.9*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data ^{1,2}			2013 Comparison Data ^{1,3}			2013 DR Data ^{1,4}		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23A)	715	45	6.6	371	30	6.8	76	11*	10.7*
Of these income groups, which category best represents your total combined family income during [YEAR] (QI23B)	1,006	68	7.6	487	25	6.1	82	6*	5.2*

*Low precision; estimate would be suppressed under NSDUH suppression rules.

AMT = alpha-methyltryptamine; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyltryptamine; DR=Dress Rehearsal; VA = Department of Veterans Affairs.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.

² 2012 comparison data collected in quarters 1 through 4, 2012.

³ 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

⁶ For 2012 and 2013 comparison data, these items correspond to items in the special drugs module, but were moved to the hallucinogens module in the DR.

⁷ For 2012 and 2013 comparison data, this item corresponds to special drug item SD05.

⁸ "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table B.3 Item Missingness Rates for New and Revised Items for English-Language Non-Hispanic Interviews in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among All Persons Aged 12 or Older

Instrument Item	2012 Questionnaire Field Test ^{1,2}			2013 Dress Rehearsal Data ^{1,3}		
	Type of Change for QFT ⁴	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)	Type of Change for DR ⁴	Number of Cases with Missing Data ⁵ (unweighted)	Percent Missing Data ⁵ (weighted)
Race (QD05 ⁶)	R	0*	0.0*	R	1	0.1
Are you currently serving full-time in a Reserve component? (V2b)	N	0*	0.0*	N	0*	0.0*
Have you ever served on active duty in the United States Armed Forces or Reserve components? (QD10a)	N	0*	0.0*	N	0*	0.0*
When did you serve on active duty in the United States Armed Forces or Reserve components? (QD10b ⁶)	N	0*	0.0*	N	0*	0.0*
What is the highest grade or year of school you have completed? (QD11)	R	0*	0.0*	R	0*	0.0*
Use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." (CG25)	R	0*	0.0*	R	0*	0.0*
How old were you the first time you used "smokeless" tobacco? (CG26)	R	0*	0.0*	R	2	1.0
Is anyone in your immediate family currently serving in the United States military? (QD10d) ⁷	N	18	0.9	N	13	0.3
Which member or members of your immediate family are currently in the United States military? (QD10e) ^{7,8}	N	19	8.9 ^a	N	4*	2.7*
People are different in their sexual attraction to other people. Which statement best describes your feelings? (QD62)	N/A	N/A	N/A	N	5	0.2
Which one of the following do you consider yourself to be? (QD63)	N/A	N/A	N/A	N	7	0.3

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

*Low precision; estimate would be suppressed under NSDUH suppression rules.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² QFT data collected from September 1 through November 3, 2012.

³ DR data collected from September 1 through October 31, 2013.

⁴ Changes to questionnaire items fall under two categories: N = new item or R = revised item.

⁵ Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

⁶ "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

⁷ The definition of "immediate family" was moved from the "Help" screen to the question text, minor wording changes were made to these questions for clarity, and an "Other, Specify" item was added to this series of questions in the DR questionnaire.

⁸ Estimates are percentages of all persons aged 12 or older, except where noted.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table B.4 Item Missingness Rates for New and Revised Items for Spanish-Language Interviews in the 2013 Dress Rehearsal among All Persons Aged 12 or Older

Instrument Item	2013 Dress Rehearsal Data ^{1,2}		
	Type of Change for DR ³	Number of Cases with Missing Data ⁴ (unweighted)	Percent Missing Data ⁴ (weighted)
Race (QD05 ⁵)	R	1*	0.3
Are you currently serving full-time in a Reserve component? (V2b)	N	0*	.
Have you ever served on active duty in the United States Armed Forces or Reserve components? (QD10a)	N	0*	.
When did you serve on active duty in the United States Armed Forces or Reserve components? (QD10b1 ⁵)	N	0*	.
What is the highest grade or year of school you have completed? (QD11)	R	1*	0.2
Use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." (CG25)	R	0*	0.0*
How old were you the first time you used "smokeless" tobacco? (CG26)	R	0*	0.0*
Is anyone in your immediate family currently serving in the United States military? (QD10d) ⁶	N	5	2.1*
Which member or members of your immediate family are currently in the United States military? (QD10e) ^{6,7}	N	0*	0.0*
People are different in their sexual attraction to other people. Which statement best describes your feelings? (QD62)	N	2	1.3
Which one of the following do you consider yourself to be? (QD63)	N	10	7.8

*Low precision; estimate would be suppressed under NSDUH suppression rules.

¹ Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.

² DR data collected from September 1 through October 31, 2013.

³ Changes to questionnaire items fall under two categories: N = new item or R = revised item.

⁴ Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

⁵ "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

⁶ The definition of "immediate family" was moved from the "Help" screen to the question text, minor wording changes were made to these questions for clarity, and an "Other, Specify" item was added to this series of questions in the DR questionnaire.

⁷ Estimates are percentages of all persons aged 12 or older, except where noted.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

**Appendix C: Dress Rehearsal
Field Interviewer Training Survey Results**

This appendix provides a summary of field interviewer (FI) responses by question for the 2013 Dress Rehearsal (DR) FI training survey completed at the conclusion of the DR FI training sessions (August 25 and 27, 2013). Of the 135 DR FIs who successfully completed training, 133 FIs completed and transmitted the DR FI training survey.

DR FI Training Survey Question	Less than 1 Year	1 to 2 Years	More than 2 Years but Less than 5 Years	More than 5 Years but Less than 10 Years	More than 10 Years	Total n
1. How long have you worked on NSDUH?	5% (7)	17% (23)	26% (34)	29% (39)	23% (30)	133

DR FI Training Survey Question	Yes	No	Total n
2. Were you trained as an FI for the 2012 Questionnaire Field Test (QFT)?	47% (62)	53% (71)	133

DR FI Training Survey Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total n
3a. Reading the DR FI Handbook helped prepare me for training.	56% (74)	37% (49)	5% (6)	1% (1)	2% (3)	133
3b. Completing the DR iLearning course helped prepare me for training.	58% (77)	33% (44)	7% (9)	0% (0)	2% (3)	133
3c. The overall pace of the DR FI Training Session was just right for me.	35% (47)	44% (59)	11% (15)	6% (8)	3% (4)	133
3d. The paired screening and interview exercises completed during training were helpful.	52% (69)	40% (53)	4% (5)	2% (2)	3% (4)	133
3e. I feel ready to properly conduct DR screenings using the tablet.	71% (94)	27% (36)	0% (0)	0% (0)	2% (3)	133
3f. I feel ready to properly conduct DR interviews using the DR laptop.	74% (99)	23% (31)	0% (0)	0% (0)	2% (3)	133
3g. I feel ready to use the email program on the tablet.	59% (79)	32% (42)	7% (9)	0% (0)	2% (3)	133
3h. I am comfortable with the process to transmit wirelessly with the tablet (independent of the laptop).	65% (86)	29% (39)	4% (5)	0% (0)	2% (3)	133
3i. I am comfortable with the process to transmit wirelessly with the DR laptop.	66% (88)	28% (37)	4% (5)	0% (0)	2% (3)	133
3j. Overall, I am satisfied with the training provided on the DR laptop.	66% (88)	30% (40)	2% (2)	0% (0)	2% (3)	133
3k. Overall, the training program has prepared me to properly complete all DR tasks.	66% (88)	29% (39)	2% (3)	0% (0)	2% (3)	133
3l. I enjoyed attending the DR FI Training Session.	64% (85)	30% (40)	3% (4)	1% (1)	2% (3)	133

DR FI Training Survey Question	Never	Rarely, When Unusual Situations Arise	2 to 3 Times a Week	Each Day with QFT Work	Total n
4. During the next month as you complete your DR work, how often do you think you will reference the DR FI Handbook?	1% (1)	33% (44)	47% (62)	20% (26)	133

DR FI Training Survey Question	
5. Please provide any other comments you have about the DR FI Training program.	[Verbatim responses from FIs, grouped by content, are provided below.]

Response No.	General Comments about DR FI Training Program/Trainers
1	Went well....great trainers
2	Had great trainers
3	Enjoyed the training. Everything was very clear.
4	It was a very nice experience.
5	enjoyed the trainers, very professional and helpful.
6	staff was very helpful and professional
7	Trainers were well prepared and knew exactly where to get answers to questions they did not know
8	Learned a tremendous amount and am looking forward to using the new equipment.
9	I liked the training and our 3 trainers who conducted the class. I also came for the 2 hour evening training and thought it was also helpful.
10	steady strong pace was useful for me-intense but successful
11	the trainers where great did a great job.
12	I really think that the training was excellent and that the Trainers did a wonderful job of preparing us for the DR field work. I learned a lot and it was quite enjoyable.
13	Trainers were very patient, and professional. Very helpful when needed.
14	great training and trainers
15	tremendously thorough, well prepared, focused and amusing trainers. great mix of FIs. great hotel accomodations and lunches.
16	Trainers were helpful and knowledgable
17	good trainers good materials great food good pace with breaks
18	our trainers were awesome!
19	Overall good training experience
20	The program was thorough and delivered at a pace comfortable for everyone in the class
21	Our trainers were excellent, very difficult hotel and location for those with special needs, I have two co-workers whom it was very difficult for. The training stayed on time and was very informative.
22	Our trainers were knowledgeable, helpful, and upbeat. They did a fine job.
23	trainers were good about keeping the whole class on task and not letting any one person dominate the conversation.
24	The training sessions were great. Very informative in explaining information provided in the manuan and I-Learning. The trainers were extremely patient with some the FI's inability to keep up.
25	Training was very helpful, trainers were great.
26	our training staff was great and well prepared. very knowledgable and patient.
27	Trainers were well prepared and efficient. Love the ezuipment and hope we get to use it on Main study sooner rather than later.
28	Thoriugh training! Trainers are excellent and extremely patient. Thank you!
29	Great group of trainers with experience and talent. Good job
30	the trainers were well-prepared and seemed really focused. The training flowed more smoothly. Any technical issues were addressed immediatly and efficiently. Love our trainers :) <3

Response No.	General Comments about DR FI Training Program/Trainers
31	I enjoyed the DR training and appreciate all of the effort that went into preparing us for DR. I am honored to be able to work on this special project.
32	excellent job at explaining completely at a good pace
33	as an experienced FI the training was a good length of time to cover the finer points of th new equipment and to reiterate the changes in some of the wording we will now use
34	I truly enjoyed the DR FI training, I feel well equipted to jump right into the DR and be successful. Thank you for the opportunity.
35	This training was very well organized
36	staff very helpful with questions and concerns.
37	In addition to learning how to use the equipment, it helped me see the wording differences in the screening and interviews. The trainers were professional and patient and answered all our questions
38	Just the right amount of information and training, including the paired workshops
39	the trainers were awesome, very helpful.
40	Overall training was good, What I disagreed and disliked is the arrival time to my home city, 11pm arrival is too late and tiring.
41	By having training for the DR, it allows us to complete how our screening/interviewing techniques are used and also by following
42	trainers seemed "detached". Tech support personnel very personable.
43	the trainers were rude with me i was so sad this is the firs time that this happen to me i had been with rti for 10 years always try to to the best but the female training was not human
44	Just one of the trainers attitude was a no very nice and trying to puting us down when we were trying to perform the task that we were working on it.
45	The training program was good. At times is went too fast. I was not happy about having to travel on the metro from the airport to the hotel. Many fis are elderly and it was not easy.
46	training could have been longer/attendees were familiar with screening and interviewing but the tablet was a new experience,the training pace was a little quick
47	the train was done at a comfortable pace for most of the FI but there really was time set up to review information right after the training section was gone over yes there was a place to write down qu
48	when paired with another fi the first day,i was instructed to correct them if they did not read verbatim during the mock interviews,which i did, which angered the male fi i was working with.
49	The mock trainings seemed excessive: reading the informed consent mulitple times, going through the detailed process of signing the incentive receipt form in a particular order, and again for homework
50	should explain the purpose of the field test at the beginning of training and reiterate it when people make comments about how they "think" respondents will respond. Spent a lot of time on "I think"
51	sometimes it felt like we went very slow

Response No.	Comments about Hotel/Training Logistics
52	love the hotel and staff
53	breakfast was not very desirable. using the subway to the hotel was alittle nerve wracking going alone. One of the trainers was very abrupt and short w/ us when doing training.
54	Class size was good, but the room could of been larger, very noisy when doing screenings and interviews..
55	dress rehearsal classroom size was too small and was a distraction when completing the mock interviews
56	Friday night check-in was no) without any near-by attractions or activities for the rest of the evening.
57	Travel coming to and from the training could have been less tedious such as traveling at 4am and 5am by Metro to get to a flight leaves less time to sleep and feel refreshed for the training
58	I am not thrilled about having to rush to the aiport to catch flight when having to take public transportation on the last day of training.

Response No.	Comments about DR Equipment
59	I LOVE!!!! the new lap top. The training was great with helpful trainers to teach us.Very informative.I feel confident that I am ready to be productive on the DR study.Love everything abt the new tec
60	Welcome the new equipment, it is as advance as personal gagets, very confident in using it; will make working on the field more efficient. Great trainers and a wonderful opportunity to meet FI's.
61	the lighter weight equipment with newer technology is great!!
62	I am really excited to see us moving forward with more advanced technology and less waste of paper and postage. WIN-WIN!!
63	The laptop functionality bridges the gap between those who have less and more experience with computer technology; very user friendly.
64	learning to use wireless @ a location other than home; appreciated trainer staying the course, very good trainers. Took X to ans. ?'s but did not allow distraction; kept class on track.
65	When equipment failed to transmit by wirless I began to feel like things would not work
66	it will be difficult to have to log on to the tablet so many times during the day if you have to put it in sleep mode like we are suppose to. many will be surprised when they go to the door and are no
Response No.	Other Comments
67	Like anything else using the training and materials you need to get out and do it.
68	training staff threw in several things that vet f.i.s had never heard from all over the country-things that will not really practical in the real field situations-some trainers not very sensitive to p
69	I suggest using webinars to save money for training. I do understand not everyone is completely comfortable with new technology but for people are who in the know webinars would be just as sufficient

**Appendix D: Field Interviewer Equipment
Survey Questions and Results**

Table D.1 FI Satisfaction with Laptop – All Field Interviewers

1. Satisfaction with Samsung Laptop	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a. The laptop was easy to use.	79% (99)	16% (20)	2% (2)	1% (1)	2% (3)	125
b. I was able to use the laptop without needing technical assistance.	73% (91)	18% (22)	3% (4)	4% (5)	2% (3)	125
c. I learned to use the laptop quickly.	81% (101)	15% (19)	1% (1)	1% (1)	2% (3)	125
d. I felt confident using the laptop.	83% (104)	13% (16)	1% (1)	1% (1)	2% (3)	125
e. The display size of the laptop screen was large enough for presenting the NSDUH interview.	78% (98)	17% (21)	2% (2)	1% (1)	2% (3)	125
f. The laptop screen was clear and bright enough for displaying the NSDUH interview.	82% (102)	14% (18)	1% (1)	1% (1)	2% (3)	125
g. I was satisfied with the weight of the laptop.	90% (113)	6% (8)	0% (0)	0% (0)	3% (4)	125
h. I found the layout of the laptop keyboard easy to use.	74% (92)	18% (23)	2% (2)	4% (5)	2% (3)	125
i. The laptop's touchpad was easy to use.	78% (97)	15% (19)	2% (3)	2% (3)	2% (3)	125
j. I was satisfied with the carrying case provided for the laptop.	55% (69)	18% (22)	9% (11)	13% (16)	6% (7)	125
k. I was satisfied with the training provided on the laptop.	75% (94)	20% (25)	1% (1)	2% (2)	2% (3)	125
l. I would prefer to use this laptop for my field work.	90% (113)	6% (7)	1% (1)	0% (0)	3% (4)	125

Table D.2 FI Satisfaction with Laptop – Bilingual Field Interviewers Only

1. Satisfaction with Samsung Laptop	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a. The laptop was easy to use.	87% (34)	3% (1)	5% (2)	3% (1)	3% (1)	39
b. I was able to use the laptop without needing technical assistance.	85% (33)	3% (1)	3% (4)	5% (2)	3% (1)	39
c. I learned to use the laptop quickly.	87% (34)	8% (3)	0% (0)	1% (1)	3% (1)	39
d. I felt confident using the laptop.	90% (35)	5% (2)	0% (0)	1% (1)	3% (1)	39
e. The display size of the laptop screen was large enough for presenting the NSDUH interview.	87% (34)	8% (3)	0% (0)	1% (1)	3% (1)	39
f. The laptop screen was clear and bright enough for displaying the NSDUH interview.	92% (36)	3% (1)	0% (0)	1% (1)	3% (1)	39
g. I was satisfied with the weight of the laptop.	92% (36)	3% (1)	0% (0)	0% (0)	5% (2)	39
h. I found the layout of the laptop keyboard easy to use.	77% (30)	10% (4)	3% (1)	8% (3)	3% (1)	39
i. The laptop's touchpad was easy to use.	87% (34)	5% (2)	3% (1)	3% (1)	3% (1)	39
j. I was satisfied with the carrying case provided for the laptop.	59% (23)	8% (3)	18% (7)	10% (4)	5% (2)	39
k. I was satisfied with the training provided on the laptop.	79% (31)	15% (6)	0% (0)	3% (1)	3% (1)	39
l. I would prefer to use this laptop for my field work.	95% (37)	0% (0)	0% (0)	0% (0)	5% (2)	39

Table D.3 All FI Comments about Laptop, Training, and Carrying Case

2. Please provide any other comments you have about the Samsung laptop, carrying case or training on the laptop.	
No.	Comments
	<i>Comments about the laptop</i>
1	I love it ,my shoulder loves it,my back loves it,please keep it
	respondents liked using new laptop , many positive comments on size and weight
	using this new laptop was very practical hope we will be able to use in the near future.in fact i worked my main study this past weekend and it was not has comfortable
	the laptop is very convenient and well suited for fi needs. The only difficulty I had was with the touchpad. Very sensitive and hard to move cursor unless you use 1 finger. Tech support helped me.
	I Love it,it is so light weight and can't wait to use it.I am just wondering if the case need more cushioning in the Laptop area
	I am very excited about this new equipment easier to handle very light weight
	Enjoyed the equipment and made admin of interview much smoother
	this lightweight laptop long overdue. fabulous for NYC interviews! let's convert to this laptop ASAP!
	I like to be able to transmitting either the laptop or tablet only.
	I enjoyed doing interviews on this laptop and not to mention how light wait it is. I loved this laptop, can't wait to use it on the main project.
	hard to see f keys in dim/dark room with bright screen, wish keys were backlit, hard to see which f keys are due small f markings and symbols on keys
	Wonderfully light weight! Interview Respondents enjoyed using it as much as I did.
	THE SCREEN IS BLINDING TO THE POINT THAT IT OBSCURES THE FUNCTION KEYS FOR NOT ONLY THE VISUALLY IMPAIRED..... BUT THE FI!
	the screen is too bright
	dont know and refuse buttons are much too small most people had a hard time seeing them size of the font needs to be larger for most people since there is plenty of room for larger print on the displ
	older respdnts complained that they couldnt see/read the function keys-too small.
	Neither R or I can read the function keys easily and white label tape should have been placed directly above not on the screen. May need to have option to increase size of font for older people to see
	The F keys are not as easily identifiable, the F1, F2, ect are very small.
	The F3, F4, and F9 keys are very small.
	training was enough /night class should be mandortory/ function keys paper/strip needs lower closer to keyboard hard to see so close to screen /these numbers are small/laptop easy to carry in cont acx
	I do not like the flow to start , pressing the tab is ok but don't like then pressing Ok. The the curser does not attomatically place on the password code line you have to move the curser to it.
	Less AC cord would be much better, like a hide away box retractor or something like that.
	This laptop is wonderful, light, perfect size and easy to navigate. I also love the case - perfect pair.
	Loved working with this laptop. my only negative thing to point out is that I had to made sure I kept the cursor away from the bottom of the screen or a window bar would showed up.
	The laptop is a joy to use. It's wafer thin! The sooner we start using it in our everyday work, the happier I will be.
	it just made it so much easier to carry everything.
	the laptop was very easy to use, specially in situations where there was no support (table, chair, etc)
	Comments aboutp
	Weight os the old laptop and case is a problem for me. This is soooo light compared to the other and easy to use.

(continued)

Table D.3 All FI Comments about Laptop, Training, and Carrying Case (continued)

2. Please provide any other comments you have about the Samsung laptop, carrying case or training on the laptop.	
No.	Comments
	The touchpad was highly sensitive and easy for respondents to move mistakenly. Older Rs especially seemed to touch the pad and needed assistance to get back to the correct screen.
	the numbers on the function keys are small and at times are difficult to see, especially in low light areas that we occasionally encounter in the field.
	i had begun to feel strain on my right thumb due to carrying the main study laptop, since working on dr and using the samsung my thumb has recovered and i no longer feel discomfort
	I really like the laptop, but when I transmit to RTI I would get a pop up about not connecting to a router (I would x it out and transmit again and it was fine. 200 characters is not enough to explain
	I love the light weight laptop, So much easier to carry around in the field.
	The F keys are hard to read, especially for older people and those not familiar with computer keyboards.
	function keys are too small, configuration of the touchpad kind of confusing/limiting,
	The size and light weight features makes this laptop more user friendly, especially when dealing with tight quarters in DU's, counter space, intv outdoors, etc. less intimidating to non computer resp
	There were transmission problems with the laptop and my router at home that Tech was unable to resolve. Consequently I am transmitting from Starbucks.I would prefer that these issues are resolved.
	I prefer this new laptop over the main study laptop. It is lightweight, easier to set-up, and a lot faster.
	How will ilearning courses be completed, given that there is no CD drive?
	The Function Keys were difficult to use for some people because they could not see F3, F4 since the print was small. The lables did not seem to be effective.
	F-1-F-9hard to see in low light conditions, fnt too small
	I can not believe the difference carring a lighter laptop made on my workday. My shoulder did not ache at the end of a day, it was less bulk and much quicker to set up for an interview!
	light weight makes work in field much more comfortable
	The only negative thing about the laptop is that the writing on the function keys is too small and not bright white, like the letter and number keys..
	The smaller size and lighter weight make transporting and setting up much less cumbersome than current gateway models
	The laptop was very convenient when having to walk long distancse to DUs and for going up stairs. I think people enjoy using a nice, modern, and light laptop.
	Most interviews are done at a dining room, a longer cord would be helpful. I did not care for the laptop bag's straps going across the zipper, other than these 2 minor issues I LOVE this equip!
	The Samsung laptop gives the study a more professional image, not to mention that is much easier to handle. The carrying case was practice and easy to carry. The training was adequate and clear.
	The weight of the laptop and smaller carrying case was excellent. It was especially appreciated in multi story complexes were it is necessary to carry as opposed to roll on wheels,
	The laptop's finish can get easily scratched. I suggest getting some sort of protective film for it.
	I am very happy with the Samsung laptop and training. I am satisfied with the carrying case but I could do without a couple of the zippered sections. Overall, I am very satisfied.
	<i>Comments about the Carrying Case</i>
	Loved the size and pockets of carrying case but the strap placement was awkward and made using zippers more difficult. It would be better is zipper went straight across the top from the middle sides.
	The hand handles in the center of the laptop carrying case get caught as you are trying to zip up the case occasionally.
	I find the laptop case doesn' t have adequate space for supplies,the shoulder strap is in a awkward place
	The shoulder strap slips down the shoulder,actually the side with the nylon material

(continued)

Table D.3 All FI Comments about Laptop, Training, and Carrying Case (continued)

2. Please provide any other comments you have about the Samsung laptop, carrying case or training on the laptop.	
No.	Comments
	Not lg. enough for paper supplies, pens/pencils, extension cord; too small.
	the carrying case is not practical the inside pockets are too narrow for putting the charger, the headphones, what about a comp backpack? ;-)
	Laptop bag=TOO many compartments so dif find thgs.
	Laptop bag...too many compartments. Because of size and weight a backback laptop bag would be PERFECT.
	A rolling bag is much better
	The lap=top carrying case because of the big strap crossing over from 1 side to the other made it very difficult to get things out of it and to put things back, it would get tangled up all the time.
	laptop bag is lghtght but cross over strapping is cumbersome to use.also miss the side pocket of the older version that could easliy slip items into now have to always unzip.need shldr strp padding
	carrying case: the shoulder strip crosses the middle compartment, so it is always in the way.
	training was conducted in a rapid manor,were shown how to follow instructions without enough time being provided to become familiar with equipment
	case is not balanced and tips over is seat of car.
	the strap criscrossed over the zippered area vs on the sides and it got in the way.I had to take it off and just use the handle which worked fine. I loooooove thethe weight of the new equipment
	the long strap to case is at a diagonal not conducive to getting in out of case however it makes it easier to carry by the strap
	The case could be slimed down to take full advantage of the lightweigt laptop, perhaps something similar to the faux-leather folder that was also supplied, with a shoulder strap.
	The laptop case has the handle - I would prefer to have the handle so that you can still close the zipper.
	the carrying case is not easy to open/closed; zippers get caught with shoulder strap, need to zip upwards, stop and move the shoulder strap away from the zipper, then follow through
	i found the notebook lacked room for materials,the functions keys should be lit up so that they can be seen hard to correlate the written tabs down to the exact function key. excellent overall
	Most of the problems I had were with identification of the F keys being way too small, even I have problems seeing them. It would help if the labels were directly above th keys.
	The strap connecting to alternate sides of the case made it difficult to get in and out easily. The laptop itself is great - so light weight and easy to use.
	the carry case handles were in the way when trying to get to each section. needs to be designed alittle different
	laptop bag not easy to unzip
	case has too many pockets
	I found the laptop was able to fit into a sleeker easier to carry case. The one provided seemed too bulky and didn't provide for a pocket from which to easily pull handouts without unzipping the case.
	It's so much faste and easier to user. We are completing interviews, in most cases, in 45 minutes.
	The carrying case can be too cumbersome to put away equipment because of the many pockets and what each pocket can hold
	The carrying case is a nightmare, the person who selected this case decided to leave common sense at the door, , the handleds are in the middle as well as the conections for the shoulder straps, i
	I think the laptop back has zippers that get in the way of proper quick use.
	The carring case is frustrating to oen and close due to handle placement.

Table D.4 Frequency of FI Email Use – All Field Interviewers

Frequency of FI Email Use	Never	A Few Times a Month	2-3 Times a Week	Every Day	Total
3. During the dress rehearsal, how often did you use the email program on the tablet to communicate with the FS or other NSDUH staff members?	21% (26)	43% (54)	31% (39)	5% (6)	125

Table D.5 Frequency of FI Email Use – Bilingual Field Interviewers

Frequency of FI Email Use	Never	A Few Times a Month	2-3 Times a Week	Every Day	Total
3. During the dress rehearsal, how often did you use the email program on the tablet to communicate with the FS or other NSDUH staff members?	15% (6)	51% (20)	23% (9)	10% (4)	39

Table D.6 FI Satisfaction with Tablet Email – All Field Interviewers

4. FI Satisfaction with Tablet Email Program	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a. I found the email program on the tablet to be simple and straightforward.	57% (56)	34% (34)	6% (6)	3% (3)	0% (0)	99
b. The email program was easy to use.	56% (55)	37% (37)	5% (5)	2% (2)	0% (0)	99
c. I was able to use the email program without needing technical assistance.	60% (59)	32% (32)	2% (2)	6% (6)	0% (0)	99
d. I learned to use the email program quickly.	62% (61)	29% (29)	6% (6)	3% (3)	0% (0)	99
e. I felt confident using the email program on the tablet.	65% (64)	27% (27)	6% (6)	2% (2)	0% (0)	99
f. I was satisfied with the training provided on the email program.	59% (58)	30% (30)	7% (7)	4% (4)	0% (0)	99
g. I would like to use the email program on a regular basis.	64% (63)	17% (17)	17% (17)	2% (2)	0% (0)	99

Table D.7 FI Satisfaction with Tablet Email – Bilingual Interviewers

4. FI Satisfaction with Tablet Email Program	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a. I found the email program on the tablet to be simple and straightforward.	67% (22)	33% (11)	0% (0)	0% (0)	0% (0)	33
b. The email program was easy to use.	67% (22)	33% (11)	0% (0)	0% (0)	0% (0)	33
c. I was able to use the email program without needing technical assistance.	73% (24)	21% (7)	0% (0)	6% (2)	0% (0)	33
d. I learned to use the email program quickly.	76% (25)	24% (8)	0% (0)	0% (0)	0% (0)	33
e. I felt confident using the email program on the tablet.	76% (25)	21% (7)	3% (1)	0% (0)	0% (0)	33
f. I was satisfied with the training provided on the email program.	70% (23)	21% (7)	6% (2)	3% (1)	0% (0)	33
g. I would like to use the email program on a regular basis.	73% (24)	15% (5)	12% (4)	0% (0)	0% (0)	33

Figure D.1 FI Tablet Keypad Preference – All Field Interviewers

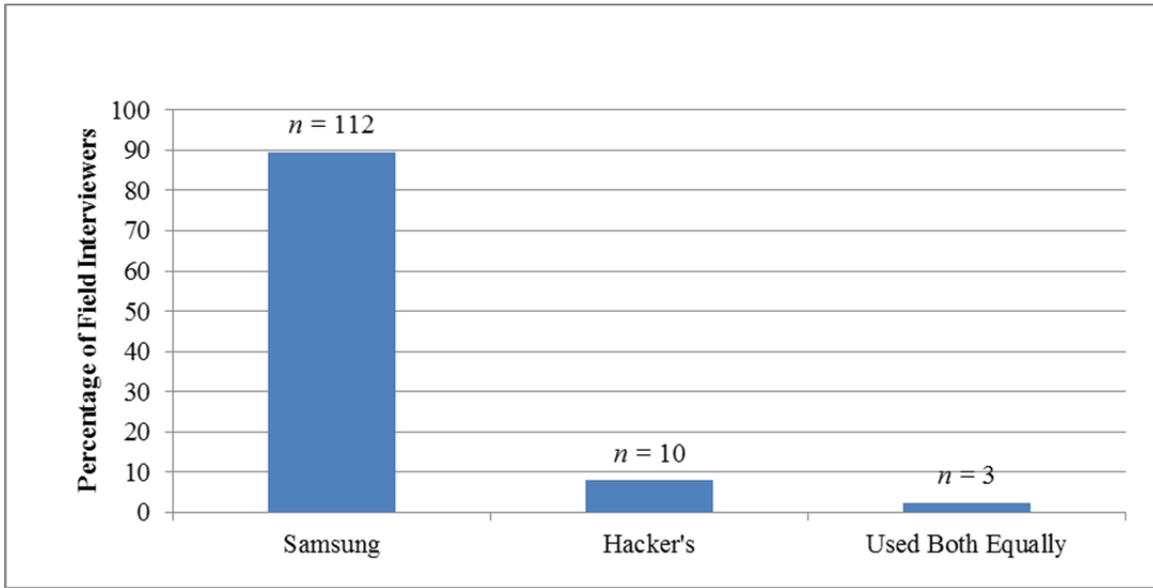


Figure D.2 FI Tablet Keypad Preference – Bilingual Field Interviewers

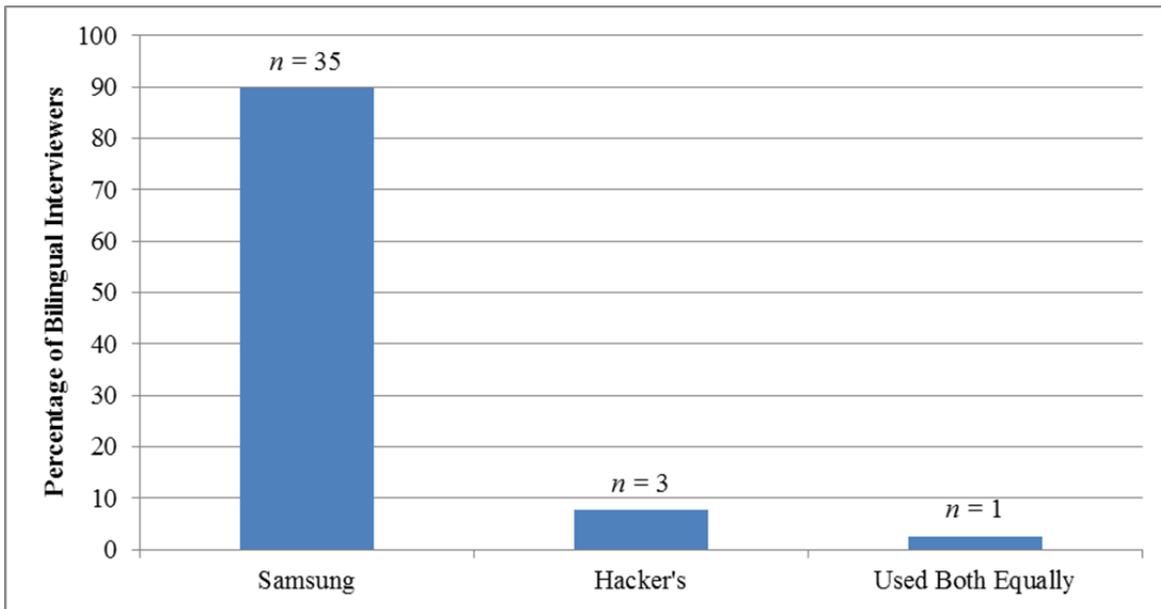


Figure D.3 Tablet Wireless Transmission Satisfaction – All Field Interviewers

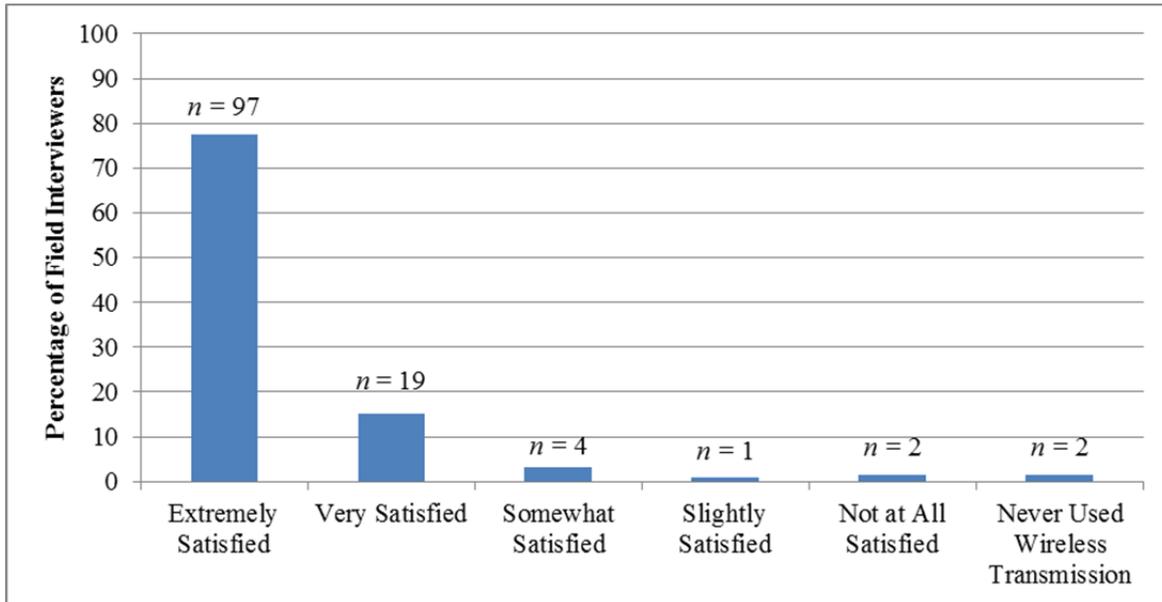


Figure D.4 Tablet Wireless Transmission Satisfaction – Bilingual Field Interviewers

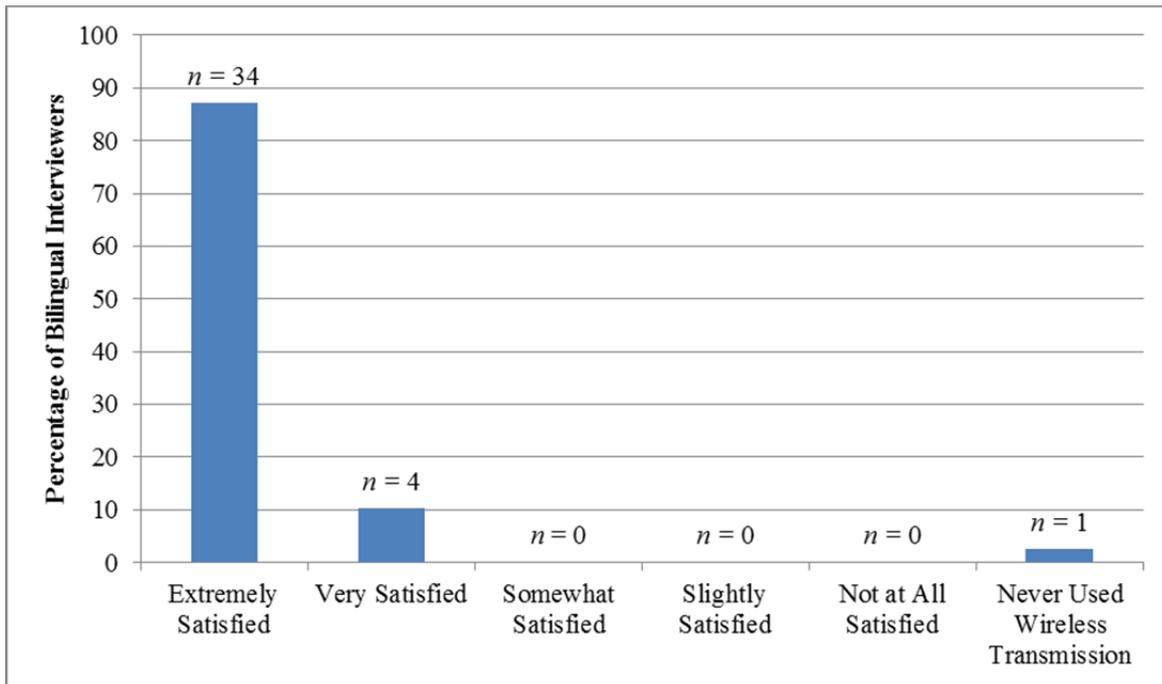


Table D.8 FI Comments about Email, Training, or Transmitting on the Tablet

7. Please provide any other comments you have about the email, training or transmitting on the tablet.	
No.	Comments
	<i>Comments about Email</i>
1	email was easy to use- all work related email should be on a rti instrument
2	I loved the fact that you get the e-mail on it and that you can transmit the tablet alone if you did not get any interviews that day.
3	Didn't use email in the field because I only had a few cases. Need more practice
4	because I became ill with the flu after the DR training, then having, then having my sister pass away. I could use a refresher's course using the email
5	Seems to have a delay in the receiving emails.
6	The draft function and saving drafts are confusing.
7	I thought the email function was very easy to use. It can be used to increase communication because I could respond immediately after receiving an email message.
8	My FS has only sent me 2 emails
9	was not used to emailing, again training covered basics of instruction but no time element for familiarization for a level of comfort prior, emailers would have had no qualms using tablet email
10	the email program is a great help to send info to FS while in the field....cell phone dead or inaccessible.
11	I really like having 2-way e-mail to communicate w/FS. I don't have access to wifi @ home, so it's a little inconvenient for me & probably for other FIs who live in rural areas to transmit
12	using the email function on the tablet would be good on receiving project communications, however, not as practical for immediate or time sensitive or longer communications, I prefer personal email
13	The email program seems to be more of a hindrance than a convenience, I would have the mail sent here to my main account anyways, instead of having to transmit on days I didn't work.
14	The e-mail was easy to use, however I found myself using the email on my phone more often. I was extremely satisfied with transmitting without connecting to the laptop, more convenient.
15	got no email activity during dr to date, fs filled me in on due dates.
16	I thought that the email should update automatically when connected to wi-fi, but I always had to refresh it to see if there was any messages or not. I personally thought it should refresh automatic
17	I did not get into the E-mail program but use an e-mail program on personal tablet. I would love it in routine work
18	it made communicating very easy and quick
19	I prefer my personal laptop for communicating with my FS because I use it more often and see her emails in a far more timely way.
	<i>Comments about the Tablet or Transmitting</i>
20	I love it does not take much time at all to transmit
21	the tablet is visible to respondents /it has every thing at 1 touch.well lite /i love it /fast /easy to connect/wireless is better faster/wish we didnt have to wait????????
22	My attempts (4) were unsuccessful
23	had technical issues linking tablet to laptop but was able to continue working in field due to being able to transmit both independently. Did have to have replacement equipment to resolve issue
24	having the tablet transmit by itself it's very nice and very practical!
25	its great
26	did not like to always start from beginning on each case w tablet
27	Tablet keyboard has backspace key and "enter" key so close it was easy to hit backspace key.
28	have tried to transmit from the tablet alone...was not successful
29	I like not having to plug into laptop to transmit
30	Only positive comments - a pleasure to use.
31	cant see tabl screen in the sunlight. attachmnt mssg confusing-there was no attachmnt in ema
32	being able to transmit while on the field was a great tool. I had to use it to pick up new cases. its a great time saver, as I didnt have to wait till i get home to transmit
33	not being able to use quotations, apostrophes very annoying. response time to touch/"pen" very slow and unreliable on tablet. wireless not avail when most needed it. problems more due to tablet than em

(continued)

Table D.8 FI Comments about Email, Training, or Transmitting on the Tablet (continued)

7. Please provide any other comments you have about the email, training or transmitting on the tablet.	
No.	Comments
34	Only transmitted tablet thru the screener function. Would be more proficient if I had opportunity to use more often.
35	think we should have a myfi or wireless card. i had difficultly transmitting and one case sat for several weeks
36	the charge cord on the charger is way to short and the cord on the headphones is way to long
37	Being able to transmit with the tablet was so wonderful!
38	it was very nice to have this feature on the table and that we didn't have to transmit the laptop if we didn't have an interview, Great idea!!!!
39	1st this survey: Easy expt this ? as had trble finding these fields Email prog great. Tablet easy but way cases setup dif to view/count case statuses...
40	tablet size is advantageous for SR to read along with FI while doing screener
41	I think it is great the way it is
42	I was very impressed with this equipment and look forward to seeing it implemented in the main study.
43	transmitting went fast and easy when i just had to transmit thru the tablet. my reg study transmissions are frustrating, take forever and often have to be done over and over
44	I liked the independence of the tablet.
45	I actually transmitted the way I always did except when I checked email.
46	I had some problems in the field especially when I was at a hotel. Having to log on to their webpage and then to go back to the email was sometimes not making the connection for wi-fi.
47	the equipment is easy to use, easy to carry with you and functions quite well.
48	I enjoyed the ability to email my FS back and not just receive emails
49	It was great to be able to transmit immediately without having to hook up the computer. Also, I had to transmit in the field once to pick up cases and it was very easy and convenient.
50	There was a few times were I was unable to transmit unless I was hooked up to laptop but the issue appears to have been resolved
51	second password time-consuming ...should be unnecessary and operate more like ipaq which allows shut off from hse to hse w/o re-enter password
52	Being able to transmit on the tablet without having to transmit on the laptop saved a lot of time.
53	Very positive experience over all. Looking forward to using this equipment. Training was very though. No questions were unanswered. Transmitting was fast with no difficulties.
54	The tablet battery was weak. It's useful time was signifisantly less than the iPAQ. Useful time was 3-5 hours. It would be e big improvement to have a battery that would last 8 hours.
55	Love how much quicker and easier transmiingt was. I was able to transmit while traveling very easily.
56	would like for the cursor to automatically go to the password box rather than having to manuever up to it. F keys are a little difficult to see. can print on font keys br brighter?
57	transmitting from tablet is much mor convenient and again, less cumbersome
58	very convenient
59	I enjoyed using the tablet very much, it was easy to navigate and I liked seeing all ROCs and comments in one view. Transmitting from the tablet was AMAZING!
60	I wasn't totally happy with the different keyboards. Each one had different advantages. I had trouble finding hyphens, apostrophes and quotation marks.
61	Had some difficulty transmitting an email. what about asking about the tablet programming? I miss the function to pull up sorted cases! I do NOT like not being able to rest the device /out a PW entry
62	Transmitting inpedently of the laptop was phenominal and time saving.
63	very time consuming to log in sometimes 10 times in a day, also keyboard is extremely sensitive, made errors often, which is also frustrating. easy to be on the wrong line.
64	The scree of the tablet reflects to much light when doing screening an the sun hits on it. Transmitting without connecting the laptob was one of the greatest things about the program and tablet use.
65	Pretty satisfied with the email program, training and transmitting on the tablet. The tablet and laptop are more efficient on the DR and much faster.

**Appendix E: Dress Rehearsal
Field Interviewer Debriefing Items**

Document Format:

- Screen names bolded
- Screen/question/instructional text designated by black and red text and non-italicized text in parenthesis (Upper-lower black text to be read, red text is instructions to FI)
- Fills designated by parentheses and italics
- Logic designated by brackets
- Text of instructional message boxes provided in bracketed logic
- Response categories underlined
- Variable names from QFT Debriefing Items in parentheses following the DR variable name

INTERVIEW DEBRIEFING QUESTIONS:

THESE QUESTIONS ARE FOR YOU TO ANSWER. DO NOT READ TO THE R.

DRDBF1 (QFTDBF3) [IF INTERVIEW A CALL RECORD OR INTERVIEW B CALL RECORD = RESULT CODE 70]

When did you give the respondent (or parent/guardian of youth respondent) the Q&A Brochure?

1. BEFORE THE INTERVIEW
2. DURING THE INTERVIEW
3. AT THE END OF THE INTERVIEW

Next [DRDBF2]

DRDBF2 (QFTDBF4)

Did you conduct this interview at the respondent's home, either inside or outside?

- YES
- NO

Next [IF DRDBF2=YES, GO TO DRDBF4]

DRDBF3 (QFTDBF5) [IF DRDBF2=NO]

Where did you conduct this interview?

1. AT THE RESPONDENT'S WORKPLACE
2. AT THE HOME OF THE RESPONDENT'S RELATIVE OR FRIEND
3. IN SOME TYPE OF CONFERENCE ROOM IN A RESIDENCE HALL, SCHOOL OR APARTMENT COMPLEX
4. AT A LIBRARY

5. IN SOME TYPE OF COMMON AREA, SUCH AS A LOBBY, HALLWAY, STAIRWELL, OR LAUNDRY ROOM
6. SOME OTHER PLACE

Next [IF DRDBF3=6, GO TO DRDBF3a]

DRDBF3a (QFTDBF5a) [IFDRDBF3=6]

Where did the interview take place?

ALLOW 140 CHARACTERS

Next [DRDBF4]

DRDBF4

Did the respondent make any comments about the laptop? Please include respondent comments about the physical features of the laptop or about the respondent's use of the laptop. *Check all that apply.*

1. YES, POSITIVE COMMENTS
2. YES, NEGATIVE COMMENTS
3. NO

Next [IF DRDBF4 = YES, NEGATIVE COMMENTS AND DRDBF4 NE YES, POSITIVE COMMENTS, GO TO DRDBF4b OR IF DRDBF4 = NO, GO TO DRDBF5]

DRDBF4a [IF DRDBF4 = YES, POSITIVE COMMENTS OR YES, POSITIVE COMMENTS AND YES, NEGATIVE COMMENTS]

Which one or more of the following best describes the positive comments the respondent made about the laptop. *Check all that apply.*

1. THE SCREEN WAS LARGE OR CLEAR OR EASY TO READ
2. THE LAPTOP WAS LIGHTWEIGHT
3. THE KEYBOARD WAS EASY TO USE
4. OTHER

Next [IF DRDBF4a=4, GO TO DRDBF4a1]

DRDBF4a1 [IF DRDBF4a=OTHER]

Please describe the respondent's other positive comments about the laptop.

ALLOW 140 CHARACTERS

Next [DRDBF5]

DRDBF4b [IF DRDBF4 = YES, NEGATIVE COMMENTS OR YES, POSITIVE COMMENTS AND YES, NEGATIVE COMMENTS]

Please describe the negative comments the respondent made about the laptop. *Check all that apply.*

1. THERE WERE PROBLEMS READING THE SCREEN
2. THE LAPTOP WAS TOO HOT
3. THE LAPTOP WAS TOO HEAVY
4. THE LAYOUT OF QUESTIONS WAS PROBLEMATIC
5. THE KEYBOARD WAS HARD TO USE
6. THERE WERE PROBLEMS WITH THE VOLUME OR SOUND
7. OTHER

Next [IF DRDBF4b=7, GO TO DRDBF4b2]

DRDBF4b2 [IF DRDBF4b=OTHER]

Please describe the respondent's other negative comments about the laptop.

ALLOW 140 CHARACTERS

Next [DRDBF5]

DRDBF5 (QFTDBF6)

Please indicate how private the interview was. Do not count yourself or a project observer as another person in the room.

1. COMPLETELY PRIVATE – NO ONE WAS IN THE ROOM OR COULD OVERHEAR ANY PART OF THE INTERVIEW
2. MINOR DISTRACTIONS – PERSON(S) IN THE ROOM OR LISTENING LESS THAN 1/3 OF THE TIME
3. PERSON(S) IN THE ROOM OR LISTENING ABOUT 1/3 OF THE TIME
4. SERIOUS INTERRUPTIONS OF PRIVACY MORE THAN HALF THE TIME
5. CONSTANT PRESENCE OF OTHER PERSON(S)

Next [IF DRDBF5=1, GO TO DRDBF8; IF DRDBF5 NE1, GO TO DRDBF6]

DRDBF6 (QFTDBF 7) [IF DRDBF6 NE1]

Not including yourself or project observers, who were the other people present or listening to the interview? *Check all that apply*

1. PARENT(S)
2. SPOUSE
3. LIVE-IN PARTNER/BOYFRIEND/GIRLFRIEND
4. OTHER ADULT RELATIVE(S)

5. OTHER ADULT(S)
6. CHILD(REN) UNDER 15
7. OTHER

Next [IF DRDBF6=1, 2, 3, 4, 5, OR 6, GO TO DRDBF8]

DRDBF7 (DRDBF8) [IF DRDBF6=7]

Please enter a description of the other person(s) present or listening to the interview. This description may be relationship to the respondent if you have this information, or simply the gender and estimated age.

ALLOW 140 CHARACTERS

Next [DRDBF8]

DRDBF8 (QFTBDF9) [IF DRDBF5=1; OR IF DRDBF6=1, 2, 3, 4, 5, OR 6; OR IF DRDBF7 NE BLANK]

Did the respondent make any comments about the interview being too long?

- YES
- NO

Next [DRDBF9]

DRDBF9 (QFTDBF11)

Did the respondent have any questions or comments about the on-screen calendars in the **ACASI** section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select “YES.”

- YES
- NO

Next [IF DRDBF9=NO, GO TO DRDBF10]

DRDBF9a (QFTDBF11a) [IF DRDBF9 = YES]

What comments did the respondent make about the on-screen calendars? *Check all that apply*

1. THE RESPONDENT ASKED HOW TO ACCESS THE CALENDAR.
2. THE RESPONDENT ASKED HOW TO CLOSE THE CALENDAR.
3. THE RESPONDENT DID NOT SEE THE REFERENCE DATES ON THE CALENDAR.
4. THE CALENDAR HELPED THE RESPONDENT ANSWER THE QUESTION.
5. THE CALENDAR COVERED THE QUESTIONS OR THE IMAGES ON THE SCREEN.
6. OTHER

Next [DRDBF10]

DRDBF10 (QFTDBF12)

Did the respondent have trouble understanding any **other questions** asked during the interview?

YES

NO

Next [IF DRDBF10=NO, GO TO DRDBF11]

DRDBF10a (QFTDBF12a) [IF DRDBF10=YES]

Enter the screen name and a brief description of what the respondent found confusing. If you do not know the screen name, please provide as much information as possible.

ALLOW 140 CHARACTERS

Next [DRDBF11]

DRDBF11 (QFTDBF13)

Was a proxy used for the income and health insurance questions?

YES

NO

Next [IF DRDBF11=NO, GO TO DRDBF15]

DRDBF12 (QFTDBF17) [IF DRDBF11=1]

Were there any problems with the **proxy's** use of ACASI to answer the income and health insurance questions?

YES

NO

Next [IF DRDBF12= NO, GO TO DRDBF13]

DRDBF12a (QFTDBF17a) [IF DRDBF12=YES]

Which of the following describes the problems with the **proxy's** use of ACASI in answering the income and health insurance questions? *Check all that apply.*

1. THE PROXY DID NOT KNOW THE ANSWERS TO THE QUESTIONS
2. THE PROXY DID NOT KNOW HOW TO ENTER HIS/HER ANSWERS TO THE QUESTIONS
3. THE PROXY REFUSED TO ANSWER SOME QUESTIONS

4. THE PROXY DID NOT KNOW WHY HE/SHE WAS ASKED TO ANSWER THESE QUESTIONS
5. OTHER

Next [IF DRDBF12a= 1, 2,3, OR 4, GO TO DRDBF13]

DRDBF12b [IF QFTDBF12a=5]

Please describe the **proxy's** other problems with ACASI when answering the income and health insurance questions.

ALLOW 250 CHARACTERS

Next [DRDBF13]

DRDBF13 (QFDBF14) [IF DRDBF11=YES]

Did the **respondent** have any questions or concerns about his/ her answers being revealed to the proxy?

YES
NO

Next [DRDBF14]

DRDBF14 (QFTDBF15) [IF DRDBF13 NE BLANK]

Did the **respondent** have any other questions or comments about the proxy interview?

YES
NO

Next [IF DRDBF14 =NO, GO TO DRDBF15]

DRDBF14a (QFTDBF15a) [IF DRDBF14=YES]

Please describe the other questions or comments the **respondent** had about the proxy interview.

ALLOW 140 CHARACTERS

Next [DRDBF15]

DRDBF15

Please note anything else you think would be helpful for the interpretation and understanding of this interview.

ALLOW 250 CHARACTERS

Next [RECORD OF CALLS]

**Appendix F: Moderator's Guide for the Dress Rehearsal
Field Interviewer Debriefing Calls**

NSDUH Dress Rehearsal Field Interviewer Debriefing Calls
Moderator's Guide – UPDATED DRAFT
September 9, 2013

SECTION I: Introduction (5 minutes)

Hello and thank you for attending today's debriefing call to discuss your experiences during the 2013 Dress Rehearsal. My name is [MODERATOR'S NAME] from RTI. Also on the call today from RTI are [ASSISTANT MODERATOR'S NAME] and [NOTE TAKER'S NAME], as well as [OTHER RTI OBSERVERS]. I will be leading today's discussion with help from [ASSISTANT MODERATOR] and [NOTETAKER'S NAME], who will be taking notes.

In addition, on the call with us today from our client, SAMHSA, are [STAFF NAMES].

Before we get started, I want to remind everyone to have your Dress Rehearsal FI Handbook in front of you as we talk, so you can reference any notes you made in Chapter 6 as you provide feedback.

This discussion is intended to gather feedback from your experiences collecting data during the Dress Rehearsal. As you know, changes to the NSDUH questionnaire, procedures, equipment and materials were tested in the Dress Rehearsal, but we simply cannot gather all of the information we need just by analyzing survey data.

Therefore, we're hoping you can share your experiences from the Dress Rehearsal, including what sorts of feedback you received from respondents, and what types of issues you encountered, if any.

A summary of the feedback you provide in this discussion will be included in the Dress Rehearsal report provided to SAMHSA and may help us make changes to the protocol in the future.

Before we begin, here are a few ground rules for our discussion:

- We are recording this call and have a note taker so we can capture all of your comments here today. However, please know your name will never be associated with any comments you make and will not be included in reports developed to summarize this call.
- Please be respectful of everyone on this call, so only one person should speak at a time. Doing so allows the whole group to hear each person and ensures the recording will be clear.
- Also, if you have not done so already, move to a location with minimal background noise. During the call, please stay focused on the conversation as we want to hear from all of you.
- If I haven't heard from you, I may call on you. If I do call on you but you'd rather not answer a particular question or if you don't have anything to add, you can just tell me that you would like to "pass."

- Since we are on the phone, each time you speak, I would like you to begin your comments by saying your name, such as, “This is Scott and I think...”
- Please know there is no right or wrong answer to the questions I will be asking. Everyone’s input is important and helpful.

Now, I’d like you to briefly introduce yourselves to the group. I’ll call on each of you, one at a time. When I do, please say your name, the state where you live and how long you’ve worked on NSDUH.

Any general questions before we get started?

SECTION II: Reactions to the Redesigned Contact Materials (20 minutes)

INTRO: For this first section of this call, we are going to discuss the redesigned contact materials you provided to respondents during the Dress Rehearsal. I will be asking specifically about the redesigned Lead Letter and Q&A Brochure as well as the new portfolio and laptop bag you received for your Dress Rehearsal assignment. NOTE: FOR BILINGUAL-ONLY CALLS, FIs SHOULD ALSO INCLUDE RESPONSES SPECIFIC TO THE SPANISH MATERIALS.

1. During your Dress Rehearsal screenings, on the Study Introduction screen, you asked respondents if they remembered receiving the lead letter, reading the sentence “You should have received a letter explaining the study.” Did you notice any differences from the main study in the way respondents reacted to that sentence? If so, please explain.
2. Did you receive any feedback from respondents on the **lead letter**? [FOR THOSE THAT INDICATE RECEIVING FEEDBACK ON LETTER: How often did respondents mention they had seen the **lead letter**? Also, what sorts of comments, if any, did they make or questions did they ask about the letter and its content? FOLLOW UP: And, based on that experience, do you feel this lead letter was more effective than the current main study version?]
3. Did you receive any feedback from respondents about the **question and answer brochure**? [FOR THOSE THAT INDICATE RECEIVING RESPONDENT FEEDBACK: What type of feedback did you receive? Did respondents focus on the content of the brochure, the appearance or layout of the brochure, or a mix of both? PROBE: Please provide examples of any comments on the content or appearance of the brochure that you can recall.]
4. Overall, do you think respondents’ reactions to the **lead letter** and **question and answer brochure** were similar to the reactions you receive to the current main study contact materials, or were they different somehow? [FOR ANY WHO INDICATE REACTIONS THEY RECEIVED WERE DIFFERENT FOR DR HOUSEHOLDS, ASK: What were the main ways that respondents’ reactions to the contact materials were different than the reactions you receive to the main study letter and brochure?]

5. Please describe your experience using the **new black leather portfolio** you received for the Dress Rehearsal. Please consider your use of the external pocket, pockets on the inside front cover and the pad of paper as part of your field work. [FOR ANY WHO INDICATE THE PORTFOLIO DID NOT MEET THEIR NEEDS, ASK: What features would be more useful to you for organizing your field materials?]
6. Overall, how would you describe your experience using the new laptop bag? Did having the extra pockets improve your organization of equipment and field materials? [FOR ANY WHO INDICATE THE BAG DID NOT MEET THEIR NEEDS, ASK: What do you think would make the laptop bag more useful?]
7. [IF APPLICABLE] Given the additional storage space in the new laptop bag, do you feel that having a portfolio provided for you is still necessary?
8. How often did you reference your DR FI Handbook while in the field? [FOR THOSE WHO INDICATE FREQUENT USE, ASK: What issues did you most commonly need to reference your handbook for? What suggestions, if any, do you have to improve the handbook to make it more user-friendly for you in the field?]

SECTION III: Administering Household Screenings and Using the Tablet (30 minutes)

INTRO: For this next set of questions, I will be asking about your experience using the Samsung Galaxy Tablet and the NSDUH screening program and the changes specific to the Dress Rehearsal NOTE: FOR BILINGUAL-ONLY CALLS, FIs SHOULD ALSO INCLUDE RESPONSES SPECIFIC TO THEIR ADMINISTRATION OF SPANISH SCREENINGS.

1. Do you feel that the Dress Rehearsal training adequately prepared you to use the new tablet to conduct screenings? [FOR ANY WHO DO NOT THINK THE INSTRUCTION WAS ADEQUATE: What recommendations do you have for improving the training on the tablet (for screening)?]
2. How long did it take you to feel **fully comfortable** using the tablet to conduct screenings? [FOR THOSE WHO INDICATE NOT QUICKLY FEELING COMFORTABLE USING THE TABLET, ASK: What were the greatest challenges you faced in becoming comfortable using the tablet (for screening)?]
3. Did you receive any reaction from respondents on the use of US Department of Health and Human Services rather than US Public Health Service? [FOR THOSE THAT RECEIVED RESPONDENT REACTION: Were these reactions positive or negative? Did this cause any confusion among respondents?]
4. If a video containing a 20-30 second video clip of the annual press conference were added to the tablet, do you think this would be a useful tool for gaining cooperation from respondents at the doorstep? Why or why not?
5. Did you experience any difficulties **typing in ROC notes or comments** using the keyboard on the tablet? [FOR ANY WHO INDICATE HAVING DIFFICULTY TYPING ROC NOTES OR COMMENTS, ASK: How often did you encounter problems typing in ROC notes or comments using the keyboard on the tablet? How were you able to overcome this challenge?]

6. Which of the available keyboard choices did you prefer using with the tablet – the standard Samsung keyboard or the Hacker’s keyboard? What made you prefer the keyboard you chose?
7. When using the tablet, did you prefer to use your finger or the provided stylus? What influenced your choice? [FOR THOSE WHO INDICATE USING ONLY THE STYLUS, ASK: Were you satisfied with the size of the stylus? Would you prefer a longer version?]
8. Overall, how would you describe your experience using the email program on the tablet?
9. [IF APPLICABLE] Did you experience any problems using the email program? If so, what suggestions do you have to resolve those problems?
10. How often did you use the email program to communicate with your FS? [FOLLOW UP: What types of messages did you send and receive?]
11. Do you feel that having access to email on the tablet benefitted your work? If so, how?
12. How often did you connect your tablet to a wireless internet connection outside of your home? If you did this, did you use this most often to send/receive emails, to transmit screening cases from your tablet, or both? [FOR THOSE THAT TRANSMITTED TO PICK UP CASES: Do you feel that having this capability to transmit and pick up screening cases in the field would help you with your main study assignment?]
13. Were there any features on or capabilities of the tablet you found especially useful or especially problematic? If so, please describe in detail.
14. Overall, what are your feelings about the canvas case for the tablet? What changes or improvements would you make to improve its performance in the field?
15. Did you ever call Technical Support **for assistance** with the tablet at any point during data collection? [FOR ANY WHO INDICATE CALLING TECHNICAL SUPPORT, ASK: Can you tell me why you called?]

SECTION IV: Administering the Redesigned Questionnaire and Protocol (25 minutes)

INTRO: Now I am going to ask a series of questions about the experience you and your respondents had using the Dress Rehearsal questionnaire NOTE: FOR BILINGUAL-ONLY CALLS, FIs SHOULD INCLUDE RESPONSES SPECIFIC TO THEIR ADMINISTRATION OF SPANISH INTERVIEWS.

1. Did you receive any feedback from respondents about their use of the computerized calendar? [FOR THOSE THAT RECEIVED FEEDBACK: What type of feedback or questions did you receive from respondents about the calendar? Please provide examples of any comments or questions that you can recall.]

2. Would you say respondents made comments or asked questions about the calendar as often as main study respondents using the paper version, less often, or more often? [PROBES: Tell me more about that. What do others think?]
3. Did any respondents (or proxy respondents) make any comments about not being able to clearly understand the ACASI voice in the computer? If so, what particular comments did they make and/or what specific questions/pronunciations did they seem to not understand?
4. How often did respondents or proxy respondents make comments or ask questions about **specific questions or modules** when completing either the items you administered to them or completing the ACASI portion of the interview protocol themselves? [PROBES: Tell me more about that. What do others think?]
5. Did respondents make comments or ask questions about the sexual orientation questions? [IF YES: Tell me more about that. What do others think?]
6. Did respondents make any comments or ask any questions about **any other specific questions or features of the protocol** when completing any of the modules (except for the prescription drug module)? [PROBE: Please provide examples of any comments or questions on specific questions or features of the protocol that you can recall.]
7. Did you experience any issues or notice any repeated problems with the use of the second ACASI section by the proxy respondents? Do you have any suggestions on how to improve that transition?

FOR BILINGUAL FI DEBRIEFING CALLS ONLY:

8. As you know, the Dress Rehearsal interview contains a lot of new content and materials in Spanish. The input gathered during this session will help us assess the performance of the Spanish instrument in the field. Therefore, please think carefully about your experiences administering the questionnaire and respondents' reactions to the interview. We are interested in detecting any issues in the translation of the Spanish questionnaire. Did respondents indicate they were confused or unsure about any Spanish text in the questionnaire? [PROBE: Please provide examples of questions or wording that caused confusion.]
9. Do you personally have any feedback on questions in the Spanish interview where the Spanish translation may be problematic? [PROBE: Which questions are problematic? Can you tell me more about that?]
10. Did respondents report any problems with the Spanish questionnaire that were not related to translation? For instance, were there any problems with screen layout, entering responses, or hearing the correct audio?
11. Are there any other comments that you would like to make about the Dress Rehearsal Spanish questionnaire?

SECTION V: Administering the DR Interview and Using the Laptop (10 minutes)

INTRO: In this next section, we are going to discuss the new Dress Rehearsal laptop, including how respondents reacted to it.

1. Do you feel the Dress Rehearsal training adequately prepared you to use the new laptop to conduct interviews? [FOR ANY WHO DO NOT THINK THE INSTRUCTION WAS ADEQUATE: What recommendations do you have for improving the training on the laptop?]
2. How long did it take you to feel **fully comfortable** using the laptop to conduct interviews? [FOR THOSE WHO INDICATE NOT QUICKLY FEELING COMFORTABLE USING THE LAPTOP, ASK: What do you think were the greatest challenges you faced in becoming comfortable using the laptop (to conduct interviews)?]
3. How did respondents react to the new laptop? Did respondents make any comments about the performance of the laptop or their ability to read the questions on the screen? What about the laptop's size?
4. Did any of your respondents make any comments about the function keys at the top of the laptop keyboard? [IF YES: What types of comments did they make? Did they say anything about the size of the buttons?]
5. Overall, how would you assess the performance of the laptop? Did you encounter any issues using the laptop, the laptop's touchpad or the keyboard? If so, please describe.
6. Did you ever call Technical Support for assistance with the laptop at any point during data collection? [FOR ANY WHO INDICATE REQUESTING TECHNICAL SUPPORT, ASK: Can you tell me why you called?]

SECTION VI: Reactions to the Redesigned Prescription Drug Module (10 minutes)

INTRO: Now I am going to ask a few questions about the Prescription Drug Module that was redesigned for the Dress Rehearsal. This module asked respondents about their use and misuse of various prescription drugs and was completed as part of the first ACASI section of the interview.

NOTE: FOR BILINGUAL-ONLY CALLS, FIs SHOULD ALSO INCLUDE RESPONSES SPECIFIC TO THEIR ADMINISTRATION OF SPANISH INTERVIEWS.

1. Did respondents make comments or react specifically to the **amount of recall or the length of time required** to answer the questions in the prescription drug module? [IF YES: Please provide examples of any comments or reactions to the prescription drug questions you can recall.]
2. Did respondents make comments or react specifically to the **length of time required** to complete the prescription drug module? [IF YES: Please provide examples of any comments or reactions to the length of the prescription drug module you can recall.]

3. Did respondents make comments or react specifically to the **electronic pill images** in the prescription drug module? [IF YES: Please provide examples of any comments or reactions to the electronic pill images you can recall.]
4. Did respondents make comments or react specifically to the questions designed to **capture misuse of prescription drugs**? [IF YES: Please provide examples of any comments or reactions to the questions on misuse of prescription drugs you can recall.]
5. Did respondents make any comments or ask any questions about any other aspects of the prescription drug module? [IF YES: Please provide examples of any comments or questions about the prescription drug module that you can recall.]

SECTION VII: Overall Reactions to the Redesigned Questionnaire (15 minutes)

INTRO: I am now going to ask a few additional questions to address any issues respondents may have had with other redesigned portions of the Dress Rehearsal questionnaire. NOTE: FOR BILINGUAL-ONLY CALLS, FIs SHOULD ALSO INCLUDE RESPONSES SPECIFIC TO THEIR ADMINISTRATION OF SPANISH INTERVIEWS.

1. Did respondents make any comments or react specifically to the **amount of recall or length of time required to answer any of the other interview questions**? Would you say respondents commented on the time required to answer the interview questions about as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]
2. How often did respondents make comments or react specifically to the **length of time** required to complete the entire interview? Would you say respondents commented on the interview length about as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]
3. [IF APPLICABLE] Did any other members of the household make comments or react specifically to the **length of time** to complete the interview? Were the comments or reactions mostly positive, mostly negative, or a mix of both? [PROBE: Please provide examples of any comments or reactions that you can recall.]
4. Did respondents raise **any other specific concerns** when completing the ACASI portion or the questions you administered? [PROBE: Please provide examples of any concerns that you can recall.]

SECTION VIII: Conclusion (5 minutes)

Are there any final comments or any questions on any of the topics we discussed, or other Dress Rehearsal topics?

I want to thank you all again for your participation on this call.

NOTETAKER WILL NOW STOP THE AUDIO RECORDING.

Appendix G: Dress Rehearsal Field Observation Materials

DR Screening Observation Checklist

Directions: Complete **one** DR Screening Observation Checklist for **each** screening you observe that ends in a code 22, 25, 26, 30, 31, or 32. For each screening procedure and summary item listed below, place a mark in the **Correct**, **Error**, or **N/A** column. For each Error or N/A response, provide a brief description in the space just below that item. If you observe an error that does not fit any of the categories below, describe that error in item 21. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing a screening. Within 24 hours you should enter this information into the DR Reporting Spreadsheet and email the spreadsheet to Gretchen McHenry.

Screening Case ID:

Date of Observation:

FI Name: _____

FI ID:

Observer Name: _____

Observer Title: _____

SCREENING PROCEDURES OBSERVED	Correct	Error	N/A
1. Displayed ID Badge prominently when knocking on door			
2. On Tablet "Study Introduction" screen when reached door			
3. Included all required information in introduction (Mark each item when spoken by FI) <input type="checkbox"/> FI Name <input type="checkbox"/> RTI International <input type="checkbox"/> U.S. Department of Health and Human Services <input type="checkbox"/> Lead Letter			
4. If R didn't recall Lead Letter, FI offered one to R (gave DR version of LL)			

SCREENING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
5. Confirmed SR was an adult resident of SDU (FI does not need to confirm age when it is obvious SR is 18 or older)			
6. Verified that he/she was at the correct address			
7. Gave DR Study Description to R [IF NOT, INTERVENE]			
8. Read Tablet “Informed Consent” screen to R [IF NOT, INTERVENE]			
9. Checked for missed DUs by reading the correct Tablet screen verbatim (This screen should not be read at apartments/condos)			
10. Read all roster questions verbatim (Describe each roster question not read verbatim)			
11. Recorded race based on R answer, not FI observation (If the SR refuses to answer for the householder, the FI can record an answer based on his/her observation of the race of the SR)			

SCREENING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
12. Obtained all screening information directly from the SR (Not by observation or a proxy)			
13. Confirmed accuracy & completeness of roster data w/ SR			
14. For codes 22, 25, 26, or 30, correctly followed verification procedures			
15. For code 31 or 32, presented project and interview information accurately			
16. For code 31 or 32, demonstrated flexibility in scheduling interview time			
17. For code 31 or 32, left appropriate information about future interview (If R asks questions or would like more information about the interview)			
18. For code 31 or 32, made attempts to begin interview right away			

SCREENING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
19. Provided R with the correct DR materials (did not substitute main study versions)			
20. Answered R questions correctly and thoroughly, referencing the appropriate DR details [e.g. RTI International, DHHS, did not mention DR or field test, sample size, pay or payment (should use give or receive), etc.]			
21. OTHER PROCEDURAL VIOLATION NOT NOTED ON THIS CHECKLIST: [IF BIASING, INTERVENE]			
SCREENING SUMMARY			
22. Did the screening presentation flow well? If NO, describe:			
23. Was visibility an issue when using the Tablet? If YES, describe:			
24. Were there any issues with the equipment (Tablet, Tablet case)? If YES, describe:			
25. Was there any difficulty using the Tablet keyboard? If YES, describe:			

SCREENING SUMMARY (continued)

26. Was there any **respondent** confusion due to something the FI said or did? If YES, describe:

27. Was there any **respondent** confusion due to a procedure OR to the Tablet screening program itself? If YES, describe:

28. Was there any **FI** confusion due to the Tablet or screening program itself? If YES, describe:

29. Were there any respondent comments on the contact materials?

30. Did the respondent make any comments about specific screening questions?

ADDITIONAL OBSERVER COMMENTS:

SEGMENT MAPS AND	Correct	Error	N/A
<p>M1. Had segment maps readily available for reference while in the field (Either in the car or located with screening and interviewing materials) NOTE: If you are unsure, wait until the END of the observation and then ask the FI if he/she has the maps</p>			
<p>M2. [IF THIS IS FI's FIRST VISIT TO THE DWELLING UNIT(s)] Used segment maps to locate sample dwelling unit(s)</p>			
<p>M3. [IF THIS IS FI's FIRST VISIT TO THE DWELLING UNIT(s)] Used the segment maps and either the printed list of SDUs or the original list of dwelling units to check for missed DUs in the interval between the SDU and the next listed dwelling unit</p>			
<p>M4. [IF A MISSED DU IS FOUND] Used segment map and original list of dwelling units to make sure the missed DU was not already listed</p>			

INTERVIEWING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
5. Chose the most private available location			
6. Set up equipment efficiently			
7. Explained HEADPHONE usage, offered headphones to IR, and plugged in			
8. Kept ACASI portion private (did not read ACASI), but remained attentive			
9. Read all screens verbatim (Record the ID number of all questions not read verbatim below)			
10. Presented DR SHOWCARDS when prompted by the CAI			
11. Followed the proper DR Quality Control Form and Incentive procedures			

INTERVIEWING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
12. Answered IR questions correctly and thoroughly, referencing the appropriate DR details [e.g., RTI International, DHHS, did not mention DR or field test, sample size, pay or payment (should use give or receive), etc.]			
13. Provided IR with the correct DR materials (did not substitute main study versions)			
14. OTHER PROCEDURAL VIOLATION NOT NOTED ON THIS CHECKLIST: [IF BIASING OR DIVULGING CONFIDENTIAL INFORMATION, INTERVENE]			
INTERVIEWING SUMMARY			
15. Did the respondent have trouble understanding any questions asked during the interview? If YES, describe:			
16. Were there any issues with transition between the screening and the interview? If YES, describe:			
17. Were there any issues with transition between the ACASI and CAPI sections of the interview? If YES, describe:			

INTERVIEWING SUMMARY (continued)

18. Was there any **respondent** confusion due to something the FI said or did? If YES, describe:

19. Was there any **respondent** confusion due to a procedure OR to the CAI instrument itself? If YES, describe:

20. Was there any **respondent** confusion due to the Samsung laptop?

21. Was there any **FI** confusion due to the CAI instrument or Samsung laptop? If YES, describe:

22. If a **proxy** was used, was there any confusion regarding their role, the equipment, adjusting the volume, etc.? If YES, describe:

23. If a **proxy** was used, was there any difficulty understanding the ACASI tutorial? If YES, describe:

INTERVIEWING SUMMARY (continued)

24. Were there any problems with the Samsung laptop that disrupted the flow or completion of the interview?

25. Was there any confusion when the FI was completing the debriefing questions on the Tablet?

26. Did the respondent or proxy make any comments about specific interview questions?

27. Did the respondent or FI make any comments about the length of the interview?

ADDITIONAL OBSERVER COMMENTS

NSDUH DR Field Observations: Field Observer Reference Sheet

DR Field Observer Task List (Task number 0212800.001.102.003.006)

Please follow these steps while planning and conducting field observation trips. It is not necessary to actually complete or submit this form; it is designed as a helpful tool so you do not skip any protocol steps.

Enter a check mark in the space provided as you complete each item.

A. TRAVEL PREPARATION

1. Receive DR Field Observation Assignment.
2. Contact the DR FI's Field Supervisor. Send the FS an email to obtain the FI's contact information and other information that will be pertinent to planning your trip. In the email, request the following information:
- a) FI contact information (FI phone numbers can also be found in the FI Lookup form the General Information link on the CMS)
 - b) Location of DR segment and distance between FI segments
 - c) Any other information the FS feels is significant

You should also request the FS send a copy of the DR FI Field Observations Instructions to the FI and notify him/her you will soon be in contact.

3. Contact the DR FI. Call each FI and make plans for the observation. You will need to discuss the following:
- a) Date most convenient for observation (Must be completed before September 15th)
 - b) DR Workload – How long will the FI have a DR assignment?
 - c) Segment information – Location of DR segment, type of attire needed
 - d) Other information – Suggested hotels, coordinating transportation to segment

You should also confirm the FS has sent a copy of the DR FI instructions and tell the FI you will be spending the whole workday in the field with him/her. Let him/her know it is necessary to observe an interview and encourage him/her to set up an appointment in advance of your arrival.

4. Once the date of observation has been determined, email your observation plans to Gretchen McHenry, copying the managing FS, RS, and your supervisor. In the email, include the dates you will observe each FI and any trip details associated with the observation (dates you will fly, drive, return, etc).
5. Are flight or hotel arrangements necessary?
- ~ YES (flights) → continue with 6. ~ YES (hotels) → continue with 8.
- ~ NO → Skip to Field Preparation.
6. Make flight and rental car arrangements with Carlson Wagonlit Travel (online or by phone) at least 14 days prior to scheduled trip. You will need your Bank of America corporate credit card number and task number (0212800.001.102.003.006) ready when calling. Before booking your flight, review flight options on Expedia and select the best and most reasonable flight in terms of costs and time.
7. *Immediately* after booking your flight, send the completed General Travel Information Form to the NSDUH Secretaries and Gretchen McHenry, copying your supervisor. A copy of the General Travel Information Form can be found on the Downloadable Project Forms and Report Shells on the CMS.

- _____ 8. Determine the government per diem and lodging rates for the area by clicking the ‘US Gov’t Per Diems’ link on the General Information page of the CMS. Please keep cost in mind when identifying a hotel and expensing meals.
- _____ 9. Make hotel reservations at or under the given per diem. When looking for a place to stay, search online for hotels in the area and/or gather FS and FI suggestions. You cannot pay more than the official government rate. It is imperative that you verify the government rate on the ‘US Gov’t Per Diems’ link after the hotel tells you what their government rate is. You should also try to find a hotel that includes free parking and internet access. Call the hotel to confirm these details before booking.
- _____ 10. Update the CMS travel Calendar (with dates of travel, hotel, and contact information), SRD travel calendar, and your Outlook Calendar.

B. FIELD PREPARATION

- _____ 1. Print the DR forms from the email sent by the FO Manager:
 - _____ a. DR Field Observation FI Instructions Form: You should hand a copy of this form to the FI when you meet him/her in the field. It contains the script the FI is to read to the respondent when introducing you and your role as the observer.
 - _____ b. DR Field Observer Reference Sheet: This form outlines your role and responsibilities as the observer.
 - _____ c. NSDUH DR Screening Scripts: Print and read through this file before going to the field. Use the script while observing an FI conducting a screening so you can check whether he/she reads the tablet screens verbatim. Note that there is an HU script and a GQU script within this file. *If you are a bilingual interviewer, please have both the English and Spanish scripts with you in the field.*
 - _____ d. NSDUH DR CAI Script: Print and read through this file before going to the field. Use the script to while observing an FI conducting an interview so you can check whether he/she reads the CAI screens verbatim. *If you are a bilingual interviewer, please have both the English and Spanish scripts with you in the field.*
 - _____ e. DR Screening Observation Checklist: One copy of this form must be completed for each screening case you observe than ends in a code 22, 25, 26, 30, 31, or 32. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing a screening.
 - _____ f. DR Interviewing Observation Checklist: One copy of this form must be completed for each completed interview you observe. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing an interview.
- _____ 2. Make sufficient copies of both the screening and interviewing checklists before going into the field (we recommend printing 8 screening checklists and 4 interviewing checklists per FI).

C. AFTER THE OBSERVATION

- _____ 1. Enter data from your checklists into the DR Screening and Interview Report spreadsheets. Please enter the results of all cases observed for all FIs in one screening and one interview spreadsheet and e-mail to Gretchen McHenry, within 24 hours of completing all DR FO assignments.
- _____ 2. Send an e-mail to the FS, copying the RS, RD, and [NSDUH] DR Field Observations (DR-Field-Observation@rti.org), sharing positive feedback about the FI’s performance within 24 hours of completing your observation.
- _____ 3. As soon as you have completed all of the field observations you will be conducting for the DR, please ship all completed hardcopy field observation checklists via United States Postal Service or interoffice mail to Gretchen McHenry at RTI.

Appendix H: Estimates and Standard Errors for All New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older

Instrument Item	2012 QFT Estimate ^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate ^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Race (QD05)								
White (QD051)	78.9	(2.15)	1,268	1,692	78.9	(2.72)	972	1,319
Black or African American (QD052)	14.7	(1.75)	333	1,692	14.6	(2.43)	233	1,319
American Indian or Alaska Native (American Indian Includes North American, Central American, and South American Indians) (QD053)	1.4	(0.42)	31	1,692	1.3	(0.34)	31	1,319
Native Hawaiian (QD054)	0.1	(0.07)	3	1,692	0.0	(0.01)	1	1,319
Guamanian or Chamorro (QD055)	0.0*	(0.00*)	0	1,692	0.0	(0.01)	1	1,319
Samoan (QD056)	0.1	(0.10)	2	1,692	0.0*	(0.00*)	0	1,319
Other Pacific Islander (QD057)	0.3	(0.12)	13	1,692	0.3	(0.18)	8	1,319
Asian (Including Asian, Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese) (QD058)	6.0	(0.99)	104	1,692	6.2	(1.51)	133	1,319
Other (Specify) (QD059)	0.4	(0.21)	7	1,692	0.6	(0.33)	7	1,319
Are you currently serving full-time in a Reserve component? (V2b)	0.0*	(0.00*)	0	1,692	0.0*	(0.00*)	0	1,320
Have you ever served on active duty in the U.S Armed Forces or Reserve components? (QD10a)	8.3	(0.98)	80	1,692	7.1	(1.29)	54	1,320
When did you serve on active duty in the U.S. Armed Forces or Reserve components? (QD10b1) ⁵								
September 2001 or Later (QD10b11)	10.3*	(2.89*)	14	80	15.8*	(5.00*)	14	54
August 1990 to August 2001 (Including Persian Gulf War) (QD10b12)	17.4*	(4.75*)	14	80	11.0*	(4.49*)	8	54
May 1975 to July 1990 (QD10b13)	21.3 ^{a*}	(5.32*)	17	80	6.8*	(3.39*)	7	54
Vietnam Era (August 1964 to April 1975) (QD10b14)	46.1*	(6.07*)	30	80	42.9*	(8.25*)	19	54
February 1955 to July 1964 (QD10b15)	9.0*	(3.33*)	7	80	5.8*	(5.20*)	2	54
Korean War (July 1950 to January 1955) (QD10b16)	8.5*	(3.25*)	6	80	12.4*	(6.35*)	5	54
January 1947 to June 1950 (QD10b17)	1.0*	(0.95*)	1	80	0.0*	(0.00*)	0	54
World War II (December 1941 to December 1946) (QD10b18)	5.5*	(2.75*)	4	80	11.0*	(5.36*)	4	54
November 1941 or Earlier (QD10b19)	0.0*	(0.00*)	0	80	0.0*	(0.00*)	0	54

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Did you ever serve on active duty in the U.S. Armed Forces or Reserve components in a military combat zone or an area where you drew imminent danger pay or hostile fire pay? (QD10c) ⁵	35.9*	(6.65*)	36	80	40.3*	(10.57*)	25	54
What is the highest grade or year of school you have completed? (QD11) ⁶								
No Schooling	0.1	(0.05)	2	1,692	0.0*	(0.00*)	0	1,320
1st Grade	0.0*	(0.00*)	0	1,692	0.0*	(0.00*)	0	1,320
2nd Grade	0.0*	(0.00*)	0	1,692	0.2	(0.15)	1	1,320
3rd Grade	0.0*	(0.00*)	0	1,692	0.1	(0.12)	1	1,320
4th Grade	0.1	(0.09)	1	1,692	0.0*	(0.00*)	0	1,320
5th Grade	0.3	(0.13)	7	1,692	0.4	(0.20)	6	1,320
6th Grade	1.9	(0.31)	70	1,692	1.5	(0.47)	43	1,320
7th Grade	2.7 ^a	(0.44)	87	1,692	1.3	(0.43)	43	1,320
8th Grade	3.3	(0.47)	92	1,692	2.9	(0.68)	58	1,320
9th Grade	2.8	(0.41)	83	1,692	4.0	(0.66)	84	1,320
10th Grade	3.0	(0.43)	90	1,692	3.1	(0.54)	66	1,320
11th Grade	3.5	(0.44)	100	1,692	4.4	(0.57)	85	1,320
Regular High School Diploma	20.4	(1.68)	298	1,692	20.6	(1.97)	216	1,320
12th Grade, No Diploma	1.8	(0.45)	28	1,692	2.8	(0.60)	22	1,320
GED Certificate	3.8	(0.63)	61	1,692	5.0	(0.99)	66	1,320
Some College, No Degree	19.5	(1.27)	325	1,692	20.2	(1.73)	248	1,320
Associate's Degree	9.2	(0.88)	123	1,692	9.9	(1.29)	107	1,320
Bachelor's Degree	17.4	(1.76)	211	1,692	14.1	(1.50)	180	1,320
Master's Degree	7.6	(0.96)	85	1,692	7.7	(1.35)	77	1,320
Doctorate Degree (e.g., PhD)	1.2	(0.36)	13	1,692	0.8	(0.47)	6	1,320
Professional Degree Beyond Bachelor's Degree (e.g., MD)	1.5	(0.40)	16	1,692	1.0	(0.56)	11	1,320
Previously served as a proxy for another respondent? (PREVCOM)								
Yes	8.0	(1.31)	60	1,087	9.1	(2.15)	42	638
No	92.0	(1.32)	1,026	1,087	90.9	(2.15)	594	638
I am not sure	0.0	(0.04)	1	1,087	0.0	(0.03)	2	638
Previously completed any part of this interview yourself, including answering questions on behalf of a member of your household? (PREVCOM2) ⁵	0.0*	(0.00*)	0	1	0.0*	(0.00*)	0	2

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." (CG25)	18.6	(1.16)	307	1,692	15.5	(1.62)	209	1,320
How old were you the first time you used "smokeless" tobacco? (CG26) ⁷	18.4	(0.71)	N/A	307	18.1	(0.74)	N/A	207
How long has it been since you last used, have you used "smokeless" tobacco? (CG27and CG28)								
Within the past 30 days	5.4 ^a	(0.60)	91	1,692	3.2	(0.62)	50	1,318
More than 30 days ago but within the past 12 months	1.8	(0.36)	40	1,692	1.2	(0.34)	19	1,318
More than 12 months ago	1.5	(0.30)	38	1,692	1.6	(0.46)	26	1,318
More than 3 years ago	9.9	(0.91)	138	1,692	9.5	(1.28)	112	1,318
During the past 30 days, did you have [Insert #] or more drinks on the same occasion? (AL08) ^{7,8}	23.9	(1.34)	415	1,679	22.3	(1.82)	301	1,309
Ever used Ketamine (LS01i)	1.4	(0.33)	26	1,690	1.3	(0.43)	18	1,320
Ever used DMT, AMT, or Foxy (LS01j)	0.7	(0.20)	16	1,689	1.4	(0.39)	18	1,318
Ever used <i>Salvia divinorum</i> (LS01k)	2.4	(0.46)	56	1,689	2.6	(0.65)	42	1,320
How long has it been since you last used Ketamine? (LS33)								
Within the past 30 days	0.1	(0.04)	2	1,689	0.0*	(0.00*)	0	1,320
More than 30 days ago but within the past 12 months	0.3	(0.16)	6	1,689	0.0*	(0.00*)	0	1,320
More than 12 months ago	1.1	(0.27)	17	1,689	1.3	(0.43)	18	1,320
How long has it been since you last used DMT, AMT, or Foxy? (LS34)								
Within the past 30 days	0.1	(0.05)	3	1,688	0.0*	(0.00*)	0	1,318
More than 30 days ago but within the past 12 months	0.2	(0.12)	3	1,688	0.1	(0.05)	2	1,318
More than 12 months ago	0.4 ^a	(0.15)	9	1,688	1.3	(0.39)	16	1,318

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How long has it been since you last used <i>Salvia divinorum</i> ? (LS35)								
Within the past 30 days	0.1	(0.09)	3	1,689	0.0*	(0.00*)	0	1,320
More than 30 days ago but within the past 12 months	0.2	(0.10)	6	1,689	0.1	(0.08)	1	1,320
More than 12 months ago	2.1	(0.40)	47	1,689	2.5	(0.61)	41	1,320
Have you ever, inhaled felt-tip pens, felt-tip markers, or magic markers for kicks or to get high? (IN01h1)	3.1	(0.35)	90	1,690	2.8	(0.51)	55	1,320
Have you ever inhaled computer keyboard cleaner, also known as air duster, for kicks or to get high? (IN01ii)	1.2	(0.27)	29	1,691	1.3	(0.34)	23	1,318
Have you ever used methamphetamine? (ME01)	6.9	(0.91)	98	1,691	8.0	(1.15)	83	1,319
How old were you the first time you used methamphetamine? (ME02) ⁷	20.7	(0.67)	N/A	98	21.3	(0.83)	N/A	81
How long has it been since you last used methamphetamine? (MELAST3)								
Within the past 30 days	0.5	(0.18)	9	1,691	0.3	(0.22)	5	1,319
More than 30 days ago but within the past 12 months	0.1	(0.08)	3	1,691	0.4	(0.16)	6	1,319
More than 12 months ago	6.2	(0.86)	86	1,691	7.3	(1.05)	72	1,319
How many days you've used methamphetamine during the past 12 months? (MEFRAME3, MEYRAVE, MEMONAVE, MEWKAVE) ⁷	161.2	(45.87)	N/A	12	195.6	(39.61)	N/A	11
During the past 30 days, on how many days did you use methamphetamine? (ME06) ⁷	17.7*	(4.51*)	N/A	8	25.9*	(1.34*)	N/A	5
In the past 12 months, which, if any, of these pain relievers have you used? (PR01)								
Vicodin [®]	12.7	(1.23)	201	1,679	10.9	(1.30)	159	1,311
Lortab [®]	5.8	(0.78)	92	1,679	4.4	(0.87)	54	1,311
Lorcet [®]	1.1	(0.28)	23	1,679	1.7	(0.66)	16	1,311
Hydrocodone	14.6 ^a	(1.29)	227	1,679	18.8	(1.45)	181	1,311

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, which, if any, of these pain relievers have you used? (PR02)								
OxyContin [®]	2.5	(0.39)	54	1,675	3.1	(0.67)	35	1,312
Percocet [®]	6.5	(0.89)	107	1,675	5.4	(1.07)	63	1,312
Percodan [®]	0.5	(0.16)	11	1,675	0.8	(0.36)	6	1,312
Tylox [®]	0.3	(0.13)	6	1,675	0.1	(0.05)	4	1,312
Oxycodone	6.9	(0.94)	112	1,675	7.9	(1.15)	76	1,312
In the past 12 months, which, if any, of these pain relievers have you used? (PR03)								
Darvocet [®]	1.8	(0.46)	23	1,676	1.6	(0.65)	13	1,313
Darvon [®]	0.6	(0.33)	5	1,676	0.7	(0.29)	6	1,313
Propoxyphene	0.3	(0.13)	6	1,676	0.5	(0.34)	5	1,313
In the past 12 months, which, if any, of these pain relievers have you used? (PR04)								
Ultram [®]	2.3	(0.61)	35	1,677	1.9	(0.56)	15	1,312
Ultram [®] ER	0.5	(0.26)	6	1,677	0.4	(0.27)	4	1,312
Ultracet [®]	0.4	(0.17)	5	1,677	0.2	(0.12)	3	1,312
Ryzolt [®]	0.0	(0.03)	1	1,677	0.0*	(0.00*)	0	1,312
Tramadol	4.5	(0.57)	78	1,677	5.7	(1.16)	49	1,312
In the past 12 months, which, if any, of these pain relievers have you used? (PR05)								
Tylenol [®] with Codeine 3 or 4	11.1	(1.06)	199	1,675	12.7	(1.56)	146	1,309
Codeine Pills	1.7	(0.33)	38	1,675	1.7	(0.50)	20	1,309
In the past 12 months, which, if any, of these pain relievers have you used? (PR06)								
Avinza [®]	0.1	(0.12)	1	1,679	0.1	(0.09)	2	1,312
Kadian [®]	0.1	(0.06)	2	1,679	0.0*	(0.00*)	0	1,312
MS Contin [®]	0.1	(0.06)	3	1,679	0.2	(0.12)	2	1,312
Oramorph [®] SR	0.0*	(0.00*)	0	1,679	0.0*	(0.00*)	0	1,312
Morphine	3.9	(0.61)	65	1,679	2.8	(0.85)	28	1,312

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, which, if any, of these pain relievers have you used? (PR07)								
Actiq [®]	0.1	(0.12)	1	1,678	0.0*	(0.00*)	0	1,311
Duragesic [®]	0.0	(0.05)	1	1,678	0.0*	(0.00*)	0	1,311
Fentora [®]	0.0	(0.05)	1	1,678	0.0*	(0.00*)	0	1,311
Fentanyl	0.7	(0.26)	11	1,678	0.3	(0.17)	3	1,311
In the past 12 months, which, if any, of these pain relievers have you used? (PR08)								
Suboxone [®]	0.8	(0.26)	17	1,678	1.3	(0.44)	13	1,312
Subutex [®]	0.3	(0.11)	7	1,678	0.3	(0.16)	4	1,312
Buprenorphine	0.0	(0.04)	1	1,678	0.5	(0.31)	4	1,312
In the past 12 months, which, if any, of these pain relievers have you used? (PR09)								
Demerol [®]	0.7	(0.16)	11	1,677	0.4	(0.24)	4	1,311
Dilaudid [®]	0.9	(0.25)	18	1,677	0.6	(0.39)	6	1,311
Methadone	0.7	(0.19)	16	1,677	0.5	(0.22)	10	1,311
Opana [®]	0.2	(0.07)	6	1,677	0.1	(0.06)	2	1,311
Opana [®] ER	0.2	(0.08)	6	1,677	0.2	(0.10)	3	1,311
In the past 12 months, which, if any, of these pain relievers have you used? (PR10)								
Talacen [®]	0.0*	(0.00*)	0	1,677	0.0*	(0.00*)	0	1,312
Talwin [®]	0.0	(0.03)	1	1,677	0.0	(0.04)	1	1,312
Talwin [®] NX	0.0	(0.04)	1	1,677	0.0*	(0.00*)	0	1,312
In the past 12 months, have you used any other prescription pain reliever? (PR11)	8.9	(0.87)	150	1,676	9.8	(1.20)	108	1,311
Have you ever used any prescription pain reliever? (PR12)	68.5	(1.66)	1,001	1,667	66.2	(1.67)	774	1,312
In the past 12 months, which, if any, of these tranquilizers have you used? (TR01)								
Xanax [®]	4.9	(0.75)	85	1,686	3.9	(0.73)	61	1,314
Xanax [®] XR	0.4	(0.17)	8	1,686	0.1	(0.07)	2	1,314
Alprazolam	1.6	(0.38)	24	1,686	3.1	(0.69)	25	1,314
Extended-Release Alprazolam	0.4	(0.27)	6	1,686	0.3	(0.20)	3	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, which, if any, of these tranquilizers have you used? (TR02)								
Ativan [®]	1.1	(0.32)	17	1,686	0.7	(0.31)	5	1,314
Klonopin [®]	1.2	(0.29)	27	1,686	1.8	(0.53)	18	1,314
Lorazepam	2.0	(0.35)	34	1,686	2.5	(0.77)	22	1,314
Clonazepam	2.1	(0.45)	34	1,686	2.5	(0.89)	21	1,314
In the past 12 months, which, if any, of these tranquilizers have you used? (TR03)								
Valium [®]	2.0	(0.46)	37	1,686	1.4	(0.29)	20	1,315
Diazepam	1.1	(0.30)	17	1,686	2.8	(0.92)	17	1,315
Librium [®]	0.1	(0.07)	3	1,686	0.2	(0.24)	1	1,315
Tranxene [®]	0.0	(0.04)	2	1,686	0.1	(0.12)	1	1,315
Oxazepam (also known as Serax [®])	0.0	(0.02)	1	1,686	0.3	(0.34)	1	1,315
In the past 12 months, which, if any, of these tranquilizers have you used? (TR04)								
Flexeril [®]	4.5	(0.64)	66	1,686	3.0	(0.62)	39	1,314
Soma [®]	1.3	(0.36)	29	1,686	2.1	(0.66)	22	1,314
In the past 12 months, which, if any, of these tranquilizers have you used? (TR05)								
Buspirone (also known as BuSpar [®])	0.5	(0.23)	5	1,686	1.0	(0.37)	11	1,313
Hydroxyzine (also known as Atarax [®] or Vistaril [®])	0.6	(0.27)	9	1,686	0.8	(0.43)	4	1,313
Meprobamate	0.0	(0.03)	1	1,686	0.1	(0.04)	2	1,313
In the past 12 months, have you used any other prescription tranquilizer? (TR06)	1.8	(0.38)	29	1,686	3.5	(1.03)	27	1,316
Have you ever, even once, used any prescription tranquilizer? (TR07)	27.1	(1.72)	369	1,683	30.2	(1.99)	311	1,309

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, which, if any, of these stimulants have you used? (ST01)								
Adderall®	2.4	(0.41)	61	1,687	3.5	(0.68)	52	1,314
Adderall® XR	1.2	(0.26)	37	1,687	1.3	(0.45)	18	1,314
Dexedrine®	0.3	(0.13)	6	1,687	0.2	(0.17)	3	1,314
Dextroamphetamine	0.2	(0.12)	5	1,687	0.1	(0.07)	3	1,314
Amphetamine-Dextroamphetamine Combinations	0.8	(0.31)	14	1,687	0.3	(0.13)	6	1,314
In the past 12 months, which, if any, of these stimulants have you used? (ST02)								
Ritalin®	0.5	(0.16)	16	1,687	0.5	(0.16)	10	1,314
Ritalin® SR or Ritalin® LA	0.3 ^a	(0.11)	12	1,687	0.0	(0.02)	1	1,314
Concerta®	0.6	(0.17)	22	1,687	1.1	(0.59)	17	1,314
Daytrana®	0.0	(0.02)	2	1,687	0.0*	(0.00*)	0	1,314
Methylphenidate	0.5 ^a	(0.15)	9	1,687	0.1	(0.05)	4	1,314
In the past 12 months, which, if any, of these stimulants have you used? (ST03)								
Metadate® CD	0.0	(0.03)	1	1,687	0.1	(0.09)	2	1,313
Metadate® ER	0.1	(0.06)	1	1,687	0.1	(0.05)	2	1,313
Focalin®	0.3	(0.12)	8	1,687	0.1	(0.05)	2	1,313
Focalin® XR	0.3	(0.14)	8	1,687	0.1	(0.05)	4	1,313
Dexmethylphenidate	0.2	(0.11)	5	1,687	0.0	(0.01)	1	1,313
In the past 12 months, which, if any, of these stimulants have you used? (ST04)								
Benzphetamine	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,313
Didrex®	0.0	(0.03)	1	1,687	0.0*	(0.00*)	0	1,313
Diethylpropion	0.0	(0.03)	1	1,687	0.0	(0.01)	1	1,313
Phendimetrazine	0.2	(0.17)	1	1,687	0.1	(0.05)	2	1,313
Phentermine	0.8	(0.27)	14	1,687	1.0	(0.40)	14	1,313
In the past 12 months, which, if any, of these stimulants have you used? (ST05)								
Provigil®	0.1	(0.06)	1	1,687	0.3	(0.32)	2	1,313
Tenuate®	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,313
Vyvanse®	0.8	(0.26)	20	1,687	0.6	(0.25)	13	1,313
In the past 12 months, have you used any other prescription stimulant? (ST06)								
Have you ever, even once, used any prescription stimulant? (ST07)	1.1	(0.28)	24	1,686	1.1	(0.48)	14	1,316
	12.1	(1.08)	224	1,684	16.1	(1.77)	195	1,312

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate ^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate ^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, which, if any, of these sedatives have you used? (SV01)								
Ambien®	4.7	(0.69)	61	1,686	3.5	(0.61)	35	1,314
Ambien® CR	0.7	(0.25)	11	1,686	0.8	(0.54)	5	1,314
Zolpidem	1.8	(0.51)	21	1,686	1.4	(0.48)	12	1,314
Extended-Release Zolpidem	0.1	(0.08)	2	1,686	0.8	(0.56)	3	1,314
In the past 12 months, which, if any, of these sedatives have you used? (SV02)								
Lunesta®	1.0	(0.32)	12	1,687	0.4	(0.29)	3	1,314
Sonata®	0.5	(0.27)	5	1,687	0.0	(0.01)	1	1,314
Zaleplon	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
In the past 12 months, which, if any, of these sedatives have you used? (SV03)								
Dalmane	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
Halcion®	0.2	(0.20)	1	1,687	0.5	(0.27)	3	1,314
Flurazepam	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
Triazolam	0.2	(0.12)	3	1,687	0.1	(0.07)	2	1,314
In the past 12 months, which, if any, of these sedatives have you used? (SV04)								
Restoril®	0.1	(0.07)	2	1,687	0.0	(0.03)	1	1,314
Temazepam	0.7	(0.28)	7	1,687	0.8	(0.39)	7	1,314
In the past 12 months, which, if any, of these sedatives have you used? (SV05)								
Butisol®	0.0	(0.03)	1	1,687	0.0*	(0.00*)	0	1,314
Seconal®	0.1	(0.08)	1	1,687	0.0*	(0.00*)	0	1,314
Phenobarbital	0.2	(0.17)	3	1,687	0.1	(0.11)	2	1,314
In the past 12 months, have you used any other prescription sedative? (SV06)	1.2	(0.29)	23	1,687	2.7	(0.74)	29	1,313
Have you ever used any prescription sedative? (SV07)	17.3	(1.45)	213	1,683	16.6	(1.71)	178	1,309
Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it? (PRL01 and PRL02)	12.2	(1.02)	222	1,663	11.6	(1.15)	168	1,312
In the past 12 months, did you use Vicodin in any way a doctor did not direct you to use it? (PRY01)	2.4 ^a	(0.46)	49	1,683	1.3	(0.31)	26	1,315
How old were you when you first used Vicodin in a way a doctor did not direct you to use it? (PRY01a) ⁷	24.3	(2.32)	N/A	48	27.6	(2.94)	N/A	26

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use Lortab in a way a doctor did not direct you to use it? (PRY02)	1.0	(0.29)	23	1,682	0.4	(0.18)	6	1,315
How old were you when you first used Lortab in a way a doctor did not direct you to use it? (PRY02a) ⁷	23.7	(2.69)	N/A	22	27.3*	(4.13*)	N/A	5
In the past 12 months, did you use Lorcet in any way a doctor did not direct you to use it? (PRY03)	0.2	(0.12)	5	1,683	0.4	(0.17)	5	1,315
How old were you when you first used Lorcet in a way a doctor did not direct you to use it? (PRY03a) ⁷	18.1 ^{a*}	(0.74*)	N/A	5	34.8*	(4.60*)	N/A	5
In the past 12 months, did you use hydrocodone in any way a doctor did not direct you to use it? (PRY04)	1.9	(0.37)	40	1,682	1.8	(0.47)	20	1,315
How old were you when you first used hydrocodone in a way a doctor did not direct you to use it? (PRY04a) ⁷	25.8 ^a	(2.76)	N/A	36	38.2	(4.41)	N/A	19
In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it? (PRY05)	0.9	(0.23)	23	1,682	0.7	(0.28)	9	1,316
How old were you when you first used OxyContin in a way a doctor did not direct you to use it? (PRY05a) ⁷	20.8 ^a	(1.98)	N/A	23	35.2*	(4.15*)	N/A	9
In the past 12 months, did you use Percocet in any way a doctor did not direct you to use it? (PRY06)	1.0	(0.24)	24	1,681	0.7	(0.25)	13	1,316
How old were you when you first used Percocet in a way a doctor did not direct you to use it? (PRY06a) ⁷	23.0	(2.54)	N/A	24	27.1	(3.31)	N/A	13
In the past 12 months, did you use Percodan in any way a doctor did not direct you to use it? (PRY07)	0.2	(0.09)	5	1,682	0.1	(0.12)	1	1,316
How old were you when you first used Percodan in a way a doctor did not direct you to use it? (PRY07a) ⁷	19.6 ^{a*}	(2.46*)	N/A	5	30.0*	(0.00*)	N/A	1
In the past 12 months, did you use Tylox in any way a doctor did not direct you to use it? (PRY08)	0.0	(0.03)	1	1,682	0.0*	(0.00*)	0	1,316
How old were you when you first used Tylox in a way a doctor did not direct you to use it? (PRY08a) ⁷	15.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use oxycodone in any way a doctor did not direct you to use it? (PRY09)	1.3	(0.31)	29	1,681	0.7	(0.28)	12	1,316
How old were you when you first used oxycodone in a way a doctor did not direct you to use it? (PRY09a) ⁷	23.5	(1.77)	N/A	29	23.8	(3.52)	N/A	12
In the past 12 months, did you use Darvocet in a way a doctor did not direct you to use it? (PRY10) ⁶	0.1	(0.08)	4	1,683	0.3	(0.17)	4	1,316
How old were you when you first used Darvocet in a way a doctor did not direct you to use it? (PRY10a) ⁷	16.2 ^{a*}	(0.67 [*])	N/A	4	26.0 [*]	(2.66 [*])	N/A	4
In the past 12 months, did you use Darvon in any way a doctor did not direct you to use it? (PRY11)	0.0 [*]	(0.00 [*])	0	1,683	0.1	(0.12)	1	1,316
How old were you when you first used Darvon in a way a doctor did not direct you to use it? (PRY11a) ⁷	0.0 [*]	(0.00 [*])	N/A	0	40.0 [*]	(0.00 [*])	N/A	1
In the past 12 months, did you use propoxyphene in any way a doctor did not direct you to use it? (PRY12)	0.0 [*]	(0.00 [*])	0	1,683	0.0 [*]	(0.00 [*])	0	1,316
How old were you when you first used propoxyphene in a way a doctor did not direct you to use it? (PRY12a) ⁷	0.0 [*]	(0.00 [*])	N/A	0	0.0 [*]	(0.00 [*])	N/A	0
In the past 12 months, did you use Ultram in any way a doctor did not direct you to use it? (PRY13)	0.5	(0.20)	8	1,682	0.4	(0.26)	3	1,316
How old were you when you first used Ultram in a way a doctor did not direct you to use it? (PRY13a) ⁷	33.3 [*]	(5.80 [*])	N/A	8	42.5 [*]	(9.97 [*])	N/A	3
In the past 12 months, did you use Ultram ER in any way a doctor did not direct you to use it? (PRY14)	0.0 [*]	(0.00 [*])	0	1,683	0.0 [*]	(0.00 [*])	0	1,316
How old were you when you first used Ultram ER in a way a doctor did not direct you to use it? (PRY14a) ⁷	0.0 [*]	(0.00 [*])	N/A	0	0.0 [*]	(0.00 [*])	N/A	0
In the past 12 months, did you use Ultracet in any way a doctor did not direct you to use it? (PRY15)	0.2	(0.11)	2	1,683	0.0 [*]	(0.00 [*])	0	1,316
How old were you when you first used Ultracet in a way a doctor did not direct you to use it? (PRY15a) ⁷	33.6 [*]	(11.61 [*])	N/A	2	0.0 [*]	(0.00 [*])	N/A	0
In the past 12 months, did you use Ryzolt in any way a doctor did not direct you to use it? (PRY16)	0.0 [*]	(0.00 [*])	0	1,683	0.0 [*]	(0.00 [*])	0	1,316
How old were you when you first used Ryzolt in a way a doctor did not direct you to use it? (PRY16a) ⁷	0.0 [*]	(0.00 [*])	N/A	0	0.0 [*]	(0.00 [*])	N/A	0

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use tramadol in any way a doctor did not direct you to use it? (PRY17)	0.6	(0.18)	13	1,683	0.5	(0.16)	8	1,315
How old were you when you first used tramadol in a way a doctor did not direct you to use it? (PRY17a) ⁷	26.5	(3.32)	N/A	13	25.5*	(3.21*)	N/A	8
In the past 12 months, did you use Tylenol with codeine 3 or 4 in any way a doctor did not direct you to use it? (PRY18)	1.4	(0.29)	31	1,677	1.1	(0.28)	19	1,316
How old were you when you first used Tylenol with codeine 3 or 4 in a way a doctor did not direct you to use it? (PRY18a) ⁷	27.5	(5.24)	N/A	31	25.3	(2.38)	N/A	18
In the past 12 months, did you use codeine pills in any way a doctor did not direct you to use them? (PRY19)	0.3	(0.13)	9	1,680	0.3	(0.17)	3	1,316
How old were you when you first used codeine pills in a way a doctor did not direct you to use them? (PRY19a) ⁷	17.2*	(0.77*)	N/A	9	18.7*	(0.65*)	N/A	3
In the past 12 months, did you use Avinza in any way a doctor did not direct you to use it? (PRY20)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Avinza in a way a doctor did not direct you to use them? (PRY20a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Kadian in any way a doctor did not direct you to use it? (PRY21)	0.0	(0.04)	1	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Kadian in a way a doctor did not direct you to use it? (PRY21a) ⁷	17.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use MS Contin in any way a doctor did not direct you to use it? (PRY22)	0.0*	(0.00*)	0	1,683	0.1	(0.11)	1	1,316
How old were you when you first used MS Contin in a way a doctor did not direct you to use it? (PRY22a) ⁷	0.0*	(0.00*)	N/A	0	22.0*	(0.00*)	N/A	1
In the past 12 months, did you use morphine in any way a doctor did not direct you to use it? (PRY24)	0.4	(0.16)	9	1,683	0.1	(0.12)	2	1,316
How old were you when you first used morphine in a way a doctor did not direct you to use it? (PRY24a) ⁷	17.5 ^{a*}	(1.55*)	N/A	9	47.8*	(1.58*)	N/A	2
In the past 12 months, did you use Actiq in any way a doctor did not direct you to use it? (PRY25)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Actiq in a way a doctor did not direct you to use it? (PRY25a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use Duragesic in any way a doctor did not direct you to use it? (PRY26)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Duragesic in a way a doctor did not direct you to use it? (PRY26a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Fentora in any way a doctor did not direct you to use it? (PRY27)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Fentora in a way a doctor did not direct you to use it? (PRY27a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use fentanyl in any way a doctor did not direct you to use it? (PRY28)	0.1	(0.06)	2	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used fentanyl in a way a doctor did not direct you to use it? (PRY28a) ⁷	22.1*	(2.83*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Suboxone in any way a doctor did not direct you to use it? (PRY29)	0.3	(0.11)	9	1,683	0.3	(0.23)	3	1,316
How old were you when you first used Suboxone in a way a doctor did not direct you to use it? (PRY29a) ⁷	24.2*	(2.03*)	N/A	9	33.2*	(4.93*)	N/A	3
In the past 12 months, did you use Subutex in any way a doctor did not direct you to use it? (PRY30)	0.1	(0.08)	4	1,683	0.2	(0.14)	3	1,316
How old were you when you first used Subutex in a way a doctor did not direct you to use it? (PRY30a) ⁷	23.5*	(0.65*)	N/A	4	20.8*	(3.42*)	N/A	2
In the past 12 months, did you use buprenorphine in any way a doctor did not direct you to use it? (PRY31)	0.0	(0.04)	1	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used buprenorphine in a way a doctor did not direct you to use it? (PRY31a) ⁷	17.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Demerol in any way a doctor did not direct you to use it? (PRY32)	0.1	(0.04)	2	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Demerol in a way a doctor did not direct you to use it? (PRY32a) ⁷	18.6*	(0.61*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Dilaudid in any way a doctor did not direct you to use it? (PRY33)	0.3	(0.09)	8	1,683	0.1	(0.08)	1	1,316
How old were you when you first used Dilaudid in a way a doctor did not direct you to use it? (PRY33a) ⁷	21.5 ^{a*}	(2.42*)	N/A	8	38.0*	(0.00*)	N/A	1

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use methadone in any way a doctor did not direct you to use it? (PRY34)	0.3	(0.12)	8	1,683	0.3	(0.17)	4	1,316
How old were you when you first used methadone in a way a doctor did not direct you to use it? (PRY34a) ⁷	20.9*	(2.42*)	N/A	8	25.0*	(4.01*)	N/A	4
In the past 12 months, did you use Opana in any way a doctor did not direct you to use it? (PRY35)	0.1	(0.06)	5	1,683	0.0	(0.01)	1	1,316
How old were you when you first used Opana in a way a doctor did not direct you to use it? (PRY35a) ⁷	16.2*	(1.16*)	N/A	5	16.0*	(0.00*)	N/A	1
In the past 12 months, did you use Opana ER in any way a doctor did not direct you to use it? (PRY36)	0.1	(0.06)	3	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Opana ER in a way a doctor did not direct you to use it? (PRY36a) ⁷	17.7*	(0.24*)	N/A	3	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Talwin in any way a doctor did not direct you to use it? (PRY38)	0.0	(0.03)	1	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Talwin in a way a doctor did not direct you to use it? (PRY38a) ⁷	13.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Talwin NX in any way a doctor did not direct you to use it? (PRY39)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Talwin NX in a way a doctor did not direct you to use it? (PRY39a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use any other prescription pain reliever in a way a doctor did not direct you to use it? (PRY40)	0.2	(0.09)	6	1,677	0.5	(0.27)	7	1,314
How old were you when you first used any other prescription pain reliever in a way a doctor did not direct you to use it? (PRY40a) ⁷	21.2*	(2.74*)	N/A	7	17.2*	(2.64*)	N/A	6
In the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use it? (PRM01)	2.0	(0.40)	38	1,674	1.4	(0.37)	23	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 30 days, on how many days did you use [PRNAMEFILL] in any way a doctor did not direct you to use it? (PRM02) ⁷	8.7	(1.56)	N/A	37	10.1	(2.93)	N/A	23
During the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (PRM03)	0.8 ^a	(0.26)	13	1,482	0.2	(0.12)	3	1,161
Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? (PRY41) ⁵								
I used [PRNAMEFILL] without a prescription of my own.	70.0 ^a	(4.93)	82	120	51.0*	(7.76*)	44	79
I used [PRNAMEFILL] in greater amounts than it was/they were prescribed.	25.8	(5.13)	32	120	18.1*	(4.72*)	16	79
I used [PRNAMEFILL] more often than it was/they were prescribed.	22.6	(4.96)	25	120	24.0*	(6.25*)	15	79
I used [PRNAMEFILL] for longer than it was/they were prescribed.	12.6	(3.68)	15	120	21.4*	(6.94*)	17	79
I used [PRNAMEFILL] in some other way a doctor did not direct me to use it/them.	21.5	(4.37)	28	120	19.1*	(5.85*)	16	79
What were the reasons you used [PRLASTFILL2] that time? (PRYMOTIV) ⁵								
To relieve physical pain	73.3	(4.25)	80	117	68.6*	(6.58*)	53	80
To relax or relieve tension	22.5	(4.27)	30	117	21.1*	(5.79*)	20	80
To experiment or to see what it's/they're like	8.9*	(3.50*)	11	117	3.1*	(1.80*)	5	80
To feel good or get high	22.8	(4.26)	29	117	15.6*	(5.26*)	13	80
To help with my sleep	14.7	(3.48)	21	117	11.1*	(3.97*)	10	80
To help me with my feelings or emotions	8.1	(2.64)	12	117	6.3*	(3.35*)	7	80
To increase or decrease the effect(s) of some other drug	2.3	(1.48)	3	117	1.1*	(1.13*)	1	80
Because I am "hooked" or I have to have it/them	1.9	(1.27)	3	117	5.5*	(3.02*)	4	80
I used it/them for some other reason	2.4*	(1.77*)	2	117	3.0*	(1.84*)	3	80

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Which was the main reason you used [PRLASTFILL2] that time? (PRYMOT1) ⁵								
To relieve physical pain	28.6 ^{a*}	(9.04 [*])	12	36	63.9 [*]	(11.68 [*])	11	21
To relax or relieve tension	23.4 [*]	(8.27 [*])	7	36	10.1 [*]	(6.65 [*])	3	21
To experiment or to see what it's/they're like	0.0 [*]	(0.00 [*])	0	36	0.0 [*]	(0.00 [*])	0	21
To feel good or get high	19.3 [*]	(7.67 [*])	7	36	11.6 [*]	(8.44 [*])	4	21
To help with my sleep	19.3 ^{a*}	(8.17 [*])	6	36	0.0 [*]	(0.00 [*])	0	21
To help me with my feelings or emotions	3.8 [*]	(2.71 [*])	2	36	5.9 [*]	(4.24 [*])	2	21
To increase or decrease the effect(s) of some other drug	0.0 [*]	(0.00 [*])	0	36	0.0 [*]	(0.00 [*])	0	21
Because I am "hooked" or I have to have it/them	5.5 [*]	(4.46 [*])	2	36	8.5 [*]	(8.08 [*])	1	21
The other reason I reported	0.0 [*]	(0.00 [*])	0	36	0.0 [*]	(0.00 [*])	0	21
Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [PRLASTFILL]? (PRY42B) ⁵								
I got a prescription for the [PRLASTFILL] from just one doctor	24.9	(4.94)	29	121	32.2 [*]	(7.40 [*])	23	79
I got prescriptions for the [PRLASTFILL] from more than one doctor	1.9 [*]	(1.93 [*])	2	121	2.3 [*]	(2.24 [*])	1	79
I stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.3	(0.28)	1	121	0.0 [*]	(0.00 [*])	0	79
I got the [PRLASTFILL] from a friend or relative for free	46.2	(5.27)	52	121	40.0 [*]	(7.25 [*])	33	79
I bought the [PRLASTFILL] from a friend or relative	12.0	(3.06)	16	121	9.1 [*]	(2.28 [*])	8	79
I took the [PRLASTFILL] from a friend or relative without asking	4.1	(1.87)	7	121	2.8 [*]	(2.57 [*])	3	79
I bought the [PRLASTFILL] from a drug dealer or other stranger	5.9	(1.69)	10	121	8.6 [*]	(4.65 [*])	6	79
I got the [PRLASTFILL] in some other way	4.7 [*]	(2.93 [*])	4	121	4.9 [*]	(2.61 [*])	5	79

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How did your friend or relative get the [PRLASTFILL]? (PRY42C) ⁵								
He or she got a prescription for the [PRLASTFILL] from just one doctor	90.2*	(4.97*)	39	44	94.8*	(5.08*)	30	31
He or she got prescriptions for the [PRLASTFILL] from more than one doctor	0.0*	(0.00*)	0	44	0.0*	(0.00*)	0	31
He or she stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	44	0.0*	(0.00*)	0	31
He or she got the [PRLASTFILL] from a friend or relative for free	2.7*	(1.96*)	2	44	0.0*	(0.00*)	0	31
He or she bought the [PRLASTFILL] from a friend or relative	0.0*	(0.00*)	0	44	0.0*	(0.00*)	0	31
He or she took the [PRLASTFILL] from a friend or relative without asking	1.2*	(1.20*)	1	44	5.2*	(5.08*)	1	31
He or she bought the [PRLASTFILL] from a drug dealer or other stranger	1.5*	(1.51*)	1	44	0.0*	(0.00*)	0	31
He or she got the [PRLASTFILL] in some other way	4.4*	(4.27*)	1	44	0.0*	(0.00*)	0	31
Have you ever, even once, used any prescription tranquilizer in any way a doctor did not direct you to use it? (TRL01 and TRL02)	5.9	(0.84)	98	1,683	5.4	(0.88)	78	1,309
In the past 12 months, did you use Xanax in any way a doctor did not direct you to use it? (TRY01)	1.3	(0.29)	38	1,687	1.1	(0.29)	23	1,315
How old were you when you first used Xanax in a way a doctor did not direct you to use it? (TRY01a) ⁷	21.0	(1.66)	N/A	38	23.5	(2.59)	N/A	22
In the past 12 months, did you use Xanax XR in a way a doctor did not direct you to use it? (TRY02)	0.2	(0.13)	4	1,687	0.0	(0.01)	1	1,315
How old were you when you first used Xanax XR in a way a doctor did not direct you to use it? (TRY02a) ⁷	25.7*	(6.48*)	N/A	4	15.0*	(0.00*)	N/A	1
In the past 12 months, did you use alprazolam in any way a doctor did not direct you to use it? (TRY03)	0.3	(0.11)	8	1,687	0.4	(0.28)	4	1,315

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used alprazolam in a way a doctor did not direct you to use it? (TRY03a) ⁷	20.8*	(4.15*)	N/A	8	29.2*	(7.57*)	N/A	4
In the past 12 months, did you use extended-release alprazolam in any way a doctor did not direct you to use it? (TRY04)	0.0	(0.03)	1	1,687	0.1	(0.11)	2	1,315
How old were you when you first used extended-release alprazolam in a way a doctor did not direct you to use it? (TRY04a) ⁷	13.0 ^{a*}	(0.00*)	N/A	1	17.9*	(0.14*)	N/A	2
In the past 12 months, did you use Ativan in any way a doctor did not direct you to use it? (TRY05)	0.2 ^a	(0.07)	7	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used Ativan in a way a doctor did not direct you to use it? (TRY05a) ⁷	24.8*	(4.67*)	N/A	7	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Klonopin in any way a doctor did not direct you to use it? (TRY06)	0.5	(0.19)	12	1,687	0.2	(0.13)	3	1,315
How old were you when you first used Klonopin in a way a doctor did not direct you to use it? (TRY06a) ⁷	18.7	(0.84)	N/A	12	23.4*	(3.93*)	N/A	3
In the past 12 months, did you use lorazepam in any way a doctor did not direct you to use it? (TRY07)	0.5	(0.15)	11	1,687	0.4	(0.24)	5	1,315
How old were you when you first used lorazepam in a way a doctor did not direct you to use it? (TRY07a) ⁷	26.3	(4.40)	N/A	11	40.2*	(9.67*)	N/A	5
In the past 12 months, did you use clonazepam in any way a doctor did not direct you to use it? (TRY08)	0.2	(0.08)	5	1,687	0.2	(0.11)	3	1,315
How old were you when you first used clonazepam in a way a doctor did not direct you to use it? (TRY08a) ⁷	16.0 ^{a*}	(1.01*)	N/A	5	28.0*	(4.73*)	N/A	3
In the past 12 months, did you use Valium in any way a doctor did not direct you to use it? (TRY09)	0.6	(0.18)	14	1,687	0.3	(0.13)	6	1,315
How old were you when you first used Valium in a way a doctor did not direct you to use it? (TRY09a) ⁷	20.6	(2.50)	N/A	14	22.6*	(2.87*)	N/A	5

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use Librium in any way a doctor did not direct you to use it? (TRY10)	0.0	(0.02)	1	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used Librium in a way a doctor did not direct you to use it? (TRY10a) ⁷	17.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Tranxene in any way a doctor did not direct you to use it? (TRY11)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used Tranxene in a way a doctor did not direct you to use it? (TRY11a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use diazepam in any way a doctor did not direct you to use it? (TRY12)	0.2	(0.08)	5	1,687	0.3	(0.25)	3	1,315
How old were you when you first used diazepam in a way a doctor did not direct you to use it? (TRY12a) ⁷	20.9*	(2.58*)	N/A	5	21.0*	(1.27*)	N/A	3
In the past 12 months, did you use oxazepam, also known as Serax, in any way a doctor did not direct you to use it? (TRY13)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used oxazepam in a way a doctor did not direct you to use it? (TRY13a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Flexeril in any way a doctor did not direct you to use it? (TRY14)	0.4 ^a	(0.15)	9	1,687	0.0	(0.02)	3	1,315
How old were you when you first used Flexeril in a way a doctor did not direct you to use it? (TRY14a) ⁷	29.9*	(4.47*)	N/A	9	26.2*	(0.40*)	N/A	3
In the past 12 months, did you use Soma in any way a doctor did not direct you to use it? (TRY15)	0.4	(0.12)	14	1,687	0.7	(0.33)	8	1,315
How old were you when you first used Soma in a way a doctor did not direct you to use it? (TRY15a) ⁷	19.6 ^a	(1.11)	N/A	14	30.3*	(4.73*)	N/A	8
In the past 12 months, did you use buspirone, also known as BuSpar, in any way a doctor did not direct you to use it? (TRY16)	0.0	(0.03)	1	1,687	0.2	(0.19)	1	1,315
How old were you when you first used buspirone, also known as BuSpar, in a way a doctor did not direct you to use it? (TRY16a) ⁷	13.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use hydroxyzine, also known as Atarax or Vistaril, in any way a doctor did not direct you to use it? (TRY17)	0.0	(0.03)	1	1,687	0.0*	(0.00*)	0	1,315

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used hydroxyzine, also known as Atarax or Vistaril, in a way a doctor did not direct you to use it? (TRY17a) ⁷	16.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use meprobamate, also known as Equanil or Miltown, in any way a doctor did not direct you to use it? (TRY18)	0.0	(0.03)	1	1,687	0.0	(0.01)	1	1,315
How old were you when you first used meprobamate, also known as Equanil or Miltown, in a way a doctor did not direct you to use it? (TRY18a) ⁷	13.0*	(0.00*)	N/A	1	17.0*	(0.00*)	N/A	1
In the past 12 months, did you use any other prescription tranquilizer in a way a doctor did not direct you to use it? (TRY19)	0.0*	(0.00*)	0	1,687	0.1	(0.12)	1	1,316
How old were you when you first used any other prescription tranquilizer in a way a doctor did not direct you to use it? (TRY18a) ⁷	0.0*	(0.00*)	N/A	0	40.0*	(0.00*)	N/A	1
In the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use it? (TRM01)	0.9	(0.26)	21	1,687	0.7	(0.30)	11	1,314
During the past 30 days, on how many days did you use [TRNAMEFILL] in any way a doctor did not direct you to use it? (TRM02) ⁷	5.6 ^a	(1.53)	N/A	20	11.0	(2.05)	N/A	11
During the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (TRM03)	0.4	(0.16)	7	1,605	0.1	(0.04)	2	1,238
Which of these statements describe your use of [TRNAMEFILL] at any time in the past 12 months? (TRY20) ⁵								
I used [TRNAMEFILL] without a prescription of my own.	78.9*	(5.76*)	48	61	59.3*	(10.73*)	28	41
I used [TRNAMEFILL] in greater amounts than it was/they were prescribed.	20.0*	(5.57*)	13	61	20.8*	(10.10*)	6	41
I used [TRNAMEFILL] more often than it was/they were prescribed.	7.4*	(3.17*)	5	61	3.5*	(3.26*)	2	41
I used [TRNAMEFILL] for longer than it was/they were prescribed.	2.9*	(2.14*)	2	61	2.7*	(2.21*)	3	41
I used [TRNAMEFILL] in some other way a doctor did not direct me to use it/them.	9.0*	(3.29*)	7	61	25.8*	(9.33*)	11	41

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
What were the reasons you used [TRLASTFILL2] that time? (TRYMOTIV) ⁵								
To relax or relieve tension	67.0*	(6.92*)	40	62	52.2*	(9.27*)	23	43
To experiment or to see what it's/they're like	10.0*	(4.10*)	7	62	2.0*	(1.84*)	2	43
To feel good or get high	23.3*	(6.03*)	17	62	25.3*	(7.90*)	11	43
To help with my sleep	28.9*	(7.91*)	15	62	26.6*	(9.36*)	12	43
To help me with my feelings or emotions	20.9*	(5.65*)	15	62	14.8*	(6.06*)	8	43
To increase or decrease the effect(s) of some other drug	10.2 ^{a*}	(4.87*)	6	62	0.0*	(0.00*)	0	43
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	62	0.0*	(0.00*)	0	43
I used it/them for some other reason	2.3*	(2.28*)	1	62	7.1*	(5.01*)	2	43
Which was the main reason you used [TRLASTFILL2] that time? (TRYMOT1) ⁵								
To relax or relieve tension	49.4*	(11.24*)	10	21	35.9*	(17.83*)	4	10
To experiment or to see what it's/they're like	5.2*	(5.06*)	1	21	0.0*	(0.00*)	0	10
To feel good or get high	6.6*	(4.57*)	2	21	21.9*	(14.18*)	3	10
To help with my sleep	18.1*	(11.72*)	2	21	42.2*	(19.85*)	3	10
To help me with my feelings or emotions	13.9 ^{a*}	(6.99*)	4	21	0.0*	(0.00*)	0	10
To increase or decrease the effect(s) of some other drug	6.8*	(5.53*)	2	21	0.0*	(0.00*)	0	10
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	21	0.0*	(0.00*)	0	10
The other reason I reported	0.0*	(0.00*)	0	21	0.0*	(0.00*)	0	10
Now think about the last time you used [TRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [TRLASTFILL]? (TRY21B) ⁵								
I got a prescription for the [TRLASTFILL] from just one doctor	17.5*	(7.08*)	8	61	26.2*	(10.44*)	10	43
I got prescriptions for the [TRLASTFILL] from more than one doctor	0.0*	(0.00*)	0	61	0.0*	(0.00*)	0	43
I stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	61	0.0*	(0.00*)	0	43
I got the [TRLASTFILL] from a friend or relative for free	52.7*	(7.13*)	34	61	39.4*	(10.70*)	19	43
I bought the [TRLASTFILL] from a friend or relative	10.5*	(3.90*)	8	61	12.1*	(5.54*)	5	43

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
I took the [TRLASTFILL] from a friend or relative without asking	12.4*	(5.70*)	7	61	6.0*	(3.53*)	3	43
I bought the [TRLASTFILL] from a drug dealer or other stranger	5.0*	(3.25*)	3	61	13.6*	(7.09*)	5	43
I got the [TRLASTFILL] in some other way	2.0*	(2.06*)	1	61	2.6*	(2.59*)	1	43
How did your friend or relative get the [TRLASTFILL]? (TRY21C) ⁵								
He or she got a prescription for the [TRLASTFILL] from just one doctor	89.1*	(5.48*)	26	30	97.6*	(1.65*)	15	18
He or she got prescriptions for the [TRLASTFILL] from more than one doctor	3.0*	(2.97*)	1	30	0.0*	(0.00*)	0	18
He or she stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	30	0.0*	(0.00*)	0	18
He or she got the [TRLASTFILL] from a friend or relative for free	2.2*	(2.25*)	1	30	0.0*	(0.00*)	0	18
He or she bought the [TRLASTFILL] from a friend or relative	5.7*	(4.08*)	2	30	2.4*	(1.65*)	3	18
He or she took the [TRLASTFILL] from a friend or relative without asking	0.0*	(0.00*)	0	30	0.0*	(0.00*)	0	18
He or she bought the [TRLASTFILL] from a drug dealer or other stranger	0.0*	(0.00*)	0	30	0.0*	(0.00*)	0	18
He or she got the [TRLASTFILL] in some other way	0.0*	(0.00*)	0	30	0.0*	(0.00*)	0	18
Have you ever, even once, used any prescription stimulant in any way a doctor did not direct you to use it? (STL01 and STL02)	4.3	(0.64)	90	1,684	4.4	(0.91)	69	1,311
In the past 12 months, did you use Adderall in any way a doctor did not direct you to use it? (STY01)	1.3	(0.31)	37	1,687	1.8	(0.48)	32	1,314
How old were you when you first used Adderall in a way a doctor did not direct you to use it? (STY01a) ⁷	19.2	(0.60)	N/A	37	20.9	(1.12)	N/A	32
In the past 12 months, did you use Adderall XR in any way a doctor did not direct you to use it? (STY02)	0.6	(0.16)	19	1,687	0.3	(0.17)	6	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used Adderall XR in a way a doctor did not direct you to use it? (STY02a) ⁷	18.6	(0.85)	N/A	19	26.2*	(3.89*)	N/A	6
In the past 12 months, did you use Dexedrine in any way a doctor did not direct you to use it? (STY03)	0.1	(0.09)	3	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Dexedrine in a way a doctor did not direct you to use it? (STY03a) ⁷	17.6*	(0.44*)	N/A	3	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use dextroamphetamine in any way a doctor did not direct you to use it? (STY04)	0.2	(0.10)	3	1,687	0.1	(0.07)	1	1,314
How old were you when you first used dextroamphetamine in a way a doctor did not direct you to use it? (STY04a) ⁷	18.3 ^{a*}	(0.26*)	N/A	3	19.0*	(0.00*)	N/A	1
In the past 12 months, did you use mixed amphetamine dextroamphetamine pills other than Adderall in any way a doctor did not direct you to use them? (STY05)	0.3	(0.14)	6	1,687	0.1	(0.05)	2	1,314
How old were you when you first used mixed amphetamine dextroamphetamine pills other than Adderall in a way a doctor did not direct you to use them? (STY05a) ⁷	20.2*	(1.26*)	N/A	6	24.1*	(3.98*)	N/A	2
In the past 12 months, did you use Ritalin in any way a doctor did not direct you to use it? (STY06)	0.3	(0.11)	9	1,687	0.1	(0.05)	2	1,314
How old were you when you first used Ritalin in a way a doctor did not direct you to use it? (STY06a) ⁷	26.3*	(6.68*)	N/A	9	18.6*	(0.58*)	N/A	2
In the past 12 months, did you use Ritalin SR or Ritalin LA in any way a doctor did not direct you to use it? (STY07)	0.2 ^a	(0.09)	6	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used Ritalin SR or Ritalin LA in a way a doctor did not direct you to use it? (STY07a) ⁷	18.2*	(0.63*)	N/A	6	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Concerta in any way a doctor did not direct you to use it? (STY08)	0.2	(0.09)	9	1,687	0.2	(0.14)	2	1,314
How old were you when you first used Concerta in a way a doctor did not direct you to use it? (STY08a) ⁷	17.5 ^{a*}	(0.79*)	N/A	9	22.0*	(0.00*)	N/A	1

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use Daytrana in any way a doctor did not direct you to use it? (STY09)	0.0	(0.02)	2	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used Daytrana in a way a doctor did not direct you to use it? (STY09a) ⁷	19.6*	(2.47*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use methylphenidate in any way a doctor did not direct you to use it? (STY10)	0.2	(0.10)	3	1,687	0.0	(0.01)	1	1,315
How old were you when you first used methylphenidate in a way a doctor did not direct you to use it? (STY10a) ⁷	30.1*	(11.21*)	N/A	3	17.0*	(0.00*)	N/A	1
In the past 12 months, did you use Metadate CD in any way a doctor did not direct you to use it? (STY11)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Metadate CD in a way a doctor did not direct you to use it? (STY11a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Metadate ER in any way a doctor did not direct you to use it? (STY12)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Metadate ER in a way a doctor did not direct you to use it? (STY12a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Focalin in any way a doctor did not direct you to use it? (STY13)	0.1	(0.06)	4	1,687	0.1	(0.05)	2	1,314
How old were you when you first used Focalin in a way a doctor did not direct you to use it? (STY13a) ⁷	17.7 ^{a*}	(1.05*)	N/A	4	21.5*	(0.71*)	N/A	2
In the past 12 months, did you use Focalin XR in any way a doctor did not direct you to use it? (STY14)	0.1	(0.06)	4	1,687	0.0	(0.03)	2	1,314
How old were you when you first used Focalin XR in a way a doctor did not direct you to use it? (STY14a) ⁷	17.3 ^{a*}	(0.45*)	N/A	4	13.2*	(0.29*)	N/A	2
In the past 12 months, did you use dexmethylphenidate in any way a doctor did not direct you to use it? (STY15)	0.1	(0.06)	3	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used dexmethylphenidate in a way a doctor did not direct you to use it? (STY15a) ⁷	17.4*	(0.92*)	N/A	3	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use benzphetamine in any way a doctor did not direct you to use it? (STY16)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used benzphetamine in a way a doctor did not direct you to use it? (STY16a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Didrex in any way a doctor did not direct you to use it? (STY17)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Didrex in a way a doctor did not direct you to use it? (STY17a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use diethylpropion in any way a doctor did not direct you to use it? (STY18)	0.0	(0.03)	1	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used diethylpropion in a way a doctor did not direct you to use it? (STY18a) ⁷	12.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use phendimetrazine in any way a doctor did not direct you to use it? (STY19)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used phendimetrazine in a way a doctor did not direct you to use it? (STY19a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use phentermine in any way a doctor did not direct you to use it? (STY20)	0.0	(0.03)	2	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used phentermine in a way a doctor did not direct you to use it? (STY20a) ⁷	21.4*	(1.06*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Provigil in any way a doctor did not direct you to use it? (STY21)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Provigil in a way a doctor did not direct you to use it? (STY21a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Tenuate in any way a doctor did not direct you to use it? (STY22)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Tenuate in a way a doctor did not direct you to use it? (STY22a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Vyvanse in any way a doctor did not direct you to use it? (STY23)	0.3	(0.10)	9	1,687	0.2	(0.12)	4	1,314
How old were you when you first used Vyvanse in a way a doctor did not direct you to use it? (STY23a) ⁷	17.9 ^{a*}	(0.64*)	N/A	8	22.3*	(1.39*)	N/A	4
In the past 12 months, did you use any other prescription stimulant in a way a doctor did not direct you to use it? (STY24)	0.1	(0.09)	2	1,687	0.0	(0.02)	1	1,316

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used any other prescription stimulant in a way a doctor did not direct you to use it? (STY24a) ⁷	20.8 ^{a*}	(1.17 [*])	N/A	2	29.0 [*]	(0.00 [*])	N/A	1
In the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use it? (STM01)	0.5	(0.14)	15	1,687	0.3	(0.12)	7	1,313
During the past 30 days, on how many days did you use [STNAMEFILL] in any way a doctor did not direct you to use it? (STM02) ⁷	10.4	(3.66)	N/A	15	5.1 [*]	(0.94 [*])	N/A	7
During the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (STM03)	0.2	(0.11)	7	1,609	0.2	(0.10)	4	1,249
Which of these statements describe your use of [STNAMEFILL] at any time in the past 12 months? (STY25) ⁵								
I used [STNAMEFILL] without a prescription of my own.	81.4 [*]	(5.84 [*])	42	53	84.6 [*]	(7.71 [*])	30	36
I used [STNAMEFILL] in greater amounts than it was/they were prescribed.	23.1 ^{a*}	(6.89 [*])	9	53	2.7 [*]	(2.02 [*])	2	36
I used [STNAMEFILL] more often than it was/they were prescribed.	12.5 [*]	(5.42 [*])	5	53	3.5 [*]	(2.20 [*])	3	36
I used [STNAMEFILL] for longer than it was/they were prescribed.	10.0 [*]	(5.60 [*])	3	53	1.1 [*]	(1.11 [*])	1	36
I used [STNAMEFILL] in some other way a doctor did not direct me to use it/them.	13.6 [*]	(4.58 [*])	9	53	17.0 [*]	(7.79 [*])	7	36
At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL]? (STY25a)	0.0 [*]	(0.00 [*])	0	53	0.0 [*]	(0.00 [*])	0	36
How long has it been since you last used a needle to inject [STNAMEFILL]? (STY25b) ⁵								
Within the past 30 days	0.0 [*]	(0.00 [*])	0	0	0.0 [*]	(0.00 [*])	0	0
More than 30 days ago but within the past 12 months	0.0 [*]	(0.00 [*])	0	0	0.0 [*]	(0.00 [*])	0	0
More than 12 months ago	0.0 [*]	(0.00 [*])	0	0	0.0 [*]	(0.00 [*])	0	0
What were the reasons you used [STLASTFILL2] that time? (STYMOTIV) ⁵								
To help me lose weight	8.4 [*]	(3.84 [*])	6	52	14.3 [*]	(7.37 [*])	5	36
To help me concentrate	46.6 [*]	(9.03 [*])	24	52	49.5 [*]	(10.45 [*])	14	36
To help me be alert or stay awake	53.3 [*]	(6.22 [*])	26	52	47.5 [*]	(7.08 [*])	15	36
To help me study	38.4 [*]	(9.54 [*])	21	52	30.8 [*]	(11.84 [*])	9	36
To experiment or to see what it's like	12.5 [*]	(4.31 [*])	9	52	13.5 [*]	(7.18 [*])	4	36

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
To feel good or get high	19.3*	(6.36*)	10	52	9.6*	(5.13*)	6	36
To increase or decrease the effect(s) of some other drug	0.0*	(0.00*)	0	52	0.0*	(0.00*)	0	36
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	52	0.0*	(0.00*)	0	36
I used it/them for some other reason	5.3*	(3.16*)	3	52	3.9*	(2.93*)	2	36
Which was the main reason you used [STLASTFILL2] that time? (STYMOT1) ⁵								
To help me lose weight	6.9*	(5.00*)	2	22	0.0*	(0.00*)	0	14
To help me concentrate	23.1*	(11.72*)	4	22	43.1*	(12.09*)	6	14
To help me be alert or stay awake	15.3*	(8.97*)	4	22	24.4*	(16.17*)	4	14
To help me study	46.8*	(15.03*)	10	22	20.8*	(11.24*)	2	14
To experiment or to see what it's like	0.0*	(0.00*)	0	22	8.2*	(8.15*)	1	14
To feel good or get high	7.8*	(6.03*)	2	22	0.0*	(0.00*)	0	14
To increase or decrease the effect(s) of some other drug	0.0*	(0.00*)	0	22	0.0*	(0.00*)	0	14
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	22	0.0*	(0.00*)	0	14
I used it/them for some other reason	0.0*	(0.00*)	0	22	3.5*	(3.64*)	1	14
How did you get the [STLASTFILL]? (STY26b) ⁵								
I got a prescription for the [STLASTFILL] from just one doctor	8.8*	(3.99*)	5	52	2.4*	(1.84*)	2	36
I got prescriptions for the [STLASTFILL] from more than one doctor	3.4*	(3.31*)	1	52	7.3*	(6.43*)	1	36
I stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	52	0.0*	(0.00*)	0	36
I got the [STLASTFILL] from a friend or relative for free	59.3*	(7.45*)	30	52	54.1*	(11.42*)	22	36
I bought the [STLASTFILL] from a friend or relative	14.8*	(4.99*)	10	52	28.8*	(8.93*)	8	36
I took the [STLASTFILL] from a friend or relative without asking	3.1*	(2.12*)	2	52	3.6*	(3.63*)	1	36
I bought the [STLASTFILL] from a drug dealer or other stranger	6.2*	(4.09*)	3	52	3.8*	(3.00*)	2	36
I got the [STLASTFILL] in some other way	4.4*	(4.22*)	1	52	0.0*	(0.00*)	0	36
How did your friend or relative get the [STLASTFILL]? (STY26c) ⁵								
He or she got a prescription for the [STLASTFILL] from just one doctor	81.1*	(7.49*)	20	26	85.9*	(8.70*)	17	21
He or she got prescriptions for the [STLASTFILL] from more than one doctor	0.0*	(0.00*)	0	26	0.0*	(0.00*)	0	21

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
He or she stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	26	0.0*	(0.00*)	0	21
He or she got the [STLASTFILL] from another friend or relative for free	0.0*	(0.00*)	0	26	7.1*	(7.18*)	1	21
He or she bought the [STLASTFILL] from another friend or relative	6.3*	(3.60*)	3	26	1.9*	(1.90*)	1	21
He or she took the [STLASTFILL] from another friend or relative without asking	2.9*	(2.87*)	1	26	0.0*	(0.00*)	0	21
He or she bought the [STLASTFILL] from a drug dealer or other stranger	4.7*	(4.67*)	1	26	1.0*	(1.00*)	1	21
He or she got the [STLASTFILL] in some other Way	5.0*	(4.79*)	1	26	4.2*	(4.14*)	1	21
Have you ever, even once, used any prescription sedative in any way a doctor did not direct you to use it? (SVL01 and SVL02)	3.7	(0.62)	49	1,683	3.2	(0.75)	44	1,309
In the past 12 months, did you use Ambien in any way a doctor did not direct you to use it? (SVY01)	0.4	(0.17)	9	1,688	0.7	(0.30)	7	1,314
How old were you when you first used Ambien in a way a doctor did not direct you to use it? (SVY01a) ⁷	25.2 ^{a*}	(2.58*)	N/A	9	49.5*	(4.45*)	N/A	7
In the past 12 months, did you use Ambien CR in a way a doctor did not direct you to use it? (SVY02)	0.0	(0.02)	2	1,688	0.0	(0.03)	1	1,314
How old were you when you first used Ambien CR in a way a doctor did not direct you to use it? (SVY02a) ⁷	18.9 ^{a*}	(2.12*)	N/A	2	35.0*	(0.00*)	N/A	1
In the past 12 months, did you use zolpidem in any way a doctor did not direct you to use it? (SVY03)	0.4 ^a	(0.20)	5	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used zolpidem in a way a doctor did not direct you to use it? (SVY03a) ⁷	45.4*	(7.55*)	N/A	5	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use extended-release zolpidem in any way a doctor did not direct you to use it? (SVY04)	0.0*	(0.00*)	0	1,688	0.0	(0.03)	1	1,314
How old were you when you first used extended-release zolpidem in a way a doctor did not direct you to use it? (SVY04a) ⁷	0.0*	(0.00*)	N/A	0	11.0*	(0.00*)	N/A	1
In the past 12 months, did you use Lunesta in any way a doctor did not direct you to use it? (SVY05)	0.1	(0.11)	2	1,688	0.0*	(0.00*)	0	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used Lunesta in a way a doctor did not direct you to use it? (SVY05a) ⁷	57.0*	(12.65*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Sonata in any way a doctor did not direct you to use it? (SVY06)	0.1	(0.07)	1	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used Sonata in a way a doctor did not direct you to use it? (SVY06a) ⁷	16.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use zaleplon in any way a doctor did not direct you to use it? (SVY07)	0.0*	(0.00*)	0	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used zaleplon in a way a doctor did not direct you to use it? (SVY07a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Dalmane in any way a doctor did Not direct you to use it? (SVY08)	0.0*	(0.00*)	0	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used Dalmane in a way a doctor did not direct you to use it? (SVY08a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Halcion in any way a doctor did not direct you to use it? (SVY09)	0.0*	(0.00*)	0	1,688	0.1	(0.12)	1	1,314
How old were you when you first used Halcion in a way a doctor did not direct you to use it? (SVY09a) ⁷	0.0*	(0.00*)	N/A	0	45.0*	(0.00*)	N/A	1
In the past 12 months, did you use triazolam in any way a doctor did not direct you to use it? (SVY11)	0.0*	(0.00*)	0	1,688	0.1	(0.06)	1	1,314
How old were you when you first used triazolam in a way a doctor did not direct you to use it? (SVY10a) ⁷	0.0*	(0.00*)	N/A	0	24.0*	(0.00*)	N/A	1
In the past 12 months, did you use Restoril in any way a doctor did not direct you to use it? (SVY12)	0.1	(0.07)	2	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used Restoril in a way a doctor did not direct you to use it? (SVY12a) ⁷	16.2*	(0.22*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use temazepam in any way a doctor did not direct you to use it? (SVY13)	0.0*	(0.00*)	0	1,688	0.0	(0.02)	1	1,314
How old were you when you first used temazepam in a way a doctor did not direct you to use it? (SVY13a) ⁷	0.0*	(0.00*)	N/A	0	66.0*	(0.00*)	N/A	1
In the past 12 months, did you use Butisol in any way a doctor did not direct you to use it? (SVY14)	0.0	(0.03)	1	1,688	0.0*	(0.00*)	0	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used Butisol in a way a doctor did not direct you to use it? (SVY14a) ⁷	17.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Seconal in any way a doctor did Not direct you to use it? (SVY15)	0.0*	(0.00*)	0	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used Seconal in a way a doctor did not direct you to use it? (SVY15a) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use phenobarbital in any way a doctor did not direct you to use it? (SVY16)	0.0	(0.02)	1	1,688	0.0	(0.04)	1	1,314
How old were you when you first used phenobarbital in a way a doctor did not direct you to use it? (SVY16a) ⁷	20.0*	(0.00*)	N/A	1	16.0*	(0.00*)	N/A	1
In the past 12 months, did you use other prescription sedative in any way a doctor did not direct you to use it? (SVY17)	0.0	(0.02)	1	1,688	0.0*	(0.00*)	0	1,313
How old were you when you first used any other prescription sedative in a way a doctor did not direct you to use it? (SVY17a) ⁷	16.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use it? (SVM01)	0.3	(0.17)	5	1,688	0.2	(0.11)	2	1,313
During the past 30 days, on how Many days did you use [SVNAMEFILL] in any way a doctor did not direct you to use it? (SVM02) ⁷	11.2*	(5.80*)	N/A	5	17.4*	(9.81*)	N/A	2
During the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (SVM03)	0.2	(0.11)	3	1,639	0.1	(0.07)	1	1,266
Which of these statements describe your use of [SVNAMEFILL] at any time in the past 12 months? (SVY18) ⁵								
I used [SVNAMEFILL] without a prescription of my own.	54.8*	(14.38*)	12	17	59.2*	(20.40*)	8	11
I used [SVNAMEFILL] in greater amounts than it was/they were prescribed.	23.2*	(12.30*)	4	17	28.1*	(21.55*)	1	11
I used [SVNAMEFILL] more often than it was/they were prescribed	16.8*	(11.93*)	2	17	0.0*	(0.00*)	0	11
I used [SVNAMEFILL] for longer than it was/they were prescribed.	0.0*	(0.00*)	0	17	0.0*	(0.00*)	0	11
I used [SVNAMEFILL] in some other way a doctor did not direct me to use it/them.	0.8	(0.24)	17	1,688	0.8	(0.31)	11	1,313

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
What were the reasons you used [SVLASTFILL2] that time? (SVYMOTIV) ⁵								
To relax or relieve tension	29.7*	(13.41*)	5	16	18.6*	(13.60*)	2	11
To experiment or to see what it's/they're like	5.7*	(4.18*)	2	16	3.7*	(3.88*)	1	11
To feel good or get high	7.1*	(4.23*)	3	16	0.0*	(0.00*)	0	11
To help with my sleep	76.8*	(10.34*)	10	16	75.2*	(14.48*)	7	11
To help me with my feelings or emotions	2.0*	(1.92*)	1	16	0.0*	(0.00*)	0	11
To increase or decrease the effect(s) of some other drug	3.9*	(2.70*)	2	16	0.0*	(0.00*)	0	11
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	16	0.0*	(0.00*)	0	11
The other reason I reported	0.0*	(0.00*)	0	16	2.5*	(2.65*)	1	11
Which was the main reason you used [SVLASTFILL] that time? (SVYMOT1) ⁵								
To relax or relieve tension	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
To experiment or to see what it's/they're like	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
To feel good or get high	23.8*	(22.23*)	2	3	0.0*	(0.00*)	0	0
To help with my sleep	76.2*	(22.23*)	1	3	0.0*	(0.00*)	0	0
To help me with my feelings or emotions	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
To increase or decrease the effect(s) of some other drug	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
The other reason I reported	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
How did you get the [SVLASTFILL]? (SVY19B) ⁵								
I got a prescription for the [SVLASTFILL] from just one doctor	45.2*	(14.38*)	5	17	40.8*	(20.40*)	3	11
I got prescriptions for the [SVLASTFILL] from more than one doctor	0.0*	(0.00*)	0	17	0.0*	(0.00*)	0	11
I stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	17	0.0*	(0.00*)	0	11
I got the [SVLASTFILL] from a friend or relative for free	38.8*	(13.62*)	8	17	45.9*	(18.97*)	6	11
I bought the [SVLASTFILL] from a friend or relative	5.5*	(4.03*)	2	17	4.9*	(5.01*)	1	11
I took the [SVLASTFILL] from a friend or relative without asking	0.0*	(0.00*)	0	17	0.0*	(0.00*)	0	11
I bought the [SVLASTFILL] from a drug dealer or other stranger	8.5*	(8.13*)	1	17	0.0*	(0.00*)	0	11
I got the [SVLASTFILL] in some other way	1.9*	(1.88*)	1	17	8.4*	(8.33*)	1	11

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How did your friend or relative get the [SVLASTFILL]? (SVY19C) ⁵								
He or she got a prescription for the [SVLASTFILL] from just one doctor	79.6*	(13.03*)	4	7	91.9*	(8.46*)	5	6
He or she got prescriptions for the [SVLASTFILL] from more than one doctor	5.0*	(5.18*)	1	7	8.1*	(8.46*)	1	6
He or she stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	7	0.0*	(0.00*)	0	6
He or she got the [SVLASTFILL] from another friend or relative for free	15.4*	(11.58*)	2	7	0.0*	(0.00*)	0	6
He or she bought the [SVLASTFILL] from another friend or relative	0.0*	(0.00*)	0	7	0.0*	(0.00*)	0	6
He or she took the [SVLASTFILL] from another friend or relative without asking	0.0*	(0.00*)	0	7	0.0*	(0.00*)	0	6
He or she bought the [SVLASTFILL] from a drug dealer or other stranger	0.0*	(0.00*)	0	7	0.0*	(0.00*)	0	6
He or she got the [SVLASTFILL] in some other way	0.0*	(0.00*)	0	7	0.0*	(0.00*)	0	6
Have you ever, even once, used a needle to inject any drug that was not prescribed for you? (SD15)	0.9	(0.29)	16	1,692	0.9	(0.50)	9	1,318
Was any of your marijuana use in the past 12 months recommended by a doctor? (MJMM)	0.5	(0.17)	12	1,692	0.0*	(0.00*)	0	0
Was all of your marijuana use in the past 12 months recommended by a doctor? (MJMM01) ⁵	40.3*	(16.91*)	4	12	0.0*	(0.00*)	0	0
During the past 12 months, was there a month or more when you spent a lot of your time getting or using methamphetamine? (DRME01)	0.2	(0.08)	5	1,691	0.4	(0.24)	6	1,319
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the methamphetamine you used? (DRME02)	0.0*	(0.00*)	0	1,691	0.0*	(0.00*)	0	1,319
During the past 12 months, did you try to set limits on how often or how much methamphetamine you would use? (DRME04)	0.1	(0.04)	4	1,691	0.5	(0.21)	6	1,319
Were you able to keep to the limits you set, or did you often use methamphetamine more than you intended to? (DRME05)	0.0	(0.03)	1	1,691	0.4	(0.20)	4	1,319

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 12 months, did you need to use more methamphetamine than you used in order to get the effect you wanted? (DRME06)	0.2	(0.13)	4	1,691	0.5	(0.22)	6	1,319
During the past 12 months, did you notice that using the same amount of methamphetamine had less effect on you than it used to? (DRME07)	0.1	(0.06)	1	1,691	0.0*	(0.00*)	0	1,319
During the past 12 months, did you want to or try to cut down or stop using methamphetamine? (DRME08)	0.2	(0.13)	5	1,691	0.4	(0.19)	7	1,319
During the past 12 months, were you able to cut down or stop using methamphetamine every time you wanted to or tried to? (DRME09)	0.2	(0.13)	4	1,691	0.4	(0.19)	6	1,319
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10)	0.1	(0.06)	2	1,691	0.1	(0.13)	2	1,319
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10a)	0.2	(0.13)	5	1,691	0.2	(0.15)	2	1,319
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using methamphetamine? (DRME11)	0.2	(0.13)	5	1,691	0.1	(0.10)	1	1,319
During the past 12 months, did you have 2 or more of these symptoms at the same time that lasted for longer than a day after you cut back or stopped using methamphetamine? (DRME12)	0.2	(0.13)	5	1,691	0.1	(0.10)	1	1,319
During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of methamphetamine? (DRME13)	0.2	(0.13)	4	1,691	0.1	(0.10)	3	1,319
Did you continue to use methamphetamine even though you thought it was causing you to have problems with your emotions, nerves, or mental health? (DRME14)	0.1	(0.03)	3	1,691	0.1	(0.10)	3	1,319

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of methamphetamine? (DRME15)	0.0*	(0.00*)	0	1,691	0.0*	(0.00*)	0	1,319
Did you continue to use methamphetamine even though this was causing you to have physical problems? (DRME16)	0.0*	(0.00*)	0	1,691	0.0*	(0.00*)	0	1,319
During the past 12 months, did using methamphetamine cause you to give up or spend less time doing these types of important activities? (DRME17)	0.0	(0.02)	2	1,691	0.1	(0.10)	4	1,319
During the past 12 months, did using methamphetamine cause you to have serious problems either at home, work, or school? (DRME18)	0.0	(0.02)	2	1,691	0.1	(0.10)	3	1,319
During the past 12 months, did you regularly use methamphetamine and then do something where using methamphetamine might have put you in physical danger? (DRME19)	0.1	(0.03)	3	1,691	0.1	(0.10)	2	1,319
During the past 12 months, did using methamphetamine cause you to do things that repeatedly got you in trouble with the law? (DRME20)	0.0	(0.02)	1	1,691	0.1	(0.10)	2	1,319
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of methamphetamine? (DRME21)	0.1	(0.06)	4	1,691	0.1	(0.10)	3	1,319
Did you continue to use methamphetamine even though you thought it caused problems with family or friends? (DRME22)	0.0	(0.02)	2	1,691	0.1	(0.10)	3	1,319
During the past 12 months, was there a month or more when you spent a lot of your time getting or using prescription stimulants? (DRST01)	0.2	(0.07)	6	1,684	0.3	(0.15)	4	1,311
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the prescription stimulants you used? (DRST02)	0.0*	(0.00*)	0	1,684	0.0*	(0.00*)	0	1,311
During the past 12 months, did you try to set limits on how often or how much prescription stimulants you would use? (DRST04)	0.5	(0.17)	16	1,684	0.3	(0.15)	6	1,311

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Were you able to keep to the limits you set, or did you often use prescription stimulants more than you intended to? (DRST05)	0.4	(0.16)	13	1,684	0.2	(0.14)	5	1,311
During the past 12 months, did you need to use more prescription stimulants than you used to in order to get the effect you wanted? (DRST06)	0.4	(0.13)	11	1,684	0.2	(0.10)	3	1,311
During the past 12 months, did you notice that using the same amount of prescription stimulants had less effect on you than it used to? (DRST07)	0.1	(0.08)	3	1,684	0.1	(0.11)	1	1,311
During the past 12 months, did you want to or try to cut down or stop using prescription stimulants? (DRST08)	0.6	(0.18)	16	1,684	0.5	(0.19)	8	1,311
During the past 12 months, were you able to cut down or stop Using prescription stimulants every time you wanted to or tried to? (DRST09)	0.5	(0.17)	13	1,684	0.5	(0.19)	8	1,311
During the past 12 months, did you cut down or stop using prescription stimulants at least one time? (DRST10)	0.3	(0.11)	10	1,684	0.3	(0.18)	6	1,311
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using prescription stimulants? (DRST10a)	0.3	(0.12)	8	1,684	0.1	(0.09)	3	1,311
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using prescription stimulants? (DRST11)	0.3	(0.12)	7	1,684	0.1	(0.06)	2	1,311
During the past 12 months, did you have 2 or more of these symptoms at the same time that lasted for longer than a day after you cut back or stopped using prescription stimulants? (DRST12)	0.2	(0.08)	6	1,684	0.1	(0.06)	2	1,311
During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of prescription stimulants? (DRST13)	0.2	(0.10)	5	1,684	0.1	(0.06)	3	1,311

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Did you continue to use prescription stimulants even though you thought this was causing you to have problems with your emotions, nerves, or mental health? (DRST14)	0.1	(0.09)	2	1,684	0.0	(0.02)	1	1,311
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of prescription stimulants? (DRST15)	0.0	(0.04)	1	1,684	0.1	(0.08)	1	1,311
Did you continue to use prescription stimulants even though this was causing you to have physical problems? (DRST16)	0.0	(0.04)	1	1,684	0.0*	(0.00*)	0	1,311
During the past 12 months, did using prescription stimulants cause you to give up or spend less time doing these types of important activities? (DRST17)	0.0*	(0.00*)	0	1,684	0.0*	(0.00*)	0	1,311
During the past 12 months, did using prescription stimulants cause you to have serious problems either at home, work, or school? (DRST18)	0.0	(0.02)	1	1,684	0.0*	(0.00*)	0	1,311
During the past 12 months, did you regularly use prescription stimulants and then do something where using prescription stimulants might have put you in physical danger? (DRST19)	0.0*	(0.00*)	0	1,684	0.1	(0.11)	1	1,311
During the past 12 months, did using prescription stimulants cause you to do things that repeatedly got you in trouble with the law? (DRST20)	0.0*	(0.00*)	0	1,684	0.0*	(0.00*)	0	1,311
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of prescription stimulants? (DRST21)	0.0*	(0.00*)	0	1,684	0.1	(0.11)	1	1,311
Did you continue to use prescription stimulants even though you thought this caused problems with family or friends? (DRST22)	0.0*	(0.00*)	0	1,684	0.1	(0.11)	1	1,311

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you the last time you used any methamphetamine for kicks or to get high? (LU17) ⁷	24.7	(0.87)	N/A	88	27.4	(1.55)	N/A	75
Height in inches (HLTH05-HLTH08) ^{7,9}	66.7	(0.28)	N/A	1,668	66.6	(0.19)	N/A	1,296
Weight in pounds (HLTH10-14) ^{7,10}	176.6	(1.51)	N/A	1,661	174.0	(1.83)	N/A	1,290
During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or nurse practitioner about your own health at a doctor's office, a clinic, or some other place? (HLTH19) ^{7,8}	5.5	(0.69)	N/A	37	6.1	(0.33)	N/A	35
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you smoke cigarettes or use any other tobacco products? (HLTH20a) ⁵	72.1	(1.46)	992	1,415	73.2	(1.93)	744	1,063
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you drink alcohol? (HLTH20b) ⁵	68.4	(1.61)	928	1,414	67.2	(1.83)	685	1,060
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you use illegal drugs? (HLTH20c) ⁵	51.5	(1.75)	760	1,413	51.0	(2.52)	551	1,059
During the past 12 months, did any doctor or other health care professional advise you to quit smoking cigarettes or quit using any other tobacco products? (HLTH21) ⁵	52.8	(2.51)	252	520	51.9	(3.82)	153	344
Choose the statement or statements below that describe any discussions you may have had in person with a doctor or other health professional about your alcohol use. (HLTH22) ⁵								
The doctor asked how much I drink.	33.9	(2.07)	292	888	31.1	(2.64)	213	658
The doctor asked how often I drink.	32.1 ^a	(2.12)	281	888	25.7	(1.91)	199	658
The doctor asked if I have any problems because of my drinking.	5.8	(0.92)	56	888	4.5	(1.06)	32	658
The doctor advised me to cut down on my drinking.	2.4	(0.58)	23	888	1.1	(0.44)	10	658
The doctor offered to give me more information about alcohol use and treatment for problems with alcohol use.	0.9	(0.29)	12	888	0.6	(0.32)	7	658
The doctor didn't discuss my alcohol use with me in the past 12 months.	47.8	(1.89)	477	1,032	49.5	(2.55)	364	806

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 12 months, did any doctor or other health care professional talk to you about your use of marijuana, cocaine, crack, heroin, inhalants, hallucinogens, or methamphetamine? (HLTH23) ⁵	18.4	(3.30)	43	237	23.4	(4.73)	46	176
During the past 12 months, did you have a sexually transmitted disease such as chlamydia, gonorrhea, herpes or syphilis? (HLTH24)	1.7	(0.33)	37	1,688	1.6	(0.46)	26	1,314
Conditions that a doctor or other health care professional has ever told you that you had (HLTH25)								
Any kind of heart condition or heart disease	11.5	(1.16)	118	1,680	8.7	(1.30)	76	1,307
Diabetes or sugar diabetes	9.2	(1.06)	93	1,680	9.2	(1.19)	61	1,307
Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD	3.6	(0.64)	47	1,680	4.7	(1.05)	36	1,307
Cirrhosis of the liver	0.1	(0.13)	1	1,680	0.2	(0.19)	1	1,307
Hepatitis	2.0	(0.55)	20	1,680	1.8	(0.59)	14	1,307
Kidney disease, not including bladder infection or Incontinence	1.4	(0.39)	17	1,680	2.6	(0.83)	17	1,307
Asthma	11.4	(0.87)	214	1,680	12.1	(1.37)	161	1,307
HIV or AIDS	0.0*	(0.00*)	0	1,680	0.1	(0.07)	1	1,307
Cancer or a malignancy of any kind	6.4	(0.94)	56	1,680	5.5	(1.04)	40	1,307
Hypertension, also called high blood pressure	18.5	(1.26)	181	1,680	16.8	(1.94)	132	1,307
None of the above – I have never had any of these conditions	56.0	(1.69)	1,126	1,680	60.4	(1.69)	912	1,307
What kind of cancer was it? (HLTH26) ⁵								
Bladder	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Blood	1.8*	(1.73*)	1	56	3.7*	(3.62*)	1	38
Bone	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Brain	2.0*	(1.99*)	1	56	0.0*	(0.00*)	0	38
Breast	23.5*	(6.55*)	11	56	9.9*	(5.17*)	4	38
Cervix (Females Only)	21.7*	(7.40*)	9	35	19.6*	(9.76*)	4	22
Colon	5.5*	(2.57*)	5	56	3.0*	(2.20*)	2	38
Esophagus	3.8*	(2.39*)	3	56	3.7*	(3.62*)	1	38
Gallbladder	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Kidney	3.2*	(2.22*)	2	56	0.0*	(0.00*)	0	38
Larynx/Windpipe	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Leukemia	2.2*	(1.79*)	2	56	3.9*	(3.62*)	2	38
Liver	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Lung	3.5*	(2.52*)	2	56	12.6*	(7.25*)	3	38
Lymphoma	9.8*	(5.04*)	4	56	6.6*	(5.27*)	2	38

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate ^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate ^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Melanoma	11.1*	(5.05*)	6	56	20.4*	(8.26*)	8	38
Mouth/Tongue/Lip	0.0*	(0.00*)	0	56	3.7*	(3.62*)	1	38
Ovary (Females Only)	3.1*	(3.03*)	1	35	8.2*	(6.68*)	2	22
Pancreas	3.8*	(3.70*)	1	56	0.0*	(0.00*)	0	38
Prostate (Males Only)	12.7*	(8.14*)	2	21	15.4*	(9.19*)	4	16
Rectum	0.0*	(0.00*)	0	56	3.7*	(3.62*)	1	38
Skin (Not Melanoma)	18.1*	(5.49*)	8	56	33.0*	(9.12*)	9	38
Skin (Don't Know Which Kind)	4.8*	(4.53*)	1	56	11.5*	(7.69*)	2	38
Soft Tissue (Muscle or Fat)	0.0*	(0.00*)	0	56	1.2*	(1.02*)	2	38
Stomach	0.0*	(0.00*)	0	56	3.7*	(3.62*)	1	38
Testis (Males Only)	0.0*	(0.00*)	0	21	0.0*	(0.00*)	0	16
Throat/Pharynx	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Thyroid	2.8*	(2.14*)	3	56	4.2*	(3.02*)	2	38
Uterus (Females Only)	5.7*	(5.53*)	1	35	21.8*	(11.07*)	5	22
Other	3.6*	(2.51*)	2	56	5.5*	(5.31*)	1	38
How old were you when your bladder cancer was first diagnosed? (HLTH27) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your blood cancer was first diagnosed? (HLTH28a) ⁷	0.0*	(0.00*)	N/A	0	13.0*	(0.00*)	N/A	1
How old were you when your bone cancer was first diagnosed? (HLTH28b) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your brain cancer was first diagnosed? (HLTH28c) ⁷	50.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
How old were you when your breast cancer was first diagnosed? (HLTH28d) ⁷	51.2	(3.53)	N/A	11	46.2*	(3.63*)	N/A	4
How old were you when your cervical cancer was first diagnosed? (HLTH28e) ⁷	35.1*	(4.02*)	N/A	9	29.9*	(2.20*)	N/A	4
How old were you when your colon cancer was first diagnosed? (HLTH28f) ⁷	51.1*	(5.49*)	N/A	5	45.4*	(8.35*)	N/A	2
How old were you when your esophageal cancer was first diagnosed? (HLTH28g) ⁷	63.4*	(9.11*)	N/A	3	62.0*	(0.00*)	N/A	1
How old were you when your gallbladder cancer was first diagnosed? (HLTH28h) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your kidney cancer was first diagnosed? (HLTH28i) ⁷	44.8*	(6.58*)	N/A	2	0.0*	(0.00*)	N/A	0
How old were you when your larynx/windpipe cancer was first diagnosed? (HLTH28j) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your leukemia was first diagnosed? (HLTH28k) ⁷	28.6 ^{a*}	(7.09*)	N/A	2	13.2*	(0.28*)	N/A	2

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when your liver cancer was first diagnosed? (HLTH28l) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your lung cancer was first diagnosed? (HLTH28m) ⁷	58.7*	(10.48*)	N/A	2	63.2*	(2.61*)	N/A	3
How old were you when your lymphoma was first diagnosed? (HLTH28n) ⁷	56.0 ^{a*}	(5.42*)	N/A	4	78.6*	(3.82*)	N/A	2
How old were you when your melanoma was first diagnosed? (HLTH28o) ⁷	38.0*	(4.13*)	N/A	6	39.7*	(7.51*)	N/A	8
How old were you when your mouth/tongue/lip cancer was first diagnosed? (HLTH28p) ⁷	0.0*	(0.00*)	N/A	0	67.0*	(0.00*)	N/A	1
How old were you when your ovarian cancer was first diagnosed? (HLTH28q) ⁷	59.0 ^{a*}	(0.00*)	N/A	1	36.5*	(9.88*)	N/A	2
How old were you when your pancreatic cancer was first diagnosed? (HLTH28r) ⁷	64.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
How old were you when your prostate cancer was first diagnosed? (HLTH28s) ⁷	64.5*	(0.35*)	N/A	2	70.3*	(3.15*)	N/A	4
How old were you when your rectum cancer was first diagnosed? (HLTH28t) ⁷	0.0*	(0.00*)	N/A	0	62.0*	(0.00*)	N/A	1
How old were you when your skin [not melanoma] cancer was first diagnosed? (HLTH28u) ⁷	46.0 ^{a*}	(0.00*)	N/A	1	73.7*	(7.38*)	N/A	2
How old were you when your skin cancer was first diagnosed? (HLTH28v) ⁷	54.5*	(2.99*)	N/A	8	47.0*	(4.83*)	N/A	9
How old were you when your soft tissue cancer was first diagnosed? (HLTH28w) ⁷	0.0*	(0.00*)	N/A	0	13.6*	(0.76*)	N/A	2
How old were you when your stomach cancer was first diagnosed? (HLTH28x) ⁷	0.0*	(0.00*)	N/A	0	32.0*	(0.00*)	N/A	1
How old were you when your testis cancer was first diagnosed? (HLTH28y) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your throat/pharynx cancer was first diagnosed? (HLTH28z) ⁷	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your thyroid cancer was first diagnosed? (HLTH28aa) ⁷	35.6*	(2.48*)	N/A	3	43.4*	(7.19*)	N/A	2
How old were you when your uterine cancer was first diagnosed? (HLTH28bb) ⁷	40.0*	(0.00*)	N/A	1	57.7*	(13.64*)	N/A	5
How old were you when the type of cancer listed below was first diagnosed? (HLTH28cc) ⁷	47.7 ^{a*}	(10.47*)	N/A	2	79.0*	(0.00*)	N/A	1
Did you have cancer during the past 12 months? (HLTH29) ⁵	30.6*	(8.17*)	14	50	32.0*	(10.04*)	10	40
How old were you when your heart condition or heart disease was first diagnosed? (HLTH30) ^{7,8}	44.1	(1.92)	N/A	116	48.9	(3.71)	N/A	73

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Did you have any kind of heart condition or heart disease in the past 12 months? (HLTH31) ⁵	45.3	(5.73)	54	116	58.4*	(7.90*)	44	76
How old were you when your diabetes or sugar diabetes was first diagnosed? (HLTH32) ^{7,8}	44.1	(1.74)	N/A	91	39.6	(2.50)	N/A	60
How old were you when your chronic bronchitis, emphysema, or chronic obstructive pulmonary disease, also called COPD were first diagnosed? (HLTH33) ⁷	36.1 ^a	(3.32)	N/A	46	45.7	(3.24)	N/A	35
How old were you when your cirrhosis of the liver was first diagnosed? (HLTH34) ⁷	52.0*	(0.00*)	N/A	1	42.0*	(0.00*)	N/A	1
How old were you when your hepatitis was first diagnosed? (HLTH35) ⁷	29.1	(4.32)	N/A	19	38.7	(3.43)	N/A	13
How old were you when your kidney disease was first diagnosed? (HLTH36) ⁷	41.9	(4.89)	N/A	17	44.4	(6.05)	N/A	16
How old were you when your asthma was first diagnosed? (HLTH37) ⁷	19.4	(1.90)	N/A	199	17.1	(2.43)	N/A	148
Do you still have asthma? (HLTH38) ⁵	65.4	(4.29)	149	210	56.4	(5.45)	92	159
How old were you when you found out you had HIV/AIDS? (HLTH39) ⁷	0.0*	(0.00*)	N/A	0	1.0*	(0.00*)	N/A	1
Are you currently taking prescription medicine for your high blood pressure? (HLTH40) ⁵	87.4	(2.37)	142	181	90.2	(2.87)	109	132
How old were you when your high blood pressure was first diagnosed? (HLTH41) ⁷	45.2 ^a	(1.07)	N/A	137	49.1	(1.46)	N/A	105
How many times in the past 12 months have you moved? (QD13) ^{7,8}	0.4	(0.03)	N/A	1,674	1.3*	(0.65*)	N/A	1,301
Were you born in the United States? (QD14)	90.4	(1.37)	1,553	1,691	88.9	(2.00)	1,178	1,319
Have you lived in the United States for at least one year? (QD16a) ⁵	95.4	(2.06)	131	138	98.3	(0.99)	134	141
For how many years have you lived in the United States? (QD16b) ⁷	24.8	(1.74)	N/A	131	22.9	(2.66)	N/A	132
For how many months have you lived in the United States? (QD16c) ⁷	7.6*	(2.58*)	N/A	5	3.4*	(2.32*)	N/A	6
Are you now attending or are you currently enrolled in school? (QD17)	17.5	(1.10)	634	1,691	17.1	(1.31)	446	1,316
What grade or year of school are you now attending? (QD18) ⁵								
1st Grade	0.4	(0.28)	2	633	0.0*	(0.00*)	0	445
2nd Grade	0.0*	(0.00*)	0	633	0.2	(0.16)	1	445
3rd Grade	0.0*	(0.00*)	0	633	0.0*	(0.00*)	0	445
4th Grade	0.0*	(0.00*)	0	633	0.0*	(0.00*)	0	445
5th Grade	0.0*	(0.00*)	0	633	0.0*	(0.00*)	0	445
6th Grade	1.1	(0.47)	7	633	0.8	(0.40)	4	445

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate ^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate ^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
7th Grade	7.9	(1.06)	66	633	5.8	(1.12)	39	445
8th Grade	9.0	(1.19)	73	633	8.2	(2.36)	42	445
9th Grade	9.1	(1.31)	69	633	7.8	(1.44)	45	445
10th Grade	8.4 ^a	(1.02)	66	633	15.2	(2.30)	69	445
11th Grade	7.9	(1.02)	65	633	5.8	(1.21)	38	445
12th Grade	9.2	(1.14)	65	633	7.7	(1.30)	41	445
College or University/1st Year	12.6 ^a	(1.74)	69	633	5.8	(1.26)	29	445
College or University/2nd Year	9.3	(1.57)	47	633	13.7	(2.69)	42	445
College or University/3rd Year	8.3	(1.52)	42	633	9.6	(2.35)	33	445
College or University/4th Year	5.6	(1.45)	26	633	8.1	(2.11)	27	445
College or University/5th Year or Higher	11.2	(2.16)	36	633	11.4	(2.81)	35	445
Are you a full-time student or a part time student? (QD19) ⁵								
Full-Time	80.7	(2.39)	550	628	80.9	(2.78)	374	441
Part-Time	19.3	(2.39)	78	628	19.1	(2.78)	67	441
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20) ^{7,8}	0.7	(0.18)	N/A	465	0.7	(0.13)	N/A	332
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21) ^{7,8}	0.4	(0.08)	N/A	468	0.4	(0.10)	N/A	333
Are you now married, widowed, divorced or separated, or have you never married? (QD07) ⁵								
Married	52.0	(2.12)	557	1,482	47.0	(2.35)	426	1,191
Widowed	5.2	(0.89)	39	1,480	7.4	(1.36)	49	1,189
Divorced or Separated	14.3	(1.28)	157	1,480	14.8	(1.51)	129	1,190
Have Never Married	28.8	(1.55)	734	1,485	31.0	(2.17)	590	1,191
How many times have you been married? (QD08) ⁷	1.4	(0.03)	N/A	749	1.3	(0.05)	N/A	600
Is anyone in your immediate family currently serving in the United States military? (QD10d) ¹¹	6.0	(0.73)	116	1,674	8.1	(1.15)	124	1,307
Which member or members of your immediate family are currently in the United States military? (QD10e) ^{5,11}								
My spouse	6.0*	(2.84*)	8	97	10.0*	(4.12*)	9	120
Unmarried partner	3.3*	(1.93*)	3	97	1.1	(0.73)	2	120
My mother	1.3*	(0.76*)	3	97	2.1	(1.07)	4	120
My father	3.2*	(1.39*)	7	97	5.2	(2.05)	14	120
My son or sons	35.8 ^{a*}	(7.02*)	17	97	16.6*	(4.58*)	16	120
My daughter or daughters	4.1*	(3.05*)	2	97	0.0*	(0.00*)	0	120
My brother or brothers	48.2 ^{a*}	(6.48*)	59	97	23.9*	(5.44*)	31	120
My sister or sisters	0.8*	(0.57*)	2	97	7.1*	(3.52*)	6	120

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Another member of my immediate family	N/A	(N/A)	N/A	N/A	44.9*	(6.07*)	51	120
Did you work at a job or business at any time last week? (QD26) ⁵	58.9	(1.89)	858	1,484	55.4	(2.28)	646	1,186
Even though you did not work at any time last week, did you have a job or business? (QD27) ⁵	11.9	(1.76)	84	623	11.7	(1.91)	78	540
How many hours did you work last week at all jobs or businesses? (QD28) ⁷	38.6	(0.55)	N/A	854	38.5	(0.78)	N/A	645
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29) ⁵	76.6	(1.69)	669	940	75.9	(2.36)	518	724
Which one of these reasons best describes why you did not work last week? (QD30) ⁵								
Vacation/Sick/Furlough/Strike/Other Temporary Absence/Maternity Leave	35.1*	(6.41*)	24	84	31.6*	(7.35*)	23	77
Layoff, Not Looking for Work	4.0*	(2.41*)	4	84	0.0*	(0.00*)	0	77
Layoff, Looking for Work	10.8*	(4.79*)	9	84	6.2*	(2.96*)	6	77
Waiting to Report to New Job	4.1*	(2.02*)	5	84	4.5*	(2.52*)	4	77
Self-Employed, No Business Last Week	15.7*	(5.98*)	9	84	4.8*	(1.64*)	7	77
Going to School/Training	9.5*	(3.52*)	15	84	9.6*	(3.22*)	13	77
Some Other Reason	20.8 ^{a*}	(6.18*)	18	84	43.3*	(8.10*)	24	77
Which one of these reasons best describes why you did not have a job or business last week? (QD31) ⁵								
Looking for Work	15.9	(1.94)	130	537	13.6	(2.02)	101	460
On Layoff, Not Looking for Work	1.4	(0.44)	11	537	2.8	(1.28)	6	460
Keeping House/Caring for Children Full Time	11.5	(1.96)	52	537	10.5	(1.74)	51	460
Going to School/Training	9.1	(1.09)	122	537	10.0	(1.62)	90	460
Retired	39.7	(3.07)	100	537	35.6	(4.00)	83	460
Disabled	15.3	(2.11)	55	537	14.9	(2.88)	49	460
Didn't Want A Job	1.9	(0.50)	22	537	2.9	(0.87)	26	460
Some Other Reason	5.1	(1.03)	45	537	9.7	(2.33)	54	460
During the past 30 days, did you make specific efforts to find work? (QD32) ⁵	81.9	(4.05)	101	130	86.4*	(4.35*)	82	100
Did you work at a job or business at any time during the past 12 months? (QD33) ⁵	18.1	(2.17)	135	540	16.2	(2.42)	104	460
How many different employers have you had in the past 12 months? (QD35 and QD36) ⁷	1.4	(0.05)	N/A	1,066	1.4	(0.07)	N/A	820

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37) ⁵	14.7	(1.48)	197	939	N/A	(N/A)	N/A	N/A
In how many weeks during the past 12 months did you not have at least one job or business? (QD38) ⁷	14.8	(1.21)	N/A	185	16.7	(2.48)	N/A	137
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40) ^{7,8}	0.7	(0.13)	N/A	931	0.7	(0.21)	N/A	717
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41) ^{7,8}	0.2	(0.03)	N/A	932	0.2	(0.03)	N/A	719
Thinking about the location where you work, how many people work for your employer out of this office, store, etc.? (QD42) ⁵								
Less Than 10 People	30.6	(2.01)	278	929	N/A	(N/A)	N/A	N/A
10 to 24 People	18.0	(1.46)	193	929	N/A	(N/A)	N/A	N/A
25 to 99 People	18.5	(1.44)	186	929	N/A	(N/A)	N/A	N/A
100 to 499 People	18.8	(1.78)	163	929	N/A	(N/A)	N/A	N/A
500 People or More	14.1	(1.78)	109	929	0.0*	(0.00*)	0	0
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43) ⁵	79.7	(1.75)	707	907	75.6	(2.16)	520	703
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44) ⁵								
Only Alcohol	1.0	(0.53)	5	702	0.0	(0.03)	2	517
Only Drugs	2.2 ^a	(0.53)	22	702	4.8	(1.14)	25	517
Both Alcohol and Drugs	96.8	(0.75)	675	702	95.2	(1.14)	490	517
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45) ⁵								
Yes	32.7	(2.07)	273	934	29.9	(2.41)	192	721
No	49.9	(2.17)	490	934	51.7	(2.41)	392	721
Don't Remember	17.4	(1.45)	171	934	18.4	(1.79)	137	721
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46) ⁵	54.7	(2.07)	426	870	52.0	(2.77)	318	679

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Does your workplace ever test its employees for alcohol use? (QD47) ⁵	30.4	(1.68)	268	905	26.9	(2.24)	187	700
Does your workplace ever test its employees for drug use? (QD48) ⁵	47.6	(2.19)	432	914	47.5	(3.01)	310	699
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49) ⁵	86.9	(1.95)	365	429	85.4	(2.64)	274	314
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50) ⁵	58.1	(3.44)	256	420	61.3	(3.76)	181	308
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51) ⁵								
Handled On Individual Basis/Policy Does Not Specify What Happens	24.6	(2.77)	99	388	32.7	(4.03)	90	283
Employee is Fired	45.6	(2.93)	191	388	41.2	(4.45)	130	283
Employee Referred for Treatment/Counseling	24.6	(2.46)	82	388	22.8	(3.81)	55	283
Nothing Happens	1.8	(0.97)	4	388	0.6*	(0.56*)	1	283
Something Else Happens	3.3	(1.08)	12	388	2.7	(1.30)	7	283
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52) ⁵								
More Likely	48.1	(1.98)	430	937	43.6	(3.26)	307	721
Less Likely	7.5	(0.91)	78	937	7.1	(1.39)	62	721
Would Make No Difference	44.3	(1.70)	429	937	49.3	(3.10)	352	721
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53) ⁵								
More Likely	42.9	(1.94)	381	938	37.7	(3.24)	257	720
Less Likely	11.5	(1.30)	117	938	10.7	(1.61)	94	720
Would Make No Difference	45.5	(1.92)	440	938	51.6	(3.23)	369	720
How well do you speak English? (QD55)								
Very well	92.0 ^a	(0.94)	1,583	1,691	88.2	(1.36)	1,194	1,315
Well	7.8	(0.96)	101	1,691	9.4	(1.20)	101	1,315
Not well	0.2 ^a	(0.07)	6	1,691	2.4	(0.77)	19	1,315
Not at all	0.0	(0.04)	1	1,691	0.0	(0.02)	1	1,315

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Are you deaf or do you have serious difficulty hearing? (QD56)	5.4	(0.64)	68	1,690	4.7	(0.79)	43	1,317
Are you blind or do you have serious difficulty seeing, even when wearing glasses? (QD57)	3.5	(0.65)	57	1,689	3.6	(0.73)	37	1,317
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (QD58)	6.8	(0.72)	143	1,687	9.0	(1.14)	126	1,312
Do you have serious difficulty walking or climbing stairs? (QD59)	6.8 ^a	(0.99)	77	1,690	10.5	(1.52)	75	1,316
Do you have difficulty dressing or bathing? (QD60)	1.7	(0.40)	24	1,691	2.8	(0.66)	25	1,315
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping? (QD61) ⁵	4.3	(0.73)	54	1,483	4.8	(0.88)	46	1,188
Covered by Medicare? (QHI01)	19.6	(1.69)	170	1,692	22.0	(2.26)	150	1,320
Covered by Medicaid/[CHIPFILL] (QHI02 and QHI02a)	12.9	(1.25)	310	1,692	13.8	(1.43)	242	1,320
Covered by TRICARE, CHAMPUS CHAMPVA, VA, Military Health Care (QHI03)	5.2	(0.81)	66	1,692	3.8	(0.91)	46	1,320
Covered by Private Health Insurance (QHI06) ¹²	63.4	(2.01)	1,009	1,692	60.0	(2.29)	768	1,320
Was [MEMBER] private health insurance obtained through work, such as through an employer, union, or professional association? (QHI07) ⁵	88.2	(1.60)	912	994	86.0	(2.21)	670	759
Does [MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08) ⁵	73.9	(2.21)	514	714	71.0	(3.32)	380	556
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09) ⁵	72.6	(2.29)	503	709	68.4	(3.48)	367	547
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10) ⁵	84.8	(1.78)	693	816	83.9	(2.18)	509	629
[MEMBER] currently covered by any kind of health insurance, including Indian Health Insurance? (QHI11) ⁵	24.6	(3.18)	74	306	22.2	(4.08)	61	258
Any Health Insurance Coverage (Recode)	87.1	(1.06)	1,451	1,692	86.4	(1.62)	1,119	1,320

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 12 months, was there any time when [MEMBER] did not have any kind of health insurance or coverage? (QHI13) ⁵	7.0	(0.81)	123	1,430	6.1	(0.99)	88	1,105
During the past 12 months, about How many months without any kind of health insurance or coverage? (QHI14) ⁷	4.3	(0.44)	N/A	122	3.8	(0.45)	N/A	86
About how long has it been since [MEMBER] last had any kind of health care coverage? (QHI15) ⁵								
Within the Past 6 Months	17.2	(2.88)	44	231	18.3	(3.50)	38	197
More Than 6 Months Ago but Within the Past Year	8.4	(1.90)	24	231	7.5	(2.10)	18	197
More Than 1 Year Ago but Within the Past 3 Years	22.6	(3.42)	51	231	27.4	(4.89)	49	197
More Than 3 Years Ago	37.5	(3.75)	76	231	26.4	(4.58)	51	197
Never Had Coverage	14.4	(2.71)	36	231	20.4	(3.60)	41	197
Which of these reasons is the main reason why [MEMBER] stopped being covered by health insurance? (QHI17) ⁵								
Person in Family with Health Insurance Lost Job/Changed Employer	29.3	(4.62)	44	193	23.0	(5.04)	33	155
Lost Medicaid Coverage Because of New Job/Increase in Income	6.1	(1.57)	15	193	8.6*	(3.46*)	12	155
Lost Medicaid Coverage For Some Other Reason	4.7	(1.56)	14	193	6.7	(2.26)	11	155
Cost Is Too High/Can't Afford Premiums	27.6	(4.05)	46	193	19.6	(4.48)	36	155
Became Ineligible Because of Age/Leaving School	10.0	(2.32)	24	193	10.1	(2.46)	21	155
Employer Does Not Offer Coverage or Not Eligible For Coverage	4.0	(1.26)	8	193	7.2	(3.02)	9	155
Divorced/Separated From Person With Insurance	1.4	(0.81)	4	193	1.8	(1.02)	3	155
Death of Spouse/Parent	0.0*	(0.00*)	0	193	0.0*	(0.00*)	0	155
Insurance Company Refused Coverage	1.3*	(1.08*)	2	193	3.4*	(2.94*)	2	155
Don't Need It	2.3	(1.25)	4	193	0.7	(0.50)	2	155
Received Medicaid/Insurance Only While Pregnant	2.7	(1.11)	7	193	3.8	(1.72)	5	155
Some Other Reason	10.8	(2.72)	25	193	15.1	(4.12)	21	155

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18) ⁵								
Cost Too High/ Can't Afford Premiums	47.9*	(8.67*)	15	35	62.0*	(8.68*)	22	41
Employer Does Not Offer Coverage or Not Eligible For Coverage	6.8*	(4.06*)	3	35	22.7*	(8.43*)	8	41
Insurance Company Refused Coverage	0.0*	(0.00*)	0	35	0.0*	(0.00*)	0	41
Don't Need It	14.4*	(6.63*)	6	35	16.8*	(6.76*)	10	41
Some Other Reason	30.9*	(11.88*)	11	35	17.9*	(7.92*)	8	41
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	27.6	(1.87)	307	1,692	25.6	(2.40)	233	1,320
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N) ¹³	8.9	(1.02)	149	1,692	8.5	(1.16)	112	1,320
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	68.7	(1.92)	1,184	1,692	N/A	(N/A)	N/A	N/A
In [YEAR], did you receive food stamps? (QI07N) ¹³	17.1	(1.63)	369	1,692	18.1	(1.67)	265	1,320
At any time during [YEAR], did you receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)	3.7	(0.62)	76	1,692	2.7	(0.57)	62	1,320
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	3.5	(0.58)	84	1,692	2.6	(0.60)	54	1,320
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12AN and QI12BN) ⁷	6.0 ^a	(0.56)	N/A	136	9.3	(0.47)	N/A	93
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)								
\$20,000 or More	56.7	(1.71)	663	1,640	51.4	(2.51)	518	1,276
Less Than \$20,000	43.2	(1.70)	973	1,640	48.3	(2.49)	754	1,276
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B)								
Less Than \$1,000	13.9	(0.86)	437	1,580	12.7	(1.25)	314	1,223

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate ^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate ^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
\$1,000-\$1,999	2.8	(0.42)	70	1,580	3.0	(0.66)	52	1,223
\$2,000-\$2,999	1.2	(0.25)	37	1,580	1.8	(0.45)	26	1,223
\$3,000-\$3,999	1.5	(0.31)	29	1,580	0.9	(0.26)	15	1,223
\$4,000-\$4,999	1.2	(0.31)	26	1,580	1.2	(0.29)	21	1,223
\$5,000-\$5,999	1.0	(0.26)	23	1,580	0.8	(0.30)	13	1,223
\$6,000-\$6,999	0.9	(0.29)	14	1,580	0.5	(0.18)	9	1,223
\$7,000-\$7,999	0.5	(0.21)	8	1,580	1.9	(0.75)	18	1,223
\$8,000-\$8,999	1.4	(0.35)	23	1,580	3.0	(0.82)	24	1,223
\$9,000-\$9,999	2.6	(0.56)	38	1,580	2.0	(0.64)	25	1,223
\$10,000-\$10,999	2.5	(0.48)	39	1,580	2.8	(0.61)	33	1,223
\$11,000-\$11,999	1.4	(0.38)	19	1,580	2.2	(0.69)	23	1,223
\$12,000-\$12,999	1.4	(0.39)	20	1,580	1.1	(0.37)	17	1,223
\$13,000-\$13,999	1.2	(0.38)	16	1,580	1.4	(0.60)	12	1,223
\$14,000-\$14,999	1.1	(0.30)	16	1,580	1.6	(0.61)	14	1,223
\$15,000-\$15,999	1.8	(0.39)	29	1,580	2.1	(0.64)	26	1,223
\$16,000-\$16,999	1.5	(0.34)	22	1,580	1.1	(0.37)	13	1,223
\$17,000-\$17,999	1.9	(0.45)	24	1,580	3.0	(0.61)	22	1,223
\$18,000-\$18,999	1.7	(0.40)	22	1,580	1.9	(0.55)	21	1,223
\$19,000-\$19,999	1.7	(0.39)	26	1,580	3.3	(0.93)	27	1,223
\$20,000-\$24,999	8.4	(0.92)	115	1,580	8.2	(1.41)	78	1,223
\$25,000-\$29,999	5.4	(0.74)	69	1,580	6.6	(0.90)	58	1,223
\$30,000-\$34,999	4.8	(0.76)	66	1,580	6.7	(1.18)	48	1,223
\$35,000-\$39,999	5.7	(0.84)	58	1,580	4.2	(0.75)	41	1,223
\$40,000-\$44,999	5.0	(0.87)	56	1,580	2.8	(0.75)	27	1,223
\$45,000-\$49,999	5.4	(0.84)	52	1,580	3.9	(0.61)	39	1,223
\$50,000-\$74,999	10.7	(1.09)	113	1,580	9.8	(1.16)	97	1,223
\$75,000-\$99,999	4.5	(0.79)	51	1,580	3.9	(0.72)	53	1,223
\$100,000-\$149,999	4.1	(0.94)	43	1,580	3.4	(0.91)	34	1,223
\$150,000 or More	2.9	(0.98)	19	1,580	2.3	(0.78)	23	1,223
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (Q122)								
\$20,000 or More	79.4 ^a	(1.66)	1,249	1,692	72.9	(2.14)	961	1,320
Less Than \$20,000	20.6 ^a	(1.66)	443	1,692	27.1	(2.14)	359	1,320
Of these income groups, which category best represents your total combined family income during [YEAR]? (Q123A and Q123B)								
Less Than \$1,000	2.4	(0.44)	71	1,692	2.8	(0.63)	55	1,320
\$1,000-\$1,999	1.1	(0.30)	24	1,692	1.9	(0.48)	37	1,320
\$2,000-\$2,999	0.6	(0.17)	21	1,692	0.7	(0.24)	13	1,320
\$3,000-\$3,999	0.9	(0.26)	19	1,692	0.4	(0.20)	9	1,320
\$4,000-\$4,999	0.6	(0.20)	16	1,692	0.7	(0.22)	9	1,320
\$5,000-\$5,999	0.4	(0.17)	11	1,692	0.4	(0.17)	6	1,320

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate ^{1,2,3}	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate ^{1,3,4}	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
\$6,000-\$6,999	0.6	(0.26)	10	1,692	0.2	(0.14)	5	1,320
\$7,000-\$7,999	0.2	(0.09)	7	1,692	0.9	(0.41)	9	1,320
\$8,000-\$8,999	0.6	(0.23)	11	1,692	1.5	(0.54)	13	1,320
\$9,000-\$9,999	0.7	(0.18)	23	1,692	1.1	(0.51)	10	1,320
\$10,000-\$10,999	1.1	(0.28)	21	1,692	1.9	(0.47)	30	1,320
\$11,000-\$11,999	0.6	(0.20)	15	1,692	2.0	(0.66)	23	1,320
\$12,000-\$12,999	0.8	(0.18)	16	1,692	0.9	(0.34)	16	1,320
\$13,000-\$13,999	0.7	(0.31)	13	1,692	1.9	(0.72)	15	1,320
\$14,000-\$14,999	1.6	(0.38)	25	1,692	0.8	(0.34)	12	1,320
\$15,000-\$15,999	1.0	(0.25)	24	1,692	1.3	(0.42)	17	1,320
\$16,000-\$16,999	0.7	(0.19)	16	1,692	0.6	(0.26)	11	1,320
\$17,000-\$17,999	1.8	(0.41)	28	1,692	1.5	(0.58)	13	1,320
\$18,000-\$18,999	1.2	(0.26)	21	1,692	1.7	(0.52)	19	1,320
\$19,000-\$19,999	2.1	(0.46)	43	1,692	3.5	(0.86)	35	1,320
\$20,000-\$24,999	7.6	(0.91)	127	1,692	7.1	(1.06)	100	1,320
\$25,000-\$29,999	3.8	(0.51)	65	1,692	5.0	(1.03)	58	1,320
\$30,000-\$34,999	4.8	(0.70)	82	1,692	6.1	(1.03)	70	1,320
\$35,000-\$39,999	5.1	(0.80)	82	1,692	5.3	(0.98)	53	1,320
\$40,000-\$44,999	6.2	(1.08)	92	1,692	4.3	(0.72)	61	1,320
\$45,000-\$49,999	4.7	(0.67)	77	1,692	3.8	(0.70)	48	1,320
\$50,000-\$74,999	16.8	(1.34)	242	1,692	15.2	(1.44)	192	1,320
\$75,000-\$99,999	11.1	(0.86)	178	1,692	11.1	(1.67)	149	1,320
\$100,000-\$149,999	12.6	(1.36)	202	1,692	9.7	(1.33)	155	1,320
\$150,000 or More	7.9	(1.21)	110	1,692	5.8	(1.27)	77	1,320
Is there at least one telephone at this address that is not a cell phone? (CELL1)	65.8 ^a	(1.79)	982	1,683	54.5	(2.58)	658	1,312
Do you or anyone at this address have a working cell phone? (CELL2)	92.9	(0.87)	1,597	1,688	91.9	(1.21)	1,226	1,310

*Low precision; estimate would be suppressed due to not meeting the NSDUH suppression rule. ACASI = audio computer-assisted self-interviewing; AMT = CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; CAPI = computer-assisted personal interviewing; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyl-tryptamine; DR = 2013 Dress Rehearsal; GED = general equivalency diploma; N/A = not applicable; QFT = 2012 Questionnaire Field Test; R = respondent.

^a Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

¹ Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

² QFT data collected from September 1 through November 3, 2012.

³ Estimates are percentages of all persons aged 12 or older, except where noted.

⁴ DR data collected from September 1 through October 31, 2013.

⁵ Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

⁶ Consistency check questions were revised to be consistent with the categories on educational attainment in the DR questionnaire.

⁷ Estimate is an average based on valid responses to the relevant question(s). Respondents with unknown or missing data were excluded.

⁸ The estimated mean includes zeroes.

⁹ The ranges for height in feet and inches were edited for accuracy in the DR questionnaire.

¹⁰ Includes pre-pregnancy weight of pregnant females as reported in HLTH13 and HLTH14. The upper weight limit was increased in the DR questionnaire.

¹¹ The definition of "immediate family" was moved from the "Help" screen to the question text, minor wording changes were made to these questions for clarity, and an "Other, Specify" item was to this series of questions in the DR questionnaire.

¹² The "Help" instructions were removed and key terms were moving into the question itself in the DR questionnaire.

¹³ The wording was edited for accuracy in the DR questionnaire.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Appendix I: Notes on Analysis Variables for the Dress Rehearsal

1. Key Illicit Drug Measures in Chapter 6 Tables

Measure	Substances Included
Use of Any Illicit Drug, Standard Definition	<ul style="list-style-type: none"> • Marijuana • Cocaine (including crack) • Heroin • Hallucinogens¹ • Inhalants² • Methamphetamine³ • Prescription Drugs³ <ul style="list-style-type: none"> – Pain Relievers – Tranquilizers – Stimulants³ – Sedatives
Use of Any Illicit Drug, Alternate Definition 1	<ul style="list-style-type: none"> • Marijuana • Cocaine (including crack) • Heroin • Hallucinogens¹ • Inhalants
Use of Any Illicit Drug, Alternate Definition 2	<ul style="list-style-type: none"> • Marijuana • Cocaine (including crack) • Heroin
Use of Any Illicit Drug, Alternate Definition 3	<ul style="list-style-type: none"> • Marijuana • Cocaine (including crack) • Heroin • Methamphetamine³
Use of Illicit Drugs Other Than Marijuana, Standard Definition	<ul style="list-style-type: none"> • Cocaine (including crack) • Heroin • Hallucinogens¹ • Inhalants² • Methamphetamine³ • Prescription Drugs³ <ul style="list-style-type: none"> – Pain Relievers – Tranquilizers – Stimulants³ – Sedatives

See notes at end of table.

(continued)

1. Key Illicit Drug Measures in Chapter 6 Tables

Measure	Substances Included
Use of Illicit Drugs Other Than Marijuana, Alternate Definition 1	<ul style="list-style-type: none"> • Cocaine • Heroin • Hallucinogens¹ • Inhalants²
Use of Illicit Drugs Other Than Marijuana, Alternate Definition 2	<ul style="list-style-type: none"> • Cocaine • Heroin • Hallucinogens¹ • Inhalants² • Methamphetamine³

¹For the 2012 and 2013 comparison data, estimates are based on the use of any of the following hallucinogens: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; or "Ecstasy," also called MDMA; or any other hallucinogen. DR estimates are based on the use of any of the hallucinogens from the 2012 and 2013 comparison data, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*.

²Lifetime estimates of inhalant use for the 2012 and 2013 comparison data are based on the use of any of the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; other aerosol sprays; or any other inhalant. DR estimates of lifetime use of inhalants are based on the use of any of the inhalants from the 2012 and 2013 comparison data, plus the following: felt-tip pens, felt-tip markers, or magic markers; and computer cleaner, also known as air duster.

³Estimates of any prescription drug misuse, stimulant misuse, and methamphetamine use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). Estimates of stimulant misuse for the DR vary according to whether they include data from the separate core methamphetamine module.

2. Stimulant Misuse:

- The standard definition for the 2012 and 2013 comparison data and the DR includes use of methamphetamine and misuse of prescription stimulants. Estimates for the 2012 and 2013 comparison data also include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).
- The DR definition includes data only for misuse of prescription stimulants. A corresponding measure is not available for the 2012 and 2013 comparison data.

3. Binge Alcohol Use – For the 2012 and 2013 comparison data, binge alcohol use is defined for both males and females as drinking at least five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. For the DR, binge alcohol use is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days. Estimates in the DR for persons aged 12 or older and by age group (i.e., regardless of gender) also take into account the lower threshold for females.

4. Methamphetamine Dependence – For the DR sample, respondents were classified with past year methamphetamine dependence if they reported three of the following problems in the past year because of their use of methamphetamine:

- spent a great deal of time over a period of a month getting, using, or getting over the effects of methamphetamine (METHLOTTM=1 or METHGTOVR=1, corresponding to questions DRME01 and DRME02);
- used methamphetamine more often than intended or was unable to keep set limits on methamphetamine use (METHKPLMT=2, corresponding to DRME05);
- needed to use methamphetamine more than before to get desired effects or noticed that same amount of methamphetamine use had less effect than before (METHNDMOR=1 or METHLSEFX=1, corresponding to DRME06 and DRME07);
- inability to cut down or stop using methamphetamine every time tried or wanted to (METHCUTEV=2, corresponding to DRME09);
- continued to use methamphetamine even though it was causing problems with emotions, nerves, mental health, or physical problems (METHMCTD=1 or METHPHCTD=1, corresponding to DRME14 and DRME16);
- methamphetamine use reduced or eliminated involvement or participation in important activities (METHLSACT=1, corresponding to DRME17); or
- reported feeling blue or down when trying to stop or cut down using methamphetamine (METHFLBLU=1, corresponding to DRME10a), as well as experiencing two or more additional methamphetamine withdrawal symptoms at the same time that lasted longer than a day after methamphetamine use was cut back or stopped. Symptoms include (i) feeling tired or exhausted, (ii) having bad dreams, (iii) having trouble sleeping or sleeping more than normal, (iv) feeling hungry more often, and (v) feeling either very slowed down or could not sit still (METHWDSMT=1, corresponding to DRME12).

5. Methamphetamine Abuse – For the DR sample, respondents were classified with past year abuse of methamphetamine if they had not been classified with past year methamphetamine dependence and if they reported one or more of the following problems in the past year because of their use of methamphetamine:

- serious problems at home, work, or school caused by using methamphetamine, such as
 - neglecting their children,
 - missing work or school,
 - doing a poor job at work or school,
 - losing a job or dropping out of school
 (METHSERPB=1, corresponding to DRME18);
- used methamphetamine regularly and then did something that might have put you in physical danger (METHPDANG=1, corresponding to DRME19);
- use of methamphetamine caused you to do things that repeatedly got you in trouble with the law (STMLAWTR=1, corresponding to DRME20); and

- problems with family or friends probably caused by using methamphetamine (METHMFPB=1 corresponding to DRME21) and continued to use methamphetamine even though you thought that using methamphetamine caused these problems (METHFMCTD=1, corresponding to DRME22).

6. In the DR sample, a respondent was classified as having illicit drug dependence (DEPNDILL) if he or she was classified as having dependence on any of the following: marijuana, hallucinogens, inhalants, tranquilizers, cocaine, heroin, pain relievers, stimulants, sedatives, or methamphetamine.
7. In the DR sample, a respondent was classified as having illicit drug abuse (ABUSEILL) if he or she was not classified as having illicit drug dependence (DEPNDILL = 0) and met abuse criteria for any of the following: marijuana, hallucinogens, inhalants, tranquilizers, cocaine, heroin, pain relievers, stimulants, sedatives, or methamphetamine.
8. The following measures involving new survey items for comparisons between the DR sample and the 2012 National Health Interview Survey (NHIS) were based on the raw survey measures, as follows:

Measure	DR Survey Questions
Living in a household with only cellular or no telephone service	CELL1 = 2
Number of visits to doctor or other health care professional, past 12 months (none; 1; 2 to 3; 4 to 9; 10 or more)	HLTH19, HLTH19a
Has been in a hospital overnight, past 12 months?	HLTH17
Emergency room visit in past 12 months?	HLTH16
Disability or Physical Limitation	
Deaf or serious hearing difficulty	QD56
Blind or serious difficulty seeing	QD57
Serious difficulty concentrating, remembering, or making decisions	QD58
Serious difficulty walking or climbing stairs	QD59
Difficulty dressing or bathing	QD60
Difficulty doing errands alone, such as visiting a doctors' office or shopping	QD61
Conditions told to respondent by doctor or other health care professional	
Any kind of heart condition or heart disease	HLTH25=1
Diabetes or sugar diabetes	HLTH25=2
Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD	HLTH25=3
Cirrhosis of the liver	HLTH25=4
Hepatitis	HLTH25=5
Kidney disease, not including bladder infection or incontinence	HLTH25=6
Asthma	HLTH25=7
Cancer or a malignancy of any kind	HLTH25=9
Hypertension, also called high blood pressure	HLTH25=10