

2015 NSDUH, Supporting Statement
Attachment D – Redesign Pretesting Summary
Report

NATIONAL SURVEY ON DRUG USE AND HEALTH

QUESTIONNAIRE REDESIGN PRETESTING SUMMARY REPORT—DRAFT

Contract Nos. 283-2004-00022 & HHSS283200800004C
RTI Project Nos. 0209009 & 0211838

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January 17, 2014

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1. Overview

1.1 Background of the Redesign

The National Survey on Drug Use and Health (NSDUH), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a national survey of the U.S. civilian, noninstitutionalized population aged 12 and older. The conduct of the 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 current data, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must update the NSDUH periodically to reflect changing substance use and mental health issues. These updates are necessary because substance use in the United States is a dynamic phenomenon that changes with time, demographic shifts, economic prosperity, and most importantly, availability of substances.

CBHSQ plans to redesign the 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.

The questionnaire will be revised to improve questions that cause known or suspected problems with data that are collected using the current NSDUH questionnaire. New content that addresses current data needs will be added. Revisions that are designed to reduce errors associated with usability problems in the design and layout of the computer-assisted interviewing (CAI) instrument are planned. The changes include electronic calendars, revised prescription drug modules, revised front end demographics, a revised smokeless tobacco module, revised questions for measuring binge alcohol use, a revised hallucinogens module, new questions for lifetime use of specific inhalants, a new methamphetamine module, a revised special drugs module, a revised consumption of alcohol module, and a revised back end demographics section. Specifically, the following are highlights of issues for the modules for prescription drugs and health care and for interviewer-administered questions that will be addressed by the redesigned questionnaire.

- In the current interview procedures, interviewers and respondents mark a printed calendar with the start of the 30-day and 12-month reference periods. In the redesigned questionnaire, respondents will be shown electronic versions of these calendars that note the start of these reference periods, and they will receive a tutorial about these electronic calendars. The electronic calendars also will appear periodically to remind respondents of reference periods, and respondents can use a function key to review the calendars at any time during the self-administered modules.

- The content of the specific prescription drugs in the core prescription drug modules was last updated in 1999, based on prevalence information from 1998. Since that time, despite minor updates to the questionnaire, several prescription drugs included in NSDUH have been discontinued or are otherwise no longer legally available, and recently approved prescription drugs with abuse potential are not included in the core modules. All questions measuring misuse of prescription drugs will be moved into the prescription drug modules. In addition, a review of the drugs that are included in these modules will result in recommendations for drugs to be added or dropped based on their availability.
- The current NSDUH questionnaire asks only about misuse of prescription drugs. A revised structure will be tested that first uses a screener module to ask about any use of prescription drugs. Respondents who report any use of prescription drugs will then receive questions determining whether any of that use constituted misuse.
- The current NSDUH definition of misuse (i.e., use of drugs that were not prescribed for you or that you took only for the experience or feeling they caused) combines a behavior and a motivation. It also does not include overuse of prescribed medication. The revised definition will focus on behaviors that constitute misuse and will refer to use "in any way a doctor did not direct you to use it/them." Overuse (i.e., use in greater amounts, more often, or longer than directed) will be added to the examples of behaviors that constitute misuse.
- Except for misuse of OxyContin[®] in the current pain relievers module and misuse of methamphetamine in the stimulants module, misuse of specific prescription-type psychotherapeutic drugs in the current questionnaire is limited to the lifetime period. Measurement of past year misuse is limited to misuse of any drugs within a psychotherapeutic category (e.g., pain relievers). However, information about more recent misuse of specific prescription drugs (e.g., in the past year) is of greater interest to policymakers and stakeholders who use the NSDUH prescription drug data. Therefore, questions will measure past year misuse of individual prescription drugs.
- In the current questionnaire, methamphetamine is included in the module for misuse of prescription stimulants, and respondents are asked in the stimulants module about *misuse* of methamphetamine. However, most methamphetamine that is used in the United States is manufactured illegally rather than by the pharmaceutical industry. Respondents also may fail to report methamphetamine use in the context of questions about misuse of prescription drugs. Therefore, the redesigned questionnaire will include a separate module for methamphetamine, and the questions in the stimulants module will ask about misuse of *prescription* stimulants.
- For the current questionnaire, respondents are handed printed "pill cards" with pictures of prescription drugs in a given module to aid respondents in recalling their misuse of specific drugs. NSDUH incurs the expense of printing pill cards for interviewers who are new to the survey or reprinting the pill cards when new dosages become available for some prescription drugs. Also, respondents do not always ask interviewers for the pill cards when they reach the prescription drug questions. Therefore, electronic drug images to be displayed on the laptop computer screen will replace the printed pill cards. The electronic images also will include examples of prescription drugs other than pills (e.g., patches, vials).

- The current health care module of the questionnaire is limited in scope. Questions measuring height, weight, a revised list of health conditions, and details about diagnoses of those health conditions will be tested and added to the health care module.
- The current survey includes questions about emergency room visits, hospitalizations, substance abuse treatment utilization, and mental health service utilization, but does not include questions about outpatient primary care service utilization or opportunities for intervention with substance users in primary care settings. Questions related to these topics will be tested and included in the health care module of the questionnaire.
- Although audio computer-assisted self-interviewing (ACASI) is used for most of the sensitive questions, respondents may be likely to consider some questions in interviewer-administered sections to be sensitive (e.g., income). Pretesting efforts will explore the feasibility of moving health insurance and income questions to an ACASI mode.

Proposed revisions will improve the precision of estimates that exhibit properties associated with measurement error. Revisions will also be designed to reduce errors associated with usability problems in the design and layout of the CAI instrument.

1.2 Goals of the Pretesting

The pretesting for the 2015 NSDUH questionnaire redesign had three components: Usability Testing (Prescription Drugs), Phase 1 (Prescription Drugs) Cognitive Interviewing, and Phase 2 (Redesigned Modules) Cognitive Interviewing. The purpose of each of these three components is discussed in the following sections.

1.2.1 Usability Testing

Usability testing was conducted in the first stage of redesign pretesting. Prior to the usability testing, questions for misuse of pain relievers and stimulants were reworded, producing two new versions of these questions. One of these versions was a "three-criteria" bulleted list that asked participants about using a set of prescription pain relievers and stimulants "in any of these ways" in the past 12 months:

- without a prescription of your own,
- in greater amounts, more often, or longer than you were told to take it, or
- just for the effect it had on you—not for its intended medical use.

A second version ("two criteria") eliminated one criterion from the three-criteria list: use "in greater amounts, more often, or longer than you were told to take it," but used the same wording for the remaining two criteria.

In addition, the usability instrument tested the placement of pill images above or below the question text in order to test the new electronic drug images. Participants were presented with a total of four versions of the questions. Two versions of the three-criteria questions featured images above and below the questions. There were also two versions of the two-criteria questions with images above and below the questions. In addition to soliciting feedback on the criteria items, usability testing sought to accomplish three primary goals:

1. observe participant use of and reaction to different options for proposed laptop computer screen layouts for the screeners and modules for prescription pain relievers and prescription stimulants;
2. collect participant feedback and recommendations for improving the design of the laptop computer screen layouts for the screeners and modules for prescription pain relievers and prescription stimulants; and
3. collect participant feedback on the electronic reference date calendars and electronic drug images.

1.2.2 Cognitive Interviewing Phase 1

The second stage of redesign pretesting, cognitive interviewing, occurred in two phases. The first phase of interviewing focused on redesigned prescription drug modules and a redesigned health module. The second phase continued to test these modules but expanded the scope to include the full redesigned NSDUH instrument.

Phase 1 cognitive interviewing took place over three rounds and tested an instrument with changes to the prescription pain relievers, prescription stimulants, and health modules. The Phase 1 redesigned instrument included an abbreviated core set of substance use questions that measured lifetime and 30-day use. The following changes were reflected in the Phase 1 abbreviated core questionnaire:

- Smokeless tobacco sections (chewing tobacco, snuff, and the new product, snus) were combined into one section.
- Hallucinogen items currently included in special drugs for ketamine, tryptamines (DMT, AMT, and "Foxy"), and *Salvia divinorum* were moved from the noncore special drugs module to the core hallucinogens module.
- New inhalants questions for lifetime use of markers and air duster were added to the core inhalants module.
- Prescription pain relievers and prescription stimulants screeners focused on any use of specific prescription drugs in the past 12 months (i.e., medical use or misuse). Misuse of prescription pain relievers and stimulants in the corresponding main modules was defined as use "in any way a doctor did not direct you to use it/them" and was based on the examples from the three-criteria bulleted list that was implemented during usability testing. Respondents could be reminded about these criteria by pressing a function key to see a pop-up screen with the bulleted list. Electronic drug images were placed below the introductory question text, and some images showed examples other than pills.
- New health module questions were added.
- The electronic reference date calendar was featured throughout the instrument.

The goals of Phase 1 cognitive interviewing were to test new and revised question wordings and response options. This testing included gauging participants' reactions to key terms and concepts and detecting any issues with question comprehension. A test of the electronic reference date calendar was also a Phase 1 goal.

1.2.3 Cognitive Interviewing Phase 2

The cognitive interviewing in Phase 2 took place over two rounds and was designed to be a broader test of changes to the instrument. Phase 2, round 1 included all of the modules that were tested in Phase 1. In addition, the following revisions were made for Phase 2:

- New items were added to core demographics, including new military veteran questions.
- Screeners and modules for tranquilizers and sedatives were added to the instrument and tested.
- The definition of binge drinking was changed for female respondents to include four or more drinks on an occasion in the past 30 days.
- Questions about needle use in the noncore special drugs module were reworded, and questions about use of methamphetamine and prescription stimulants with a needle were moved to the corresponding core modules.
- New questions about medical use of marijuana were added to the noncore blunts module.
- Education, health insurance, and income were moved to the ACASI portion of the interview. In addition, the highest level response category for income was revised.
- A new module introduced proxy respondents to the ACASI.

Phase 2, round 2 included the fully (nonabbreviated) redesigned instrument, with all core modules, and incorporated audio recordings for the ACASI portion.

The goals of Phase 2 cognitive interviewing included retesting changes that were made to question wording, routing, and response options following Phase 1. Testing the content that was new to the cognitive interviewing protocols in Phase 2 was also a goal.

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2. Usability Testing

2.1 Data Collection and Participant Profiles

2.1.1 Description of Recruitment Methods

Participants were recruited for usability testing via a recruitment notice that was posted on Craigslist. Persons who called RTI International in response to the recruitment notice were administered a series of screening questions. The screening questions included items about the caller's age and location to establish eligibility for the study; to be eligible, a person needed to be aged 18 or older and located within 50 miles of Research Triangle Park, NC. The screening questions also collected information on other demographic characteristics (e.g., gender, education), computer use, and any use of prescription pain relievers and stimulants in the past 12 months. Questions about use of pain relievers and stimulants were included to gauge participants' familiarity with the general types of drugs that were included in the usability testing. However, the usability testing did not focus on participants' actual behavior with respect to prescription drug use.

2.1.2 Respondent Characteristics across Usability Testing

Table 1 provides information on characteristics of the eight usability participants. The number of participants was evenly divided between males and females. Participants' ages ranged from 28 to 60. Among the four participants in the 26 to 34 age category, there were two participants aged 30 years, one participant who was aged 28, and another aged 32. Among the three participants aged 50 or older, ages ranged from 53 to 60. There was only one participant in the 35 to 49 age group. Six participants reported some education beyond high school, while two participants did not.

As might be expected, because participants were recruited from Craigslist, all reported using a computer for personal use every day. However, only half reported that most of what they do at work is done on a computer. Two participants reported using a computer at work less than daily or never; the screening interviewer was instructed to choose "never" for computer use at work if participants did not use a computer at work or if they did not have a job.

Five participants reported using prescription pain relievers for any reason in the past 12 months, and one reported using prescription stimulants in that period. None reported use of both classes of prescription drugs in the past 12 months. Although the screening question included items about use of prescription pain relievers or stimulants in the past 12 months, use of these prescription drugs was not an eligibility requirement for the study. Consequently, two participants reported not using either of these classes of prescription drugs in the past 12 months.

Table 1. Selected Characteristics of Final Prescription Drug Redesign Usability Participants

Participant Characteristics	Number
Gender	
Male	4
Female	4
<i>Total</i>	8
Age Group	
18 to 25	0
26 to 34	4
35 to 49	1
50 or Older	3
<i>Total</i>	8
Highest Grade Completed	
High School or Less	2
Beyond High School	6
<i>Total</i>	8
Computer Use at Home/For Personal Use	
Every Day	8
Computer Use at Work	
Never	1
Sometimes but Not Every Day	1
Every Day but Not All Day	2
Most Work Is on a Computer	4
<i>Total</i>	8

2.1.3 Data Collection Procedures

Prior to each interview, informed consent was obtained from participants pursuant to procedures that were approved by RTI's Institutional Review Board. Parental permission was not an issue for usability testing because all participants were adults.

Participants were then presented with a booklet containing a series of tasks. Participants were shown the task instructions but not the follow-up probes, which were read aloud by the interviewer. The follow-up questions provided breaks between sets of usability tasks. In the first two tasks, all participants were shown unlabeled pictures of the pain relievers or stimulants that were included in the interview. The aim of these tasks was to test participant identification of prescription drugs solely from the drug images.

In the remaining tasks, participants were presented with hypothetical scenarios that were read aloud by the interviewer. Participants were instructed to answer the questions on the laptop computer as though the behavior described in a given scenario was true for them. Some scenarios tested participants' identification of drugs by name, and others tested participants' ability to identify drugs based on pictures in the booklet and the corresponding on-screen images. The interviewer asked participants to read the questions aloud according to how they appeared on the computer screen and then asked them to indicate how they thought the question should be answered based on the scenario they were given. To obtain preliminary information about the cognitive processing of the question, the interviewer also asked why participants thought a question should be answered a certain way based on the scenario.

Although each interview was allowed 90 minutes, interviews generally only required about 1 hour to complete, including the introduction, informed consent, usability test questions and tasks, and incentive disbursement. Participants were given a \$60 Visa gift card for completing the interview.

2.2 Key Findings

2.2.1 Logistical Issues with Answering the "Yes/No" or "Enter All That Apply" Questions

No participants appeared to have difficulty with answering the yes/no questions. However, some participants had difficulty with the "enter all that apply" questions when the numbering of response categories continued from the previous question, instead of resuming the numbering of the first category with 1.

2.2.2 Ability to Use the Drug Images

Some scenarios in the test booklets presented situations in which a drug was shown as a picture rather than being mentioned by name. Participants were able to correctly answer the relevant survey question by matching the on-screen drug image to the drug image in the test booklet. One participant commented specifically about how well laid out the on-screen images were. These results suggest that participants can successfully use the on-screen images as a recall tool.

2.2.3 Screen Layout Preferences

Participants as a whole did not have a strong preference for whether the drug images were placed above or below the question text. Those who expressed a preference were fairly evenly divided between the two types of layouts.

2.2.4 Issues with the Question Text from a Usability Standpoint

From a usability standpoint, no major issues were identified with respect to whether it was easier for participants to answer the two-criteria or three-criteria questions. In particular, no one commented that the three-criteria layout appeared to be too "busy" on the computer screen. One participant recommended a larger point size for the on-screen font, particularly to aid older participants in reading the questions.

Some participants talked about the repetitive nature of the questions, but no one explicitly mentioned that the three-criteria questions were overly repetitive. Rather, comments about the repetitive nature of the questions appeared to be caused by participants being presented with the same basic questions four different ways (i.e., with the drug images above or below the questions and with the two-criteria or three-criteria wording).

2.3 Changes Implemented

Based on the results of the usability testing, either image layout was deemed acceptable to participants. It was decided that the drug images would be displayed at the top rather than at the bottom of the screen, and that the introductory question text would appear above the drug

images. In addition, response option values for "enter all that apply" questions would be reset to 1 on each relevant questionnaire screen. For example, if there are five drugs displayed per screen, each will be numbered as 1 through 5, as opposed to being labeled 1 through 5 and then 6 through 10. This will address the issue with entering responses that participants identified with the "enter all that apply" questions during usability testing.

3. Cognitive Interviewing: Phase 1

3.1 Data Collection and Participant Profiles

3.1.1 Description of Recruitment Methods

Phase 1 cognitive interviewing included three rounds of interviews. Interviews were conducted in Research Triangle Park, NC; Chicago, IL; and Washington, DC. Advertisements were placed on Craigslist, and flyers were distributed to outpatient substance abuse treatment programs. In the first round of Phase 1 cognitive interviews, only adults were interviewed. In the second and third rounds, adolescents were also interviewed. In all three rounds, the recruitment advertisements targeted past year users of prescription pain relievers and prescription stimulants. Licit or illicit use was not specified in the advertisements. There were two versions of the recruitment advertisements for rounds 2 and 3. One version was for adults, and one version was for adolescents aged 12 to 17.

Persons who responded to the recruitment advertisements were administered a screener over the telephone to assess their eligibility for the study. The screener took approximately 5 minutes to administer. It included questions about how callers learned about the study (to identify the source of recruitment), age, gender, place of residence, education, physical limitations, prior research study participation, and use of prescription pain relievers or stimulants (for any reason) in the past 12 months. Recruitment was balanced to include people who had used prescription pain relievers or stimulants in the past 12 months as well as nonusers. Procedures for obtaining permission from a parent or legal guardian to interview adolescents are described in Section 3.1.3.

In addition, persons who have had considerable prior experience with survey research may bias the data and conclusions. Therefore, persons were deemed ineligible if they had participated in more than one prior research study in the past 12 months (regardless of who conducted the study or the content) or in any prior RTI research study in this period.

3.1.2 Respondent Characteristics across Phase 1

Table 2 presents an overview of selected demographic characteristics of Phase 1 cognitive interview participants. Out of 40 respondents in Phase 1, 10 were adolescents. As noted previously, these 10 adolescents were interviewed in rounds 2 and 3 only. Seven of the 10 adolescent respondents were interviewed in round 2. Recruitment was balanced across gender, with 18 female respondents. In Phase 1, 13 of the respondents were recruited from substance abuse treatment programs. These 13 substance abuse treatment patients were interviewed in rounds 1 and 2; recruitment in round 3 was limited to persons from the general population. Thirty respondents had used prescription pain relievers in the past 12 months and 18 had used prescription stimulants in the past 12 months. Although not shown in the table, of the 30 adults, 15 had a high school diploma, GED, or lower education. The other 15 had attended at least some college.

Table 2. Selected Demographic Characteristics of Phase 1 Cognitive Interview Participants

Participant Characteristic	Round 1	Round 2	Round 3	Total
Adult (18 or Older) ¹	16	5	9	30
Adolescent (12 to 17) ¹	0	7	3	10
Female	7	5	6	18
Enrolled in Treatment Program (Currently or within Past 12 Months)	8	5	0	13
12 Month User of Any Prescription Pain Reliever	14	7	9	30
12 Month User of Any Prescription Stimulant	7	4	7	18
Chicago, IL	5	2	3	10
Washington, DC	5	3	4	12
Research Triangle Park, NC	6	7	5	18

¹ Mean age not available.

3.1.3 Data Collection Procedures

Prior to each interview, informed consent was obtained from participants pursuant to procedures approved by RTI's Institutional Review Board. Parental permission was collected in addition to adolescent assent, when necessary.

The methods of cognitive interview administration were the same across all three rounds of Phase 1 data collection. The interview was conducted using the computer-assisted Blaise interview. The cognitive interviewer first administered introductory questions verifying the respondent's age and gender. The interviewer introduced the laptop functions to the respondent and described the feature of the electronic reference date calendar. The respondent was then asked to conduct the next section of the interview using a self-administered design. In Phase 1, audio files were not used in the first two rounds, so respondents read questions on the screens themselves and then answered the questions. In round 3, respondents could listen to audio recordings of the questions. Interviewers administered think-aloud probes and follow-up probes to collect data on the cognitive properties of specific questions. The following modules were tested in all rounds in Phase 1:

- An abbreviated ensemble screener of drugs
- Pain relievers screener
- Stimulants screener
- Pain relievers main module
- Stimulants main module
- Health module

The protocol largely remained the same for rounds 1 and 2. After round 2, slight changes were made to the cognitive interview protocol. Changes included the following:

- adding probes for questions that were identified as problematic in the first rounds of interviewing,

- dropping three categories describing sources for obtaining prescription drugs, and
- editing selected question logic, question wording, and response options.

Probes were deleted for questions that no longer necessitated testing in the third round. After each interview, adult respondents were given \$40 Visa gift cards for participation. Adolescent respondents were given \$30 Visa gift cards.

3.2 Key Findings

Summaries of the findings and recommendations from rounds 1, 2, and 3 of Phase 1 cognitive interviewing can be found in Appendices B, C, and D. These summaries also include recommendations for edits to increase respondent comprehension of key items.

Key findings from Phase 1 interviews can be arranged into three broad categories: (1) identification of prescription drugs, (2) performance of the misuse criteria, and (3) other issues not related to prescription drugs. The subsections that follow cover each of these key findings categories in turn. Changes that were made as a result of these findings are covered in Section 3.3.

3.2.1 Identification of Prescription Drugs

In most cases, participants recognized the prescription drugs that they took by name. However, some participants did find the drug images to be helpful, particularly if participants were unfamiliar with certain prescription drugs.

In the screener, several screens showed brand name prescription drugs (e.g., Vicodin[®]) and the generic equivalent (e.g., hydrocodone); "generic" was shown in parentheses next to the generic drug name. There was some uncertainty about the "generic" term associated with some drugs. Some participants reported that their doctors would write the brand-name drug on the prescription, but the pharmacy would substitute the generic. Another issue concerns the number of generic drug manufacturers and the variety of generic equivalents of specific drugs that may be dispensed when prescriptions are filled. It would not be realistic to try to include exhaustive examples of images for generic drugs. Addition of the word "generic" to the drug images in round 3 (i.e., in addition to its appearance in the response category for the generic) appeared to be helpful.

Another issue with identifying prescription drugs involved making respondents aware that the questions applied to any form regardless of its appearance or whether they used the drug in pill form or another form. Some respondents neglected to report use of liquid forms of the prescription drug, especially if the images for these particular drugs showed only pills. Other respondents mentioned using the drug, but in a pill form that was not shown on the screen. An edit was made to the instrument to address this issue. This edit is described with PR01 in Section 3.3.

3.2.2 Performance of the Misuse Criteria

The wording "in any way a doctor did not direct you to use it" differentiated between misuse of prescription drugs and use with a prescription and as directed. With few exceptions, participants who used prescription drugs only with a prescription of their own and as prescribed

could determine that they did not use prescription drugs "in any way a doctor did not direct you to use [them]." Similarly, persons who misused prescription drugs could determine that their use constituted use "in any way a doctor did not direct you to use it," even if they used prescription drugs in ways not explicitly listed as examples of misuse.

Later in the module, a question asked respondents which of the specific components of misuse applied to them. This decomposition question puzzled some respondents. In round 1, the criterion of overuse was presented as a single response (i.e., use in greater amounts, more often, or longer than I was told to take it). Some round 1 respondents had trouble determining whether they should choose this second category or the third one (use in some other way a doctor did not direct me to use it). Specifically, some respondents thought that they needed to have engaged in all three of the behaviors that were listed in the second category in order to choose it. Three scenarios for misuse also arose during the interviews that were not listed as examples in the instrument. These were (1) using with alcohol, (2) asking a doctor to prescribe a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed for purchase.

3.2.3 Other Issues

Respondents had trouble understanding the use of canned air or air duster as an inhalant. Although no respondents had used canned air as an inhalant, there were difficulties identifying the product by that term. Problems were identified with respondents entering height and weight in the new health module, but these were resolved with minor revisions to the screens. For questions about the number of outpatient doctor visits, participants had difficulty determining what did or did not constitute a doctor visit. Summaries of the findings and recommendations from rounds 1, 2, and 3 of Phase 1 cognitive interviewing can be found in Appendices B, C, and D. These summaries also include recommendations for edits to increase respondent comprehension of key items.

3.3 Changes Implemented

As a result of all rounds of Phase 1 cognitive interviewing, several changes were made to the instrument. These are listed below and are accompanied by the variable name.¹

- IN01ii—The word "air duster" was added to this question about canned air in the inhalants section for increased comprehension.
- PR01—The text in the introduction to each prescription drug screener was revised to include "Please note that not all forms, dosages, shapes, or colors of these pain relievers are shown on these screens, but you should include any form that you have used." This sentence would convey that respondents should consider forms of the drug other than pills (e.g., liquid forms), even if the image showed only pill forms.
- PR07—Reference to the term "China Girl" was removed for fentanyl because none of the respondents knew it, and fentanyl was the only prescription drug with a slang name.

¹ Variables in the health module were renumbered during pretesting. Variable names as they appear in the questionnaire field test (QFT) instrument are in parentheses.

- PRHOSPYPYR1—This question about use of prescription drugs only in the hospital was dropped because many respondents had difficulty answering it.
- The calendar icon, which reminds respondents how to access the electronic reference date calendar, was made more visible to encourage respondents to use it.
- Audio was removed for the answer choices for height and weight because those are included in the questions.
- HLTHNEW03 (HLTH19)—This question, which asks the respondent how many times he or she has visited a doctor in the past year, was revised to streamline the text.
- HLTHNEW11 (HLTH29) & 12a (HLTH31)—Specs about specific health conditions were changed to skip questions about whether respondents had specific conditions in the past 12 months if the age at first diagnosis equals current age.

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4. Cognitive Interviewing: Phase 2

4.1 Data Collection and Participant Profiles

4.1.1 Description of Recruitment Methods

Phase 2 of cognitive interviewing included two rounds of interviews. For both rounds of interviews, recruitment advertisements were placed on Craigslist in Research Triangle Park, NC; Chicago, IL; and Washington, DC.

The Phase 2 cognitive interview research questions influenced the recruitment goals. During Phase 2, methodologists sought to test the transition from asking questions about health insurance and income using an interviewer-administered mode to using ACASI. Because respondents can nominate a proxy to answer these questions on their behalf, new questions were developed to provide this proxy with a tutorial on how to use the computer and the interviewing program. Transition statements were also developed to inform the proxy about their role in the interview. To test this process and these new screens, RTI recruited adolescents to serve as respondents and their parents to serve as proxies. In some cases, the parents went on to complete a full interview after serving as a proxy respondent for their child.

Three versions of the advertisement were posted: (1) a version targeting military veterans, (2) a version targeting parent-teen pairs, and (3) a final version targeting adolescents whose parent would participate in a short interview as a proxy for health insurance and income questions.

Prospective participants who responded to the advertisement were administered a screening questionnaire. The screener took, on average, approximately 5 minutes to administer. A variety of demographic questions were asked of prospective participants, including questions about age, gender, educational attainment, military status, and use of prescription drugs in the previous 12 months. Answers to screener questions, in addition to the location at which they would be interviewed and the study population to which they belonged (military veteran, parent-teen pair, adolescent with proxy interview, and drug use history), were used to select participants and reach recruitment targets to the extent that was logistically possible. Because reporting illicit or prescription drug use was not an eligibility requirement in the first round, few first round participants were heavy or expert drug users. Therefore, in the second round of interviews, RTI targeted individuals who had used any of the four psychotherapeutic prescriptions or methamphetamine and those who had received drug treatment in the past 12 months. For these reasons, the final sample of participants represents a diverse set of demographic characteristics and experiences.

4.1.2 Participant Characteristics

Table 3 presents a summary of selected demographic characteristics of Phase 2 cognitive interview participants. For some demographics, such as age and gender, participants were well distributed across interviewing rounds. For other characteristics of interest, the distribution reflects changes in recruiting goals between rounds. Reasons for changes to recruitment goals are discussed subsequently.

Participants ranged in age from 12 to 68. A total of 24 adults participated in Phase 2 interviews, with a relatively even distribution between rounds (round 1 = 10; round 2 = 14). The mean age of adult participants was 42 years. Among the 16 adolescents, 10 participated in the first round, and 6 participated in the second round of interviews. The mean age of adolescent participants was 15 years. Approximately half of the sample was female (i.e., regardless of age). Among adults who provided information on educational attainment, a majority had at least some education beyond high school (not shown in Table 3).

Interviews in Phase 2, round 1 included a relatively large number of military veterans, and it included a much small number of individuals with a history of heavy drug use. As discussed in Section 4.2, veterans exhibited no problems answering the questions of interest. As a result, the recruitment goals shifted in the second round of interviews to target individuals with more drug experience.

Table 3. Selected Demographic Characteristics of Phase 2 Cognitive Interview Participants

Participant Characteristic	Round 1	Round 2	Total
Adult (18 or Older) ¹	10	14	24
Adolescent (12 to 17) ²	10	6	16
Female	9	12	21
Veteran	5	2	7
Enrolled in Treatment Program (Currently or Within Past 12 Months)	2	5	7
High Use Participant [*]	0	11*	11
Chicago, IL	4	5	9
Washington, DC	3	5	8
Raleigh, NC	13	10	23

¹Mean age = 42.

²Mean age = 15.

* The category "high use" was created for Phase 2, round 2 to refer to individuals who had experience with more than one or two prescription drugs. This enabled recruitment of individuals who had a history with heavy drug use.

4.1.3 Data Collection Procedures

Prior to each interview, informed consent was obtained from participants pursuant to procedures approved by RTI's Institutional Review Board. Parental permission was collected in addition to adolescent assent, when necessary.

The methods of cognitive interview administration were the same across the two rounds of Phase 2 data collection. These procedures were also the same as those described in Section 3.1.3. Audio was available to participants in Phase 2. Interviewers administered think-aloud probes and follow-up probes to collect data on the cognitive properties of specific questions.

In round 1, a selected set of modules was administered to participants. In round 2, the entire proposed redesigned instrument was administered to participants. In both rounds, probes were inserted following items of interest.

After each interview, adult respondents were given \$40 Visa gift cards for participation. Adolescent respondents were given \$30 Visa gift cards.

4.2 Key Findings

Summaries of the findings and recommendations from rounds 1 and 2 of Phase 2 cognitive interviewing can be found in Appendices D and E. These summaries also include recommendations for edits to increase respondent comprehension of key items. Key findings from Phase 2 interviews can be arranged into three broad categories: (1) findings related to the front- and back-end demographics sections, (2) findings related to prescription drug use and misuse, and (3) findings related to substances other than prescription drugs. The following subsections cover each of these key findings categories in turn. Changes that were made as a result of these findings are discussed in Section 4.3.

4.2.1 Demographic Items

As noted in Section 4.2.1, round 1 interviews included a recruitment focus on military veterans. In general, veterans were able to understand terms and phrases in the way in which they were intended. Veterans understood the phrase "full time in the Reserves" (item V2a) despite the fact that none of them reported ever being in the Reserves. Most participants were also able to correctly define a combat zone when methodologists probed about the meaning of the term (QD10c).

For a few participants, the new education question (QD11) was problematic. Interviewer probing revealed that the order of the response categories was confusing. The question asked about the highest grade that was completed, and response categories 1 to 11 included language to that effect. Consequently, a participant originally understood an answer of "12" to mean finishing the 12th grade. Revisions, as described in Section 4.3.2, were made to address this item.

A majority of participants understood the questions in the back-end demographics module. For example, participants correctly understood, despite being on summer break, that they should report currently attending school (QD17). They also understood, when asked what grade they were currently attending, to report the grade they are planning to enter after summer vacation comes to a close. No problems were encountered when defining testing for drugs or alcohol as part of the job hiring process (QD49), and what the term "random" means in the context of random drug testing (QD50). One back-end demographic question that RTI noticed could be moderately confusing to respondents was the item about sources of income (INTRTINN). In the past this item was interviewer administered. The transition to an ACASI administration resulted in awkward question wording and thus was revised to account for the mode.

Most participants were able to answer a question about their height (HLTH04) with no problems. However, it became clear in one interview that some respondents might not be able to answer the question in the formats that were available (feet/inches or meters/centimeters). Some respondents will be able to answer only in inches or only in centimeters because this is often how height is measured in medical evaluations. Revisions to the available methods of entering height were therefore implemented.

Income branching questions (QI20N, QI21A, and QI21B) were generally understood by participants. One branch question (QI20N) asks respondents whether they make over or under an income threshold. Contingent on their answer, respondents are taken to QI21A (for incomes below \$20,000) or QI21B (for incomes over \$20,000). The numeric categories carrying over from QI21A to QI21B was confusing to one participant. That is, there were "20" categories in the first branch of questions that the participant was not routed to and had not seen. The question she was routed to (QI21B) began categories at "21." No other question began a list of numeric categories in such a way, which led to the initial confusion about how to answer the question. The response category labels were revised to begin at 1.

The instrument tested in Phase 2, round 2 included two transitions from interviewer administration to self-administration. In both rounds of interviewing, most respondents who were serving as a proxy believed the proxy tutorial was simple to follow and understand. In a couple of instances, however, it was apparent that the transition between modes could be improved. In response, edits were made to these items, as explained in Section 4.3.1.

4.2.2 Prescription Drugs and Use/Misuse

A number of issues related to prescription drugs continued to be explored in the Phase 2 cognitive interviews. Highlighted findings include how participants understood concepts such as generic, use, misuse, and "not all forms shown"; what motivated participants to misuse prescriptions; and participants' ability to recall their age at first misuse of prescription drugs. Relevant findings are discussed in this section, and corresponding changes that were implemented are discussed in Section 4.3.

In most cases, the concepts that were explored were understood by participants as had been intended. Most participants were able to identify generic drugs as the less expensive alternative to a brand name drug. A small proportion of participants showed less clarity about the chemical equivalency of generic and brand name drugs and that generics also require a prescription.

In both rounds of interviews, participants shared a similar understanding of the concept of misuse of prescription drugs. However, questions about misuse are administered to participants who report the use of prescription drugs. Therefore, this finding must be measured against the finding that there was less clarity among participants about the concept of use. The intended understanding of "use" for prescription drugs starting at PR01 was use of any kind. Because the first question about prescription drug use followed a long list of questions about illicit drug use, some participants thought that the prescription drug screener questions were asking only about the misuse of prescription drugs. Conversely, several participants thought the screener questions were asking only about use of prescription drugs in a way that they were prescribed.

In addition to determining whether participants interpreted the concept of misuse in the intended manner, the SAMHSA/RTI instrumentation team aimed to learn more about how participants recalled their first misuse and their motivations for misuse. Questions that measured motivations for misuse were added for the first time in Phase 2. No problems were apparent in recalling the age at which misuse first occurred.

One cognitive issue was uncovered when the motivation items were tested. This finding revealed an absence of a specific category for misusing prescription drugs to deal with emotions. It also became apparent that logic and skip patterns in this series of questions needed editing. A description of these revisions begins in Section 4.3.1.

Throughout the testing, instructions to respondents that indicated that not all forms of pills were shown on the screen underwent further modification. Despite this iterative testing, problems persisted. For instance, only morphine pills were shown on the screen as examples for this drug. Respondents had difficulty determining whether to report use of morphine in liquid form that they received by injection or intravenously. In response, a photo of a vial of liquid morphine was added to this screen, along with the reminder about the forms that drugs can take.

4.2.3 Tobacco, Illicit, and Special Drugs

Nonprescription drug items were also of interest in Phase 2 cognitive interviews. Of particular interest were new items about new cigarette naming conventions, substances that were now asked about in the hallucinogen module, and whether participants understood questions about medical marijuana.

Previous versions of the NSDUH questionnaire asked about the type of cigarettes current smokers smoked most often (e.g., lights, ultra lights, mediums, or full-flavored cigarettes). Recent legislation banned cigarette manufacturers from using terms on packaging that referred to cigarette strength. As a result, many manufacturers migrated to using a color-coded system as an alternative naming convention. In an attempt to continue to track trends in the types of cigarettes most smoked, a new question (CGCOLOR) was developed.

In cognitive interviews, the SAMHSA/RTI instrumentation team aimed to determine how well current smokers could recall the package color of the cigarettes they smoke most often. Half of those who reported smoking in the past 30 days (current smokers) reported an issue with answering this question. Participants reported that cigarette packaging includes multiple colors, indicating that participants failed to understand the purpose of the question about package color. The multiple colors on packaging left some participants unsure if they should pick the main color, background color, or color of the text on the packaging. As a result, this question was dropped from the specifications.

New hallucinogen questions were also of special interest in Phase 2 interviews. Previously, these questions were housed within the special drugs module. The redesigned questionnaire included them in the hallucinogens module. A primary objective of testing these items in Phase 2 was to determine the extent to which participants would be familiar with these drugs. Table 4 shows the number of participants who had heard of each of these drugs. As can be seen in the table, participants were most familiar with ketamine.

Table 4. Counts of Phase 2 Participants Who Had Heard of New Hallucinogens

Type of Hallucinogen	Number of Participants Who Had Heard of the Drug
Ketamine (LS01i)	14
DMT, AMT, or Foxy (LS01j)	8
<i>Salvia Divinorum</i> (LS01k)	9

All of the participants who were routed to a new item about medical marijuana (MJMM) demonstrated an understanding of the concept of medical marijuana that was consistent with what was intended in the question.

4.3 Changes Implemented

4.3.1 Phase 2, Round 1

After Phase 2, round 1 interviews, RTI and SAMHSA met to discuss findings of the interviews. Decisions were made with regard to what changes were needed and where further attention should be placed during the next round of interviews. A bulleted list of the changes is provided, along with a brief review of the reason for each change.

- QI21B—It was learned in cognitive interviewing that this item had the potential to confuse respondents since the categories carried over from another income branch question that respondents who are administered QI21B would not see. Categories were renumbered starting at 1 to be consistent with other items in the instrument.
- INTRO1—A sentence about the respondent being able to read the questions in the ACASI system was included in this item. It was deemed during the meeting between RTI and SAMHSA that it was unnecessary. It was subsequently removed.
- HLTH04—It was determined in cognitive interviews that some respondents might have a difficult time answering a question about their height in the formats provided (feet *and* inches or meters *and* centimeters). Two new options were added to the question. These options allow respondents to indicate a preference to answer the question about height in *only* inches or *only* centimeters.
- QD26—During the meeting after Phase 2, round 1, SAMHSA and RTI agreed that the F2 options for more information could be improved by tailoring them to the question on which they appear. The more information option for QD26 was tailored to indicate that a respondent could ask for more information about the types of work to include when answering about working in the past week.
- Motivation for misuse items (PRYMOTIV, TRYMOTIV, SVYMOTIV, and STYMOTIV)—During the meeting after Phase 2, round 1, RTI and SAMHSA reviewed the questions about motivations for misuse of prescription drugs. Resolutions were reached on question wording and logic. Several decisions were made on the question logic. These include the decision to ask relevant motivation questions (PRYMOTIV, TRYMOTIV, SVYMOTIV, and STYMOTIV) of all respondents who reported prescription drug misuse in the previous 12 months, the decision to ask about a main reason when respondents reported multiple motivations for misuse (PRYMOT1,

TRYMOT1, SVYMOT1, and STYMOT1), and the decision not to allow respondents to select the "other" reason as their main reason for misuse.

- "Not all forms" language—During Phase 2, round 1 interviews, issues continued to be found with the phrasing of the concept that "not all forms" of drugs are displayed in the drug images. It was decided during the meeting after Phase 2, round 1 that revised wording would be tested for Phase 2, round 2. The change can be characterized as one from negative phrasing ("not all forms...are shown") to a more neutral phrasing ("some forms...may look different").
- PRIPROX and PRIPROXR—To reduce burden for respondents who previously completed an interview or proxy interview, it was decided to recreate filter questions. Two items were created. One allows the field interviewer (FI) to indicate the respondent previously completed the tutorial, if they are aware of this fact (PRIPROX). If the FI is unsure or cannot recall whether a respondent has previously completed the tutorial, a question is asked of the respondent (PRIPROXR). A response indicating previous completion of a tutorial routes the respondent to a transition screen where the FI informs the respondent about the following section (TOPROXY).

4.3.2 Phase 2, Round 2

A number of changes to question wording, question logic, and response options resulted from the Phase 2, round 2 interviews as well.

- QD11—RTI learned in cognitive interviews that the order of categories could be confusing to some respondents. Categories 12 and 13 were reversed so that category 12 now represents a high school diploma and 13 means 12th grade but no diploma.
- CGCOLOR—About half of cognitive interview participants were unable to understand the question was asking about the new color code system cigarette manufacturers have implemented. It was decided that this question should not be included in the specifications.
- INTROPR (introduction to the pain relievers screener, which is the first prescription drug module)—Through interviews it was determined that it was unclear to participants that prescription drug questions were asking about any kind of use. To emphasize that point, the word "any" was inserted in the first sentence of introductions to prescription drug modules (INTROPR, INTROTR, INTROSV, and INTROST) so that it reads "These next questions are about **any** use of prescription [drug type]."
- PR06 (use of pain relievers containing morphine)—Several participants were unclear that nonpill forms of morphine should be included in their response. The SAMHSA/RTI instrumentation team added to this screen the reminder to include all forms of the pain reliever that one has used. It was also decided that an additional image showing a vial of morphine would be added to the screen. Including this image should prompt respondents to include liquid forms of morphine they received by injection or intravenously.
- Motivation for misuse items (PRYMOTIV, TRYMOTIV, and SVYMOTIV)—A participant responded that he misused a prescription drug to help him deal with his emotions. None of the existing response options were appropriate. A response category "to help me with my feelings or emotions" was added.

- Other reasons for misuse (PRMOTOT, TRMOTOT, SVMOTOT, STMOTOT)—It was unclear to a participant that the instruction involved typing in the "other reason" for misusing a prescription drug. The word "other" was inserted into the sentence so that it is clear that respondents should type in the reason they were thinking of when they indicated another reason in PRYMOTIV, TRYMOTIV, SVYMOTIV, or STYMOTIV.
- Other reason is the main reason for misuse (PRYMOT1, TRYMOT1, SVYMOT1, and STYMOT1)—It was previously decided not to allow respondents to indicate that the other reason was the main reason for their misuse. However, some respondents chose to list the other reason as their main reason. It was decided to add a category "the other reason I reported" to account for this.
- DRPR—This question asks respondents to think about the pain relievers that they previously reported misusing. Respondents with heavy levels of prescription drug use were either not clear which pills were pain relievers or which they reported using versus misusing. The question was edited to include a list of misused prescription pills for reference. Wording was also edited to consistently refer to misuse.
- QI12AN and QI12BN—Some cognitive interview participants had difficulty understanding the types of welfare or public assistance to which these questions referred. A bulleted list of the types of assistance respondents should include in their answers was added to this question.
- INTRTINN—This question was previously administered by an interviewer. Wording in that question referred to the sources of income "that we just talked about." This wording was changed, in case it was awkward to use when the computer is reading the questions.
- Proxy tutorial—During cognitive interviews, it became clear that it was burdensome to have respondents answer all of the ACASI tutorial items in their interview if they previously served as a proxy for another respondent. As a result, an abbreviated tutorial was created for use in the Questionnaire Field Test. This tutorial will ensure that respondents are presented with information they did not previously receive when they served as a proxy. Table 5 shows the screens that are a part of the full and abbreviated front-end and back-end tutorials.
- Tutorial transition—During Phase 2, interviewers observed that there was no screen for transitioning the computer from the interviewer to the respondent. Additional instructions were needed for interviewers to turn the computer over to the respondent when a proxy was not used in the interview. Such instructions were added to HINSINT, which was renamed from NOPROX.
- Calendar—Where appropriate, the SAMHSA/RTI instrumentation team added reminders for the respondent to press a function key to access either the 30-day or the 12-month reference date calendars. These reminders were added to most screens in the instrument that asked the respondent to report behavior in the past month or year. Where reminders were not included, the calendars themselves were added.
- INTROINC—In the final paragraph, this item informs respondents that the upcoming questions refer to the past calendar year rather than the past 12 months that were referred to in previous questions. However, this would be confusing to proxy respondents because they were not administered a battery of questions using the 12-month reference period.

Skip logic was added to the item to ensure that proxy respondents are not shown the paragraph referring to a calendar year.

Table 5. List of Screens Presented for the Full and Abbreviated Tutorials

Full Front-End Tutorial	Abbreviated Front-End Tutorial	Back-End Tutorial
IntroAcasi1		IntrAcasi1b
IntroAcasi3		IntrAcasi3b
IntroAcasi4		IntrAcasi4b
IntroAcasi2	IntroAcasi2	
HeadPhone		Nohphone
INTRO1		
INTRO2		
	INTRO3	
GOTDOG		
EYECOLOR		EYECOLRB
ALLAPPLY	ALLAPPLY	
NUMBER		NUMBERB
BACKUP		BACKUPB
PLAYINFO		PLAYINFB
rangeerr	Rangeerr	
calendar	Calendar	
calendr2	calendr2	
calendr3	calendr3	
ANYQUES	ANYQUES	ANYQUES2

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5. Discussion

5.1 Summary of Major Changes

The redesigned instrument was tested across a total of six rounds and variations throughout the redesign pretesting procedures; these rounds included one round of usability testing, three rounds of cognitive interviewing to test redesigned prescription drug modules, and two rounds of instrument cognitive interviewing for the total redesigned instrument. Usability testing was conducted in October 2009. Cognitive interviewing was conducted from January 2011 through February 2012. Findings from these pretests informed many questionnaire changes. The major changes included

- deciding upon the "top of screen" layout, use of the wording "in any way not directed by a doctor" to describe misuse, and making respondents aware of the three misuse criteria wording for the prescription drug questions;
- finalizing new wordings to reference generic drugs and that not all forms of prescription drugs may be pictured on a given screen;
- removing questions about hospital use of prescription drugs;
- improving the display of the calendar icon that reminds respondents that the electronic calendar is available through a function key;
- refining questions in the health module about height and weight for ease of self-administration; and
- adding a transition to the proxy tutorial.

A crosswalk of question text that is included in the main NSDUH questionnaire and the pretesting questionnaires and ultimately is recommended for inclusion in the field test questionnaire is included as Attachment F. This document serves as a reference to track question development across the pretesting phases.

5.2 Usability Testing Advantages

Conducting a series of usability tests followed by increasingly in-depth cognitive interviews allows for a detailed, iterative examination of potential questionnaire problems. The usability testing identified early on that respondents did not have problems with the screen layout and that people understood the purpose and function of the onscreen pictures. One advantage of conducting a small round of usability testing was that it allowed the study team to eliminate some errors that might have burdened cognitive interviewing and clouded the findings of those interviews. A significant recurring theme of comprehending "generic" medications was first observed in the usability testing. Cognitive interviewers, as a result, knew to probe the questions about generic drugs for additional issues in subsequent rounds.

5.3 Recommendations for Future Pretests

Given the advantages of the usability testing, RTI recommends including it in future rounds of pretesting. Usability testing is especially adept at blending testing of new equipment and screen layouts and features. Now that the reference date calendars and drug images are part of the CAI instrument, there may be usability implications of transitioning to new hardware. With the addition of a new tablet device that has the potential to display show cards and other FI materials, usability testing is recommended for any respondent and FI interaction with the tablet.

The recurring themes of the redesigned cognitive and usability testing suggest the need to investigate the following issues for the field test:

- The prescription drugs sections are longer. However, use of prescription drugs in the past 12 months was a criterion for recruiting cognitive interview participants. Consequently, the administration time for the prescription drug questions and the overall administration time may be shorter with a broader cross-section of respondents in the field test. Nevertheless, it will be important to track the average interview times during the field test to identify sections that may be still too long.
- It will be important for field test interviewers to report notes and experiences on the proxy transition into the second ACASI portion of the interview. This is a situation that is likely to be dependent on many variables that are present within the field (rather than lab) setting.
- It will be important for the instrumentation team to track reports of usability concerns with the electronic calendars.
- Some questions that were administered smoothly in the cognitive testing lab may be awkward with the wider variety of respondents in the field. Field interviewers will be encouraged to note awkward wording and choppy or missing transitions.

Overall, iterative rounds of pretesting, combinations of usability testing and cognitive interviewing, and revisions to instruments and protocols in response to findings have resulted in an instrument that is well positioned to be tested in a field setting.

6. References

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Appendix B

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 1 Round 1 Results

NSDUH Prescription Drug Redesign Cognitive Interviewing Round 1 Results

I. Highlights

Respondent Characteristics

Cognitive interviewers reported that the respondents were quite sophisticated in their knowledge of the subject. They were well-versed in what it means to misuse prescription drugs according to the examples and wordings given in the instrument, even if they themselves did not report misuse of prescription drugs. They also had a high awareness of which drugs they took (see below).

Three types of respondents emerged during these interviews. Treatment clients were heavy drug users who were well aware of the potential for abuse and addiction with using prescription pain relievers. Several were aware of people crushing and then snorting pain relievers. Some also reported misuse of certain pain relievers when heroin or other preferred drugs were not available.

Many general population users had chronic pain, and struggled between a desire to relieve this pain and a desire not to become dependent on the pain relievers. Some reported noticing behaviors that concerned them, like needing to take more medication because the drugs were having less effect for pain relief. They stopped taking the medicine, lived with the pain for a while, and then would resume taking the medicine as prescribed. Others in this group reported not liking the effects of the drugs, such as nausea or feeling too disoriented.

A third participant profile revealed that of the recreational user. For example, Vicodin might be considered better for partying than for pain relief. Another example involved use of Adderall and Vicodin on weekends in combination with alcohol to enhance a person's partying experiences.

Although most participants were knowledgeable about pain relievers, heavy past year stimulant users were missing from this group of participants. Therefore one option to consider for Round 2 recruitment efforts is to place a greater focus on recruitment of past year stimulant users, especially for adults, since Round 1 has provided considerable information about adults' experiences with pain relievers.

Identification of Prescription Drugs

Participants often recognized the drugs by name, although some did find the pill images to be helpful. One issue that sometimes caused confusion was the inclusion of brand-name drugs and the generic equivalents in the same question. Some participants in particular reported that their doctors would write the brand-name drug on the prescription but the pharmacy would substitute the generic. Therefore, one issue for remaining rounds would be assisting persons in reporting

what they actually took, regardless of the name of the drug that was written on a prescription.

Another issue with generic drugs concerns the number of manufacturers of generics and the variety of generic equivalents of specific drugs that may be dispensed when people fill prescriptions. It would not be realistic to try to include exhaustive examples of pill images for generic drugs. Nevertheless, additional feedback in Rounds 2 and 3 could be helpful for identifying if important examples of certain generic drugs are being missed, such as pills of a particular color. Additional options also may need to be considered for clarifying for respondents that pictures may not show all possible examples of a particular pill, or forms other than pills.

Performance of the Nonmedical Use Criteria

Based on the examples given and use of the term "in any way that a doctor did not direct you to use it," participants generally were able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. When participants gave information about how they recalled information such as how old they were when they first used a particular prescription drug nonmedically, they commonly cited examples of getting medication from someone else's prescription, using a lot of the medication, doubling up on dosages, or taking it at parties or when "hanging out" with friends.

In the decomposition questions, however, some participants had trouble determining whether they should choose the second category (use in greater amounts, more often, or longer than I was told to take it) or the third one (use in some other way a doctor did not direct me to use it). The specific issue is whether participants see these two categories as distinct or overlapping. Because the second criterion includes three ways in which persons can overuse prescription medication, another issue is whether participants recognize that they should endorse this category if some but not all of these characteristics apply.

Three scenarios for misuse arose during the interviews that were not listed as examples in the instrument. These were (1) use with alcohol, (2) asking for a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed. An important question for the first two of these is whether respondents would recognize these behaviors as use of a prescription drug "in any way a doctor did not direct you to use it" even if these examples are not explicitly listed. In addition, use in combination with alcohol may be a criterion for use of pain relievers, tranquilizers, and sedatives "in any way a doctor did not direct you to use it" but not necessarily for stimulants. An issue for persons who obtained drugs outside of the United States without a prescription is whether this should be counted as nonmedical use if the prescriptions were obtained legally, even if these drugs would require a

prescription in the United States. If this should not be counted as nonmedical use, the related issue is whether and how to indicate this to respondents.

II. Ensemble Screener Findings

CG17REV – Of the 16 participants who responded to this question, 4 have heard of snus and 3 correctly identified what it was. The fourth person thought that it goes up your nose.

AL01 – Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions included being fruity, girly, ready-made and flavored. Most participants compared them to wine coolers, and 2 participants mentioned that 4 Loko is similar. These same two participants identified Sparks as being caffeinated as well as alcoholic.

MJ01 – Most participants were able to correctly identify what a blunt was.

CC01 – Descriptions of crack included: smoked, more addictive, costs less, crystalline substance smoked in a pipe, rock, baking soda is added. Cocaine: snorted, powder, inject, pure. Two participants thought that there was no difference between cocaine and crack.

CC01 – Five participants reported use of cocaine or crack. There were no inconsistencies in their narrative of use.

HE01 – Only 1 participant had heard of cheese, while most had heard of black tar.

SD17a – Almost all participants had heard of methamphetamine. They had no other names to suggest.

HALINTRO – Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included: marijuana, cocaine, crack, heroin, alcohol, crystal meth, and Ambien. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

INHINTRO: Most participants were able to correctly identify examples of inhalants.

IN01a: Responses about a definition of ‘for kicks or to get high’ included: to escape, for a euphoric feeling, excess use, stupor, for fun or a desired effect, recreational, another frame of mind, to feel good, get outside yourself, heightened senses, for abuse, alter mood, because of boredom. Some participants differentiated between "for kicks" and "to get high." For these participants, "For

kicks" implied more casual use focused on having fun or doing it out of boredom. "To get high" implied less casual use focused on escape or to avoid emotions.

IN01e & h: Two participants reported using an inhalant, but correctly decided against reporting this because it was not 'for kicks or to get high.' One accidentally smelled some gas that had spilled at the gas station, and the other had laughing gas at the dentist.

IN01h1: Most participants had not heard about inhaling markers and pens to get high. Many were incredulous that this actually happens, and none reported doing it. However, 2 people had heard of this. (We may observe greater awareness of this behavior among adolescents.)

IN01ii: There was a good deal of confusion about canned air. Many participants referred to this as 'air duster'. A Google search of 'air duster' revealed a number of products by that name. One participant thought that canned air had to do with filling flat tires. Two confused this with whippits.

Recommendation: Revise this question. Perhaps add the words "air duster" or "electronics air duster" to make the meaning clearer.

III. Pain Reliever Screener Findings

INTROPR: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Some descriptions of over-the-counter drugs included: lower dose, pick it off the shelves, don't alter your state of mind, not as strong, can't get high off of them, bought without doctor's permission, and off the shelf. Prescriptions were described as: containing narcotics, higher dose, controlled substance, bought from the pharmacist, stronger, gives you a high, more powerful, more dangerous, easier to abuse, more expensive, harder to get, need a prescription from a doctor with a signature on it, narcotics.

PR01: Participants reported using a multiple drugs on this list. Two participants reported thinking that Lorcet and Percocet were the same thing. Another reported thinking that Vidodan and hydrocodone were the same, along with Norco. He reported taking Norco as opposed to hydrocodone, but reported the hydrocodone. One participant was given the pain reliever in the hospital. Participants were able to distinguish medical and nonmedical use in their narratives of use. For instance, one participant reported taking the pain relievers as prescribed on the first three days, but then took nine pills in one day. He acknowledged that he did not take them as prescribed. Participants discussed using the pain relievers for recreation, following the instructions for use, or stopping use early when pain eased.

Recommendations: Discuss the merits of further differentiating between brand name drugs and their generic equivalents.

Feedback on pill images of hydrocodone products: One participant reported that the pictures of hydrocodone looked the same, but the ones she took were yellow.

Recommendation: Investigate whether we get similar feedback in Rounds 2 and 3 to determine whether to identify a suitable picture of a yellow hydrocodone pill for the field test.

Participants were all able to correctly fit their use in the 12 month reference period.

PR02: 11 participants reported using these drugs. One participant said that he thought that Percocet and Lorcet were the same thing, but the names on the bottles were different, so he must be wrong. All participants were able to answer the question based just on the names, although 3 reported that the pictures were helpful. One reported that his prescription is for Percocet, but his pharmacy gives him generic oxycodone for insurance reasons, so he sometimes gets confused about this. He reported taking the oxycodone.

Feedback on pill images of oxycodone products: One participant reported that the oxycodone she took looked like pills in the picture, but hers were bigger. Hers were the size of the Percodan. Another reported that she took the fat, white Percocets, and there were no white Percocets in the picture.

Recommendation: Continue to investigate whether we get similar feedback in Rounds 2 and 3 about discrepancies between pills taken and pill images shown online for oxycodone products.

PR03 – One person used Darvocet in the past 12 months.

PR04 – One person had used Ultram and tramadol. Another used tramadol when he ran out of a prescription for oxycodone.

PR05 – Seven people had used Tylenol with codeine. One participant called this a Tylenol 3. Another reported that he also used Tylenol 4, which is the pill with the 4 on it. The FDA's Center for Drug Evaluation and Research lists these as "Tylenol with Codeine No. 3" and "Tylenol with Codeine No. 4."

Recommendation: Consider changing the question to refer to Tylenol with Codeine as Tylenol with codeine Number 3 and Tylenol with codeine Number 4.

PR06 – 2 participants reported using morphine in the past 12 months. Others reported use, but added that this was not in the past 12 months. Participants distinguished between the liquid and pill forms of morphine, reporting they had it in an IV.

Recommendation: Consider whether an image of a liquid morphine ampule should be shown in the field test as an example of morphine.

PR07 – Participants were familiar with a number of these drugs. Some reported lifetime use, but none in the past 12 months.

Feedback on images of Fentanyl products: Participants provided positive feedback about the images. Among the benefits cited were comments such as, “The pictures were really helpful. I looked at the pictures first. There were two whose names were unfamiliar, so I needed the pictures. If I hadn’t seen the pictures, I might have confused them with another drug.” “It looked like this (points at Actiq) but it was spelled like that (points at Fentanyl).” “The pictures were very useful. I used “China Girl” once. And the picture helps clarify what it looked like. Especially when comparing fentora and Fentanyl. If the pictures weren’t there, I might have mistaken fentora for Fentanyl because the names are similar.” “The packaging helps.” 2 participants also said that Fentanyl comes in a lollipop too. (NOTE: A picture of the Fentanyl in lollipop form was used in place of Actiq because of time and cost involved in acquiring a special image of Actiq.)

Recommendation: Consider whether to include the lollipop form as an example of Fentanyl.

PR08 – 2 participants reported use of Suboxone. One was using it to stop going through withdrawal from pain reliever addiction.

PR09 – 2 participants reported use of Dilaudid. One said that he used this only in the hospital and asked if that counted. Two participants had used methadone, at least one of which was at a methadone clinic under supervision. One used Demerol and said that the picture helped him identify it. Finally, one person reported that the pictures helped him decide that he had taken Opana ER as opposed to Opana.

Recommendations: 1. Given the likely variations in the appearance of methadone that is dispensed in liquid form, consider how to clarify that any use of methadone in the past 12 months (i.e., not just in pill form) should be reported in PR09. 2. Consider whether instructions need to include reports of any medications that people took while in the hospital. However, receiving dosages of pills in a hospital is a different experience than receiving a prescription that will be filled for use at home. Participants may be unable to identify which pills they took in a hospital, or to recall that they took pills at all. Do we anticipate that use of pain relievers (or specific pain relievers) will be significantly underestimated if we do not instruct respondents to report pain relievers that they took in the hospital?

PR10 – No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting. One participant said that they would not have reported use of Percocet had they only seen the pictures.

PR11 – Other pain relievers that participants reported that they used in the past 12 months included non-steroidal anti-inflammatory drugs (NSAIDS) such as naprosyn or diclofenac (brand name Cataflam). Other drugs that were reported included Lyrica (pregabalin) and Robaxin (methocarbamol). One person mentioned liquid methadone as an example of something that people might report, but this person had not actually taken it. One participant reported Gabatin, which does not appear to be a drug. Perhaps she meant Gabapentin.

IV. **Stimulant Screener**

INTROST – Most participants had heard of No Doz and Dexatrim. 3 people mentioned 5 Hour Energy as an example of a stimulant. One person mentioned Hydroxycut.

ST01 – One participant replied that he was not sure which one to report, because Dexedrine is the brand name, used by the company while Dextroamphetamine is the chemical name. He was also familiar with the mix of amphetamine and dextroamphetamine. One participant reported Vyvanse here as a dextroamphetamine, but changed her answer when she got to ST05. One participant said that the pictures of Adderall helped her decide whether to choose the extended release or the original.

ST02 – None of the participants had used any of these drugs.

ST03 - None of the participants had used any of these drugs.

ST04 – Two of the participants used Phentermine. One bought it in Mexico, while the other was prescribed it at a diet clinic.

ST05 – One participant used Vyvanse.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Phentermine, which then helped with recalling the name.

ST06 – One participant reported getting Meridia in Mexico. (NOTE: This is no longer available in the US).

ST07 – Participants did not report using any stimulants in their lifetimes. One participant later reported that her son was prescribed medicine for ADD. She took one of his pills so that she could see how it affected him. However, she neglected to report that use in ST07.

Feedback on pill images – One participant requested that the pills should be bigger so that participants could read what is written on them. Another reported that the writing and numbers on the pills should be bigger because that is how people on the street recognize what they are buying. A third participant pointed out the potential for confusing Wellbutrin, Buspar, and Buprenorphine. She recommended including the generic names with the brand names.

Recommendation: Investigate adding a zoom function to enlarge the pill images. Two issues to consider are inclusion of keystroke commands (to avoid the need for participants to use the touchpad) and whether simple enlargement of the existing images will improve respondents' ability to identify the writing on the pills.

V. Pain Reliever Module Findings

PRL01- In describing examples of using a prescription pain reliever in a way not directed by a doctor, two participants mentioned using a prescription pain reliever with other drugs or with alcohol. One specifically reported taking pain relievers with a glass of wine because “they just work better” that way. Otherwise, participants described ways of use not directed by a doctor that are included in the definition, such as:

- Taking someone else’s prescription
- Using the prescription too much/more than a doctor prescribed
- Getting it from a source other than a doctor
- Snorting a pill.

One participant recommended including “norco” on the list because people may not know that it is the brand name for hydrocodone.

Except for the issue of use in combination with alcohol or other drugs and the recommendation to include “norco,” this feedback suggests that Round 1 participants who were routed to PRL01 correctly understood ways of using pain

relievers that were not directed by a doctor to encompass relevant components of nonmedical use.

Recommendation: Determine if additional participants in Rounds 2 or 3 endorse combining pain relievers with other drugs or alcohol as a way of using pain relievers that is not directed by a doctor.

PRY01 – All participants routed to this question about Vicodin understood that we were asking this question to get at abuse of prescription pain relievers or getting them off the street. Many participants used the word “abuse” when asked what this question was asking. Examples of such behavior include not using it as prescribed, taking it without a prescription, ‘over doing it,’ getting high, or selling them. When asked to provide a narrative of the last time participants used Vicodin, two participants described taking a prescribed medicine more than the doctor said to because it was needed to make the pain better. A third participant described having a prescription for dental pain, but using it more than prescribed because of liking the feeling it caused. Another had a prescription but was abusing the Vicodin and Norco highly at the time. One participant mentioned taking their prescription with alcohol. Two participants mentioned using it without a prescription. One of these used it only as a last resort because nothing else was available to feed an addiction.

Two participants described in their narrative use that would not be described as misuse. One reported using the pain reliever even though the pain had lessened to the point where it might have been managed without taking that drug:

“They gave me a week’s worth. The pain got less and less. It got to the point that I could take OTC medicine. I hate taking pain medicine. I was supposed to take them as needed, which was once a day. I took all of them.”

Another took **less than** the prescribed dosage:

“I took it as prescribed but I lowered the dose, I was supposed to take it 3 times a day but I only took it 1 time at night before I went to sleep because I didn’t like the way it made me feel. Taking it with a muscle relaxer it gave me that sluggish feeling. House could have burned down and I would have been with it.”

Recommendation: Determine if additional cognitive interview participants in Rounds 2 or 3 consider taking less than the prescribed dosage as use in any way a doctor did not direct them to use a medication.

PRY01a – Participants reported numerous mechanisms by which they remembered their age at first use, including:

- It was the first time using the drug this way
- Referencing anchoring events (friendships, injury, senior year in high school, getting a driver's license, etc.)
- Recency of the event (it was in the last year).

When participants described the first time they used Vicodin, they mentioned taking too much, taking it without a prescription, doctor/pharmacy shopping, and mixing it with other drugs.

PRY02b – One participant chose the year because it was not in 2011, the past couple of weeks. Another just knew the year was 2009.

PRY01d – One participant reported that the calendar helped with choosing the month.

PRY02 – The one participant who was asked what this question about Lortab was getting at reported, “the addictiveness of prescription drugs,” and “how easy it is to abuse them.” Two participants were asked to describe the last time they used Lortab. One reported using someone else's prescription and the other reported using it when heroin was unavailable.

PRY02a – The two participants who received this question distinctly remembered events associated with the first time they used Lortab (finding grandmother's pills and hanging out with friends). One reported that it was someone else's prescription and the other reported snorting it.

PRY02c – One participant realized he had the year wrong when answering this question. He mixed up how old he was last summer.

PRY02d – The participant remembered the month was July or August because of how hot it was outside.

PRY03 – The one participant who was asked what this question about Lorcet was getting at described snorting it as using it a way it was not prescribed, so as to get an immediate high. Two participants answered this question as “no” because they used this as prescribed, following directions as needed for pain.

PRY04 – Two participants were asked to describe what this question about hydrocodone was getting at. One reported using it recreationally, not following the doctor's instructions, taking more than necessary, or snorting it. Another described a new type of misuse: asking for a larger dose at time of prescription with the knowledge that a large dose was not really necessary. This participant

still endorsed use of hydrocodone “in a way a doctor did not direct you to use it.” When asked to describe the last time the pill was used, one participant reported getting it for a sore throat in the ER and another reported getting the pills from an acquaintance/friend who said they would help with withdrawal.

Recommendation: Consider including asking for a larger dosage or number of pills as examples of use “in a way a doctor did not direct you to use it.”

PRY04a – Participants did not have trouble reporting their age, although one wanted to see a calendar for month of last use. When asked how they were misusing the pills, one reported taking 9 in one day and another reported taking it with alcohol. A third participant in answering this question expressed some confusion about Vicodin and hydrocodone. This person reported thinking that they were the same thing and appeared to be confused by the fact that we asked about them separately.

Recommendation: For the next round of cognitive interviewing, insert a probe about whether participants understand why they have the month response options they do. This instrument includes a tailoring of response options of months of use based upon current age and birth date. It would be helpful to see if this is confusing to respondents.

PRY05 - One participant described using OxyContin with a prescription. Her mother kept it locked away and gave it to her at allotted times; otherwise, she would have abused it. Another participant reported using it once when a friend provided it.

PRY05a – One participant remembered the age at first use easily because it was in the summer, “after my birthday.” Another had a hard time determining whether it was at age 19 or age 20. It was after high school but before college. When using OxyContin at that time, one participant reported using someone else’s prescription and mixing it with alcohol.

PRY06 – Participants who were asked about what this question about Percocet is getting at understood it to mean abuse. When asked about how they used it in a way not directed by a doctor, one reported popping and snorting them, but with a prescription. Another reported using another’s prescription. One participant used it but did not report using it in any way not directed by a doctor. The Percocet made this person sleepy and nauseated, and they did not care to finish the whole prescription.

PRY06a – Participants remembered their ages by associating it with events in their lives: sophomore year in college, a friend visiting from Florida, the diagnosis of migraines. Another had no idea of the age at first use. Participants reported

first using Percocet in a way a doctor did not direct them to use it by using it without a prescription, mixing it, popping it, and taking it “more than I should.”

PRY09 - When asked what this question about oxycodone is getting at, one participant who did not answer affirmatively said she was scared of it and asked, “Are people abusing the prescribed pills?” She showed the interviewer her oxycodone pill and it was different from the pill cards. It said 5 & 12 on it and did not have an M on it. One participant described use “in any way a doctor did not direct you to use it” here as taking more than was prescribed. Another reported getting oxycodone because Percocet and Vicodin were not available, so she bought oxycodone from a drug dealer.

PRY09a – Participants did not have trouble remembering their ages, but one asked, “Do you really think that people remember the months and the years?”

PRY18 – When describing use of Tylenol with codeine “in any way a doctor did not direct you to use it,” examples included: using someone else’s prescription because their hydrocodone ran out and a friend gave them something to tide them over (stave off withdrawal) and taking more than prescribed.

PRY18a – Participants did not have trouble remembering their age of first use.

PRY24 – One participant described using an IV drip of morphine in the hospital, and reported that he used this as prescribed.

Recommendation: In future cognitive interview rounds, probe to determine if hospital use of a prescription drug is included in reports of prescription drug use by participants.

PRY28a – One participant in particular had trouble remembering when he turned specific ages for first use of fentanyl “in any way a doctor did not direct you to use it.” At this question, he reported forgetting his age because it’s 2011 (meaning early 2011 and he is still adjusting to the calendar change).

PRY29 – A participant described their use of Suboxone “in any way a doctor did not direct you to use it” as a backup for when this person could not get into a methadone clinic. This made it relatively easy for this participant to recall the age and the month and year.

PRY32 – A participant who answered this question affirmatively recalled using Demerol when he had run out of codeine and/or Vicodin. A friend with chronic pain shared the Demerol with him to extend his prescription. He was able to recall his age by the month and year and by his birth date.

PRY33 – A participant remembered using Dilaudid in the hospital as an injection for back pain. He reported using this according to doctor instructions.

PRY34 – A participant routed to this question answered it as “no.” The person had not used methadone “in any way a doctor did not direct you to use it” because the person attends a methadone treatment program every day and receives the methadone there as directed.

PRL02 – One participant reported using a pain reliever with alcohol as a type of use not directed by a doctor in response to this question.

PRM02DKRE – The participant who received this question about their “best guess” thought their answer was accurate.

PRM03 – Two participants reported how they were able to remember whether or not they were drinking alcohol. One said because it was yesterday, and another knew they had used the alcohol to increase the effects of the opiates.

PRY41 – One participant understood this question but volunteered that the wording “at least once” threw her off. She thought that the answers would say the same thing without the text “at least once” and that it would be easier to read/understand. Another participant reported not being able to endorse option #2 (used in greater amounts, more often or for longer than it was required) because only part of what was listed applied to this person. The participant used in greater amounts and more often, but not longer.

One participant reported wanting to select answer #3 because this person “doubled up” on the prescription. That is, “doubling up” would fall into the “some other way” category. When probed, this person agreed that “doubling up” would also fall into category #2. Another participant considered choosing #3 along with #2 because the person used alcohol while taking the pills, which the person considered a way of using in a way not directed by a doctor. Other participants considered crushing and snorting as an example that applies to category #3.

Recommendations: Remove the “at least once” wording. Determine in future interviews whether participants think that all three of the aspects of misuse in option #2 need to apply in order to endorse the option. Continue to monitor whether participants see options #2 and #3 as distinct or overlapping and any difficulty they have in deciding which answer(s) to choose.

PRY42B – Participants did not have trouble remembering how they got pain relievers the last time. One additional way of getting a prescription pain reliever reported was getting them out of the country. However, this reason is not

commonly endorsed in “OTHER, Specify” data. In 2009, for example, 5 respondents reported that the “other way” they obtained pain relievers they used nonmedically in the past 30 days was by obtaining them outside of the U.S. Only one respondent in 2009 reported this as the way that he/she obtained the pain relievers the last time in the past 12 months.

Recommendation: Consider the addition of getting pills outside the U.S. to this list.

VI. Stimulants Module Findings

STL01 – A participant reported not having a prescription for phentermine, but in Mexico, they did not need one. This person pointed out that you can buy prescription drugs in Mexican drug stores and airports. Technically in Mexico they were not prescription drugs.

Recommendation: Continue to examine this issue in Round 2 to determine whether to provide clarification on buying prescriptions in other countries, whether that should count as use “in any way a doctor did not direct you to use it,” and how to instruct respondents to count or not count this as use “in any way a doctor did not direct you to use” a prescription drug.

STY01 – When describing last use of Adderall, a participant reported that a friend provided it in 2009. There was no prescription and they were mixing it with other things.

STY01a – A participant reported remembering the exact night in 2009 hanging out with a particular girl.

STY03a – A participant remembered their age at first use of Dexedrine very well because it was associated with a recent move and new classmates/friends.

STY20 – The same participant who got phentermine in another country described it here. Another participant reported using phentermine strictly to use weight, as directed, and answered STY20 as “no.”

STY25 – The same user of phentermine mentioned getting it outside the U.S. Another participant reported snorting as a third way of use.

STY26b – One participant had been prescribed stimulants for ADD while in rehab. When the participant emerged from rehab, this person told the doctor about having a prescription for stimulants and was able to get another prescription easily.

One participant thought it would be easier for most participants to see the ways of use on all the screens, even though as a user in recovery, she was well informed about misuse.

VII. Health Module

HLTHNEW01 – 5 participants had difficulty entering their height into the computer.

Recommendation: Revise this question. Perhaps move the sentence about entering in metric sooner in the question. Add the phrase ‘then press Enter’ to the end of the instructions about entering metric. One participant recommended adding the words ‘press Enter’ at the bottom of the task bar. Participants also did not read the screen about entering inches. They were still looking at the task bar, and entered the inches upon seeing the value label.

HLTHNEW01a – Participants were not accustomed to seeing the question mark that results from pressing F3.

Recommendation: Revise the entry field to say Inch(es) so that participants can enter 0 or 1.

HLTHNEW02 – No problems entering weight. See HLTHNEW01 results for recommendations.

HLTH05 – One participant reported 8. Upon probing, he said that he was in the hospital for 8 days and 7 nights and had missed the part of the question that specified nights.

HLTHNEW03 – A few participants included dental appointments in their estimates, despite the instruction to not do so. Most participants were pretty confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies.

HLTHNEW03 – Most participants had a reasonable understanding about what a health care professional was. One participant would not count a chiropractor, or a person at the eye care center because they have not been to medical school. One participant said that there were none at the drug treatment center, while another reported that visits to the methadone clinic would count. Other participants expressed doubt about including specialists and physical therapists. One participant said only doctors counted as health care professionals.

Recommendation: Assess the level of accuracy that is needed in this question. Is each of the response categories used in analysis, or can they be collapsed? This question includes a number of constructs, such as a reference period, thinking about your own health versus someone else’s, the definition of a health care professional, and exclusions to the rule. The respondent burden has the potential to be high, as does the measurement error.

HLTHNEW05 – There were no probes asked about this question.

Recommendation: Use logic from HLTHNEW04. It could be that the doctor already knows, but there should be a linkage between the series of questions.

HLTHNEW06 – One participant reported that his dentist asked him about his alcohol use. He then asked if a dentist was included. Instructions in HLTHNEW03 say to exclude the dentist, which may have caused confusion. One participant did not include questions asked upon visits to the emergency room. He stated that his doctor does not ask, because his doctor knows him. Another participant reported that he did not know how to answer and had a number of issues with the question. He filled out a form in the waiting room. The form said, How many drinks do you have per week. He had difficulty mapping this question to the responses of How much do you drink and How often do you drink. He did not have a discussion with the doctor.

Recommendation: 1. Change the Round 2 specs to only ask this question of participants who used alcohol in the past 30 days (ALC30USE=1). Participants who did not use alcohol in the past 30 days will not receive this question. 2. Ask HLTHNEW06 before HLTHNEW04 because the mention of a form is conditioning participants. 3. Include logic for responses to HLTHNEW04b in logic for HLTHNEW06. 4. Make more apparent that HLTHNEW06 focuses only on in-person communication.

HLTHNEW20 – One participant asked if we were referring to the past 12 months or ever.

Recommendation: Include a reference period in this question.

HLTHNEW20a – All three participants who reported high blood pressure were confused by this question. One participant said that he has been told that it was a little high, but was not sure that this was a chronic state. One participant said that after the first time, the doctor knew that he had it and they talked about it, but he didn't tell him that he had it again. He said that he was on medicine that was controlling it. The third participant said that they discuss his high blood pressure, but he was not sure how to answer the question.

Recommendation: Change the wording of this question. The BRFSS asks, "Are you currently taking medicine for your high blood pressure?"

HLTHNEW21 - There were no probes asked about this question.

Recommendation: Asking the STD question as the last question in the interview is an awkward stopping point, and does not seem to flow after the last few questions. Recommend adding another few questions in here for a better transition.

VIII. **Additional Issues**

Respondent Burden – After the stimulant main module, one participant reported that many of the questions are redundant. However, no other participants made any comments about finding the overall burden of the interview to be difficult.

Appendix C

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 1 Round 2 Results

NSDUH Prescription Drug Redesign Cognitive Interviewing Round 2 Results

I. Highlights

Respondent Characteristics (Round 1)

Cognitive interviewers reported that the respondents were quite sophisticated in their knowledge of the subject. They were well-versed in what it means to misuse prescription drugs according to the examples and wordings given in the instrument, even if they themselves did not report misuse of prescription drugs. They also had a high awareness of which drugs they took (see below).

Three types of respondents emerged during these interviews. Treatment clients were heavy drug users who were well aware of the potential for abuse and addiction with using prescription pain relievers. Several were aware of people crushing and then snorting pain relievers. Some also reported misuse of certain pain relievers when heroin or other preferred drugs were not available.

Many general population users had chronic pain, and struggled between a desire to relieve this pain and a desire not to become dependent on the pain relievers. Some reported noticing behaviors that concerned them, like needing to take more medication because the drugs were having less effect for pain relief. They stopped taking the medicine, lived with the pain for a while, and then would resume taking the medicine as prescribed. Others in this group reported not liking the effects of the drugs, such as nausea or feeling too disoriented.

A third participant profile revealed that of the recreational user. For example, Vicodin might be considered better for partying than for pain relief. Another example involved use of Adderall and Vicodin on weekends in combination with alcohol to enhance a person's partying experiences.

Although most participants were knowledgeable about pain relievers, heavy past year stimulant users were missing from this group of participants. Therefore one option to consider for Round 2 recruitment efforts is to place a greater focus on recruitment of past year stimulant users, especially for adults, since Round 1 has provided considerable information about adults' experiences with pain relievers.

Respondent Characteristics (Round 2)

The respondent profile among Round 2 participants was not as clear. Overall, 12 respondents participated in Round 2. Of these, 7 were adolescents and 5 were adults. The participant pool did not seem to contain too many heavy drug users, despite 5 participants having been recruited from drug treatment centers.

Identification of Prescription Drugs (Round 1)

Participants often recognized the drugs by name, although some did find the pill images to be helpful. One issue that sometimes caused confusion was the inclusion of brand-name drugs and the generic equivalents in the same question. Some participants in particular reported that their doctors would write the brand-name drug on the prescription but the pharmacy would substitute the generic. Therefore, one issue for remaining rounds would be assisting persons in reporting what they actually took, regardless of the name of the drug that was written on a prescription.

Another issue with generic drugs concerns the number of manufacturers of generics and the variety of generic equivalents of specific drugs that may be dispensed when people fill prescriptions. It would not be realistic to try to include exhaustive examples of pill images for generic drugs. Nevertheless, additional feedback in Rounds 2 and 3 could be helpful for identifying if important examples of certain generic drugs are being missed, such as pills of a particular color. Additional options also may need to be considered for clarifying for respondents that pictures may not show all possible examples of a particular pill, or forms other than pills.

Identification of Prescription Drugs (Round 2)

Respondents were able to identify most of the drugs by either name or picture. Echoing Round 1 findings, participants often recognized the drugs by name, although some did find the pill images to be helpful. Despite the inclusion of the word 'generic' after the drug name, respondents continued to be confused by the distinction between brand name and generic drugs. Some respondents were unaware that the brand name and the generic were two different drugs. Other respondents thought they should report both because they were the same drug. Some knew that they were different, but were unsure whether the pharmacist substituted a generic while filling their prescription for the brand name. Round 3 cognitive interviews should continue to test respondents' understanding of generic drugs.

Respondents did not provide feedback on particular pill images of generics. This was based primarily on confusion about the pill names.

Performance of the Nonmedical Use Criteria (Round 1)

Based on the examples given and use of the term "in any way that a doctor did not direct you to use it," participants generally were able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. When participants gave information about how they recalled information such as how old they were when they first used a particular prescription drug nonmedically, they commonly cited examples of

getting medication from someone else's prescription, using a lot of the medication, doubling up on dosages, or taking it at parties or when "hanging out" with friends.

In the decomposition questions, however, some participants had trouble determining whether they should choose the second category (use in greater amounts, more often, or longer than I was told to take it) or the third one (use in some other way a doctor did not direct me to use it). The specific issue is whether participants see these two categories as distinct or overlapping. Because the second criterion includes three ways in which persons can overuse prescription medication, another issue is whether participants recognize that they should endorse this category if some but not all of these characteristics apply.

Three scenarios for misuse arose during the interviews that were not listed as examples in the instrument. These were (1) use with alcohol, (2) asking for a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed. An important question for the first two of these is whether respondents would recognize these behaviors as use of a prescription drug "in any way a doctor did not direct you to use it" even if these examples are not explicitly listed. In addition, use in combination with alcohol may be a criterion for use of pain relievers, tranquilizers, and sedatives "in any way a doctor did not direct you to use it" but not necessarily for stimulants. An issue for persons who obtained drugs outside of the United States without a prescription is whether this should be counted as nonmedical use if the prescriptions were obtained legally, even if these drugs would require a prescription in the United States. If this should not be counted as nonmedical use, the related issue is whether and how to indicate this to respondents.

Performance of the Nonmedical Use Criteria (Round 2)

Participants continued to be able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. Most respondents were able to clearly differentiate between medical and nonmedical use. At least one respondent who was unsure about how to classify his use resolved the issue after making use of the F2 reminder for the ways of nonmedical use. In Round 3, use of the F2 reminder should be noted.

For the most part, new questions asking whether the respondent used certain prescription drugs only while in the hospital performed well. In a few cases, however, respondents made mistakes in reporting this. Suggestions for rewording the question are included later in the summary.

Other Issues (Round 2)

The inclusion of adolescents in the sample for Round 2 has raised respondent reports of being familiar with using magic markers as an inhalant. Respondents seem to understand the question and have no problem reporting their behavior.

Despite the inclusion of the term “air duster,” many respondents were unfamiliar with the term. Further discussion of this item is included later in the summary. Changes to the blood pressure questions in the health module have eliminated confusion with these items.

Changes to the height and weight items in the health module have diminished confusion and usability issues. Further recommendations for these items are included later in the summary.

II. Ensemble Screener Findings

CG17REV – Of the 16 participants who responded to this question, 4 have heard of snus and 3 correctly identified what it was. The fourth person thought that it goes up your nose.

Round 2: No probe.

AL01 – Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions included being fruity, girly, ready-made and flavored. Most participants compared them to wine coolers, and 2 participants mentioned that 4 Loko is similar. These same two participants identified Sparks as being caffeinated as well as alcoholic.

Round 2: Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions include being fruity, sugary, carbonated, girly, and a mixture between soda and alcohol. Comparisons were made to wine coolers, sweet wine, malt beverages, and 4 Loko.

MJ01 – Most participants were able to correctly identify what a blunt was.

Round 2: No probe.

CC01 – Descriptions of crack included: smoked, more addictive, costs less, crystalline substance smoked in a pipe, rock, baking soda is added. Cocaine: snorted, powder, inject, pure. Two participants thought that there was no difference between cocaine and crack.

CC01 – Five participants reported use of cocaine or crack. There were no inconsistencies in their narrative of use.

Round 2: No probe.

HE01 – Only 1 participant had heard of cheese, while most had heard of black tar.

Round 2: No respondents had heard of cheese. Most had heard of black tar.

SD17a – Almost all participants had heard of methamphetamine. They had no other names to suggest.

Round 2: Almost all participants had heard of methamphetamine. One respondent reported that marijuana dipped in meth was called a dipper, but a Google search revealed that this is marijuana dipped in PCP.

HALINTRO – Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included: marijuana, cocaine, crack, heroin, alcohol, crystal meth, and Ambien. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Round 2: Incorrect examples of hallucinogens included marijuana, Percocet, crack, and “uppers and downers.” Other respondents were able to correctly identify examples of hallucinogens. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Recommendation: Include the list of hallucinogens in HALINTRO, as in the current CAI instrument.

LS01: Round 1: No probe.

Round 2: R was not sure whether to report use of PCP if he crushed it up and laced a blunt with it. He typically does not think of this as use of a blunt, but ultimately reported it.

LS01h1: Round 1: No probe.

Round 2: R wanted to report use of OxyContin here. She asked whether hallucinogens and narcotics were the same thing. After discussion, she decided to not report her use here. Another R reported his use of marijuana here, despite the fact that this drug had already been asked about.

Recommendation: If we think that respondents’ reports of lifetime use of non-hallucinogens will become a problem here, we should ask them to specify which “other” hallucinogens they have used. However, use of drugs other than hallucinogens would not be determined until the

data are processed. The NSDUH data editing procedures since 1999 continue to treat respondents as hallucinogen users, even if they specify use of drugs other than hallucinogens.

INHINTRO: Most participants were able to correctly identify examples of inhalants.

Round 2: Most participants were able to correctly identify examples of inhalants. However, one respondent reported cocaine.

IN01a: Responses about a definition of ‘for kicks or to get high’ included: to escape, for a euphoric feeling, excess use, stupor, for fun or a desired effect, recreational, another frame of mind, to feel good, get outside yourself, heightened senses, for abuse, alter mood, because of boredom. Some participants differentiated between "for kicks" and "to get high." For these participants, "For kicks" implied more casual use focused on having fun or doing it out of boredom. "To get high" implied less casual use focused on escape or to avoid emotions.

Round 2: Responses about a definition of ‘for kicks or to get high’ included: for the fun of it, alter your state of mind, recreational, getting intoxicated, mood changing, and get a buzz.

IN01e & h: Two participants reported using an inhalant, but correctly decided against reporting this because it was not ‘for kicks or to get high.’ One accidentally smelled some gas that had spilled at the gas station, and the other had laughing gas at the dentist.

IN01h1: Most participants had not heard about inhaling markers and pens to get high. Many were incredulous that this actually happens, and none reported doing it. However, 2 people had heard of this. (We may observe greater awareness of this behavior among adolescents.)

Round 2: One respondent had used a Sharpie for kicks or to get high. He said that he smelled markers in class and they gave him a headache. Other respondents were familiar with the use of markers to get high. Three respondents had not heard of it at all.

IN01ii: There was a good deal of confusion about canned air. Many participants referred to this as ‘air duster’. A Google search of ‘air duster’ revealed a number of products by that name. One participant thought that canned air had to do with filling flat tires. Two confused this with whippits.

Recommendation: Revise this question. Perhaps add the words “air duster” or “electronics air duster” to make the meaning clearer.

Round 2: Confusion about IN01ii persisted. Three respondents correctly identified the product. Others reported the substance as Swiffer, furniture polish, air freshener, or spray paint.

Recommendation: Despite a broad range of responses about what this question is referring to, no one thus far has (correctly or incorrectly) reported using this type of inhalant. Therefore, it is not clear whether people who have inhaled these products will be able to identify the substance by the examples given, and that people who have inhaled other aerosol products (but not these) will be able to answer correctly that they have not used these inhalants. Google results show that this type of product also is referred to as gas duster and the brand name Dust Off. We should not continue to edit this question without feedback from users of aerosol products about whether these are appropriate examples. Feedback from users of aerosol products also would help to evaluate whether these users can correctly distinguish between use of these and other aerosol products.

IN011: Based on observations, SAMHSA requested that the question be revised so that it no longer references substances that were “listed.” (This revision also applies to LS01h but does not apply to pain relievers and stimulants.)

III. Pain Reliever Screener Findings

INTROPR: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Some descriptions of over-the-counter drugs included: lower dose, pick it off the shelves, don’t alter your state of mind, not as strong, can’t get high off of them, bought without doctor's permission, and off the shelf. Prescriptions were described as: containing narcotics, higher dose, controlled substance, bought from the pharmacist, stronger, gives you a high, more powerful, more dangerous, easier to abuse, more expensive, harder to get, need a prescription from a doctor with a signature on it, narcotics.

Round 2: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Descriptions of the two were similar to those provided in Round 1.

SAMHSA also provided feedback about how respondents will know whether they are in sections of the interview asking about pain relievers, tranquilizers, stimulants, or sedatives.

Recommendation: Consider a way to assist respondents in knowing which prescription drug section of the interview they are in, such as including a label at the top of the screen.

PR01: Participants reported using a multiple drugs on this list. Two participants reported thinking that Lorcet and Percocet were the same thing. Another reported

thinking that Vicodin and hydrocodone were the same, along with Norco. He reported taking Norco as opposed to hydrocodone, but reported the hydrocodone. One participant was given the pain reliever in the hospital. Participants were able to distinguish medical and nonmedical use in their narratives of use. For instance, one participant reported taking the pain relievers as prescribed on the first three days, but then took nine pills in one day. He acknowledged that he did not take them as prescribed. Participants discussed using the pain relievers for recreation, following the instructions for use, or stopping use early when pain eased.

Recommendations: Discuss the merits of further differentiating between brand name drugs and their generic equivalents.

Feedback on pill images of hydrocodone products: One participant reported that the pictures of hydrocodone looked the same, but the ones she took were yellow.

Recommendation: Investigate whether we get similar feedback in Rounds 2 and 3 to determine whether to identify a suitable picture of a yellow hydrocodone pill for the field test.

Participants were all able to correctly fit their use in the 12 month reference period.

Round 2: Respondents generally did not have problems answering this question. However, one respondent was confused about the inclusion of the word “generic” following hydrocodone. She asked if it had another name. Participants were all able to correctly fit their use in the 12 month reference period.

Respondents reported two different understandings of the sentence about not including all forms of the drug on the screen. Some respondents correctly reported thinking that there could be different forms, such as a liquid or a capsule or additional milligrams, which were not listed on the screen. Other respondents understood that not all pain relievers were listed, including those that have different names.

SAMHSA also noted that this wording seemed odd. The intent is for respondents to think about other forms of the drugs that are not shown that they may have used.

Recommendation: Consider revising the statement about not all forms of the drugs being shown on the screen.

PR02: 11 participants reported using these drugs. One participant said that he thought that Percocet and Lorcet were the same thing, but the names on the bottles were different, so he must be wrong. All participants were able to answer the question based just on the names, although 3 reported that the pictures were

helpful. One reported that his prescription is for Percocet, but his pharmacy gives him generic oxycodone for insurance reasons, so he sometimes gets confused about this. He reported taking the oxycodone.

Feedback on pill images of oxycodone products: One participant reported that the oxycodone she took looked like pills in the picture, but hers were bigger. Hers were the size of the Percodan. Another reported that she took the fat, white Percocets, and there were no white Percocets in the picture.

Recommendation: Continue to investigate whether we get similar feedback in Rounds 2 and 3 about discrepancies between pills taken and pill images shown online for oxycodone products.

Round 2: Two respondents were confused about which drug they had taken. One respondent was unsure whether he took Percocet or Percodan. The other respondent was unsure whether she took OxyContin or the generic oxycodone. She guessed that the pharmacist would have given her the generic.

PR03 – One person used Darvocet in the past 12 months.

Round 2: No respondents reported using these drugs.

PR04 – One person had used Ultram and tramadol. Another used tramadol when he ran out of a prescription for oxycodone.

Round 2: No respondents reported using these drugs.

PR05 – Seven people had used Tylenol with codeine. One participant called this a Tylenol 3. Another reported that he also used Tylenol 4, which is the pill with the 4 on it. The FDA's Center for Drug Evaluation and Research lists these as "Tylenol with Codeine No. 3" and "Tylenol with Codeine No. 4."

Recommendation: Consider changing the question to refer to Tylenol with Codeine as Tylenol with codeine Number 3 and Tylenol with codeine Number 4.

Round 2: Respondents were able to recognize the revised term of Tylenol 3 or 4. Four respondents used these drugs. One respondent chose both the Tylenol and the codeine, even though he was referring to the same instance of use. He thought that it was a trick and reported both because codeine was in both pills and he took codeine. Another respondent asked if Tylenol with Codeine was regular Tylenol.

PR06 – 2 participants reported using morphine in the past 12 months. Others reported use, but added that this was not in the past 12 months. Participants distinguished between the liquid and pill forms of morphine, reporting they had it in an IV.

Recommendation: Consider whether an image of a liquid morphine ampule should be shown in the field test as an example of morphine.

Round 2: No respondents reported using these drugs.

PR07 – Participants were familiar with a number of these drugs. Some reported lifetime use, but none in the past 12 months.

Feedback on images of Fentanyl products: Participants provided positive feedback about the images. Among the benefits cited were comments such as, “The pictures were really helpful. I looked at the pictures first. There were two whose names were unfamiliar, so I needed the pictures. If I hadn’t seen the pictures, I might have confused them with another drug.” “It looked like this (points at Actiq) but it was spelled like that (points at Fentanyl).” “The pictures were very useful. I used “China Girl” once. And the picture helps clarify what it looked like. Especially when comparing fentora and Fentanyl. If the pictures weren’t there, I might have mistaken fentora for Fentanyl because the names are similar.” “The packaging helps.” 2 participants also said that Fentanyl comes in a lollipop too. (NOTE: A picture of the Fentanyl in lollipop form was used in place of Actiq because of time and cost involved in acquiring a special image of Actiq.)

Recommendation: Consider whether to include the lollipop form as an example of Fentanyl.

Round 2: No respondents reported using these drugs. Some respondents had heard of China White, but did not know that it was Fentanyl. Most respondents reported that they had never heard of China Girl. Respondents had not heard of Sublimaze either.

PR08 – 2 participants reported use of Suboxone. One was using it to stop going through withdrawal from pain reliever addiction.

Round 2: One respondent used Suboxone because his dealer did not have OxyContin.

PR09 – 2 participants reported use of Dilaudid. One said that he used this only in the hospital and asked if that counted. Two participants had used methadone, at least one of which was at a methadone clinic under supervision. One used Demerol and said that the picture helped him identify it. Finally, one person reported that the pictures helped him decide that he had taken Opana ER as opposed to Opana.

Recommendations: 1. Given the likely variations in the appearance of methadone that is dispensed in liquid form, consider how to clarify that any use of methadone in the past 12

months (i.e., not just in pill form) should be reported in PR09. 2. Consider whether instructions need to include reports of any medications that people took while in the hospital. However, receiving dosages of pills in a hospital is a different experience than receiving a prescription that will be filled for use at home. Participants may be unable to identify which pills they took in a hospital, or to recall that they took pills at all. Do we anticipate that use of pain relievers (or specific pain relievers) will be significantly underestimated if we do not instruct respondents to report pain relievers that they took in the hospital?

Round 2: One respondent ended up reporting use of Demerol, but was confused about whether this should be reported. She was administered this as an anesthetic in the hospital, but did not see a liquid form on the screen. When the statement about not all forms being shown on the screen was pointed out, she said that she did not know that statement applied to this screen, since it was not on the screen.

Recommendation: Edit the sentence to make it clear that it applies to all screens in the module. Perhaps it should read: “Remember, not all forms of these pain relievers may be shown on the screens.

PR10 – No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting. One participant said that they would not have reported use of Percocet had they only seen the pictures.

Round 2: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting.

PR11 – Other pain relievers that participants reported that they used in the past 12 months included non-steroidal anti-inflammatory drugs (NSAIDs) such as naprosyn or diclofenac (brand name Cataflam). Other drugs that were reported included Lyrica (pregabalin) and Robaxin (methocarbamol). One person mentioned liquid methadone as an example of something that people might report, but this person had not actually taken it. One participant reported Gabatin, which does not appear to be a drug. Perhaps she meant Gabapentin.

Round 2: One respondent reported taking a Klonopin, which is not a pain reliever. Another mentioned that people would report sleeping pills, ADHD drugs, and penicillin here.

PRHOSPYPYR1 – Four respondents reported their answer to this question incorrectly. Of these, 2 had indeed only taken a particular drug in the hospital but answered no. One had taken the same drug both in the hospital and at home, but reported yes. Finally, one respondent missed the phrase “when you were in the hospital” and said, yes it is correct that she had taken all of these drugs.

Recommendation: This question should be edited to facilitate respondent understanding. Although the reasons for confusion seem varied, respondents may be thinking that this question is a summary question that recaps drugs that they have used, and ignore the additional construct of use only in the hospital. Perhaps we should edit as follows: The computer recorded that, in the past 12 months, you used [FILL]. We are interested in where you used this (these) drug(s). This might draw more attention to the fact that the question is not just confirming earlier reports of the drug. Another alternative would be to ask respondents whether they used any of these drugs when they were in the hospital (rather than “only” when they were in the hospital). If use of specific prescription drugs in the hospital is reported, ask which drugs the respondents took when they were not in the hospital. Questions to capture information about use of prescription drugs only in the hospital may be dropped if respondents continue to have difficulty answering them.

IV. Stimulant Screener

INTROST – Most participants had heard of No Doz and Dexatrim. 3 people mentioned 5 Hour Energy as an example of a stimulant. One person mentioned Hydroxycut.

Round 2: Most respondents were familiar with at least one of the stimulants.

ST01 – One participant replied that he was not sure which one to report, because Dexedrine is the brand name, used by the company while Dextroamphetamine is the chemical name. He was also familiar with the mix of amphetamine and dextroamphetamine. One participant reported Vyvanse here as a dextroamphetamine, but changed her answer when she got to ST05. One participant said that the pictures of Adderall helped her decide whether to choose the extended release or the original.

Round 2: One respondent used Adderall while another used Adderall XR. The XR user used the pictures to identify the drug. No one had heard about mixed amphetamine-dextroamphetamine pills.

ST02 – None of the participants had used any of these drugs.

Round 2: Four respondents had used these drugs. One respondent was looking for extended-release Ritalin and did not recognize that to be Ritalin LA.

ST03 - None of the participants had used any of these drugs.

Round 2: None of the participants had used any of these drugs.

ST04 – Two of the participants used Phentermine. One bought it in Mexico, while the other was prescribed it at a diet clinic.

Round 2: None of the participants had used any of these drugs.

ST05 – One participant used Vyvanse.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Phentermine, which then helped with recalling the name.

Round 2: Three respondents had used these drugs and were able to identify them.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Concerta, which then helped with recalling the name.

ST06 – One participant reported getting Meridia in Mexico. (NOTE: This is no longer available in the US).

Round 2: No others were reported.

STHOSPYR1 : Round 2: Respondents were able to answer this question.

ST07 – Participants did not report using any stimulants in their lifetimes. One participant later reported that her son was prescribed medicine for ADD. She took one of his pills so that she could see how it affected him. However, she neglected to report that use in ST07.

Feedback on pill images – One participant requested that the pills should be bigger so that participants could read what is written on them. Another reported that the writing and numbers on the pills should be bigger because that is how people on the street recognize what they are buying. A third participant pointed

out the potential for confusing Wellbutrin, Buspar, and Buprenorphine. She recommended including the generic names with the brand names.

Recommendation: Investigate adding a zoom function to enlarge the pill images. Two issues to consider are inclusion of keystroke commands (to avoid the need for participants to use the touchpad) and whether simple enlargement of the existing images will improve respondents' ability to identify the writing on the pills.

Round 2: One respondent recommended placing the numbers next to the pictures of the drug names to make the question easier to answer.

V. Pain Reliever Module Findings

PRL01- In describing examples of using a prescription pain reliever in a way not directed by a doctor, two participants mentioned using a prescription pain reliever with other drugs or with alcohol. One specifically reported taking pain relievers with a glass of wine because “they just work better” that way. Otherwise, participants described ways of use not directed by a doctor that are included in the definition, such as:

- Taking someone else’s prescription
- Using the prescription too much/more than a doctor prescribed
- Getting it from a source other than a doctor
- Snorting a pill.

One participant recommended including “norco” on the list because people may not know that it is the brand name for hydrocodone.

Except for the issue of use in combination with alcohol or other drugs and the recommendation to include “norco,” this feedback suggests that Round 1 participants who were routed to PRL01 correctly understood ways of using pain relievers that were not directed by a doctor to encompass relevant components of nonmedical use.

Recommendation: Determine if additional participants in Rounds 2 or 3 endorse combining pain relievers with other drugs or alcohol as a way of using pain relievers that is not directed by a doctor.

Round 2: All respondents that were routed to this question understood its meaning and were able to answer it without difficulty.

PRY01 – All participants routed to this question about Vicodin understood that we were asking this question to get at abuse of prescription pain relievers or getting them off the street. Many participants used the word “abuse” when asked what this question was asking. Examples of such behavior include not using it as prescribed, taking it without a prescription, ‘over doing it,’ getting high, or selling them. When asked to provide a narrative of the last time participants used Vicodin, two participants described taking a prescribed medicine more than the doctor said to because it was needed to make the pain better. A third participant described having a prescription for dental pain, but using it more than prescribed because of liking the feeling it caused. Another had a prescription but was abusing the Vicodin and Norco highly at the time. One participant mentioned taking their prescription with alcohol. Two participants mentioned using it without a prescription. One of these used it only as a last resort because nothing else was available to feed an addiction.

Two participants described in their narrative use that would not be described as misuse. One reported using the pain reliever even though the pain had lessened to the point where it might have been managed without taking that drug:

“They gave me a week’s worth. The pain got less and less. It got to the point that I could take OTC medicine. I hate taking pain medicine. I was supposed to take them as needed, which was once a day. I took all of them.”

Another took **less than** the prescribed dosage:

“I took it as prescribed but I lowered the dose, I was supposed to take it 3 times a day but I only took it 1 time at night before I went to sleep because I didn’t like the way it made me feel. Taking it with a muscle relaxer it gave me that sluggish feeling. House could have burned down and I would have been with it.”

Recommendation: Determine if additional cognitive interview participants in Rounds 2 or 3 consider taking less than the prescribed dosage as use in any way a doctor did not direct them to use a medication.

Round 2: One respondent reported being administered Vicodin in the hospital. Other respondents reported getting the drug from a dealer or friends.

PRY01a – Participants reported numerous mechanisms by which they remembered their age at first use, including:

- It was the first time using the drug this way
- Referencing anchoring events (friendships, injury, senior year in high school, getting a driver’s license, etc.)

- Recency of the event (it was in the last year).

When participants described the first time they used Vicodin, they mentioned taking too much, taking it without a prescription, doctor/pharmacy shopping, and mixing it with other drugs.

Round 2: Respondents had similar retrieval strategies compared with Round 1.

PRY02b – One participant chose the year because it was not in 2011, the past couple of weeks. Another just knew the year was 2009.

PRY01d – One participant reported that the calendar helped with choosing the month.

PRY02 – The one participant who was asked what this question about Lortab was getting at reported, “the addictiveness of prescription drugs,” and “how easy it is to abuse them.” Two participants were asked to describe the last time they used Lortab. One reported using someone else’s prescription and the other reported using it when heroin was unavailable.

PRY02a – The two participants who received this question distinctly remembered events associated with the first time they used Lortab (finding grandmother’s pills and hanging out with friends). One reported that it was someone else’s prescription and the other reported snorting it.

PRY02c – One participant realized he had the year wrong when answering this question. He mixed up how old he was last summer.

PRY02d – The participant remembered the month was July or August because of how hot it was outside.

PRY03 – The one participant who was asked what this question about Lorcet was getting at described snorting it as using it a way it was not prescribed, so as to get an immediate high. Two participants answered this question as “no” because they used this as prescribed, following directions as needed for pain.

PRY04 – Two participants were asked to describe what this question about hydrocodone was getting at. One reported using it recreationally, not following the doctor’s instructions, taking more than necessary, or snorting it. Another described a new type of misuse: asking for a larger dose at time of prescription with the knowledge that a large dose was not really necessary. This participant still endorsed use of hydrocodone “in a way a doctor did not direct you to use it.” When asked to describe the last time the pill was used, one participant reported

getting it for a sore throat in the ER and another reported getting the pills from an acquaintance/friend who said they would help with withdrawal.

Recommendation: Consider including asking for a larger dosage or number of pills as examples of use “in a way a doctor did not direct you to use it.”

Round 2: Respondents reported various types of use and misuse. One respondent used it in the hospital. Another was taking it with alcohol and taking as many as he could get his hands on.

PRY04a – Participants did not have trouble reporting their age, although one wanted to see a calendar for month of last use. When asked how they were misusing the pills, one reported taking 9 in one day and another reported taking it with alcohol. A third participant in answering this question expressed some confusion about Vicodin and hydrocodone. This person reported thinking that they were the same thing and appeared to be confused by the fact that we asked about them separately.

Recommendation: For the next round of cognitive interviewing, insert a probe about whether participants understand why they have the month response options they do. This instrument includes a tailoring of response options of months of use based upon current age and birth date. It would be helpful to see if this is confusing to respondents.

Round 2: Respondents reported understanding why only certain months were shown in the response options.

PRY05 - One participant described using OxyContin with a prescription. Her mother kept it locked away and gave it to her at allotted times; otherwise, she would have abused it. Another participant reported using it once when a friend provided it.

Round 2: One respondent correctly reported thinking that the question was asking about taking a prescription that was not prescribed for you or asking a friend for some pills. The respondents also mentioned selling the drug.

PRY05a – One participant remembered the age at first use easily because it was in the summer, “after my birthday.” Another had a hard time determining whether it was at age 19 or age 20. It was after high school but before college. When using OxyContin at that time, one participant reported using someone else’s prescription and mixing it with alcohol.

Round 2: One respondent reported that “in a way a doctor didn’t direct you to” could mean: doctor didn’t prescribe it for you, doctor said to swallow not snort,

taking more pills than doctor prescribed, giving or sharing with friends. Another reported taking someone else's pills.

PRY06 – Participants who were asked about what this question about Percocet is getting at understood it to mean abuse. When asked about how they used it in a way not directed by a doctor, one reported popping and snorting them, but with a prescription. Another reported using another's prescription. One participant used it but did not report using it in any way not directed by a doctor. The Percocet made this person sleepy and nauseated, and they did not care to finish the whole prescription.

Round 2: When asked if he needed to see the ways of use, the respondent replied, "I do not need to see the ways because it included that way I used it. I didn't have a prescription for it."

PRY06a – Participants remembered their ages by associating it with events in their lives: sophomore year in college, a friend visiting from Florida, the diagnosis of migraines. Another had no idea of the age at first use. Participants reported first using Percocet in a way a doctor did not direct them to use it by using it without a prescription, mixing it, popping it, and taking it "more than I should."

Round 2: An older respondent reported not having any idea of his age when he first used Percocet nonmedically. He initially thought that the question was asking about the past 12 months. After probing, he said that this would take him back to his early 30s or late 20s. He ended up choosing Don't Know.

PRY09 - When asked what this question about oxycodone is getting at, one participant who did not answer affirmatively said she was scared of it and asked, "Are people abusing the prescribed pills?" She showed the interviewer her oxycodone pill and it was different from the pill cards. It said 5 & 12 on it and did not have an M on it. One participant described use "in any way a doctor did not direct you to use it" here as taking more than was prescribed. Another reported getting oxycodone because Percocet and Vicodin were not available, so she bought oxycodone from a drug dealer.

Round 2: One respondent interpreted the question as asking if she took more or less than was prescribed.

PRY09a – Participants did not have trouble remembering their ages, but one asked, "Do you really think that people remember the months and the years?"

PRY18 – When describing use of Tylenol with codeine "in any way a doctor did not direct you to use it," examples included: using someone else's prescription

because their hydrocodone ran out and a friend gave them something to tide them over (stave off withdrawal) and taking more than prescribed.

Round 2: One person took one and had a bad reaction so did not take any more. Another had a prescription and took them as prescribed. A third respondent reported doubling up and taking pills sooner than advised.

PRY18a – Participants did not have trouble remembering their age of first use.

PRY19a - Round 2: One respondent benchmarked his use around his friend's death from overdose. He received the pills from his friend.

PRY24 – One participant described using an IV drip of morphine in the hospital, and reported that he used this as prescribed.

Round 2: One respondent reported abusing this around the same time he started using other drugs.

Recommendation: In future cognitive interview rounds, probe to determine if hospital use of a prescription drug is included in reports of prescription drug use by participants.

PRY28a – One participant in particular had trouble remembering when he turned specific ages for first use of fentanyl “in any way a doctor did not direct you to use it.” At this question, he reported forgetting his age because it's 2011 (meaning early 2011 and he is still adjusting to the calendar change).

PRY29 – A participant described their use of Suboxone “in any way a doctor did not direct you to use it” as a backup for when this person could not get into a methadone clinic. This made it relatively easy for this participant to recall the age and the month and year.

Round 2: One participant bought this from a drug dealer in the park. He said that he broke it up into little pieces in order to make it last longer. He acknowledged that doctors do not tell you to do that.

PRY31: Round 2: The same respondent who reported use of Suboxone also reported use of buprenorphine. He stated that this was the same as Suboxone. He reported using both substances, but was thinking of the same instance.

PRY32 – A participant who answered this question affirmatively recalled using Demerol when he had run out of codeine and/or Vicodin. A friend with chronic pain shared the Demerol with him to extend his prescription. He was able to recall his age by the month and year and by his birth date.

PRY33 – A participant remembered using Dilaudid in the hospital as an injection for back pain. He reported using this according to doctor instructions.

Round 2: A participant initially reported using Dilaudid in the past 12 months. Upon reaching this question, he said that he remembered that he was cold shaking the drug but it was more than 12 month ago.

PRY34 – A participant routed to this question answered it as “no.” The person had not used methadone “in any way a doctor did not direct you to use it” because the person attends a methadone treatment program every day and receives the methadone there as directed.

PRL02 – One participant reported using a pain reliever with alcohol as a type of use not directed by a doctor in response to this question.

PRM02DKRE – The participant who received this question about their “best guess” thought their answer was accurate.

PRM03 – Two participants reported how they were able to remember whether or not they were drinking alcohol. One said because it was yesterday, and another knew they had used the alcohol to increase the effects of the opiates.

Round 2: Two participants reported how they were able to remember whether or not they were drinking alcohol. One said that she would use alcohol and Vicodin together with a friend. The other said that she never used these together.

PRY41 – One participant understood this question but volunteered that the wording “at least once” threw her off. She thought that the answers would say the same thing without the text “at least once” and that it would be easier to read/understand. Another participant reported not being able to endorse option #2 (used in greater amounts, more often or for longer than it was required) because only part of what was listed applied to this person. The participant used in greater amounts and more often, but not longer.

One participant reported wanting to select answer #3 because this person “doubled up” on the prescription. That is, “doubling up” would fall into the “some other way” category. When probed, this person agreed that “doubling up” would also fall into category #2. Another participant considered choosing #3 along with #2 because the person used alcohol while taking the pills, which the person considered a way of using in a way not directed by a doctor. Other participants considered crushing and snorting as an example that applies to category #3.

Recommendations: Remove the “at least once” wording. Determine in future interviews whether participants think that all three of the aspects of misuse in option #2 need to apply in order to endorse the option. Continue to monitor whether participants see options #2 and #3 as distinct or overlapping and any difficulty they have in deciding which answer(s) to choose.

Round 2: Respondents all agreed that they should report a behavior, even if it only happened once. One respondent who had only taken 1 pill reported that. Respondents mentioned that they should include all relevant information.

Recommendation: Keep the question as is, because it is performing well without the ‘at least once’ wording.

Round 2: Respondents did not have any problem with this question. One respondent wanted to answer with “Some other way,” but decided that ways 1-4 described his use adequately. One respondent did report “Some other way.”

PRY42B – Participants did not have trouble remembering how they got pain relievers the last time. One additional way of getting a prescription pain reliever reported was getting them out of the country. However, this reason is not commonly endorsed in “OTHER, Specify” data. In 2009, for example, 5 respondents reported that the “other way” they obtained pain relievers they used nonmedically in the past 30 days was by obtaining them outside of the U.S. Only one respondent in 2009 reported this as the way that he/she obtained the pain relievers the last time in the past 12 months.

Recommendation: Consider the addition of getting pills outside the U.S. to this list.

Round 2: Respondents did not have any trouble remembering how they got pain relievers the last time. One respondent tried to report another way, which was stealing them from a friend. He then realized that stealing was option #7. No respondents mentioned getting the drugs from another country.

One respondent also was confused by the categories in the questions about how respondents or friends/family members obtained prescription drugs.

Recommendation: Larry will compile frequencies of responses to these categories in the current versions of these questions for SAMHSA to use in evaluating categories for combination or deletion.

VI. Stimulants Module Findings

STL01 – A participant reported not having a prescription for phentermine, but in Mexico, they did not need one. This person pointed out that you can buy

prescription drugs in Mexican drug stores and airports. Technically in Mexico they were not prescription drugs.

Recommendation: Continue to examine this issue in Round 2 to determine whether to provide clarification on buying prescriptions in other countries, whether that should count as use “in any way a doctor did not direct you to use it,” and how to instruct respondents to count or not count this as use “in any way a doctor did not direct you to use” a prescription drug.

Round 2: Respondents did not report use in other countries. Two respondents reported lifetime (but not past year) nonmedical use of stimulants.

STY01 – When describing last use of Adderall, a participant reported that a friend provided it in 2009. There was no prescription and they were mixing it with other things.

STY01a – A participant reported remembering the exact night in 2009 hanging out with a particular girl.

Round 2: The respondent had been using it a lot in the past year, and did not have difficulty remembering that.

STY03a – A participant remembered their age at first use of Dexedrine very well because it was associated with a recent move and new classmates/friends.

STY20 – The same participant who got phentermine in another country described it here. Another participant reported using phentermine strictly to use weight, as directed, and answered STY20 as “no.”

STY25 – The same user of phentermine mentioned getting it outside the U.S. Another participant reported snorting as a third way of use.

Phase 2: One respondent answered using it without and prescription and in another way that a doctor did not direct him to use it. He used the drugs recreationally. It was not clear that he was correct in answering “some other way.”

STY26b – One participant had been prescribed stimulants for ADD while in rehab. When the participant emerged from rehab, this person told the doctor about having a prescription for stimulants and was able to get another prescription easily.

One participant thought it would be easier for most participants to see the ways of use on all the screens, even though as a user in recovery, she was well informed about misuse.

VII. Health Module

HLTHNEW01 – 5 participants had difficulty entering their height into the computer.

Recommendation: Revise this question. Perhaps move the sentence about entering in metric sooner in the question. Add the phrase ‘then press Enter’ to the end of the instructions about entering metric. One participant recommended adding the words ‘press Enter’ at the bottom of the task bar. Participants also did not read the screen about entering inches. They were still looking at the task bar, and entered the inches upon seeing the value label.

Round 2: Two respondents had difficulty here. They entered 1 to answer in feet and inches but then did not hit enter.

Recommendation: Add the words, ‘and then press Enter’ to the question.

HLTHNEW01a – Participants were not accustomed to seeing the question mark that results from pressing F3.

Recommendation: Revise the entry field to say Inch(es) so that participants can enter 0 or 1.

HLTHNEW02 – No problems entering weight. See HLTHNEW01 results for recommendations.

Round 2: See HLTHNEW01 results for recommendations.

HLTH05 – One participant reported 8. Upon probing, he said that he was in the hospital for 8 days and 7 nights and had missed the part of the question that specified nights.

HLTHNEW03 – A few participants included dental appointments in their estimates, despite the instruction to not do so. Most participants were pretty confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies.

Round 2: Respondents seemed to correctly exclude dentist visits here. Most participants were confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies. However, with the removal of the response options, one respondent reported don’t know. He was then able to answer the follow up question, where the response options were provided.

HLTHNEW03 – Most participants had a reasonable understanding about what a health care professional was. One participant would not count a chiropractor, or a person at the eye care center because they have not been to medical school. One participant said that there were none at the drug treatment center, while another reported that visits to the methadone clinic would count. Other participants expressed doubt about including specialists and physical therapists. One participant said only doctors counted as health care professionals.

Recommendation: Assess the level of accuracy that is needed in this question. Is each of the response categories used in analysis, or can they be collapsed? This question includes a number of constructs, such as a reference period, thinking about your own health versus someone else's, the definition of a health care professional, and exclusions to the rule. The respondent burden has the potential to be high, as does the measurement error.

HLTHNEW05 – There were no probes asked about this question.

Recommendation: Use logic from HLTHNEW04. It could be that the doctor already knows, but there should be a linkage between the series of questions.

HLTHNEW06 – One participant reported that his dentist asked him about his alcohol use. He then asked if a dentist was included. Instructions in HLTHNEW03 say to exclude the dentist, which may have caused confusion. One participant did not include questions asked upon visits to the emergency room. He stated that his doctor does not ask, because his doctor knows him. Another participant reported that he did not know how to answer and had a number of issues with the question. He filled out a form in the waiting room. The form said, How many drinks do you have per week. He had difficulty mapping this question to the responses of How much do you drink and How often do you drink. He did not have a discussion with the doctor.

Recommendation: 1. Change the Round 2 specs to only ask this question of participants who used alcohol in the past 30 days (ALC30USE=1). Participants who did not use alcohol in the past 30 days will not receive this question. 2. Ask HLTHNEW06 before HLTHNEW04 because the mention of a form is conditioning participants. 3. Include logic for responses to HLTHNEW04b in logic for HLTHNEW06. 4. Make more apparent that HLTHNEW06 focuses only on in-person communication.

Round 2: Respondents did not have problems with this item. One respondent asked if being asked to cut down on alcohol was the same as being told to quit drinking. Another stated that doctors who would ask this would not have a history with their patients.

HLTHNEW08, Round 2 – Peggy will follow up about any revision to the order of the health conditions in this question.

HLTHNEW20 – One participant asked if we were referring to the past 12 months or ever.

Recommendation: Include a reference period in this question.

HLTHNEW20a – All three participants who reported high blood pressure were confused by this question. One participant said that he has been told that it was a little high, but was not sure that this was a chronic state. One participant said that after the first time, the doctor knew that he had it and they talked about it, but he didn't tell him that he had it again. He said that he was on medicine that was controlling it. The third participant said that they discuss his high blood pressure, but he was not sure how to answer the question.

Recommendation: Change the wording of this question. The BRFSS asks, "Are you currently taking medicine for your high blood pressure?"

Round 2: There was no confusion about this question.

HLTHNEW21 - There were no probes asked about this question.

Recommendation: Asking the STD question as the last question in the interview is an awkward stopping point, and does not seem to flow after the last few questions. Recommend adding another few questions in here for a better transition.

VIII. Additional Issues

Respondent Burden – After the stimulant main module, one participant reported that many of the questions are redundant. However, no other participants made any comments about finding the overall burden of the interview to be difficult.

Round 2: No comments about burden were made.

Probes:

Round 2: SAMHSA observers gave a reminder for RTI cognitive interviewers to be sure to administer spontaneous probes in the cognitive interviewing in situations where interviewers think it is necessary.

Informed Consent Statement:

Round 2: SAMHSA raised the issue about whether the informed consent statement might be modified for, "There's a small chance that someone else might hear your answers." Liz will ask RTI's IRB about modifying this sentence. Although this risk is

likely to be small, the IRB may still require prospective respondents to be informed of this.

Attachment C

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 1 Round 3 Results

NSDUH Prescription Drug Redesign Cognitive Interviewing Round 3 Results

I. Highlights

General Themes (All Rounds)

Listed below is a summary of overall themes that emerged from all three rounds of cognitive interviewing; these themes are not necessarily in the order of question administration. Specific findings are discussed in further detail in the remainder of the report.

- Participants generally were able to recognize the prescription drugs by name, by using the pictures, or by using both.
- Although more questions were required, asking separately about any use of specific prescription drugs in the past 12 months and nonmedical use of the drugs that were used in that period simplified the cognitive task for participants.
- There was some uncertainty about the “generic” term associated with some drugs. Addition of the word “generic” to the pill images in Round 3 appeared to be helpful.
- The wording “in any way a doctor did not direct you to use it” differentiated between medical and nonmedical users of prescription drugs. With few exceptions, participants who used prescription drugs only for medical reasons could determine that they did not use prescription drugs “in any way a doctor did not direct you to use (them).” Similarly, nonmedical users could determine that their use constituted use “in any way a doctor did not direct you to use it,” even if they used prescription drugs in ways not explicitly listed as examples of nonmedical use.
- Further testing is needed for questions about use of canned air as an inhalant and injection of stimulants.
- Revision of the questions about height and weight (HLTHNEW01 and HLTHNEW02 series) following Round 1 helped to improve participant understanding and the task of answering these questions.
- For questions about the number of outpatient doctor visits (HLTHNEW03 and HLTHNEWDK), participants had some difficulty in determining what did or did not constitute a doctor visit, and in determining their number of visits.

Respondent Characteristics (Round 1)

Cognitive interviewers reported that the respondents were quite sophisticated in their knowledge of the subject. They were well-versed in what it means to misuse prescription drugs according to the examples and wordings given in the instrument, even if they themselves did not report misuse of prescription drugs. They also had a high awareness of which drugs they took (see below).

Three types of respondents emerged during these interviews. Treatment clients were heavy drug users who were well aware of the potential for abuse and addiction with using prescription pain relievers. Several were aware of people crushing and then snorting pain relievers. Some also reported misuse of certain pain relievers when heroin or other preferred drugs were not available.

Many general population users had chronic pain, and struggled between a desire to relieve this pain and a desire not to become dependent on the pain relievers. Some reported noticing behaviors that concerned them, like needing to take more medication because the drugs were having less effect for pain relief. They stopped taking the medicine, lived with the pain for a while, and then would resume taking the medicine as prescribed. Others in this group reported not liking the effects of the drugs, such as nausea or feeling too disoriented.

A third participant profile revealed that of the recreational user. For example, Vicodin might be considered better for partying than for pain relief. Another example involved use of Adderall and Vicodin on weekends in combination with alcohol to enhance a person's partying experiences.

Although most participants were knowledgeable about pain relievers, heavy past year stimulant users were missing from this group of participants. Therefore one option to consider for Round 2 recruitment efforts is to place a greater focus on recruitment of past year stimulant users, especially for adults, since Round 1 has provided considerable information about adults' experiences with pain relievers.

Respondent Characteristics (Round 2)

The respondent profile among Round 2 participants was not as clear. Overall, 12 respondents participated in Round 2. Of these, 7 were adolescents and 5 were adults. The participant pool did not seem to contain too many heavy drug users, despite 5 participants having been recruited from drug treatment centers.

Respondent Characteristics (Round 3)

Overall, 12 respondents participated in Round 3, including 3 adolescents and 9 adults. Each of these participants was recruited from the general public. A few of the participants were heavy drug users. Two reported use of multiple pain relievers in the past 12 months, although one of these participants reported

misusing only one pain reliever. Another participant was a recovering heroin addict who was intimately familiar with a wide variety of prescription drugs.

Identification of Prescription Drugs (Round 1)

Participants often recognized the drugs by name, although some did find the pill images to be helpful. One issue that sometimes caused confusion was the inclusion of brand-name drugs and the generic equivalents in the same question. Some participants in particular reported that their doctors would write the brand-name drug on the prescription but the pharmacy would substitute the generic. Therefore, one issue for remaining rounds would be assisting persons in reporting what they actually took, regardless of the name of the drug that was written on a prescription.

Another issue with generic drugs concerns the number of manufacturers of generics and the variety of generic equivalents of specific drugs that may be dispensed when people fill prescriptions. It would not be realistic to try to include exhaustive examples of pill images for generic drugs. Nevertheless, additional feedback in Rounds 2 and 3 could be helpful for identifying if important examples of certain generic drugs are being missed, such as pills of a particular color. Additional options also may need to be considered for clarifying for respondents that pictures may not show all possible examples of a particular pill, or forms other than pills.

Identification of Prescription Drugs (Round 2)

Respondents were able to identify most of the drugs by either name or picture. Echoing Round 1 findings, participants often recognized the drugs by name, although some did find the pill images to be helpful. Despite the inclusion of the word 'generic' after the drug name, respondents continued to be confused by the distinction between brand name and generic drugs. Some respondents were unaware that the brand name and the generic were two different drugs. Other respondents thought they should report both because they were the same drug. Some knew that they were different, but were unsure whether the pharmacist substituted a generic while filling their prescription for the brand name. Round 3 cognitive interviews should continue to test respondents' understanding of generic drugs.

Respondents did not provide feedback on particular pill images of generics. This was based primarily on confusion about the pill names.

Identification of Prescription Drugs (Round 3)

Respondents were able to identify most of the drugs either by name or picture. Consistent with findings in earlier rounds, participants often recognized the drugs by name, although some did find the pill images to be helpful. The Round 3 instrument added the word 'generic' to the pill image in order to help respondents

understand this term. Many respondents understood that generic forms of pills are not the name brand, and are often cheaper. Some respondents thought that these generics were “weaker.” Some respondents reported being confused about what the specific generic pill was a generic **of**, but seemed to understand that pills had generic forms and that pharmacies would occasionally substitute generics for brand name drugs.

Performance of the Nonmedical Use Criteria (Round 1)

Based on the examples given and use of the term "in any way that a doctor did not direct you to use it," participants generally were able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. When participants gave information about how they recalled information such as how old they were when they first used a particular prescription drug nonmedically, they commonly cited examples of getting medication from someone else's prescription, using a lot of the medication, doubling up on dosages, or taking it at parties or when "hanging out" with friends.

In the decomposition questions, however, some participants had trouble determining whether they should choose the second category (use in greater amounts, more often, or longer than I was told to take it) or the third one (use in some other way a doctor did not direct me to use it). The specific issue is whether participants see these two categories as distinct or overlapping. Because the second criterion includes three ways in which persons can overuse prescription medication, another issue is whether participants recognize that they should endorse this category if some but not all of these characteristics apply.

Three scenarios for misuse arose during the interviews that were not listed as examples in the instrument. These were (1) use with alcohol, (2) asking for a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed. An important question for the first two of these is whether respondents would recognize these behaviors as use of a prescription drug "in any way a doctor did not direct you to use it" even if these examples are not explicitly listed. In addition, use in combination with alcohol may be a criterion for use of pain relievers, tranquilizers, and sedatives "in any way a doctor did not direct you to use it" but not necessarily for stimulants. An issue for persons who obtained drugs outside of the United States without a prescription is whether this should be counted as nonmedical use if the prescriptions were obtained legally, even if these drugs would require a prescription in the United States. If this should not be counted as nonmedical use, the related issue is whether and how to indicate this to respondents.

Performance of the Nonmedical Use Criteria (Round 2)

Participants continued to be able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. Most respondents were able to clearly differentiate between medical and nonmedical use. At least one respondent who was unsure about how to classify his use resolved the issue after making use of the F2 reminder for the ways of nonmedical use. In Round 3, use of the F2 reminder should be noted.

For the most part, new questions asking whether the respondent used certain prescription drugs only while in the hospital performed well. In a few cases, however, respondents made mistakes in reporting this. Suggestions for rewording the question are included later in the summary.

Performance of the Nonmedical Use Criteria (Round 3)

Most respondents were able to differentiate between medical and nonmedical use. Two respondents misreported their use as medical when it was not. One respondent took a pill for longer than he had been told to take it, but did not initially think of that as nonmedical use. Another participant did not think that she had misused a pill because it was prescribed, because so many of the pills that she takes are not prescribed. However, she took the pills more often than was prescribed, and therefore reported misuse. One respondent reported using “Tylenol 3” without a prescription, but he had really used over-the-counter (OTC) Tylenol.

While decomposing her use, one participant reported that she had misused the pills by taking the pills in greater amounts than prescribed and more often than prescribed. Upon probing, it was discovered that she was describing the same behavior.

Other Issues (Round 2)

The inclusion of adolescents in the sample for Round 2 has raised respondent reports of being familiar with using magic markers as an inhalant. Respondents seem to understand the question and have no problem reporting their behavior.

Despite the inclusion of the term “air duster,” many respondents were unfamiliar with the term. Further discussion of this item is included later in the summary. Changes to the blood pressure questions in the health module have eliminated confusion with these items.

Changes to the height and weight items in the health module have diminished confusion and usability issues. Further recommendations for these items are included later in the summary.

Other Issues (Round 3)

Asking additional probes about familiarity with different names for air duster did not reveal a term that was more familiar to participants.

The audio pauses in the middle of the questions to allow respondents to look at the pictures of the pain relievers and stimulants. In some cases, the pause was too long, while in other cases, the pause was too short.

Respondents did not have any problems with the F2 key, which is used to pull up additional information about ways of misuse. On occasion, respondents used this button to aid in their response process.

II. Ensemble Screener Findings

CG17REV – Round 1: Of the 16 participants who responded to this question, 4 have heard of snus and 3 correctly identified what it was. The fourth person thought that it goes up your nose.

Round 2: No probe.

Round 3: No probe.

AL01 – Round 1: Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions included being fruity, girly, ready-made and flavored. Most participants compared them to wine coolers, and 2 participants mentioned that 4 Loko is similar. These same two participants identified Sparks as being caffeinated as well as alcoholic.

Round 2: Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions include being fruity, sugary, carbonated, girly, and a mixture between soda and alcohol. Comparisons were made to wine coolers, sweet wine, malt beverages, and 4 Loko.

Round 3: No probe.

MJ01 – Round 1: Most participants were able to correctly identify what a blunt was.

Round 2: No probe.

Round 3: No probe.

CC01 – Round 1: Descriptions of crack included: smoked, more addictive, costs less, crystalline substance smoked in a pipe, rock, baking soda is added. Cocaine:

snorted, powder, inject, pure. Two participants thought that there was no difference between cocaine and crack.

CC01 – Round 1: Five participants reported use of cocaine or crack. There were no inconsistencies in their narrative of use.

Round 2: No probe.

Round 3: No probe.

HE01 – Round 1: Only 1 participant had heard of cheese, while most had heard of black tar.

Round 2: No respondents had heard of cheese. Most had heard of black tar.

Round 3: No probe.

SD17a – Round 1: Almost all participants had heard of methamphetamine. They had no other names to suggest.

Round 2: Almost all participants had heard of methamphetamine. One respondent reported that marijuana dipped in meth was called a dipper, but a Google search revealed that this is marijuana dipped in PCP.

Round 3: No probe.

HALINTRO – Round 1: Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included: marijuana, cocaine, crack, heroin, alcohol, crystal meth, and Ambien. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Round 2: Incorrect examples of hallucinogens included marijuana, Percocet, crack, and “uppers and downers.” Other respondents were able to correctly identify examples of hallucinogens. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Round 3: Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included marijuana, crack, paint, markers, hairspray, depression medication, Percocet, and weed laced with embalming fluid.

Recommendation: Include the list of hallucinogens in HALINTRO, as in the current CAI instrument.

Action Item: Look at 2010 data for LS01a-LS01f and refusal follow-ups to determine the numbers of respondents who got different LSFILL patterns.

Peggy also noted that inclusion of the three new hallucinogens will affect the Prior Substance Use module – i.e., to add these three new substances and follow the same pattern as for LSD, PCP, and Ecstasy. It is fine to include this in Round 2.2.

LS01: Round 1: No probe.

Round 2: R was not sure whether to report use of PCP if he crushed it up and laced a blunt with it. He typically does not think of this as use of a blunt, but ultimately reported it.

Round 3: No probe.

LS01h1: Round 1: No probe.

Round 2: R wanted to report use of OxyContin here. She asked whether hallucinogens and narcotics were the same thing. After discussion, she decided to not report her use here. Another R reported his use of marijuana here, despite the fact that this drug had already been asked about.

Recommendation: If we think that respondents' reports of lifetime use of non-hallucinogens will become a problem here, we should ask them to specify which "other" hallucinogens they have used. However, use of drugs other than hallucinogens would not be determined until the data are processed. The NSDUH data editing procedures since 1999 continue to treat respondents as hallucinogen users, even if they specify use of drugs other than hallucinogens.

Round 3: No probe.

INHINTRO: Round 1: Most participants were able to correctly identify examples of inhalants.

Round 2: Most participants were able to correctly identify examples of inhalants. However, one respondent reported cocaine.

Round 3: Most participants were able to correctly identify examples of inhalants. One reported computer spray duster.

IN01a: Round 1: Responses about a definition of 'for kicks or to get high' included: to escape, for a euphoric feeling, excess use, stupor, for fun or a desired effect, recreational, another frame of mind, to feel good, get outside yourself, heightened senses, for abuse, alter mood, because of boredom. Some participants differentiated between "for kicks" and "to get high." For these participants, "For

kicks" implied more casual use focused on having fun or doing it out of boredom. "To get high" implied less casual use focused on escape or to avoid emotions.

Round 2: Responses about a definition of 'for kicks or to get high' included: for the fun of it, alter your state of mind, recreational, getting intoxicated, mood changing, and get a buzz.

Round 3: Definitions included for fun, trying to get a buzz, doing it recreationally, just to do it.

Recommendation: Respondents understand this wording and it should continue to be used in the question.

IN01e & h: Round 1: Two participants reported using an inhalant, but correctly decided against reporting this because it was not 'for kicks or to get high.' One accidentally smelled some gas that had spilled at the gas station, and the other had laughing gas at the dentist.

IN01h1: Round 1: Most participants had not heard about inhaling markers and pens to get high. Many were incredulous that this actually happens, and none reported doing it. However, 2 people had heard of this. (We may observe greater awareness of this behavior among adolescents.)

Round 2: One respondent had used a Sharpie for kicks or to get high. He said that he smelled markers in class and they gave him a headache. Other respondents were familiar with the use of markers to get high. Three respondents had not heard of it at all.

Round 3: No respondents reported inhaling markers or felt tip pens.

IN01ii: Round 1: There was a good deal of confusion about canned air. Many participants referred to this as 'air duster'. A Google search of 'air duster' revealed a number of products by that name. One participant thought that canned air had to do with filling flat tires. Two confused this with whippits.

Recommendation: Revise this question. Perhaps add the words "air duster" or "electronics air duster" to make the meaning clearer.

Round 2: Confusion about IN01ii persisted. Three respondents correctly identified the product. Others reported the substance as Swiffer, furniture polish, air freshener, or spray paint.

Recommendation: Despite a broad range of responses about what this question is referring to, no one thus far has (correctly or incorrectly) reported using this type of inhalant. Therefore, it is not clear whether people who have inhaled these products will be able to identify the substance

by the examples given, and that people who have inhaled other aerosol products (but not these) will be able to answer correctly that they have not used these inhalants. Google results show that this type of product also is referred to as gas duster and the brand name Dust Off. We should not continue to edit this question without feedback from users of aerosol products about whether these are appropriate examples. Feedback from users of aerosol products also would help to evaluate whether these users can correctly distinguish between use of these and other aerosol products.

Round 3: Four respondents had never heard of any alternate terms for canned air, including computer duster, canned computer duster, canned air duster, and Dust Off. Two respondents had heard of all of these names. Three respondents had heard of computer duster. No respondents reported inhaling this.

IN011: Round 1: Based on observations, SAMHSA requested that the question be revised so that it no longer references substances that were “listed.” (This revision also applies to LS01h but does not apply to pain relievers and stimulants.)

III. Pain Reliever Screener Findings

INTROPR: Round 1: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Some descriptions of over-the-counter drugs included: lower dose, pick it off the shelves, don’t alter your state of mind, not as strong, can’t get high off of them, bought without doctor’s permission, and off the shelf. Prescriptions were described as: containing narcotics, higher dose, controlled substance, bought from the pharmacist, stronger, gives you a high, more powerful, more dangerous, easier to abuse, more expensive, harder to get, need a prescription from a doctor with a signature on it, narcotics.

Round 2: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Descriptions of the two were similar to those provided in Round 1.

SAMHSA also provided feedback about how respondents will know whether they are in sections of the interview asking about pain relievers, tranquilizers, stimulants, or sedatives.

Recommendation: Consider a way to assist respondents in knowing which prescription drug section of the interview they are in, such as including a label at the top of the screen.

NOTE: Screen shots were sent to SAMHSA on May 31, 2011 that showed section headings for pain relievers. SAMHSA made the decision on June 14 not to add headings to the CAI.

Round 3: No probe.

PR01: Round 1: Participants reported using a multiple drugs on this list. Two participants reported thinking that Lorcet and Percocet were the same thing. Another reported thinking that Vicodin and hydrocodone were the same, along with Norco. He reported taking Norco as opposed to hydrocodone, but reported the hydrocodone. One participant was given the pain reliever in the hospital. Participants were able to distinguish medical and nonmedical use in their narratives of use. For instance, one participant reported taking the pain relievers as prescribed on the first three days, but then took nine pills in one day. He acknowledged that he did not take them as prescribed. Participants discussed using the pain relievers for recreation, following the instructions for use, or stopping use early when pain eased.

Recommendations: Discuss the merits of further differentiating between brand name drugs and their generic equivalents.

Feedback on pill images of hydrocodone products: One participant reported that the pictures of hydrocodone looked the same, but the ones she took were yellow.

Recommendation: Investigate whether we get similar feedback in Rounds 2 and 3 to determine whether to identify a suitable picture of a yellow hydrocodone pill for the field test.

Participants were all able to correctly fit their use in the 12 month reference period.

Round 2: Respondents generally did not have problems answering this question. However, one respondent was confused about the inclusion of the word “generic” following hydrocodone. She asked if it had another name. Participants were all able to correctly fit their use in the 12 month reference period.

Respondents reported two different understandings of the sentence about not including all forms of the drug on the screen. Some respondents correctly reported thinking that there could be different forms, such as a liquid or a capsule or additional milligrams, which were not listed on the screen. Other respondents understood that not all pain relievers were listed, including those that have different names.

SAMHSA also noted that this wording seemed odd. The intent is for respondents to think about other forms of the drugs that are not shown that they may have used.

Recommendation: Consider revising the statement about not all forms of the drugs being shown on the screen.

Round 3: Respondents were able to correctly identify which of these pills they had taken in the past 12 months. They reported that the pictures and drug names helped them with this identification.

Similar to the findings of Round 2, respondents reported two different understandings of the sentence about not including all forms of the drug on the screen. Three respondents correctly reported thinking that there could be different forms, such as a liquid or a capsule or additional dosages, which were not listed on the screen. Other respondents understood that not all pain relievers were listed, including those that have different names.

Duplicating the labeling of generic pills on the screen appeared to increase visibility of the term. Most respondents noticed this and most had a general understanding of its meaning. However, respondents did not necessarily understand that the generic on the screen was a generic for the other name brand pills on the screen.

Respondents correctly understood the 12 month reference period.

Recommendation: Consider expanding the sentence about not showing all forms of the drugs on the screen to provide examples of other forms, such as liquids or patches.

Add "such as different shapes, colors, or dosages." There is less worry about liquids because respondents are likely to have gotten these only in the hospital.

PR02: Round 1: 11 participants reported using these drugs. One participant said that he thought that Percocet and Lorcet were the same thing, but the names on the bottles were different, so he must be wrong. All participants were able to answer the question based just on the names, although 3 reported that the pictures were helpful. One reported that his prescription is for Percocet, but his pharmacy gives him generic oxycodone for insurance reasons, so he sometimes gets confused about this. He reported taking the oxycodone.

Feedback on pill images of oxycodone products: One participant reported that the oxycodone she took looked like pills in the picture, but hers were bigger. Hers were the size of the Percodan. Another reported that she took the fat, white Percocets, and there were no white Percocets in the picture.

Recommendation: Continue to investigate whether we get similar feedback in Rounds 2 and 3 about discrepancies between pills taken and pill images shown online for oxycodone products.

Round 2: Two respondents were confused about which drug they had taken. One respondent was unsure whether he took Percocet or Percodan. The other

respondent was unsure whether she took OxyContin or the generic oxycodone. She guessed that the pharmacist would have given her the generic.

Round 3: Respondents did not have any problem identifying which pills they had used. Five respondents had used Percocet.

PR03 – Round 1: One person used Darvocet in the past 12 months.

Round 2: No respondents reported using these drugs.

Round 3: One person used Darvocet in the past 12 months.

PR04 – Round 1: One person had used Ultram and tramadol. Another used tramadol when he ran out of a prescription for oxycodone.

Round 2: No respondents reported using these drugs.

Round 3: One respondent had used Ultram, but in a liquid form in an IV. Two respondents used Tramadol.

PR05 – Round 1: Seven people had used Tylenol with codeine. One participant called this a Tylenol 3. Another reported that he also used Tylenol 4, which is the pill with the 4 on it. The FDA's Center for Drug Evaluation and Research lists these as "Tylenol with Codeine No. 3" and "Tylenol with Codeine No. 4."

Recommendation: Consider changing the question to refer to Tylenol with Codeine as Tylenol with codeine Number 3 and Tylenol with codeine Number 4.

Round 2: Respondents were able to recognize the revised term of Tylenol 3 or 4. Four respondents used these drugs. One respondent chose both the Tylenol and the codeine, even though he was referring to the same instance of use. He thought that it was a trick and reported both because codeine was in both pills and he took codeine. Another respondent asked if Tylenol with Codeine was regular Tylenol.

Round 3: Respondents continued to recognize the names of Tylenol 3 and 4 and to refer to the pill by these names. Six respondents reported using this. However, one adolescent respondent was actually referring to the OTC Tylenol and mistakenly believed that this was what was being asked. Another adolescent respondent reported taking a red and white gel tab OTC Tylenol. Based on the pictures that were shown on the screen, he decided not to report this use.

PR06 – Round 1: 2 participants reported using morphine in the past 12 months. Others reported use, but added that this was not in the past 12 months.

Participants distinguished between the liquid and pill forms of morphine, reporting they had it in an IV.

Recommendation: Consider whether an image of a liquid morphine ampule should be shown in the field test as an example of morphine.

Round 2: No respondents reported using these drugs.

Round 3: One participant reported using both morphine and MS Contin. The morphine was used in IV form in the hospital.

PR07 – Round 1: Participants were familiar with a number of these drugs. Some reported lifetime use, but none in the past 12 months.

Feedback on images of Fentanyl products: Participants provided positive feedback about the images. Among the benefits cited were comments such as, “The pictures were really helpful. I looked at the pictures first. There were two whose names were unfamiliar, so I needed the pictures. If I hadn’t seen the pictures, I might have confused them with another drug.” “It looked like this (points at Actiq) but it was spelled like that (points at Fentanyl).” “The pictures were very useful. I used “China Girl” once. And the picture helps clarify what it looked like. Especially when comparing fentora and Fentanyl. If the pictures weren’t there, I might have mistaken fentora for Fentanyl because the names are similar.” “The packaging helps.” 2 participants also said that Fentanyl comes in a lollipop too. (NOTE: A picture of the Fentanyl in lollipop form was used in place of Actiq because of time and cost involved in acquiring a special image of Actiq.)

Recommendation: Consider whether to include the lollipop form as an example of Fentanyl.

Round 2: No respondents reported using these drugs. Some respondents had heard of China White, but did not know that it was Fentanyl. Most respondents reported that they had never heard of China Girl. Respondents had not heard of Sublimaze either.

Round 3: One respondent used the Fentanyl patch. Three respondents reported hearing the name China White as another name for Fentanyl. One of these respondents reported the alternate name as White China. No respondents had heard of any of the other names that we probed about, nor had they heard of Sublimaze.

Two participants, when asked, said that the lettering on the package of the Duragesic was hard to read. Others reported that the pictures were of limited use because they knew that had not used these drugs.

Recommendation: Get rid of "China Girl." This is the only prescription drug with a slang name.

PR08 – Round 1: 2 participants reported use of Suboxone. One was using it to stop going through withdrawal from pain reliever addiction.

Round 2: One respondent used Suboxone because his dealer did not have OxyContin.

Round 3: One respondent used Suboxone and Subutex. He used one in rehab for heroin addiction and another on his own to avoid a relapse into heroin use.

PR09 – Round 1: 2 participants reported use of Dilaudid. One said that he used this only in the hospital and asked if that counted. Two participants had used methadone, at least one of which was at a methadone clinic under supervision. One used Demerol and said that the picture helped him identify it. Finally, one person reported that the pictures helped him decide that he had taken Opana ER as opposed to Opana.

Recommendations: 1. Given the likely variations in the appearance of methadone that is dispensed in liquid form, consider how to clarify that any use of methadone in the past 12 months (i.e., not just in pill form) should be reported in PR09. 2. Consider whether instructions need to include reports of any medications that people took while in the hospital. However, receiving dosages of pills in a hospital is a different experience than receiving a prescription that will be filled for use at home. Participants may be unable to identify which pills they took in a hospital, or to recall that they took pills at all. Do we anticipate that use of pain relievers (or specific pain relievers) will be significantly underestimated if we do not instruct respondents to report pain relievers that they took in the hospital?

Round 2: One respondent ended up reporting use of Demerol, but was confused about whether this should be reported. She was administered this as an anesthetic in the hospital, but did not see a liquid form on the screen. When the statement about not all forms being shown on the screen was pointed out, she said that she did not know that statement applied to this screen, since it was not on the screen.

Recommendation: Edit the sentence to make it clear that it applies to all screens in the module. Perhaps it should read: "Remember, not all forms of these pain relievers may be shown on the screens."

Round 3: One respondent reported being very addicted to Dilaudid. Another respondent said that the pictures of the drugs were an excellent confirmation to his thinking that he took this drug.

PR10 – Round 1: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting. One participant said that they would not have reported use of Percocet had they only seen the pictures.

Round 2: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting.

Round 3: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting.

PR11 – Round 1: Other pain relievers that participants reported that they used in the past 12 months included non-steroidal anti-inflammatory drugs (NSAIDS) such as naprosyn or diclofenac (brand name Cataflam). Other drugs that were reported included Lyrica (pregabalin) and Robaxin (methocarbamol). One person mentioned liquid methadone as an example of something that people might report, but this person had not actually taken it. One participant reported Gabatin, which does not appear to be a drug. Perhaps she meant Gabapentin.

Round 2: One respondent reported taking a Klonopin, which is not a pain reliever. Another mentioned that people would report sleeping pills, ADHD drugs, and penicillin here.

Round 3: Respondents reported that people might report a number of other pills at this question, including Valium (tranquilizer), Lexapro (antidepressant), Narco (pain reliever), Paxil (antidepressant), Celexa (antidepressant), and neurontin (anticonvulsant). [Note: neurontin and Gabapentin are equivalent.]

PRHOSPYR1 – Round 2: Four respondents reported their answer to this question incorrectly. Of these, 2 had indeed only taken a particular drug in the hospital but answered no. One had taken the same drug both in the hospital and at home, but reported yes. Finally, one respondent missed the phrase “when you were in the

hospital” and said, yes it is correct that she had taken all of these drugs.

Recommendation: This question should be edited to facilitate respondent understanding. Although the reasons for confusion seem varied, respondents may be thinking that this question is a summary question that recaps drugs that they have used, and ignore the additional construct of use only in the hospital. Perhaps we should edit as follows: The computer recorded that, in the past 12 months, you used [FILL]. We are interested in where you used this (these) drug(s). This might draw more attention to the fact that the question is not just confirming earlier reports of the drug. Another alternative would be to ask respondents whether they used any of these drugs when they were in the hospital (rather than “only” when they were in the hospital). If use of specific prescription drugs in the hospital is reported, ask which drugs the respondents took when they were not in the hospital. Questions to capture information about use of prescription drugs only in the hospital may be dropped if respondents continue to have difficulty answering them.

NOTE: SAMHSA made the decision to drop the hospital questions for Round 3.

IV. **Stimulant Screener**

INTROST – Round 1: Most participants had heard of No Doz and Dexatrim. 3 people mentioned 5 Hour Energy as an example of a stimulant. One person mentioned Hydroxycut.

Round 2: Most respondents were familiar with at least one of the stimulants.

Round 3: Most respondents were familiar with at least one of the stimulants that were listed. Many of the respondents had heard of all four.

Recommendation: Keep this list of over the counter stimulants.

ST01 – Round 1: One participant replied that he was not sure which one to report, because Dexedrine is the brand name, used by the company while Dextroamphetamine is the chemical name. He was also familiar with the mix of amphetamine and dextroamphetamine. One participant reported Vyvanse here as a dextroamphetamine, but changed her answer when she got to ST05. One participant said that the pictures of Adderall helped her decide whether to choose the extended release or the original.

Round 2: One respondent used Adderall while another used Adderall XR. The XR user used the pictures to identify the drug. No one had heard about mixed amphetamine-dextroamphetamine pills.

Round 3: One respondent used Adderall while another used Adderall XR. These respondents had no problem answering the question.

ST02 – Round 1: None of the participants had used any of these drugs.

Round 2: Four respondents had used these drugs. One respondent was looking for extended-release Ritalin and did not recognize that to be Ritalin LA.

Round 3: One respondent used Concerta in the past 12 months. He stated that the coating on it made it difficult to dissolve under the tongue.

ST03 - Round 1: None of the participants had used any of these drugs.

Round 2: None of the participants had used any of these drugs.

Round 3: None of the participants had used any of these drugs.

ST04 – Round 1: Two of the participants used Phentermine. One bought it in Mexico, while the other was prescribed it at a diet clinic.

Round 2: None of the participants had used any of these drugs.

Round 3: None of the participants had used any of these drugs.

ST05 – Round 1: One participant used Vyvanse.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Phentermine, which then helped with recalling the name.

Round 2: Three respondents had used these drugs and were able to identify them.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Concerta, which then helped with recalling the name.

Round 3: One participant used Vyvanse for ADHD. Some respondents reported that drug names were helpful while answering these questions. Others reported that the pictures were helpful because the names were really long. There were no pictures that were not helpful.

ST06 – Round 1: One participant reported getting Meridia in Mexico. (NOTE: This is no longer available in the US).

Round 2: No others were reported.

Round 3: No others were reported.

STHOSPYR1 : Round 2: Respondents were able to answer this question.

ST07 – Round 1: Participants did not report using any stimulants in their lifetimes. One participant later reported that her son was prescribed medicine for ADD. She took one of his pills so that she could see how it affected him. However, she neglected to report that use in ST07.

Feedback on pill images – One participant requested that the pills should be bigger so that participants could read what is written on them. Another reported that the writing and numbers on the pills should be bigger because that is how people on the street recognize what they are buying. A third participant pointed out the potential for confusing Wellbutrin, Buspar, and Buprenorphine. She recommended including the generic names with the brand names.

Recommendation: Investigate adding a zoom function to enlarge the pill images. Two issues to consider are inclusion of keystroke commands (to avoid the need for participants to use the touchpad) and whether simple enlargement of the existing images will improve respondents' ability to identify the writing on the pills.

Round 2: One respondent recommended placing the numbers next to the pictures of the drug names to make the question easier to answer.

Round 3: In response to the question about lifetime use of stimulants, one respondents noted that we did not include Adipex (which is a form of phentermine).

A couple of respondents noted that it would be helpful for the numbers on the pill images to be bolder and more distinct.

V. Pain Reliever Module Findings

PRL01- Round 1: In describing examples of using a prescription pain reliever in a way not directed by a doctor, two participants mentioned using a prescription pain reliever with other drugs or with alcohol. One specifically reported taking pain relievers with a glass of wine because “they just work better” that way. Otherwise, participants described ways of use not directed by a doctor that are included in the definition, such as:

- Taking someone else's prescription
- Using the prescription too much/more than a doctor prescribed
- Getting it from a source other than a doctor
- Snorting a pill.

One participant recommended including “norco” on the list because people may not know that it is the brand name for hydrocodone.

Except for the issue of use in combination with alcohol or other drugs and the recommendation to include “norco,” this feedback suggests that Round 1 participants who were routed to PRL01 correctly understood ways of using pain relievers that were not directed by a doctor to encompass relevant components of nonmedical use.

Recommendation: Determine if additional participants in Rounds 2 or 3 endorse combining pain relievers with other drugs or alcohol as a way of using pain relievers that is not directed by a doctor.

Round 2: All respondents that were routed to this question understood its meaning and were able to answer it without difficulty.

Round 3: All respondents that were routed to this question understood its meaning and were able to answer it without difficulty.

PRY01 – Round 1: All participants routed to this question about Vicodin understood that we were asking this question to get at abuse of prescription pain relievers or getting them off the street. Many participants used the word “abuse” when asked what this question was asking. Examples of such behavior include not using it as prescribed, taking it without a prescription, ‘over doing it,’ getting high, or selling them. When asked to provide a narrative of the last time participants used Vicodin, two participants described taking a prescribed medicine more than the doctor said to because it was needed to make the pain better. A third participant described having a prescription for dental pain, but using it more than prescribed because of liking the feeling it caused. Another had a prescription but was abusing the Vicodin and Norco highly at the time. One participant mentioned taking their prescription with alcohol. Two participants mentioned using it without a prescription. One of these used it only as a last resort because nothing else was available to feed an addiction.

Two participants described in their narrative use that would not be described as misuse. One reported using the pain reliever even though the pain had lessened to the point where it might have been managed without taking that drug:

“They gave me a week’s worth. The pain got less and less. It got to the point that I could take OTC medicine. I hate taking pain medicine. I was supposed to take them as needed, which was once a day. I took all of them.”

Another took **less than** the prescribed dosage:

“I took it as prescribed but I lowered the dose, I was supposed to take it 3 times a day but I only took it 1 time at night before I went to sleep because I didn’t like the way it made me feel. Taking it with a muscle relaxer it gave me that sluggish feeling. House could have burned down and I would have been with it.”

Recommendation: Determine if additional cognitive interview participants in Rounds 2 or 3 consider taking less than the prescribed dosage as use in any way a doctor did not direct them to use a medication.

Round 2: One respondent reported being administered Vicodin in the hospital. Other respondents reported getting the drug from a dealer or friends.

Round 3: In response to a probe about what the question was trying to measure, three respondents said it was to measure abuse. Other mentions include, “using it without doctor’s orders,” “not taking it any way to cause me to become dependent,” and “not taking it for other things.” Other responses include:

- **“If you didn’t follow your prescription”**
- **“If someone gives you their Percocet, if you take it more often or for fun”**
- **“Are you using a prescription drug that wasn’t prescribed by your doctor or any doctor?”**

Respondents who took Vicodin in the past 12 months reported a combination of use and misuse. Some respondents took pills in greater amounts than prescribed because of the pain.

PRY01a – Round 1: Participants reported numerous mechanisms by which they remembered their age at first use, including:

- It was the first time using the drug this way
- Referencing anchoring events (friendships, injury, senior year in high school, getting a driver’s license, etc.)

- Recency of the event (it was in the last year).

When participants described the first time they used Vicodin, they mentioned taking too much, taking it without a prescription, doctor/pharmacy shopping, and mixing it with other drugs.

Round 2: Respondents had similar retrieval strategies compared with Round 1.

Round 3: One respondent reported just remembering the age of first misuse.

PRY02b – Round 1: One participant chose the year because it was not in 2011, the past couple of weeks. Another just knew the year was 2009.

PRY01d – Round 1: One participant reported that the calendar helped with choosing the month.

PRY02 – Round 1: The one participant who was asked what this question about Lortab was getting at reported, “the addictiveness of prescription drugs,” and “how easy it is to abuse them.” Two participants were asked to describe the last time they used Lortab. One reported using someone else’s prescription and the other reported using it when heroin was unavailable.

PRY02a – Round 1: The two participants who received this question distinctly remembered events associated with the first time they used Lortab (finding grandmother’s pills and hanging out with friends). One reported that it was someone else’s prescription and the other reported snorting it.

PRY02c – Round 1: One participant realized he had the year wrong when answering this question. He mixed up how old he was last summer.

PRY02d – Round 1: The participant remembered the month was July or August because of how hot it was outside.

PRY03 – Round 1: The one participant who was asked what this question about Lorcet was getting at described snorting it as using it a way it was not prescribed, so as to get an immediate high. Two participants answered this question as “no” because they used this as prescribed, following directions as needed for pain.

PRY04 – Round 1: Two participants were asked to describe what this question about hydrocodone was getting at. One reported using it recreationally, not following the doctor’s instructions, taking more than necessary, or snorting it. Another described a new type of misuse: asking for a larger dose at time of prescription with the knowledge that a large dose was not really necessary. This participant still endorsed use of hydrocodone “in a way a doctor did not direct you

to use it.” When asked to describe the last time the pill was used, one participant reported getting it for a sore throat in the ER and another reported getting the pills from an acquaintance/friend who said they would help with withdrawal.

Recommendation: Consider including asking for a larger dosage or number of pills as examples of use “in a way a doctor did not direct you to use it.”

Round 2: Respondents reported various types of use and misuse. One respondent used it in the hospital. Another was taking it with alcohol and taking as many as he could get his hands on.

Round 3: Two respondents had used hydrocodone in the past 12 months. One respondent received a pill from his mother. Another was abusing the drug because of addiction.

PRY04a – Round 1: Participants did not have trouble reporting their age, although one wanted to see a calendar for month of last use. When asked how they were misusing the pills, one reported taking 9 in one day and another reported taking it with alcohol. A third participant in answering this question expressed some confusion about Vicodin and hydrocodone. This person reported thinking that they were the same thing and appeared to be confused by the fact that we asked about them separately.

Recommendation: For the next round of cognitive interviewing, insert a probe about whether participants understand why they have the month response options they do. This instrument includes a tailoring of response options of months of use based upon current age and birth date. It would be helpful to see if this is confusing to respondents.

Round 2: Respondents reported understanding why only certain months were shown in the response options.

Round 3: Respondents did not have any problems remembering their age at first misuse.

PRY05 - Round 1: One participant described using OxyContin with a prescription. Her mother kept it locked away and gave it to her at allotted times; otherwise, she would have abused it. Another participant reported using it once when a friend provided it.

Round 2: One respondent correctly reported thinking that the question was asking about taking a prescription that was not prescribed for you or asking a friend for some pills. The respondents also mentioned selling the drug.

Round 3: One respondent took this as directed.

PRY05a – Round 1: One participant remembered the age at first use easily because it was in the summer, “after my birthday.” Another had a hard time determining whether it was at age 19 or age 20. It was after high school but before college. When using OxyContin at that time, one participant reported using someone else’s prescription and mixing it with alcohol.

Round 2: One respondent reported that “in a way a doctor didn’t direct you to” could mean: doctor didn’t prescribe it for you, doctor said to swallow not snort, taking more pills than doctor prescribed, giving or sharing with friends. Another reported taking someone else’s pills.

Round 3: Another participant associated use of this drug with a relationship that he had. When he started using this, he was injecting it.

PRY06 – Round 1: Participants who were asked about what this question about Percocet is getting at understood it to mean abuse. When asked about how they used it in a way not directed by a doctor, one reported popping and snorting them, but with a prescription. Another reported using another’s prescription. One participant used it but did not report using it in any way not directed by a doctor. The Percocet made this person sleepy and nauseated, and they did not care to finish the whole prescription.

Round 2: When asked if he needed to see the ways of use, the respondent replied, “I do not need to see the ways because it included that way I used it. I didn’t have a prescription for it.”

Round 3: Five respondents reported using this prescription. One respondent did not report misuse when he took one pill for pain that had been prescribed to him for an earlier procedure. He did not report this because the bottle said the pills were for pain, and they had been prescribed to him.

PRY06a – Round 1: Participants remembered their ages by associating it with events in their lives: sophomore year in college, a friend visiting from Florida, the diagnosis of migraines. Another had no idea of the age at first use. Participants reported first using Percocet in a way a doctor did not direct them to use it by using it without a prescription, mixing it, popping it, and taking it “more than I should.”

Round 2: An older respondent reported not having any idea of his age when he first used Percocet nonmedically. He initially thought that the question was asking about the past 12 months. After probing, he said that this would take him back to his early 30s or late 20s. He ended up choosing Don’t Know.

Round 3: One participant had some trouble remembering her age at first abuse. She estimated the age.

PRY09 - Round 1: When asked what this question about oxycodone is getting at, one participant who did not answer affirmatively said she was scared of it and asked, “Are people abusing the prescribed pills?” She showed the interviewer her oxycodone pill and it was different from the pill cards. It said 5 & 12 on it and did not have an M on it. One participant described use “in any way a doctor did not direct you to use it” here as taking more than was prescribed. Another reported getting oxycodone because Percocet and Vicodin were not available, so she bought oxycodone from a drug dealer.

Round 2: One respondent interpreted the question as asking if she took more or less than was prescribed.

Round 3: One respondent reported using this as directed. Two others took this without a prescription.

One respondent asked for a calendar. She did not notice the calendar icon on the top of the screen.

Recommendation: Make the icon for the calendar bolder or more visible.

PRY09a – Round 1: Participants did not have trouble remembering their ages, but one asked, “Do you really think that people remember the months and the years?”

Round 3: One participant estimated her age at first abuse.

PRY10: Round 3: One participant reported taking Darvocet as directed. She stated that she did not abuse this.

PRY13: Round 3: One participant reported taking Ultram as directed. She stated that she did not abuse this.

PRY17: Round 3: Three participants had used Tramadol in the past 12 months. One received a prescription for a broken wrist, one received a prescription for pain, and the third did not have a prescription. Neither respondent with prescriptions abused the drug.

PRY18 – Round 1: When describing use of Tylenol with codeine “in any way a doctor did not direct you to use it,” examples included: using someone else’s prescription because their hydrocodone ran out and a friend gave them something to tide them over (stave off withdrawal) and taking more than prescribed.

Round 2: One person took one and had a bad reaction so did not take any more. Another had a prescription and took them as prescribed. A third respondent reported doubling up and taking pills sooner than advised.

Round 3: Six respondents had used Tylenol with codeine. One respondent noted that he did not think that he had misused it because he had a prescription, but after looking at the ways of misuse he was taking more than were prescribed.

PRY18a – Round 1: Participants did not have trouble remembering their age of first use.

Round 3: One participant said that she did not know her age at first misuse.

PRY19a - Round 2: One respondent benchmarked his use around his friend's death from overdose. He received the pills from his friend.

PRY22 – Round 3: One participant got this prescription from a doctor and took the pills as directed.

PRY24 – Round 1: One participant described using an IV drip of morphine in the hospital, and reported that he used this as prescribed.

Round 2: One respondent reported abusing this around the same time he started using other drugs.

Recommendation: In future cognitive interview rounds, probe to determine if hospital use of a prescription drug is included in reports of prescription drug use by participants.

Round 3: One respondent received a couple of morphine pills from a friend and took them all at once.

PRY24a – Round 3: This respondent did not have any trouble remembering age at first abuse.

PRY28 – Round 3: One respondent received the fentanyl patch at the hospital.

PRY28a – Round 1: One participant in particular had trouble remembering when he turned specific ages for first use of fentanyl “in any way a doctor did not direct you to use it.” At this question, he reported forgetting his age because it’s 2011 (meaning early 2011 and he is still adjusting to the calendar change).

PRY29 – Round 1: A participant described their use of Suboxone “in any way a doctor did not direct you to use it” as a backup for when this person could not get

into a methadone clinic. This made it relatively easy for this participant to recall the age and the month and year.

Round 2: One participant bought this from a drug dealer in the park. He said that he broke it up into little pieces in order to make it last longer. He acknowledged that doctors do not tell you to do that.

Round 3: One participant used this in the methadone clinic and then subsequently bought it from a drug dealer to help with heroin addiction.

PRY31: Round 2: The same respondent who reported use of Suboxone also reported use of buprenorphine. He stated that this was the same as Suboxone. He reported using both substances, but was thinking of the same instance.

PRY32 – Round 1: A participant who answered this question affirmatively recalled using Demerol when he had run out of codeine and/or Vicodin. A friend with chronic pain shared the Demerol with him to extend his prescription. He was able to recall his age by the month and year and by his birth date.

Round 3: One participant used the Demerol as prescribed.

PRY33 – Round 1: A participant remembered using Dilaudid in the hospital as an injection for back pain. He reported using this according to doctor instructions.

Round 2: A participant initially reported using Dilaudid in the past 12 months. Upon reaching this question, he said that he remembered that he was cold shaking the drug but it was more than 12 month ago.

Round 3: This participant goes to the hospital to get Dilaudid, because she is addicted to it. If she cannot get Dilaudid, she will seek out other drugs.

PRY33a – Round 3: The first time she used it, she had a prescription but she used more than that.

PRY34 – Round 1: A participant routed to this question answered it as “no.” The person had not used methadone “in any way a doctor did not direct you to use it” because the person attends a methadone treatment program every day and receives the methadone there as directed.

PRL02 – Round 1: One participant reported using a pain reliever with alcohol as a type of use not directed by a doctor in response to this question.

PRM02DKRE – Round 1: The participant who received this question about their “best guess” thought their answer was accurate.

PRM03 – Round 1: Two participants reported how they were able to remember whether or not they were drinking alcohol. One said because it was yesterday, and another knew they had used the alcohol to increase the effects of the opiates.

Round 2: Two participants reported how they were able to remember whether or not they were drinking alcohol. One said that she would use alcohol and Vicodin together with a friend. The other said that she never used these together.

Round 3: No respondents had taken the pills and drank at the same time. One respondent was not sure how to report this, because she drank within a week of taking the pills and was not sure how long alcohol stays in your system. She ultimately decided to answer ‘no’.

PRY41 – Round 1: One participant understood this question but volunteered that the wording “at least once” threw her off. She thought that the answers would say the same thing without the text “at least once” and that it would be easier to read/understand. Another participant reported not being able to endorse option #2 (used in greater amounts, more often or for longer than it was required) because only part of what was listed applied to this person. The participant used in greater amounts and more often, but not longer.

One participant reported wanting to select answer #3 because this person “doubled up” on the prescription. That is, “doubling up” would fall into the “some other way” category. When probed, this person agreed that “doubling up” would also fall into category #2. Another participant considered choosing #3 along with #2 because the person used alcohol while taking the pills, which the person considered a way of using in a way not directed by a doctor. Other participants considered crushing and snorting as an example that applies to category #3.

Recommendations: Remove the “at least once” wording. Determine in future interviews whether participants think that all three of the aspects of misuse in option #2 need to apply in order to endorse the option. Continue to monitor whether participants see options #2 and #3 as distinct or overlapping and any difficulty they have in deciding which answer(s) to choose.

Round 2: Respondents all agreed that they should report a behavior, even if it only happened once. One respondent who had only taken 1 pill reported that. Respondents mentioned that they should include all relevant information.

Recommendation: Keep the question as is, because it is performing well without the ‘at least once’ wording.

Round 2: Respondents did not have any problem with this question. One respondent wanted to answer with “Some other way,” but decided that ways 1-4 described his use adequately. One respondent did report “Some other way.”

Round 3: One participant reported “some other way.” She included this because she injected the drug instead of taking it by mouth. She also picked the other four response options. After probing, she stated that she was counting the same behavior of taking more drugs than were prescribed as both number 2 and 3.

PRY42B – Round 1: Participants did not have trouble remembering how they got pain relievers the last time. One additional way of getting a prescription pain reliever reported was getting them out of the country. However, this reason is not commonly endorsed in “OTHER, Specify” data. In 2009, for example, 5 respondents reported that the “other way” they obtained pain relievers they used nonmedically in the past 30 days was by obtaining them outside of the U.S. Only one respondent in 2009 reported this as the way that he/she obtained the pain relievers the last time in the past 12 months.

Recommendation: Consider the addition of getting pills outside the U.S. to this list.

Round 2: Respondents did not have any trouble remembering how they got pain relievers the last time. One respondent tried to report another way, which was stealing them from a friend. He then realized that stealing was option #7. No respondents mentioned getting the drugs from another country.

One respondent also was confused by the categories in the questions about how respondents or friends/family members obtained prescription drugs.

Recommendation: Larry will compile frequencies of responses to these categories in the current versions of these questions for SAMHSA to use in evaluating categories for combination or deletion.

Round 3: One respondent said that she got it from more than one doctor because she would get her prescriptions at the ER, and there are multiple doctors that prescribe them.

VI. Stimulants Module Findings

STL01 – Round 1: A participant reported not having a prescription for phentermine, but in Mexico, they did not need one. This person pointed out that you can buy prescription drugs in Mexican drug stores and airports. Technically in Mexico they were not prescription drugs.

Recommendation: Continue to examine this issue in Round 2 to determine whether to provide clarification on buying prescriptions in other countries, whether that should count as use “in any way a doctor did not direct you to use it,” and how to instruct respondents to count or not count this as use “in any way a doctor did not direct you to use” a prescription drug.

Round 2: Respondents did not report use in other countries. Two respondents reported lifetime (but not past year) nonmedical use of stimulants.

STY01 – Round 1: When describing last use of Adderall, a participant reported that a friend provided it in 2009. There was no prescription and they were mixing it with other things.

Round 3: The participant answered “no.” The participant had a prescription for ADHD and last took Adderall this morning, according to the prescription.

STY01a – Round 1: A participant reported remembering the exact night in 2009 hanging out with a particular girl.

Round 2: The respondent had been using it a lot in the past year, and did not have difficulty remembering that.

STY02 – Round 3: The respondent took Adderall XR for ADHD. He had a prescription.

STY03a – Round 1: A participant remembered their age at first use of Dexedrine very well because it was associated with a recent move and new classmates/friends.

STY08 – Round 3: This respondent did not abuse Concerta.

STY20 – Round 1: The same participant who got phentermine in another country described it here. Another participant reported using phentermine strictly to lose weight, as directed, and answered STY20 as “no.”

STY25 – Round 1: The same user of phentermine mentioned getting it outside the U.S. Another participant reported snorting as a third way of use.

Round 2: One respondent answered using it without and prescription and in another way that a doctor did not direct him to use it. He used the drugs recreationally. It was not clear that he was correct in answering “some other way.”

STY25a and STY25b: No respondents in any of the three rounds reported using stimulants with a needle in the past 12 months.

STY26b – Round 1: One participant had been prescribed stimulants for ADD while in rehab. When the participant emerged from rehab, this person told the doctor about having a prescription for stimulants and was able to get another prescription easily.

One participant thought it would be easier for most participants to see the ways of use on all the screens, even though as a user in recovery, she was well informed about misuse.

VII. Health Module

HLTHNEW01 – Round 1: 5 participants had difficulty entering their height into the computer.

Recommendation: Revise this question. Perhaps move the sentence about entering in metric sooner in the question. Add the phrase ‘then press Enter’ to the end of the instructions about entering metric. One participant recommended adding the words ‘press Enter’ at the bottom of the task bar. Participants also did not read the screen about entering inches. They were still looking at the task bar, and entered the inches upon seeing the value label.

Round 2: Two respondents had difficulty here. They entered 1 to answer in feet and inches but then did not hit enter.

Recommendation: Add the words, ‘and then press Enter’ to the question.

Round 3: No respondents had any difficulty entering their height or weight.

Recommendation: Questions are functioning properly. Keep as is.

HLTHNEW01a – Round 1: Participants were not accustomed to seeing the question mark that results from pressing F3.

Recommendation: Revise the entry field to say Inch(es) so that participants can enter 0 or 1.

HLTHNEW02 – Round 1: No problems entering weight. See HLTHNEW01 results for recommendations.

Round 2: See HLTHNEW01 results for recommendations.

Action Item: Do not play the audio for the answer choices for height and weight because those are included in the questions.

HLTH05 – Round 1: One participant reported 8. Upon probing, he said that he was in the hospital for 8 days and 7 nights and had missed the part of the question that specified nights.

HLTHNEW03 – Round 1: A few participants included dental appointments in their estimates, despite the instruction to not do so. Most participants were pretty confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies.

Round 2: Respondents seemed to correctly exclude dentist visits here. Most participants were confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies. However, with the removal of the response options, one respondent reported don't know. He was then able to answer the follow up question, where the response options were provided.

HLTHNEW03 – Round 1: Most participants had a reasonable understanding about what a health care professional was. One participant would not count a chiropractor, or a person at the eye care center because they have not been to medical school. One participant said that there were none at the drug treatment center, while another reported that visits to the methadone clinic would count. Other participants expressed doubt about including specialists and physical therapists. One participant said only doctors counted as health care professionals.

Recommendation: Assess the level of accuracy that is needed in this question. Is each of the response categories used in analysis, or can they be collapsed? This question includes a number of constructs, such as a reference period, thinking about your own health versus someone else's, the definition of a health care professional, and exclusions to the rule. The respondent burden has the potential to be high, as does the measurement error.

Round 3: Depending upon the extent of visiting doctor offices, respondents struggled with accurately counting the number of visits. One respondent initially included dental visits despite the instruction not to.

Action Item: Delete the explanatory text from HLTHNEW03. Consider moving the instructions to appear before the question, and include a probe.

HLTHNEW05 – Round 1: There were no probes asked about this question.

Recommendation: Use logic from HLTHNEW04. It could be that the doctor already knows, but there should be a linkage between the series of questions.

HLTHNEW06 – Round 1: One participant reported that his dentist asked him about his alcohol use. He then asked if a dentist was included. Instructions in HLTHNEW03 say to exclude the dentist, which may have caused confusion. One

participant did not include questions asked upon visits to the emergency room. He stated that his doctor does not ask, because his doctor knows him. Another participant reported that he did not know how to answer and had a number of issues with the question. He filled out a form in the waiting room. The form said, How many drinks do you have per week. He had difficulty mapping this question to the responses of How much do you drink and How often do you drink. He did not have a discussion with the doctor.

Recommendation: 1. Change the Round 2 specs to only ask this question of participants who used alcohol in the past 30 days (ALC30USE=1). Participants who did not use alcohol in the past 30 days will not receive this question. 2. Ask HLTHNEW06 before HLTHNEW04 because the mention of a form is conditioning participants. 3. Include logic for responses to HLTHNEW04b in logic for HLTHNEW06. 4. Make more apparent that HLTHNEW06 focuses only on in-person communication.

Round 2: Respondents did not have problems with this item. One respondent asked if being asked to cut down on alcohol was the same as being told to quit drinking. Another stated that doctors who would ask this would not have a history with their patients.

Round 3: Respondents did not have a problem with this question. Many reported that doctors asked if they drink and then how often and how much.

HLTHNEW08, Round 2 – Peggy will follow up about any revision to the order of the health conditions in this question.

HLTHNEW11 & 12a – Round 3: The respondent was first diagnosed at their current age, but the follow up question asked whether they had cancer or heart disease in the past 12 months.

Recommendation: Change the specs to skip questions about whether respondents had specific conditions in the past 12 months if the age at first diagnosis equals their current age.

Action Item: Implement this change.

HLTHNEW20 – Round 1: One participant asked if we were referring to the past 12 months or ever.

Recommendation: Include a reference period in this question.

HLTHNEW20a – Round 1: All three participants who reported high blood pressure were confused by this question. One participant said that he has been told that it was a little high, but was not sure that this was a chronic state. One participant said that after the first time, the doctor knew that he had it and they

talked about it, but he didn't tell him that he had it again. He said that he was on medicine that was controlling it. The third participant said that they discuss his high blood pressure, but he was not sure how to answer the question.

Recommendation: Change the wording of this question. The BRFSS asks, "Are you currently taking medicine for your high blood pressure?"

Round 2: There was no confusion about this question.

HLTHNEW21 - Round 1: There were no probes asked about this question.

Recommendation: Asking the STD question as the last question in the interview is an awkward stopping point, and does not seem to flow after the last few questions. Recommend adding another few questions in here for a better transition.

VIII. **Additional Issues**

Respondent Burden – Round 1: After the stimulant main module, one participant reported that many of the questions are redundant. However, no other participants made any comments about finding the overall burden of the interview to be difficult.

Round 2: No comments about burden were made.

Probes: Round 2: SAMHSA observers gave a reminder for RTI cognitive interviewers to be sure to administer spontaneous probes in the cognitive interviewing in situations where interviewers think it is necessary.

Round 2: SAMHSA raised the issue about whether the informed consent statement might be modified for, "There's a small chance that someone else might hear your answers." Liz will ask RTI's IRB about modifying this sentence. Although this risk is likely to be small, the IRB may still require prospective respondents to be informed of this.

Round 3: No additional issues.

Attachment D

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 2 Round 1 Results

NSDUH Questionnaire Redesign Cognitive Interviewing Round 2.1 Results December 7, 2011

Respondent Characteristics

During the first round of Phase 2 interviewing, survey methodologists interviewed twenty respondents. Of these twenty, ten were adolescents and ten were adults. Almost all respondents in the first round of Phase 2 interviewing were recruited from the general population. A couple of respondents were recruited from drug treatment centers in the Raleigh, North Carolina area.

In order to be recruited in the cognitive interview sample, respondents did not necessarily need to report use of illicit or prescription drugs in the past 12 months during the telephone screener. Therefore, most respondents were casual users or often non users of the drugs that were tested in this round. Few were expert or heavy users.

Round 2.1 tested the transition from the questionnaire asking health insurance and income items using interviewer administration to using a self-administered mode. Particularly, transitioning to a proxy respondent who completes the health insurance and income items on behalf of the respondent using self-administration warranted thorough testing. Interviewers and parents provided valuable feedback about this process.

In general, proxy respondents were able to successfully answer questions about adolescent health insurance and family income. The ACASI tutorial worked well, and proxy respondents reported understanding the questions as well as why they were being asked to answer them. Individual findings are listed below.

In addition, new questions measured details of military service and status. In order to thoroughly test these new items, round 2.1 interviewed five veterans of the military. These veterans provided feedback on the new items in the front end CAPI section of the interview.

Specific feedback on individual items is detailed below.

Veteran Questions

V2a – Respondents understood the use of the phrase “full time in the Reserves.” None of these respondents reported ever being in the Reserves.

QD10c – Respondents were able to correctly define a combat zone. Among the definitions were “being in combat,” “being in the fighting,” and Iraq and Kuwait. One respondent said that she did not serve in a combat zone as women were not allowed to do so when she was in the military. Another respondent incorrectly reported that he served in a combat zone. He had a dangerous assignment of guarding prisons in the United States, so he reported yes. After repeating the question, the respondent acknowledged that he should respond ‘no.’ Respondents identified with the mention of hazard pay in this question.

Hallucinogens

LS01i – Eight respondents had heard of Ketamine. Most reported hearing about it on TV.

LS01j – Three respondents had heard of DMT and one had heard of Foxy. No respondents reported use.

LS01k – One respondent thought that salvia divinorum was a substitute for marijuana. Another thought that it was synthetic marijuana. A third person reported hearing of the substance.

Inhalants Screener

IN01ii – No respondents reported use of computer keyboard cleaner just to get high. Fewer than half of the respondents knew about the spray. A few respondents had heard the term “spray computer cleaner” or “compressed gas duster” before. One respondent suggested identifying the spray by its brand names. Others did not have many recommendations for other words used to describe the spray.

Methamphetamine Module

ME01 – Three respondents in the sample reported lifetime use of methamphetamine. One respondent reported use of it twenty years ago and one respondent reported using it for two years three years ago. No respondents reported 12-month use of methamphetamines. Those that reported lifetime use did not have any problems with the module.

Prescription Drugs

PR01 – One respondent thought that we were only interested in misuse of prescription pain relievers at this question. A couple of respondents were unaware that the next eight screens were going to ask about other pain relievers and therefore wanted to report their use here.

Recommendation: Continue to measure whether asking about illicit use of substances before pain reliever use is priming the respondent to only think about misuse.

Recommendation: Discuss whether we should convey to respondents that more than one screen asks about pain relievers.

Generic Pills

Although most respondents understood that generic drugs are a cheaper version of name brand drugs, they were not always clear on what the name brand equivalents of the generic drugs pictured were. Two respondents reported that generic drugs are over the counter.

Not All Forms

The statement that not all forms of a particular drug may be shown on a screen continues to cause problems for respondents. Many respondents reported thinking that it was referring to pain relievers with a different name than the one shown on the screen. Others correctly thought that we were acknowledging that certain pills might take various forms, not all of which were pictured. A couple of respondents said that they did not understand the statement. Despite the statement about not all forms, one respondent did not report intravenous use of morphine because only the pills were shown on the screen.

Recommendation

Evaluate whether new probes should be used to test these questions in Round 2.2 or if the wording should be further revised.

Pill images

Respondents that had used the drugs report that the pill images aid in their recall. Those that report not using the pill images often report not using any pills.

Tranquilizers and Sedatives

No new issues were detected with the inclusion of the tranquilizer and sedatives module.

TR06 – When asked whether there were any other tranquilizers that respondents would report, a few were mentioned. Paxil, Valium, promethazine (phenergen), and trazedone were reported by respondents.

INTROSV – Respondents had for the most part heard of Benadryl, while fewer respondents had heard of the other sedatives. Suggestions for other OTC sedatives included Adderall, ibuprofen, motion sickness pills and melatonin.

Definitions of misuse

Respondents were able to distinguish between use and misuse of prescription drugs and reported their use correctly.

Special Drugs

SD01 – Most respondents who named examples mentioned “Nyquil.” Other examples were Sudafed, Tylenol, aspirin, Motrin, Benadryl, and Claritin. Many mentioned “cough syrup.” One R he’d heard of ‘purple stuff.’ He wasn’t specific and probing lead to him discussing some drink that a professional football player had been caught with that caused a suspension or fine. He said he thought it was codeine or Dimetapp or Sudafed like substance. (Note: he is probably referring to prescription strength cough syrup here.) Only 2 respondents had used OTC medicines. One

had taken Benadryl and another had taken Nyquil while he was in bootcamp because he was not able to drink alcohol at the time.

SD21 – One respondent suggested that “the hospital” be added to this item.

Health

HLTH04 – One respondent only knew he was 54 inches tall, and he did not know how to convert it to feet and inches.

HLTH19 – Four respondents expressed not knowing whether the dentist should count. None counted the visits initially, but considered including them after a probe. Of the four, three decided to count them and one did not.

Recommendation: Wording about not including dentist visits was recently deleted from the specifications for this item. RTI and SAMHSA should discuss whether this is still appropriate.

HLTH22 – Four respondents reported doctors discussing their drinking with them.

Back End Demographics

QD17 – Fifteen respondents said that they would report being in school even if they were on summer break. One respondent said he did not know and another said he would say “no” even if he was just on summer vacation.

QD18 – Respondents were asked a hypothetical question about this item. Most were asked if they would report being in 7th or 8th grade, if the question was administered during the summer after they had finished 7th grade. Only one of 7 people probed said “7th grade”. Two participants correctly reported about their current situation, saying that they would report the grade that they were “going into.”

QD26 – One adolescent was confused as to whether this question asked about the different places he had worked or the number of bosses he’d had. Another adolescent was not sure whether she should count babysitting. She decided that she would NOT count it.

QD49 - One respondent had trouble with ‘DK’ for items QD47 & QD48. She had forgotten that she needed to use the function keys to indicate this as her answer. She answered ‘DK’ to both QD47/48. Another participant said that was a difficult question to answer because it depended on the job one was applying to. Only certain job classifications are subject to testing, which at her employer (a local government) were ones classified as ‘drug sensitive.’ These jobs are ones like police officers, welfare workers, or anyone who drives a government vehicle. They do not test for other job classifications, like the one she is in.

QD50 – The 4 Rs who were probed all mentioned that this question was asking about being tested “at random.”

QD54 – One adolescent R mentioned she spent half the week in one home and half the week in the other, then asked if she should count “the one I spend the most time in?” It was not hard for her to choose the one she spent the most time in.

Proxy Tutorial

Two respondents had trouble with entering a “1” to answer the first question in the tutorial.

Recommendation: Change the first question in the tutorial to a “Press Enter to continue” screen.

Two respondents thought it was odd to be asked about the teenager’s income, since they did not work.

In the income branching questions, one R tried to enter “1” for the first option, but the appropriate number was “21.” R recognized her mistake and entered “21.”

Recommendation: Change the response options for this question to begin with 1, as opposed to 21.

One respondent complained that the tutorial “went into too much detail.” R thought it was too slow and instead of letting his intuition take over it bogged him down. He mentioned reading the script that was for the interviewer (on the demo screens where the interviewer points to the keys, etc.) and said that “The script was for you but I was thinking of what it said rather than what it was trying to teach me.”

Additional Issues

In order to reduce respondent burden, a filter question could be added to identify proxies who have already been introduced to the interview program, whether during their own interview or while serving as a proxy for another respondents.

Additional instructions and introductions are needed in the back end demographics section. In cases where a proxy is not nominated, the screens do not clearly indicate which questions are interviewer administered and which are self-administered.

NATIONAL SURVEY ON DRUG USE AND HEALTH

QUESTIONNAIRE REDESIGN PRETESTING SUMMARY REPORT—DRAFT

Contract Nos. 283-2004-00022 & HHSS283200800004C
RTI Project Nos. 0209009 & 0211838

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January 17, 2014

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2015 NATIONAL SURVEY ON DRUG USE AND HEALTH

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1. Overview

1.1 Background of the Redesign

The National Survey on Drug Use and Health (NSDUH), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a national survey of the U.S. civilian, noninstitutionalized population aged 12 and older. The conduct of the 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 current data, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must update the NSDUH periodically to reflect changing substance use and mental health issues. These updates are necessary because substance use in the United States is a dynamic phenomenon that changes with time, demographic shifts, economic prosperity, and most importantly, availability of substances.

CBHSQ plans to redesign the 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.

The questionnaire will be revised to improve questions that cause known or suspected problems with data that are collected using the current NSDUH questionnaire. New content that addresses current data needs will be added. Revisions that are designed to reduce errors associated with usability problems in the design and layout of the computer-assisted interviewing (CAI) instrument are planned. The changes include electronic calendars, revised prescription drug modules, revised front end demographics, a revised smokeless tobacco module, revised questions for measuring binge alcohol use, a revised hallucinogens module, new questions for lifetime use of specific inhalants, a new methamphetamine module, a revised special drugs module, a revised consumption of alcohol module, and a revised back end demographics section. Specifically, the following are highlights of issues for the modules for prescription drugs and health care and for interviewer-administered questions that will be addressed by the redesigned questionnaire.

- In the current interview procedures, interviewers and respondents mark a printed calendar with the start of the 30-day and 12-month reference periods. In the redesigned questionnaire, respondents will be shown electronic versions of these calendars that note the start of these reference periods, and they will receive a tutorial about these electronic calendars. The electronic calendars also will appear periodically to remind respondents of reference periods, and respondents can use a function key to review the calendars at any time during the self-administered modules.

- The content of the specific prescription drugs in the core prescription drug modules was last updated in 1999, based on prevalence information from 1998. Since that time, despite minor updates to the questionnaire, several prescription drugs included in NSDUH have been discontinued or are otherwise no longer legally available, and recently approved prescription drugs with abuse potential are not included in the core modules. All questions measuring misuse of prescription drugs will be moved into the prescription drug modules. In addition, a review of the drugs that are included in these modules will result in recommendations for drugs to be added or dropped based on their availability.
- The current NSDUH questionnaire asks only about misuse of prescription drugs. A revised structure will be tested that first uses a screener module to ask about any use of prescription drugs. Respondents who report any use of prescription drugs will then receive questions determining whether any of that use constituted misuse.
- The current NSDUH definition of misuse (i.e., use of drugs that were not prescribed for you or that you took only for the experience or feeling they caused) combines a behavior and a motivation. It also does not include overuse of prescribed medication. The revised definition will focus on behaviors that constitute misuse and will refer to use "in any way a doctor did not direct you to use it/them." Overuse (i.e., use in greater amounts, more often, or longer than directed) will be added to the examples of behaviors that constitute misuse.
- Except for misuse of OxyContin[®] in the current pain relievers module and misuse of methamphetamine in the stimulants module, misuse of specific prescription-type psychotherapeutic drugs in the current questionnaire is limited to the lifetime period. Measurement of past year misuse is limited to misuse of any drugs within a psychotherapeutic category (e.g., pain relievers). However, information about more recent misuse of specific prescription drugs (e.g., in the past year) is of greater interest to policymakers and stakeholders who use the NSDUH prescription drug data. Therefore, questions will measure past year misuse of individual prescription drugs.
- In the current questionnaire, methamphetamine is included in the module for misuse of prescription stimulants, and respondents are asked in the stimulants module about *misuse* of methamphetamine. However, most methamphetamine that is used in the United States is manufactured illegally rather than by the pharmaceutical industry. Respondents also may fail to report methamphetamine use in the context of questions about misuse of prescription drugs. Therefore, the redesigned questionnaire will include a separate module for methamphetamine, and the questions in the stimulants module will ask about misuse of *prescription* stimulants.
- For the current questionnaire, respondents are handed printed "pill cards" with pictures of prescription drugs in a given module to aid respondents in recalling their misuse of specific drugs. NSDUH incurs the expense of printing pill cards for interviewers who are new to the survey or reprinting the pill cards when new dosages become available for some prescription drugs. Also, respondents do not always ask interviewers for the pill cards when they reach the prescription drug questions. Therefore, electronic drug images to be displayed on the laptop computer screen will replace the printed pill cards. The electronic images also will include examples of prescription drugs other than pills (e.g., patches, vials).

- The current health care module of the questionnaire is limited in scope. Questions measuring height, weight, a revised list of health conditions, and details about diagnoses of those health conditions will be tested and added to the health care module.
- The current survey includes questions about emergency room visits, hospitalizations, substance abuse treatment utilization, and mental health service utilization, but does not include questions about outpatient primary care service utilization or opportunities for intervention with substance users in primary care settings. Questions related to these topics will be tested and included in the health care module of the questionnaire.
- Although audio computer-assisted self-interviewing (ACASI) is used for most of the sensitive questions, respondents may be likely to consider some questions in interviewer-administered sections to be sensitive (e.g., income). Pretesting efforts will explore the feasibility of moving health insurance and income questions to an ACASI mode.

Proposed revisions will improve the precision of estimates that exhibit properties associated with measurement error. Revisions will also be designed to reduce errors associated with usability problems in the design and layout of the CAI instrument.

1.2 Goals of the Pretesting

The pretesting for the 2015 NSDUH questionnaire redesign had three components: Usability Testing (Prescription Drugs), Phase 1 (Prescription Drugs) Cognitive Interviewing, and Phase 2 (Redesigned Modules) Cognitive Interviewing. The purpose of each of these three components is discussed in the following sections.

1.2.1 Usability Testing

Usability testing was conducted in the first stage of redesign pretesting. Prior to the usability testing, questions for misuse of pain relievers and stimulants were reworded, producing two new versions of these questions. One of these versions was a "three-criteria" bulleted list that asked participants about using a set of prescription pain relievers and stimulants "in any of these ways" in the past 12 months:

- without a prescription of your own,
- in greater amounts, more often, or longer than you were told to take it, or
- just for the effect it had on you—not for its intended medical use.

A second version ("two criteria") eliminated one criterion from the three-criteria list: use "in greater amounts, more often, or longer than you were told to take it," but used the same wording for the remaining two criteria.

In addition, the usability instrument tested the placement of pill images above or below the question text in order to test the new electronic drug images. Participants were presented with a total of four versions of the questions. Two versions of the three-criteria questions featured images above and below the questions. There were also two versions of the two-criteria questions with images above and below the questions. In addition to soliciting feedback on the criteria items, usability testing sought to accomplish three primary goals:

1. observe participant use of and reaction to different options for proposed laptop computer screen layouts for the screeners and modules for prescription pain relievers and prescription stimulants;
2. collect participant feedback and recommendations for improving the design of the laptop computer screen layouts for the screeners and modules for prescription pain relievers and prescription stimulants; and
3. collect participant feedback on the electronic reference date calendars and electronic drug images.

1.2.2 Cognitive Interviewing Phase 1

The second stage of redesign pretesting, cognitive interviewing, occurred in two phases. The first phase of interviewing focused on redesigned prescription drug modules and a redesigned health module. The second phase continued to test these modules but expanded the scope to include the full redesigned NSDUH instrument.

Phase 1 cognitive interviewing took place over three rounds and tested an instrument with changes to the prescription pain relievers, prescription stimulants, and health modules. The Phase 1 redesigned instrument included an abbreviated core set of substance use questions that measured lifetime and 30-day use. The following changes were reflected in the Phase 1 abbreviated core questionnaire:

- Smokeless tobacco sections (chewing tobacco, snuff, and the new product, snus) were combined into one section.
- Hallucinogen items currently included in special drugs for ketamine, tryptamines (DMT, AMT, and "Foxy"), and *Salvia divinorum* were moved from the noncore special drugs module to the core hallucinogens module.
- New inhalants questions for lifetime use of markers and air duster were added to the core inhalants module.
- Prescription pain relievers and prescription stimulants screeners focused on any use of specific prescription drugs in the past 12 months (i.e., medical use or misuse). Misuse of prescription pain relievers and stimulants in the corresponding main modules was defined as use "in any way a doctor did not direct you to use it/them" and was based on the examples from the three-criteria bulleted list that was implemented during usability testing. Respondents could be reminded about these criteria by pressing a function key to see a pop-up screen with the bulleted list. Electronic drug images were placed below the introductory question text, and some images showed examples other than pills.
- New health module questions were added.
- The electronic reference date calendar was featured throughout the instrument.

The goals of Phase 1 cognitive interviewing were to test new and revised question wordings and response options. This testing included gauging participants' reactions to key terms and concepts and detecting any issues with question comprehension. A test of the electronic reference date calendar was also a Phase 1 goal.

1.2.3 Cognitive Interviewing Phase 2

The cognitive interviewing in Phase 2 took place over two rounds and was designed to be a broader test of changes to the instrument. Phase 2, round 1 included all of the modules that were tested in Phase 1. In addition, the following revisions were made for Phase 2:

- New items were added to core demographics, including new military veteran questions.
- Screeners and modules for tranquilizers and sedatives were added to the instrument and tested.
- The definition of binge drinking was changed for female respondents to include four or more drinks on an occasion in the past 30 days.
- Questions about needle use in the noncore special drugs module were reworded, and questions about use of methamphetamine and prescription stimulants with a needle were moved to the corresponding core modules.
- New questions about medical use of marijuana were added to the noncore blunts module.
- Education, health insurance, and income were moved to the ACASI portion of the interview. In addition, the highest level response category for income was revised.
- A new module introduced proxy respondents to the ACASI.

Phase 2, round 2 included the fully (nonabbreviated) redesigned instrument, with all core modules, and incorporated audio recordings for the ACASI portion.

The goals of Phase 2 cognitive interviewing included retesting changes that were made to question wording, routing, and response options following Phase 1. Testing the content that was new to the cognitive interviewing protocols in Phase 2 was also a goal.

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2. Usability Testing

2.1 Data Collection and Participant Profiles

2.1.1 Description of Recruitment Methods

Participants were recruited for usability testing via a recruitment notice that was posted on Craigslist. Persons who called RTI International in response to the recruitment notice were administered a series of screening questions. The screening questions included items about the caller's age and location to establish eligibility for the study; to be eligible, a person needed to be aged 18 or older and located within 50 miles of Research Triangle Park, NC. The screening questions also collected information on other demographic characteristics (e.g., gender, education), computer use, and any use of prescription pain relievers and stimulants in the past 12 months. Questions about use of pain relievers and stimulants were included to gauge participants' familiarity with the general types of drugs that were included in the usability testing. However, the usability testing did not focus on participants' actual behavior with respect to prescription drug use.

2.1.2 Respondent Characteristics across Usability Testing

Table 1 provides information on characteristics of the eight usability participants. The number of participants was evenly divided between males and females. Participants' ages ranged from 28 to 60. Among the four participants in the 26 to 34 age category, there were two participants aged 30 years, one participant who was aged 28, and another aged 32. Among the three participants aged 50 or older, ages ranged from 53 to 60. There was only one participant in the 35 to 49 age group. Six participants reported some education beyond high school, while two participants did not.

As might be expected, because participants were recruited from Craigslist, all reported using a computer for personal use every day. However, only half reported that most of what they do at work is done on a computer. Two participants reported using a computer at work less than daily or never; the screening interviewer was instructed to choose "never" for computer use at work if participants did not use a computer at work or if they did not have a job.

Five participants reported using prescription pain relievers for any reason in the past 12 months, and one reported using prescription stimulants in that period. None reported use of both classes of prescription drugs in the past 12 months. Although the screening question included items about use of prescription pain relievers or stimulants in the past 12 months, use of these prescription drugs was not an eligibility requirement for the study. Consequently, two participants reported not using either of these classes of prescription drugs in the past 12 months.

Table 1. Selected Characteristics of Final Prescription Drug Redesign Usability Participants

Participant Characteristics	Number
Gender	
Male	4
Female	4
<i>Total</i>	8
Age Group	
18 to 25	0
26 to 34	4
35 to 49	1
50 or Older	3
<i>Total</i>	8
Highest Grade Completed	
High School or Less	2
Beyond High School	6
<i>Total</i>	8
Computer Use at Home/For Personal Use	
Every Day	8
Computer Use at Work	
Never	1
Sometimes but Not Every Day	1
Every Day but Not All Day	2
Most Work Is on a Computer	4
<i>Total</i>	8

2.1.3 Data Collection Procedures

Prior to each interview, informed consent was obtained from participants pursuant to procedures that were approved by RTI's Institutional Review Board. Parental permission was not an issue for usability testing because all participants were adults.

Participants were then presented with a booklet containing a series of tasks. Participants were shown the task instructions but not the follow-up probes, which were read aloud by the interviewer. The follow-up questions provided breaks between sets of usability tasks. In the first two tasks, all participants were shown unlabeled pictures of the pain relievers or stimulants that were included in the interview. The aim of these tasks was to test participant identification of prescription drugs solely from the drug images.

In the remaining tasks, participants were presented with hypothetical scenarios that were read aloud by the interviewer. Participants were instructed to answer the questions on the laptop computer as though the behavior described in a given scenario was true for them. Some scenarios tested participants' identification of drugs by name, and others tested participants' ability to identify drugs based on pictures in the booklet and the corresponding on-screen images. The interviewer asked participants to read the questions aloud according to how they appeared on the computer screen and then asked them to indicate how they thought the question should be answered based on the scenario they were given. To obtain preliminary information about the cognitive processing of the question, the interviewer also asked why participants thought a question should be answered a certain way based on the scenario.

Although each interview was allowed 90 minutes, interviews generally only required about 1 hour to complete, including the introduction, informed consent, usability test questions and tasks, and incentive disbursement. Participants were given a \$60 Visa gift card for completing the interview.

2.2 Key Findings

2.2.1 Logistical Issues with Answering the "Yes/No" or "Enter All That Apply" Questions

No participants appeared to have difficulty with answering the yes/no questions. However, some participants had difficulty with the "enter all that apply" questions when the numbering of response categories continued from the previous question, instead of resuming the numbering of the first category with 1.

2.2.2 Ability to Use the Drug Images

Some scenarios in the test booklets presented situations in which a drug was shown as a picture rather than being mentioned by name. Participants were able to correctly answer the relevant survey question by matching the on-screen drug image to the drug image in the test booklet. One participant commented specifically about how well laid out the on-screen images were. These results suggest that participants can successfully use the on-screen images as a recall tool.

2.2.3 Screen Layout Preferences

Participants as a whole did not have a strong preference for whether the drug images were placed above or below the question text. Those who expressed a preference were fairly evenly divided between the two types of layouts.

2.2.4 Issues with the Question Text from a Usability Standpoint

From a usability standpoint, no major issues were identified with respect to whether it was easier for participants to answer the two-criteria or three-criteria questions. In particular, no one commented that the three-criteria layout appeared to be too "busy" on the computer screen. One participant recommended a larger point size for the on-screen font, particularly to aid older participants in reading the questions.

Some participants talked about the repetitive nature of the questions, but no one explicitly mentioned that the three-criteria questions were overly repetitive. Rather, comments about the repetitive nature of the questions appeared to be caused by participants being presented with the same basic questions four different ways (i.e., with the drug images above or below the questions and with the two-criteria or three-criteria wording).

2.3 Changes Implemented

Based on the results of the usability testing, either image layout was deemed acceptable to participants. It was decided that the drug images would be displayed at the top rather than at the bottom of the screen, and that the introductory question text would appear above the drug

images. In addition, response option values for "enter all that apply" questions would be reset to 1 on each relevant questionnaire screen. For example, if there are five drugs displayed per screen, each will be numbered as 1 through 5, as opposed to being labeled 1 through 5 and then 6 through 10. This will address the issue with entering responses that participants identified with the "enter all that apply" questions during usability testing.

3. Cognitive Interviewing: Phase 1

3.1 Data Collection and Participant Profiles

3.1.1 Description of Recruitment Methods

Phase 1 cognitive interviewing included three rounds of interviews. Interviews were conducted in Research Triangle Park, NC; Chicago, IL; and Washington, DC. Advertisements were placed on Craigslist, and flyers were distributed to outpatient substance abuse treatment programs. In the first round of Phase 1 cognitive interviews, only adults were interviewed. In the second and third rounds, adolescents were also interviewed. In all three rounds, the recruitment advertisements targeted past year users of prescription pain relievers and prescription stimulants. Licit or illicit use was not specified in the advertisements. There were two versions of the recruitment advertisements for rounds 2 and 3. One version was for adults, and one version was for adolescents aged 12 to 17.

Persons who responded to the recruitment advertisements were administered a screener over the telephone to assess their eligibility for the study. The screener took approximately 5 minutes to administer. It included questions about how callers learned about the study (to identify the source of recruitment), age, gender, place of residence, education, physical limitations, prior research study participation, and use of prescription pain relievers or stimulants (for any reason) in the past 12 months. Recruitment was balanced to include people who had used prescription pain relievers or stimulants in the past 12 months as well as nonusers. Procedures for obtaining permission from a parent or legal guardian to interview adolescents are described in Section 3.1.3.

In addition, persons who have had considerable prior experience with survey research may bias the data and conclusions. Therefore, persons were deemed ineligible if they had participated in more than one prior research study in the past 12 months (regardless of who conducted the study or the content) or in any prior RTI research study in this period.

3.1.2 Respondent Characteristics across Phase 1

Table 2 presents an overview of selected demographic characteristics of Phase 1 cognitive interview participants. Out of 40 respondents in Phase 1, 10 were adolescents. As noted previously, these 10 adolescents were interviewed in rounds 2 and 3 only. Seven of the 10 adolescent respondents were interviewed in round 2. Recruitment was balanced across gender, with 18 female respondents. In Phase 1, 13 of the respondents were recruited from substance abuse treatment programs. These 13 substance abuse treatment patients were interviewed in rounds 1 and 2; recruitment in round 3 was limited to persons from the general population. Thirty respondents had used prescription pain relievers in the past 12 months and 18 had used prescription stimulants in the past 12 months. Although not shown in the table, of the 30 adults, 15 had a high school diploma, GED, or lower education. The other 15 had attended at least some college.

Table 2. Selected Demographic Characteristics of Phase 1 Cognitive Interview Participants

Participant Characteristic	Round 1	Round 2	Round 3	Total
Adult (18 or Older) ¹	16	5	9	30
Adolescent (12 to 17) ¹	0	7	3	10
Female	7	5	6	18
Enrolled in Treatment Program (Currently or within Past 12 Months)	8	5	0	13
12 Month User of Any Prescription Pain Reliever	14	7	9	30
12 Month User of Any Prescription Stimulant	7	4	7	18
Chicago, IL	5	2	3	10
Washington, DC	5	3	4	12
Research Triangle Park, NC	6	7	5	18

¹ Mean age not available.

3.1.3 Data Collection Procedures

Prior to each interview, informed consent was obtained from participants pursuant to procedures approved by RTI's Institutional Review Board. Parental permission was collected in addition to adolescent assent, when necessary.

The methods of cognitive interview administration were the same across all three rounds of Phase 1 data collection. The interview was conducted using the computer-assisted Blaise interview. The cognitive interviewer first administered introductory questions verifying the respondent's age and gender. The interviewer introduced the laptop functions to the respondent and described the feature of the electronic reference date calendar. The respondent was then asked to conduct the next section of the interview using a self-administered design. In Phase 1, audio files were not used in the first two rounds, so respondents read questions on the screens themselves and then answered the questions. In round 3, respondents could listen to audio recordings of the questions. Interviewers administered think-aloud probes and follow-up probes to collect data on the cognitive properties of specific questions. The following modules were tested in all rounds in Phase 1:

- An abbreviated ensemble screener of drugs
- Pain relievers screener
- Stimulants screener
- Pain relievers main module
- Stimulants main module
- Health module

The protocol largely remained the same for rounds 1 and 2. After round 2, slight changes were made to the cognitive interview protocol. Changes included the following:

- adding probes for questions that were identified as problematic in the first rounds of interviewing,

- dropping three categories describing sources for obtaining prescription drugs, and
- editing selected question logic, question wording, and response options.

Probes were deleted for questions that no longer necessitated testing in the third round. After each interview, adult respondents were given \$40 Visa gift cards for participation. Adolescent respondents were given \$30 Visa gift cards.

3.2 Key Findings

Summaries of the findings and recommendations from rounds 1, 2, and 3 of Phase 1 cognitive interviewing can be found in Appendices B, C, and D. These summaries also include recommendations for edits to increase respondent comprehension of key items.

Key findings from Phase 1 interviews can be arranged into three broad categories: (1) identification of prescription drugs, (2) performance of the misuse criteria, and (3) other issues not related to prescription drugs. The subsections that follow cover each of these key findings categories in turn. Changes that were made as a result of these findings are covered in Section 3.3.

3.2.1 Identification of Prescription Drugs

In most cases, participants recognized the prescription drugs that they took by name. However, some participants did find the drug images to be helpful, particularly if participants were unfamiliar with certain prescription drugs.

In the screener, several screens showed brand name prescription drugs (e.g., Vicodin[®]) and the generic equivalent (e.g., hydrocodone); "generic" was shown in parentheses next to the generic drug name. There was some uncertainty about the "generic" term associated with some drugs. Some participants reported that their doctors would write the brand-name drug on the prescription, but the pharmacy would substitute the generic. Another issue concerns the number of generic drug manufacturers and the variety of generic equivalents of specific drugs that may be dispensed when prescriptions are filled. It would not be realistic to try to include exhaustive examples of images for generic drugs. Addition of the word "generic" to the drug images in round 3 (i.e., in addition to its appearance in the response category for the generic) appeared to be helpful.

Another issue with identifying prescription drugs involved making respondents aware that the questions applied to any form regardless of its appearance or whether they used the drug in pill form or another form. Some respondents neglected to report use of liquid forms of the prescription drug, especially if the images for these particular drugs showed only pills. Other respondents mentioned using the drug, but in a pill form that was not shown on the screen. An edit was made to the instrument to address this issue. This edit is described with PR01 in Section 3.3.

3.2.2 Performance of the Misuse Criteria

The wording "in any way a doctor did not direct you to use it" differentiated between misuse of prescription drugs and use with a prescription and as directed. With few exceptions, participants who used prescription drugs only with a prescription of their own and as prescribed

could determine that they did not use prescription drugs "in any way a doctor did not direct you to use [them]." Similarly, persons who misused prescription drugs could determine that their use constituted use "in any way a doctor did not direct you to use it," even if they used prescription drugs in ways not explicitly listed as examples of misuse.

Later in the module, a question asked respondents which of the specific components of misuse applied to them. This decomposition question puzzled some respondents. In round 1, the criterion of overuse was presented as a single response (i.e., use in greater amounts, more often, or longer than I was told to take it). Some round 1 respondents had trouble determining whether they should choose this second category or the third one (use in some other way a doctor did not direct me to use it). Specifically, some respondents thought that they needed to have engaged in all three of the behaviors that were listed in the second category in order to choose it. Three scenarios for misuse also arose during the interviews that were not listed as examples in the instrument. These were (1) using with alcohol, (2) asking a doctor to prescribe a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed for purchase.

3.2.3 Other Issues

Respondents had trouble understanding the use of canned air or air duster as an inhalant. Although no respondents had used canned air as an inhalant, there were difficulties identifying the product by that term. Problems were identified with respondents entering height and weight in the new health module, but these were resolved with minor revisions to the screens. For questions about the number of outpatient doctor visits, participants had difficulty determining what did or did not constitute a doctor visit. Summaries of the findings and recommendations from rounds 1, 2, and 3 of Phase 1 cognitive interviewing can be found in Appendices B, C, and D. These summaries also include recommendations for edits to increase respondent comprehension of key items.

3.3 Changes Implemented

As a result of all rounds of Phase 1 cognitive interviewing, several changes were made to the instrument. These are listed below and are accompanied by the variable name.¹

- IN01ii—The word "air duster" was added to this question about canned air in the inhalants section for increased comprehension.
- PR01—The text in the introduction to each prescription drug screener was revised to include "Please note that not all forms, dosages, shapes, or colors of these pain relievers are shown on these screens, but you should include any form that you have used." This sentence would convey that respondents should consider forms of the drug other than pills (e.g., liquid forms), even if the image showed only pill forms.
- PR07—Reference to the term "China Girl" was removed for fentanyl because none of the respondents knew it, and fentanyl was the only prescription drug with a slang name.

¹ Variables in the health module were renumbered during pretesting. Variable names as they appear in the questionnaire field test (QFT) instrument are in parentheses.

- PRHOSPYPYR1—This question about use of prescription drugs only in the hospital was dropped because many respondents had difficulty answering it.
- The calendar icon, which reminds respondents how to access the electronic reference date calendar, was made more visible to encourage respondents to use it.
- Audio was removed for the answer choices for height and weight because those are included in the questions.
- HLTHNEW03 (HLTH19)—This question, which asks the respondent how many times he or she has visited a doctor in the past year, was revised to streamline the text.
- HLTHNEW11 (HLTH29) & 12a (HLTH31)—Specs about specific health conditions were changed to skip questions about whether respondents had specific conditions in the past 12 months if the age at first diagnosis equals current age.

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4. Cognitive Interviewing: Phase 2

4.1 Data Collection and Participant Profiles

4.1.1 Description of Recruitment Methods

Phase 2 of cognitive interviewing included two rounds of interviews. For both rounds of interviews, recruitment advertisements were placed on Craigslist in Research Triangle Park, NC; Chicago, IL; and Washington, DC.

The Phase 2 cognitive interview research questions influenced the recruitment goals. During Phase 2, methodologists sought to test the transition from asking questions about health insurance and income using an interviewer-administered mode to using ACASI. Because respondents can nominate a proxy to answer these questions on their behalf, new questions were developed to provide this proxy with a tutorial on how to use the computer and the interviewing program. Transition statements were also developed to inform the proxy about their role in the interview. To test this process and these new screens, RTI recruited adolescents to serve as respondents and their parents to serve as proxies. In some cases, the parents went on to complete a full interview after serving as a proxy respondent for their child.

Three versions of the advertisement were posted: (1) a version targeting military veterans, (2) a version targeting parent-teen pairs, and (3) a final version targeting adolescents whose parent would participate in a short interview as a proxy for health insurance and income questions.

Prospective participants who responded to the advertisement were administered a screening questionnaire. The screener took, on average, approximately 5 minutes to administer. A variety of demographic questions were asked of prospective participants, including questions about age, gender, educational attainment, military status, and use of prescription drugs in the previous 12 months. Answers to screener questions, in addition to the location at which they would be interviewed and the study population to which they belonged (military veteran, parent-teen pair, adolescent with proxy interview, and drug use history), were used to select participants and reach recruitment targets to the extent that was logistically possible. Because reporting illicit or prescription drug use was not an eligibility requirement in the first round, few first round participants were heavy or expert drug users. Therefore, in the second round of interviews, RTI targeted individuals who had used any of the four psychotherapeutic prescriptions or methamphetamine and those who had received drug treatment in the past 12 months. For these reasons, the final sample of participants represents a diverse set of demographic characteristics and experiences.

4.1.2 Participant Characteristics

Table 3 presents a summary of selected demographic characteristics of Phase 2 cognitive interview participants. For some demographics, such as age and gender, participants were well distributed across interviewing rounds. For other characteristics of interest, the distribution reflects changes in recruiting goals between rounds. Reasons for changes to recruitment goals are discussed subsequently.

Participants ranged in age from 12 to 68. A total of 24 adults participated in Phase 2 interviews, with a relatively even distribution between rounds (round 1 = 10; round 2 = 14). The mean age of adult participants was 42 years. Among the 16 adolescents, 10 participated in the first round, and 6 participated in the second round of interviews. The mean age of adolescent participants was 15 years. Approximately half of the sample was female (i.e., regardless of age). Among adults who provided information on educational attainment, a majority had at least some education beyond high school (not shown in Table 3).

Interviews in Phase 2, round 1 included a relatively large number of military veterans, and it included a much small number of individuals with a history of heavy drug use. As discussed in Section 4.2, veterans exhibited no problems answering the questions of interest. As a result, the recruitment goals shifted in the second round of interviews to target individuals with more drug experience.

Table 3. Selected Demographic Characteristics of Phase 2 Cognitive Interview Participants

Participant Characteristic	Round 1	Round 2	Total
Adult (18 or Older) ¹	10	14	24
Adolescent (12 to 17) ²	10	6	16
Female	9	12	21
Veteran	5	2	7
Enrolled in Treatment Program (Currently or Within Past 12 Months)	2	5	7
High Use Participant [*]	0	11*	11
Chicago, IL	4	5	9
Washington, DC	3	5	8
Raleigh, NC	13	10	23

¹Mean age = 42.

²Mean age = 15.

* The category "high use" was created for Phase 2, round 2 to refer to individuals who had experience with more than one or two prescription drugs. This enabled recruitment of individuals who had a history with heavy drug use.

4.1.3 Data Collection Procedures

Prior to each interview, informed consent was obtained from participants pursuant to procedures approved by RTI's Institutional Review Board. Parental permission was collected in addition to adolescent assent, when necessary.

The methods of cognitive interview administration were the same across the two rounds of Phase 2 data collection. These procedures were also the same as those described in Section 3.1.3. Audio was available to participants in Phase 2. Interviewers administered think-aloud probes and follow-up probes to collect data on the cognitive properties of specific questions.

In round 1, a selected set of modules was administered to participants. In round 2, the entire proposed redesigned instrument was administered to participants. In both rounds, probes were inserted following items of interest.

After each interview, adult respondents were given \$40 Visa gift cards for participation. Adolescent respondents were given \$30 Visa gift cards.

4.2 Key Findings

Summaries of the findings and recommendations from rounds 1 and 2 of Phase 2 cognitive interviewing can be found in Appendices D and E. These summaries also include recommendations for edits to increase respondent comprehension of key items. Key findings from Phase 2 interviews can be arranged into three broad categories: (1) findings related to the front- and back-end demographics sections, (2) findings related to prescription drug use and misuse, and (3) findings related to substances other than prescription drugs. The following subsections cover each of these key findings categories in turn. Changes that were made as a result of these findings are discussed in Section 4.3.

4.2.1 Demographic Items

As noted in Section 4.2.1, round 1 interviews included a recruitment focus on military veterans. In general, veterans were able to understand terms and phrases in the way in which they were intended. Veterans understood the phrase "full time in the Reserves" (item V2a) despite the fact that none of them reported ever being in the Reserves. Most participants were also able to correctly define a combat zone when methodologists probed about the meaning of the term (QD10c).

For a few participants, the new education question (QD11) was problematic. Interviewer probing revealed that the order of the response categories was confusing. The question asked about the highest grade that was completed, and response categories 1 to 11 included language to that effect. Consequently, a participant originally understood an answer of "12" to mean finishing the 12th grade. Revisions, as described in Section 4.3.2, were made to address this item.

A majority of participants understood the questions in the back-end demographics module. For example, participants correctly understood, despite being on summer break, that they should report currently attending school (QD17). They also understood, when asked what grade they were currently attending, to report the grade they are planning to enter after summer vacation comes to a close. No problems were encountered when defining testing for drugs or alcohol as part of the job hiring process (QD49), and what the term "random" means in the context of random drug testing (QD50). One back-end demographic question that RTI noticed could be moderately confusing to respondents was the item about sources of income (INTRTINN). In the past this item was interviewer administered. The transition to an ACASI administration resulted in awkward question wording and thus was revised to account for the mode.

Most participants were able to answer a question about their height (HLTH04) with no problems. However, it became clear in one interview that some respondents might not be able to answer the question in the formats that were available (feet/inches or meters/centimeters). Some respondents will be able to answer only in inches or only in centimeters because this is often how height is measured in medical evaluations. Revisions to the available methods of entering height were therefore implemented.

Income branching questions (QI20N, QI21A, and QI21B) were generally understood by participants. One branch question (QI20N) asks respondents whether they make over or under an income threshold. Contingent on their answer, respondents are taken to QI21A (for incomes below \$20,000) or QI21B (for incomes over \$20,000). The numeric categories carrying over from QI21A to QI21B was confusing to one participant. That is, there were "20" categories in the first branch of questions that the participant was not routed to and had not seen. The question she was routed to (QI21B) began categories at "21." No other question began a list of numeric categories in such a way, which led to the initial confusion about how to answer the question. The response category labels were revised to begin at 1.

The instrument tested in Phase 2, round 2 included two transitions from interviewer administration to self-administration. In both rounds of interviewing, most respondents who were serving as a proxy believed the proxy tutorial was simple to follow and understand. In a couple of instances, however, it was apparent that the transition between modes could be improved. In response, edits were made to these items, as explained in Section 4.3.1.

4.2.2 Prescription Drugs and Use/Misuse

A number of issues related to prescription drugs continued to be explored in the Phase 2 cognitive interviews. Highlighted findings include how participants understood concepts such as generic, use, misuse, and "not all forms shown"; what motivated participants to misuse prescriptions; and participants' ability to recall their age at first misuse of prescription drugs. Relevant findings are discussed in this section, and corresponding changes that were implemented are discussed in Section 4.3.

In most cases, the concepts that were explored were understood by participants as had been intended. Most participants were able to identify generic drugs as the less expensive alternative to a brand name drug. A small proportion of participants showed less clarity about the chemical equivalency of generic and brand name drugs and that generics also require a prescription.

In both rounds of interviews, participants shared a similar understanding of the concept of misuse of prescription drugs. However, questions about misuse are administered to participants who report the use of prescription drugs. Therefore, this finding must be measured against the finding that there was less clarity among participants about the concept of use. The intended understanding of "use" for prescription drugs starting at PR01 was use of any kind. Because the first question about prescription drug use followed a long list of questions about illicit drug use, some participants thought that the prescription drug screener questions were asking only about the misuse of prescription drugs. Conversely, several participants thought the screener questions were asking only about use of prescription drugs in a way that they were prescribed.

In addition to determining whether participants interpreted the concept of misuse in the intended manner, the SAMHSA/RTI instrumentation team aimed to learn more about how participants recalled their first misuse and their motivations for misuse. Questions that measured motivations for misuse were added for the first time in Phase 2. No problems were apparent in recalling the age at which misuse first occurred.

One cognitive issue was uncovered when the motivation items were tested. This finding revealed an absence of a specific category for misusing prescription drugs to deal with emotions. It also became apparent that logic and skip patterns in this series of questions needed editing. A description of these revisions begins in Section 4.3.1.

Throughout the testing, instructions to respondents that indicated that not all forms of pills were shown on the screen underwent further modification. Despite this iterative testing, problems persisted. For instance, only morphine pills were shown on the screen as examples for this drug. Respondents had difficulty determining whether to report use of morphine in liquid form that they received by injection or intravenously. In response, a photo of a vial of liquid morphine was added to this screen, along with the reminder about the forms that drugs can take.

4.2.3 Tobacco, Illicit, and Special Drugs

Nonprescription drug items were also of interest in Phase 2 cognitive interviews. Of particular interest were new items about new cigarette naming conventions, substances that were now asked about in the hallucinogen module, and whether participants understood questions about medical marijuana.

Previous versions of the NSDUH questionnaire asked about the type of cigarettes current smokers smoked most often (e.g., lights, ultra lights, mediums, or full-flavored cigarettes). Recent legislation banned cigarette manufacturers from using terms on packaging that referred to cigarette strength. As a result, many manufacturers migrated to using a color-coded system as an alternative naming convention. In an attempt to continue to track trends in the types of cigarettes most smoked, a new question (CGCOLOR) was developed.

In cognitive interviews, the SAMHSA/RTI instrumentation team aimed to determine how well current smokers could recall the package color of the cigarettes they smoke most often. Half of those who reported smoking in the past 30 days (current smokers) reported an issue with answering this question. Participants reported that cigarette packaging includes multiple colors, indicating that participants failed to understand the purpose of the question about package color. The multiple colors on packaging left some participants unsure if they should pick the main color, background color, or color of the text on the packaging. As a result, this question was dropped from the specifications.

New hallucinogen questions were also of special interest in Phase 2 interviews. Previously, these questions were housed within the special drugs module. The redesigned questionnaire included them in the hallucinogens module. A primary objective of testing these items in Phase 2 was to determine the extent to which participants would be familiar with these drugs. Table 4 shows the number of participants who had heard of each of these drugs. As can be seen in the table, participants were most familiar with ketamine.

Table 4. Counts of Phase 2 Participants Who Had Heard of New Hallucinogens

Type of Hallucinogen	Number of Participants Who Had Heard of the Drug
Ketamine (LS01i)	14
DMT, AMT, or Foxy (LS01j)	8
<i>Salvia Divinorum</i> (LS01k)	9

All of the participants who were routed to a new item about medical marijuana (MJMM) demonstrated an understanding of the concept of medical marijuana that was consistent with what was intended in the question.

4.3 Changes Implemented

4.3.1 Phase 2, Round 1

After Phase 2, round 1 interviews, RTI and SAMHSA met to discuss findings of the interviews. Decisions were made with regard to what changes were needed and where further attention should be placed during the next round of interviews. A bulleted list of the changes is provided, along with a brief review of the reason for each change.

- QI21B—It was learned in cognitive interviewing that this item had the potential to confuse respondents since the categories carried over from another income branch question that respondents who are administered QI21B would not see. Categories were renumbered starting at 1 to be consistent with other items in the instrument.
- INTRO1—A sentence about the respondent being able to read the questions in the ACASI system was included in this item. It was deemed during the meeting between RTI and SAMHSA that it was unnecessary. It was subsequently removed.
- HLTH04—It was determined in cognitive interviews that some respondents might have a difficult time answering a question about their height in the formats provided (feet *and* inches or meters *and* centimeters). Two new options were added to the question. These options allow respondents to indicate a preference to answer the question about height in *only* inches or *only* centimeters.
- QD26—During the meeting after Phase 2, round 1, SAMHSA and RTI agreed that the F2 options for more information could be improved by tailoring them to the question on which they appear. The more information option for QD26 was tailored to indicate that a respondent could ask for more information about the types of work to include when answering about working in the past week.
- Motivation for misuse items (PRYMOTIV, TRYMOTIV, SVYMOTIV, and STYMOTIV)—During the meeting after Phase 2, round 1, RTI and SAMHSA reviewed the questions about motivations for misuse of prescription drugs. Resolutions were reached on question wording and logic. Several decisions were made on the question logic. These include the decision to ask relevant motivation questions (PRYMOTIV, TRYMOTIV, SVYMOTIV, and STYMOTIV) of all respondents who reported prescription drug misuse in the previous 12 months, the decision to ask about a main reason when respondents reported multiple motivations for misuse (PRYMOT1,

TRYMOT1, SVYMOT1, and STYMOT1), and the decision not to allow respondents to select the "other" reason as their main reason for misuse.

- "Not all forms" language—During Phase 2, round 1 interviews, issues continued to be found with the phrasing of the concept that "not all forms" of drugs are displayed in the drug images. It was decided during the meeting after Phase 2, round 1 that revised wording would be tested for Phase 2, round 2. The change can be characterized as one from negative phrasing ("not all forms...are shown") to a more neutral phrasing ("some forms...may look different").
- PRIPROX and PRIPROXR—To reduce burden for respondents who previously completed an interview or proxy interview, it was decided to recreate filter questions. Two items were created. One allows the field interviewer (FI) to indicate the respondent previously completed the tutorial, if they are aware of this fact (PRIPROX). If the FI is unsure or cannot recall whether a respondent has previously completed the tutorial, a question is asked of the respondent (PRIPROXR). A response indicating previous completion of a tutorial routes the respondent to a transition screen where the FI informs the respondent about the following section (TOPROXY).

4.3.2 Phase 2, Round 2

A number of changes to question wording, question logic, and response options resulted from the Phase 2, round 2 interviews as well.

- QD11—RTI learned in cognitive interviews that the order of categories could be confusing to some respondents. Categories 12 and 13 were reversed so that category 12 now represents a high school diploma and 13 means 12th grade but no diploma.
- CGCOLOR—About half of cognitive interview participants were unable to understand the question was asking about the new color code system cigarette manufacturers have implemented. It was decided that this question should not be included in the specifications.
- INTROPR (introduction to the pain relievers screener, which is the first prescription drug module)—Through interviews it was determined that it was unclear to participants that prescription drug questions were asking about any kind of use. To emphasize that point, the word "any" was inserted in the first sentence of introductions to prescription drug modules (INTROPR, INTROTR, INTROSV, and INTROST) so that it reads "These next questions are about **any** use of prescription [drug type]."
- PR06 (use of pain relievers containing morphine)—Several participants were unclear that nonpill forms of morphine should be included in their response. The SAMHSA/RTI instrumentation team added to this screen the reminder to include all forms of the pain reliever that one has used. It was also decided that an additional image showing a vial of morphine would be added to the screen. Including this image should prompt respondents to include liquid forms of morphine they received by injection or intravenously.
- Motivation for misuse items (PRYMOTIV, TRYMOTIV, and SVYMOTIV)—A participant responded that he misused a prescription drug to help him deal with his emotions. None of the existing response options were appropriate. A response category "to help me with my feelings or emotions" was added.

- Other reasons for misuse (PRMOTOT, TRMOTOT, SVMOTOT, STMOTOT)—It was unclear to a participant that the instruction involved typing in the "other reason" for misusing a prescription drug. The word "other" was inserted into the sentence so that it is clear that respondents should type in the reason they were thinking of when they indicated another reason in PRYMOTIV, TRYMOTIV, SVYMOTIV, or STYMOTIV.
- Other reason is the main reason for misuse (PRYMOT1, TRYMOT1, SVYMOT1, and STYMOT1)—It was previously decided not to allow respondents to indicate that the other reason was the main reason for their misuse. However, some respondents chose to list the other reason as their main reason. It was decided to add a category "the other reason I reported" to account for this.
- DRPR—This question asks respondents to think about the pain relievers that they previously reported misusing. Respondents with heavy levels of prescription drug use were either not clear which pills were pain relievers or which they reported using versus misusing. The question was edited to include a list of misused prescription pills for reference. Wording was also edited to consistently refer to misuse.
- QI12AN and QI12BN—Some cognitive interview participants had difficulty understanding the types of welfare or public assistance to which these questions referred. A bulleted list of the types of assistance respondents should include in their answers was added to this question.
- INTRTINN—This question was previously administered by an interviewer. Wording in that question referred to the sources of income "that we just talked about." This wording was changed, in case it was awkward to use when the computer is reading the questions.
- Proxy tutorial—During cognitive interviews, it became clear that it was burdensome to have respondents answer all of the ACASI tutorial items in their interview if they previously served as a proxy for another respondent. As a result, an abbreviated tutorial was created for use in the Questionnaire Field Test. This tutorial will ensure that respondents are presented with information they did not previously receive when they served as a proxy. Table 5 shows the screens that are a part of the full and abbreviated front-end and back-end tutorials.
- Tutorial transition—During Phase 2, interviewers observed that there was no screen for transitioning the computer from the interviewer to the respondent. Additional instructions were needed for interviewers to turn the computer over to the respondent when a proxy was not used in the interview. Such instructions were added to HINSINT, which was renamed from NOPROX.
- Calendar—Where appropriate, the SAMHSA/RTI instrumentation team added reminders for the respondent to press a function key to access either the 30-day or the 12-month reference date calendars. These reminders were added to most screens in the instrument that asked the respondent to report behavior in the past month or year. Where reminders were not included, the calendars themselves were added.
- INTROINC—In the final paragraph, this item informs respondents that the upcoming questions refer to the past calendar year rather than the past 12 months that were referred to in previous questions. However, this would be confusing to proxy respondents because they were not administered a battery of questions using the 12-month reference period.

Skip logic was added to the item to ensure that proxy respondents are not shown the paragraph referring to a calendar year.

Table 5. List of Screens Presented for the Full and Abbreviated Tutorials

Full Front-End Tutorial	Abbreviated Front-End Tutorial	Back-End Tutorial
IntroAcasi1		IntrAcasi1b
IntroAcasi3		IntrAcasi3b
IntroAcasi4		IntrAcasi4b
IntroAcasi2	IntroAcasi2	
HeadPhone		Nohphone
INTRO1		
INTRO2		
	INTRO3	
GOTDOG		
EYECOLOR		EYECOLRB
ALLAPPLY	ALLAPPLY	
NUMBER		NUMBERB
BACKUP		BACKUPB
PLAYINFO		PLAYINFB
rangeerr	Rangeerr	
calendar	Calendar	
calendr2	calendr2	
calendr3	calendr3	
ANYQUES	ANYQUES	ANYQUES2

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5. Discussion

5.1 Summary of Major Changes

The redesigned instrument was tested across a total of six rounds and variations throughout the redesign pretesting procedures; these rounds included one round of usability testing, three rounds of cognitive interviewing to test redesigned prescription drug modules, and two rounds of instrument cognitive interviewing for the total redesigned instrument. Usability testing was conducted in October 2009. Cognitive interviewing was conducted from January 2011 through February 2012. Findings from these pretests informed many questionnaire changes. The major changes included

- deciding upon the "top of screen" layout, use of the wording "in any way not directed by a doctor" to describe misuse, and making respondents aware of the three misuse criteria wording for the prescription drug questions;
- finalizing new wordings to reference generic drugs and that not all forms of prescription drugs may be pictured on a given screen;
- removing questions about hospital use of prescription drugs;
- improving the display of the calendar icon that reminds respondents that the electronic calendar is available through a function key;
- refining questions in the health module about height and weight for ease of self-administration; and
- adding a transition to the proxy tutorial.

A crosswalk of question text that is included in the main NSDUH questionnaire and the pretesting questionnaires and ultimately is recommended for inclusion in the field test questionnaire is included as Attachment F. This document serves as a reference to track question development across the pretesting phases.

5.2 Usability Testing Advantages

Conducting a series of usability tests followed by increasingly in-depth cognitive interviews allows for a detailed, iterative examination of potential questionnaire problems. The usability testing identified early on that respondents did not have problems with the screen layout and that people understood the purpose and function of the onscreen pictures. One advantage of conducting a small round of usability testing was that it allowed the study team to eliminate some errors that might have burdened cognitive interviewing and clouded the findings of those interviews. A significant recurring theme of comprehending "generic" medications was first observed in the usability testing. Cognitive interviewers, as a result, knew to probe the questions about generic drugs for additional issues in subsequent rounds.

5.3 Recommendations for Future Pretests

Given the advantages of the usability testing, RTI recommends including it in future rounds of pretesting. Usability testing is especially adept at blending testing of new equipment and screen layouts and features. Now that the reference date calendars and drug images are part of the CAI instrument, there may be usability implications of transitioning to new hardware. With the addition of a new tablet device that has the potential to display show cards and other FI materials, usability testing is recommended for any respondent and FI interaction with the tablet.

The recurring themes of the redesigned cognitive and usability testing suggest the need to investigate the following issues for the field test:

- The prescription drugs sections are longer. However, use of prescription drugs in the past 12 months was a criterion for recruiting cognitive interview participants. Consequently, the administration time for the prescription drug questions and the overall administration time may be shorter with a broader cross-section of respondents in the field test. Nevertheless, it will be important to track the average interview times during the field test to identify sections that may be still too long.
- It will be important for field test interviewers to report notes and experiences on the proxy transition into the second ACASI portion of the interview. This is a situation that is likely to be dependent on many variables that are present within the field (rather than lab) setting.
- It will be important for the instrumentation team to track reports of usability concerns with the electronic calendars.
- Some questions that were administered smoothly in the cognitive testing lab may be awkward with the wider variety of respondents in the field. Field interviewers will be encouraged to note awkward wording and choppy or missing transitions.

Overall, iterative rounds of pretesting, combinations of usability testing and cognitive interviewing, and revisions to instruments and protocols in response to findings have resulted in an instrument that is well positioned to be tested in a field setting.

6. References

Office of Applied Studies. (2008, February 14). *The NSDUH Report: Use of specific hallucinogens: 2006*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Appendix B

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 1 Round 1 Results

NSDUH Prescription Drug Redesign Cognitive Interviewing Round 1 Results

I. Highlights

Respondent Characteristics

Cognitive interviewers reported that the respondents were quite sophisticated in their knowledge of the subject. They were well-versed in what it means to misuse prescription drugs according to the examples and wordings given in the instrument, even if they themselves did not report misuse of prescription drugs. They also had a high awareness of which drugs they took (see below).

Three types of respondents emerged during these interviews. Treatment clients were heavy drug users who were well aware of the potential for abuse and addiction with using prescription pain relievers. Several were aware of people crushing and then snorting pain relievers. Some also reported misuse of certain pain relievers when heroin or other preferred drugs were not available.

Many general population users had chronic pain, and struggled between a desire to relieve this pain and a desire not to become dependent on the pain relievers. Some reported noticing behaviors that concerned them, like needing to take more medication because the drugs were having less effect for pain relief. They stopped taking the medicine, lived with the pain for a while, and then would resume taking the medicine as prescribed. Others in this group reported not liking the effects of the drugs, such as nausea or feeling too disoriented.

A third participant profile revealed that of the recreational user. For example, Vicodin might be considered better for partying than for pain relief. Another example involved use of Adderall and Vicodin on weekends in combination with alcohol to enhance a person's partying experiences.

Although most participants were knowledgeable about pain relievers, heavy past year stimulant users were missing from this group of participants. Therefore one option to consider for Round 2 recruitment efforts is to place a greater focus on recruitment of past year stimulant users, especially for adults, since Round 1 has provided considerable information about adults' experiences with pain relievers.

Identification of Prescription Drugs

Participants often recognized the drugs by name, although some did find the pill images to be helpful. One issue that sometimes caused confusion was the inclusion of brand-name drugs and the generic equivalents in the same question. Some participants in particular reported that their doctors would write the brand-name drug on the prescription but the pharmacy would substitute the generic. Therefore, one issue for remaining rounds would be assisting persons in reporting

what they actually took, regardless of the name of the drug that was written on a prescription.

Another issue with generic drugs concerns the number of manufacturers of generics and the variety of generic equivalents of specific drugs that may be dispensed when people fill prescriptions. It would not be realistic to try to include exhaustive examples of pill images for generic drugs. Nevertheless, additional feedback in Rounds 2 and 3 could be helpful for identifying if important examples of certain generic drugs are being missed, such as pills of a particular color. Additional options also may need to be considered for clarifying for respondents that pictures may not show all possible examples of a particular pill, or forms other than pills.

Performance of the Nonmedical Use Criteria

Based on the examples given and use of the term "in any way that a doctor did not direct you to use it," participants generally were able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. When participants gave information about how they recalled information such as how old they were when they first used a particular prescription drug nonmedically, they commonly cited examples of getting medication from someone else's prescription, using a lot of the medication, doubling up on dosages, or taking it at parties or when "hanging out" with friends.

In the decomposition questions, however, some participants had trouble determining whether they should choose the second category (use in greater amounts, more often, or longer than I was told to take it) or the third one (use in some other way a doctor did not direct me to use it). The specific issue is whether participants see these two categories as distinct or overlapping. Because the second criterion includes three ways in which persons can overuse prescription medication, another issue is whether participants recognize that they should endorse this category if some but not all of these characteristics apply.

Three scenarios for misuse arose during the interviews that were not listed as examples in the instrument. These were (1) use with alcohol, (2) asking for a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed. An important question for the first two of these is whether respondents would recognize these behaviors as use of a prescription drug "in any way a doctor did not direct you to use it" even if these examples are not explicitly listed. In addition, use in combination with alcohol may be a criterion for use of pain relievers, tranquilizers, and sedatives "in any way a doctor did not direct you to use it" but not necessarily for stimulants. An issue for persons who obtained drugs outside of the United States without a prescription is whether this should be counted as nonmedical use if the prescriptions were obtained legally, even if these drugs would require a

prescription in the United States. If this should not be counted as nonmedical use, the related issue is whether and how to indicate this to respondents.

II. Ensemble Screener Findings

CG17REV – Of the 16 participants who responded to this question, 4 have heard of snus and 3 correctly identified what it was. The fourth person thought that it goes up your nose.

AL01 – Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions included being fruity, girly, ready-made and flavored. Most participants compared them to wine coolers, and 2 participants mentioned that 4 Loko is similar. These same two participants identified Sparks as being caffeinated as well as alcoholic.

MJ01 – Most participants were able to correctly identify what a blunt was.

CC01 – Descriptions of crack included: smoked, more addictive, costs less, crystalline substance smoked in a pipe, rock, baking soda is added. Cocaine: snorted, powder, inject, pure. Two participants thought that there was no difference between cocaine and crack.

CC01 – Five participants reported use of cocaine or crack. There were no inconsistencies in their narrative of use.

HE01 – Only 1 participant had heard of cheese, while most had heard of black tar.

SD17a – Almost all participants had heard of methamphetamine. They had no other names to suggest.

HALINTRO – Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included: marijuana, cocaine, crack, heroin, alcohol, crystal meth, and Ambien. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

INHINTRO: Most participants were able to correctly identify examples of inhalants.

IN01a: Responses about a definition of ‘for kicks or to get high’ included: to escape, for a euphoric feeling, excess use, stupor, for fun or a desired effect, recreational, another frame of mind, to feel good, get outside yourself, heightened senses, for abuse, alter mood, because of boredom. Some participants differentiated between "for kicks" and "to get high." For these participants, "For

kicks" implied more casual use focused on having fun or doing it out of boredom. "To get high" implied less casual use focused on escape or to avoid emotions.

IN01e & h: Two participants reported using an inhalant, but correctly decided against reporting this because it was not 'for kicks or to get high.' One accidentally smelled some gas that had spilled at the gas station, and the other had laughing gas at the dentist.

IN01h1: Most participants had not heard about inhaling markers and pens to get high. Many were incredulous that this actually happens, and none reported doing it. However, 2 people had heard of this. (We may observe greater awareness of this behavior among adolescents.)

IN01ii: There was a good deal of confusion about canned air. Many participants referred to this as 'air duster'. A Google search of 'air duster' revealed a number of products by that name. One participant thought that canned air had to do with filling flat tires. Two confused this with whippits.

Recommendation: Revise this question. Perhaps add the words "air duster" or "electronics air duster" to make the meaning clearer.

III. Pain Reliever Screener Findings

INTROPR: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Some descriptions of over-the-counter drugs included: lower dose, pick it off the shelves, don't alter your state of mind, not as strong, can't get high off of them, bought without doctor's permission, and off the shelf. Prescriptions were described as: containing narcotics, higher dose, controlled substance, bought from the pharmacist, stronger, gives you a high, more powerful, more dangerous, easier to abuse, more expensive, harder to get, need a prescription from a doctor with a signature on it, narcotics.

PR01: Participants reported using a multiple drugs on this list. Two participants reported thinking that Lorcet and Percocet were the same thing. Another reported thinking that Vidodan and hydrocodone were the same, along with Norco. He reported taking Norco as opposed to hydrocodone, but reported the hydrocodone. One participant was given the pain reliever in the hospital. Participants were able to distinguish medical and nonmedical use in their narratives of use. For instance, one participant reported taking the pain relievers as prescribed on the first three days, but then took nine pills in one day. He acknowledged that he did not take them as prescribed. Participants discussed using the pain relievers for recreation, following the instructions for use, or stopping use early when pain eased.

Recommendations: Discuss the merits of further differentiating between brand name drugs and their generic equivalents.

Feedback on pill images of hydrocodone products: One participant reported that the pictures of hydrocodone looked the same, but the ones she took were yellow.

Recommendation: Investigate whether we get similar feedback in Rounds 2 and 3 to determine whether to identify a suitable picture of a yellow hydrocodone pill for the field test.

Participants were all able to correctly fit their use in the 12 month reference period.

PR02: 11 participants reported using these drugs. One participant said that he thought that Percocet and Lorcet were the same thing, but the names on the bottles were different, so he must be wrong. All participants were able to answer the question based just on the names, although 3 reported that the pictures were helpful. One reported that his prescription is for Percocet, but his pharmacy gives him generic oxycodone for insurance reasons, so he sometimes gets confused about this. He reported taking the oxycodone.

Feedback on pill images of oxycodone products: One participant reported that the oxycodone she took looked like pills in the picture, but hers were bigger. Hers were the size of the Percodan. Another reported that she took the fat, white Percocets, and there were no white Percocets in the picture.

Recommendation: Continue to investigate whether we get similar feedback in Rounds 2 and 3 about discrepancies between pills taken and pill images shown online for oxycodone products.

PR03 – One person used Darvocet in the past 12 months.

PR04 – One person had used Ultram and tramadol. Another used tramadol when he ran out of a prescription for oxycodone.

PR05 – Seven people had used Tylenol with codeine. One participant called this a Tylenol 3. Another reported that he also used Tylenol 4, which is the pill with the 4 on it. The FDA's Center for Drug Evaluation and Research lists these as "Tylenol with Codeine No. 3" and "Tylenol with Codeine No. 4."

Recommendation: Consider changing the question to refer to Tylenol with Codeine as Tylenol with codeine Number 3 and Tylenol with codeine Number 4.

PR06 – 2 participants reported using morphine in the past 12 months. Others reported use, but added that this was not in the past 12 months. Participants distinguished between the liquid and pill forms of morphine, reporting they had it in an IV.

Recommendation: Consider whether an image of a liquid morphine ampule should be shown in the field test as an example of morphine.

PR07 – Participants were familiar with a number of these drugs. Some reported lifetime use, but none in the past 12 months.

Feedback on images of Fentanyl products: Participants provided positive feedback about the images. Among the benefits cited were comments such as, “The pictures were really helpful. I looked at the pictures first. There were two whose names were unfamiliar, so I needed the pictures. If I hadn’t seen the pictures, I might have confused them with another drug.” “It looked like this (points at Actiq) but it was spelled like that (points at Fentanyl).” “The pictures were very useful. I used “China Girl” once. And the picture helps clarify what it looked like. Especially when comparing fentora and Fentanyl. If the pictures weren’t there, I might have mistaken fentora for Fentanyl because the names are similar.” “The packaging helps.” 2 participants also said that Fentanyl comes in a lollipop too. (NOTE: A picture of the Fentanyl in lollipop form was used in place of Actiq because of time and cost involved in acquiring a special image of Actiq.)

Recommendation: Consider whether to include the lollipop form as an example of Fentanyl.

PR08 – 2 participants reported use of Suboxone. One was using it to stop going through withdrawal from pain reliever addiction.

PR09 – 2 participants reported use of Dilaudid. One said that he used this only in the hospital and asked if that counted. Two participants had used methadone, at least one of which was at a methadone clinic under supervision. One used Demerol and said that the picture helped him identify it. Finally, one person reported that the pictures helped him decide that he had taken Opana ER as opposed to Opana.

Recommendations: 1. Given the likely variations in the appearance of methadone that is dispensed in liquid form, consider how to clarify that any use of methadone in the past 12 months (i.e., not just in pill form) should be reported in PR09. 2. Consider whether instructions need to include reports of any medications that people took while in the hospital. However, receiving dosages of pills in a hospital is a different experience than receiving a prescription that will be filled for use at home. Participants may be unable to identify which pills they took in a hospital, or to recall that they took pills at all. Do we anticipate that use of pain relievers (or specific pain relievers) will be significantly underestimated if we do not instruct respondents to report pain relievers that they took in the hospital?

PR10 – No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting. One participant said that they would not have reported use of Percocet had they only seen the pictures.

PR11 – Other pain relievers that participants reported that they used in the past 12 months included non-steroidal anti-inflammatory drugs (NSAIDS) such as naprosyn or diclofenac (brand name Cataflam). Other drugs that were reported included Lyrica (pregabalin) and Robaxin (methocarbamol). One person mentioned liquid methadone as an example of something that people might report, but this person had not actually taken it. One participant reported Gabatin, which does not appear to be a drug. Perhaps she meant Gabapentin.

IV. **Stimulant Screener**

INTROST – Most participants had heard of No Doz and Dexatrim. 3 people mentioned 5 Hour Energy as an example of a stimulant. One person mentioned Hydroxycut.

ST01 – One participant replied that he was not sure which one to report, because Dexedrine is the brand name, used by the company while Dextroamphetamine is the chemical name. He was also familiar with the mix of amphetamine and dextroamphetamine. One participant reported Vyvanse here as a dextroamphetamine, but changed her answer when she got to ST05. One participant said that the pictures of Adderall helped her decide whether to choose the extended release or the original.

ST02 – None of the participants had used any of these drugs.

ST03 - None of the participants had used any of these drugs.

ST04 – Two of the participants used Phentermine. One bought it in Mexico, while the other was prescribed it at a diet clinic.

ST05 – One participant used Vyvanse.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Phentermine, which then helped with recalling the name.

ST06 – One participant reported getting Meridia in Mexico. (NOTE: This is no longer available in the US).

ST07 – Participants did not report using any stimulants in their lifetimes. One participant later reported that her son was prescribed medicine for ADD. She took one of his pills so that she could see how it affected him. However, she neglected to report that use in ST07.

Feedback on pill images – One participant requested that the pills should be bigger so that participants could read what is written on them. Another reported that the writing and numbers on the pills should be bigger because that is how people on the street recognize what they are buying. A third participant pointed out the potential for confusing Wellbutrin, Buspar, and Buprenorphine. She recommended including the generic names with the brand names.

Recommendation: Investigate adding a zoom function to enlarge the pill images. Two issues to consider are inclusion of keystroke commands (to avoid the need for participants to use the touchpad) and whether simple enlargement of the existing images will improve respondents' ability to identify the writing on the pills.

V. Pain Reliever Module Findings

PRL01- In describing examples of using a prescription pain reliever in a way not directed by a doctor, two participants mentioned using a prescription pain reliever with other drugs or with alcohol. One specifically reported taking pain relievers with a glass of wine because “they just work better” that way. Otherwise, participants described ways of use not directed by a doctor that are included in the definition, such as:

- Taking someone else’s prescription
- Using the prescription too much/more than a doctor prescribed
- Getting it from a source other than a doctor
- Snorting a pill.

One participant recommended including “norco” on the list because people may not know that it is the brand name for hydrocodone.

Except for the issue of use in combination with alcohol or other drugs and the recommendation to include “norco,” this feedback suggests that Round 1 participants who were routed to PRL01 correctly understood ways of using pain

relievers that were not directed by a doctor to encompass relevant components of nonmedical use.

Recommendation: Determine if additional participants in Rounds 2 or 3 endorse combining pain relievers with other drugs or alcohol as a way of using pain relievers that is not directed by a doctor.

PRY01 – All participants routed to this question about Vicodin understood that we were asking this question to get at abuse of prescription pain relievers or getting them off the street. Many participants used the word “abuse” when asked what this question was asking. Examples of such behavior include not using it as prescribed, taking it without a prescription, ‘over doing it,’ getting high, or selling them. When asked to provide a narrative of the last time participants used Vicodin, two participants described taking a prescribed medicine more than the doctor said to because it was needed to make the pain better. A third participant described having a prescription for dental pain, but using it more than prescribed because of liking the feeling it caused. Another had a prescription but was abusing the Vicodin and Norco highly at the time. One participant mentioned taking their prescription with alcohol. Two participants mentioned using it without a prescription. One of these used it only as a last resort because nothing else was available to feed an addiction.

Two participants described in their narrative use that would not be described as misuse. One reported using the pain reliever even though the pain had lessened to the point where it might have been managed without taking that drug:

“They gave me a week’s worth. The pain got less and less. It got to the point that I could take OTC medicine. I hate taking pain medicine. I was supposed to take them as needed, which was once a day. I took all of them.”

Another took **less than** the prescribed dosage:

“I took it as prescribed but I lowered the dose, I was supposed to take it 3 times a day but I only took it 1 time at night before I went to sleep because I didn’t like the way it made me feel. Taking it with a muscle relaxer it gave me that sluggish feeling. House could have burned down and I would have been with it.”

Recommendation: Determine if additional cognitive interview participants in Rounds 2 or 3 consider taking less than the prescribed dosage as use in any way a doctor did not direct them to use a medication.

PRY01a – Participants reported numerous mechanisms by which they remembered their age at first use, including:

- It was the first time using the drug this way
- Referencing anchoring events (friendships, injury, senior year in high school, getting a driver's license, etc.)
- Recency of the event (it was in the last year).

When participants described the first time they used Vicodin, they mentioned taking too much, taking it without a prescription, doctor/pharmacy shopping, and mixing it with other drugs.

PRY02b – One participant chose the year because it was not in 2011, the past couple of weeks. Another just knew the year was 2009.

PRY01d – One participant reported that the calendar helped with choosing the month.

PRY02 – The one participant who was asked what this question about Lortab was getting at reported, “the addictiveness of prescription drugs,” and “how easy it is to abuse them.” Two participants were asked to describe the last time they used Lortab. One reported using someone else's prescription and the other reported using it when heroin was unavailable.

PRY02a – The two participants who received this question distinctly remembered events associated with the first time they used Lortab (finding grandmother's pills and hanging out with friends). One reported that it was someone else's prescription and the other reported snorting it.

PRY02c – One participant realized he had the year wrong when answering this question. He mixed up how old he was last summer.

PRY02d – The participant remembered the month was July or August because of how hot it was outside.

PRY03 – The one participant who was asked what this question about Lorcet was getting at described snorting it as using it a way it was not prescribed, so as to get an immediate high. Two participants answered this question as “no” because they used this as prescribed, following directions as needed for pain.

PRY04 – Two participants were asked to describe what this question about hydrocodone was getting at. One reported using it recreationally, not following the doctor's instructions, taking more than necessary, or snorting it. Another described a new type of misuse: asking for a larger dose at time of prescription with the knowledge that a large dose was not really necessary. This participant

still endorsed use of hydrocodone “in a way a doctor did not direct you to use it.” When asked to describe the last time the pill was used, one participant reported getting it for a sore throat in the ER and another reported getting the pills from an acquaintance/friend who said they would help with withdrawal.

Recommendation: Consider including asking for a larger dosage or number of pills as examples of use “in a way a doctor did not direct you to use it.”

PRY04a – Participants did not have trouble reporting their age, although one wanted to see a calendar for month of last use. When asked how they were misusing the pills, one reported taking 9 in one day and another reported taking it with alcohol. A third participant in answering this question expressed some confusion about Vicodin and hydrocodone. This person reported thinking that they were the same thing and appeared to be confused by the fact that we asked about them separately.

Recommendation: For the next round of cognitive interviewing, insert a probe about whether participants understand why they have the month response options they do. This instrument includes a tailoring of response options of months of use based upon current age and birth date. It would be helpful to see if this is confusing to respondents.

PRY05 - One participant described using OxyContin with a prescription. Her mother kept it locked away and gave it to her at allotted times; otherwise, she would have abused it. Another participant reported using it once when a friend provided it.

PRY05a – One participant remembered the age at first use easily because it was in the summer, “after my birthday.” Another had a hard time determining whether it was at age 19 or age 20. It was after high school but before college. When using OxyContin at that time, one participant reported using someone else’s prescription and mixing it with alcohol.

PRY06 – Participants who were asked about what this question about Percocet is getting at understood it to mean abuse. When asked about how they used it in a way not directed by a doctor, one reported popping and snorting them, but with a prescription. Another reported using another’s prescription. One participant used it but did not report using it in any way not directed by a doctor. The Percocet made this person sleepy and nauseated, and they did not care to finish the whole prescription.

PRY06a – Participants remembered their ages by associating it with events in their lives: sophomore year in college, a friend visiting from Florida, the diagnosis of migraines. Another had no idea of the age at first use. Participants reported

first using Percocet in a way a doctor did not direct them to use it by using it without a prescription, mixing it, popping it, and taking it “more than I should.”

PRY09 - When asked what this question about oxycodone is getting at, one participant who did not answer affirmatively said she was scared of it and asked, “Are people abusing the prescribed pills?” She showed the interviewer her oxycodone pill and it was different from the pill cards. It said 5 & 12 on it and did not have an M on it. One participant described use “in any way a doctor did not direct you to use it” here as taking more than was prescribed. Another reported getting oxycodone because Percocet and Vicodin were not available, so she bought oxycodone from a drug dealer.

PRY09a – Participants did not have trouble remembering their ages, but one asked, “Do you really think that people remember the months and the years?”

PRY18 – When describing use of Tylenol with codeine “in any way a doctor did not direct you to use it,” examples included: using someone else’s prescription because their hydrocodone ran out and a friend gave them something to tide them over (stave off withdrawal) and taking more than prescribed.

PRY18a – Participants did not have trouble remembering their age of first use.

PRY24 – One participant described using an IV drip of morphine in the hospital, and reported that he used this as prescribed.

Recommendation: In future cognitive interview rounds, probe to determine if hospital use of a prescription drug is included in reports of prescription drug use by participants.

PRY28a – One participant in particular had trouble remembering when he turned specific ages for first use of fentanyl “in any way a doctor did not direct you to use it.” At this question, he reported forgetting his age because it’s 2011 (meaning early 2011 and he is still adjusting to the calendar change).

PRY29 – A participant described their use of Suboxone “in any way a doctor did not direct you to use it” as a backup for when this person could not get into a methadone clinic. This made it relatively easy for this participant to recall the age and the month and year.

PRY32 – A participant who answered this question affirmatively recalled using Demerol when he had run out of codeine and/or Vicodin. A friend with chronic pain shared the Demerol with him to extend his prescription. He was able to recall his age by the month and year and by his birth date.

PRY33 – A participant remembered using Dilaudid in the hospital as an injection for back pain. He reported using this according to doctor instructions.

PRY34 – A participant routed to this question answered it as “no.” The person had not used methadone “in any way a doctor did not direct you to use it” because the person attends a methadone treatment program every day and receives the methadone there as directed.

PRL02 – One participant reported using a pain reliever with alcohol as a type of use not directed by a doctor in response to this question.

PRM02DKRE – The participant who received this question about their “best guess” thought their answer was accurate.

PRM03 – Two participants reported how they were able to remember whether or not they were drinking alcohol. One said because it was yesterday, and another knew they had used the alcohol to increase the effects of the opiates.

PRY41 – One participant understood this question but volunteered that the wording “at least once” threw her off. She thought that the answers would say the same thing without the text “at least once” and that it would be easier to read/understand. Another participant reported not being able to endorse option #2 (used in greater amounts, more often or for longer than it was required) because only part of what was listed applied to this person. The participant used in greater amounts and more often, but not longer.

One participant reported wanting to select answer #3 because this person “doubled up” on the prescription. That is, “doubling up” would fall into the “some other way” category. When probed, this person agreed that “doubling up” would also fall into category #2. Another participant considered choosing #3 along with #2 because the person used alcohol while taking the pills, which the person considered a way of using in a way not directed by a doctor. Other participants considered crushing and snorting as an example that applies to category #3.

Recommendations: Remove the “at least once” wording. Determine in future interviews whether participants think that all three of the aspects of misuse in option #2 need to apply in order to endorse the option. Continue to monitor whether participants see options #2 and #3 as distinct or overlapping and any difficulty they have in deciding which answer(s) to choose.

PRY42B – Participants did not have trouble remembering how they got pain relievers the last time. One additional way of getting a prescription pain reliever reported was getting them out of the country. However, this reason is not

commonly endorsed in “OTHER, Specify” data. In 2009, for example, 5 respondents reported that the “other way” they obtained pain relievers they used nonmedically in the past 30 days was by obtaining them outside of the U.S. Only one respondent in 2009 reported this as the way that he/she obtained the pain relievers the last time in the past 12 months.

Recommendation: Consider the addition of getting pills outside the U.S. to this list.

VI. Stimulants Module Findings

STL01 – A participant reported not having a prescription for phentermine, but in Mexico, they did not need one. This person pointed out that you can buy prescription drugs in Mexican drug stores and airports. Technically in Mexico they were not prescription drugs.

Recommendation: Continue to examine this issue in Round 2 to determine whether to provide clarification on buying prescriptions in other countries, whether that should count as use “in any way a doctor did not direct you to use it,” and how to instruct respondents to count or not count this as use “in any way a doctor did not direct you to use” a prescription drug.

STY01 – When describing last use of Adderall, a participant reported that a friend provided it in 2009. There was no prescription and they were mixing it with other things.

STY01a – A participant reported remembering the exact night in 2009 hanging out with a particular girl.

STY03a – A participant remembered their age at first use of Dexedrine very well because it was associated with a recent move and new classmates/friends.

STY20 – The same participant who got phentermine in another country described it here. Another participant reported using phentermine strictly to use weight, as directed, and answered STY20 as “no.”

STY25 – The same user of phentermine mentioned getting it outside the U.S. Another participant reported snorting as a third way of use.

STY26b – One participant had been prescribed stimulants for ADD while in rehab. When the participant emerged from rehab, this person told the doctor about having a prescription for stimulants and was able to get another prescription easily.

One participant thought it would be easier for most participants to see the ways of use on all the screens, even though as a user in recovery, she was well informed about misuse.

VII. Health Module

HLTHNEW01 – 5 participants had difficulty entering their height into the computer.

Recommendation: Revise this question. Perhaps move the sentence about entering in metric sooner in the question. Add the phrase ‘then press Enter’ to the end of the instructions about entering metric. One participant recommended adding the words ‘press Enter’ at the bottom of the task bar. Participants also did not read the screen about entering inches. They were still looking at the task bar, and entered the inches upon seeing the value label.

HLTHNEW01a – Participants were not accustomed to seeing the question mark that results from pressing F3.

Recommendation: Revise the entry field to say Inch(es) so that participants can enter 0 or 1.

HLTHNEW02 – No problems entering weight. See HLTHNEW01 results for recommendations.

HLTH05 – One participant reported 8. Upon probing, he said that he was in the hospital for 8 days and 7 nights and had missed the part of the question that specified nights.

HLTHNEW03 – A few participants included dental appointments in their estimates, despite the instruction to not do so. Most participants were pretty confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies.

HLTHNEW03 – Most participants had a reasonable understanding about what a health care professional was. One participant would not count a chiropractor, or a person at the eye care center because they have not been to medical school. One participant said that there were none at the drug treatment center, while another reported that visits to the methadone clinic would count. Other participants expressed doubt about including specialists and physical therapists. One participant said only doctors counted as health care professionals.

Recommendation: Assess the level of accuracy that is needed in this question. Is each of the response categories used in analysis, or can they be collapsed? This question includes a number of constructs, such as a reference period, thinking about your own health versus someone else’s, the definition of a health care professional, and exclusions to the rule. The respondent burden has the potential to be high, as does the measurement error.

HLTHNEW05 – There were no probes asked about this question.

Recommendation: Use logic from HLTHNEW04. It could be that the doctor already knows, but there should be a linkage between the series of questions.

HLTHNEW06 – One participant reported that his dentist asked him about his alcohol use. He then asked if a dentist was included. Instructions in HLTHNEW03 say to exclude the dentist, which may have caused confusion. One participant did not include questions asked upon visits to the emergency room. He stated that his doctor does not ask, because his doctor knows him. Another participant reported that he did not know how to answer and had a number of issues with the question. He filled out a form in the waiting room. The form said, How many drinks do you have per week. He had difficulty mapping this question to the responses of How much do you drink and How often do you drink. He did not have a discussion with the doctor.

Recommendation: 1. Change the Round 2 specs to only ask this question of participants who used alcohol in the past 30 days (ALC30USE=1). Participants who did not use alcohol in the past 30 days will not receive this question. 2. Ask HLTHNEW06 before HLTHNEW04 because the mention of a form is conditioning participants. 3. Include logic for responses to HLTHNEW04b in logic for HLTHNEW06. 4. Make more apparent that HLTHNEW06 focuses only on in-person communication.

HLTHNEW20 – One participant asked if we were referring to the past 12 months or ever.

Recommendation: Include a reference period in this question.

HLTHNEW20a – All three participants who reported high blood pressure were confused by this question. One participant said that he has been told that it was a little high, but was not sure that this was a chronic state. One participant said that after the first time, the doctor knew that he had it and they talked about it, but he didn't tell him that he had it again. He said that he was on medicine that was controlling it. The third participant said that they discuss his high blood pressure, but he was not sure how to answer the question.

Recommendation: Change the wording of this question. The BRFSS asks, "Are you currently taking medicine for your high blood pressure?"

HLTHNEW21 - There were no probes asked about this question.

Recommendation: Asking the STD question as the last question in the interview is an awkward stopping point, and does not seem to flow after the last few questions. Recommend adding another few questions in here for a better transition.

VIII. **Additional Issues**

Respondent Burden – After the stimulant main module, one participant reported that many of the questions are redundant. However, no other participants made any comments about finding the overall burden of the interview to be difficult.

Appendix C

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 1 Round 2 Results

NSDUH Prescription Drug Redesign Cognitive Interviewing Round 2 Results

I. Highlights

Respondent Characteristics (Round 1)

Cognitive interviewers reported that the respondents were quite sophisticated in their knowledge of the subject. They were well-versed in what it means to misuse prescription drugs according to the examples and wordings given in the instrument, even if they themselves did not report misuse of prescription drugs. They also had a high awareness of which drugs they took (see below).

Three types of respondents emerged during these interviews. Treatment clients were heavy drug users who were well aware of the potential for abuse and addiction with using prescription pain relievers. Several were aware of people crushing and then snorting pain relievers. Some also reported misuse of certain pain relievers when heroin or other preferred drugs were not available.

Many general population users had chronic pain, and struggled between a desire to relieve this pain and a desire not to become dependent on the pain relievers. Some reported noticing behaviors that concerned them, like needing to take more medication because the drugs were having less effect for pain relief. They stopped taking the medicine, lived with the pain for a while, and then would resume taking the medicine as prescribed. Others in this group reported not liking the effects of the drugs, such as nausea or feeling too disoriented.

A third participant profile revealed that of the recreational user. For example, Vicodin might be considered better for partying than for pain relief. Another example involved use of Adderall and Vicodin on weekends in combination with alcohol to enhance a person's partying experiences.

Although most participants were knowledgeable about pain relievers, heavy past year stimulant users were missing from this group of participants. Therefore one option to consider for Round 2 recruitment efforts is to place a greater focus on recruitment of past year stimulant users, especially for adults, since Round 1 has provided considerable information about adults' experiences with pain relievers.

Respondent Characteristics (Round 2)

The respondent profile among Round 2 participants was not as clear. Overall, 12 respondents participated in Round 2. Of these, 7 were adolescents and 5 were adults. The participant pool did not seem to contain too many heavy drug users, despite 5 participants having been recruited from drug treatment centers.

Identification of Prescription Drugs (Round 1)

Participants often recognized the drugs by name, although some did find the pill images to be helpful. One issue that sometimes caused confusion was the inclusion of brand-name drugs and the generic equivalents in the same question. Some participants in particular reported that their doctors would write the brand-name drug on the prescription but the pharmacy would substitute the generic. Therefore, one issue for remaining rounds would be assisting persons in reporting what they actually took, regardless of the name of the drug that was written on a prescription.

Another issue with generic drugs concerns the number of manufacturers of generics and the variety of generic equivalents of specific drugs that may be dispensed when people fill prescriptions. It would not be realistic to try to include exhaustive examples of pill images for generic drugs. Nevertheless, additional feedback in Rounds 2 and 3 could be helpful for identifying if important examples of certain generic drugs are being missed, such as pills of a particular color. Additional options also may need to be considered for clarifying for respondents that pictures may not show all possible examples of a particular pill, or forms other than pills.

Identification of Prescription Drugs (Round 2)

Respondents were able to identify most of the drugs by either name or picture. Echoing Round 1 findings, participants often recognized the drugs by name, although some did find the pill images to be helpful. Despite the inclusion of the word 'generic' after the drug name, respondents continued to be confused by the distinction between brand name and generic drugs. Some respondents were unaware that the brand name and the generic were two different drugs. Other respondents thought they should report both because they were the same drug. Some knew that they were different, but were unsure whether the pharmacist substituted a generic while filling their prescription for the brand name. Round 3 cognitive interviews should continue to test respondents' understanding of generic drugs.

Respondents did not provide feedback on particular pill images of generics. This was based primarily on confusion about the pill names.

Performance of the Nonmedical Use Criteria (Round 1)

Based on the examples given and use of the term "in any way that a doctor did not direct you to use it," participants generally were able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. When participants gave information about how they recalled information such as how old they were when they first used a particular prescription drug nonmedically, they commonly cited examples of

getting medication from someone else's prescription, using a lot of the medication, doubling up on dosages, or taking it at parties or when "hanging out" with friends.

In the decomposition questions, however, some participants had trouble determining whether they should choose the second category (use in greater amounts, more often, or longer than I was told to take it) or the third one (use in some other way a doctor did not direct me to use it). The specific issue is whether participants see these two categories as distinct or overlapping. Because the second criterion includes three ways in which persons can overuse prescription medication, another issue is whether participants recognize that they should endorse this category if some but not all of these characteristics apply.

Three scenarios for misuse arose during the interviews that were not listed as examples in the instrument. These were (1) use with alcohol, (2) asking for a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed. An important question for the first two of these is whether respondents would recognize these behaviors as use of a prescription drug "in any way a doctor did not direct you to use it" even if these examples are not explicitly listed. In addition, use in combination with alcohol may be a criterion for use of pain relievers, tranquilizers, and sedatives "in any way a doctor did not direct you to use it" but not necessarily for stimulants. An issue for persons who obtained drugs outside of the United States without a prescription is whether this should be counted as nonmedical use if the prescriptions were obtained legally, even if these drugs would require a prescription in the United States. If this should not be counted as nonmedical use, the related issue is whether and how to indicate this to respondents.

Performance of the Nonmedical Use Criteria (Round 2)

Participants continued to be able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. Most respondents were able to clearly differentiate between medical and nonmedical use. At least one respondent who was unsure about how to classify his use resolved the issue after making use of the F2 reminder for the ways of nonmedical use. In Round 3, use of the F2 reminder should be noted.

For the most part, new questions asking whether the respondent used certain prescription drugs only while in the hospital performed well. In a few cases, however, respondents made mistakes in reporting this. Suggestions for rewording the question are included later in the summary.

Other Issues (Round 2)

The inclusion of adolescents in the sample for Round 2 has raised respondent reports of being familiar with using magic markers as an inhalant. Respondents seem to understand the question and have no problem reporting their behavior.

Despite the inclusion of the term “air duster,” many respondents were unfamiliar with the term. Further discussion of this item is included later in the summary. Changes to the blood pressure questions in the health module have eliminated confusion with these items.

Changes to the height and weight items in the health module have diminished confusion and usability issues. Further recommendations for these items are included later in the summary.

II. Ensemble Screener Findings

CG17REV – Of the 16 participants who responded to this question, 4 have heard of snus and 3 correctly identified what it was. The fourth person thought that it goes up your nose.

Round 2: No probe.

AL01 – Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions included being fruity, girly, ready-made and flavored. Most participants compared them to wine coolers, and 2 participants mentioned that 4 Loko is similar. These same two participants identified Sparks as being caffeinated as well as alcoholic.

Round 2: Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions include being fruity, sugary, carbonated, girly, and a mixture between soda and alcohol. Comparisons were made to wine coolers, sweet wine, malt beverages, and 4 Loko.

MJ01 – Most participants were able to correctly identify what a blunt was.

Round 2: No probe.

CC01 – Descriptions of crack included: smoked, more addictive, costs less, crystalline substance smoked in a pipe, rock, baking soda is added. Cocaine: snorted, powder, inject, pure. Two participants thought that there was no difference between cocaine and crack.

CC01 – Five participants reported use of cocaine or crack. There were no inconsistencies in their narrative of use.

Round 2: No probe.

HE01 – Only 1 participant had heard of cheese, while most had heard of black tar.

Round 2: No respondents had heard of cheese. Most had heard of black tar.

SD17a – Almost all participants had heard of methamphetamine. They had no other names to suggest.

Round 2: Almost all participants had heard of methamphetamine. One respondent reported that marijuana dipped in meth was called a dipper, but a Google search revealed that this is marijuana dipped in PCP.

HALINTRO – Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included: marijuana, cocaine, crack, heroin, alcohol, crystal meth, and Ambien. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Round 2: Incorrect examples of hallucinogens included marijuana, Percocet, crack, and “uppers and downers.” Other respondents were able to correctly identify examples of hallucinogens. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Recommendation: Include the list of hallucinogens in HALINTRO, as in the current CAI instrument.

LS01: Round 1: No probe.

Round 2: R was not sure whether to report use of PCP if he crushed it up and laced a blunt with it. He typically does not think of this as use of a blunt, but ultimately reported it.

LS01h1: Round 1: No probe.

Round 2: R wanted to report use of OxyContin here. She asked whether hallucinogens and narcotics were the same thing. After discussion, she decided to not report her use here. Another R reported his use of marijuana here, despite the fact that this drug had already been asked about.

Recommendation: If we think that respondents' reports of lifetime use of non-hallucinogens will become a problem here, we should ask them to specify which “other” hallucinogens they have used. However, use of drugs other than hallucinogens would not be determined until the

data are processed. The NSDUH data editing procedures since 1999 continue to treat respondents as hallucinogen users, even if they specify use of drugs other than hallucinogens.

INHINTRO: Most participants were able to correctly identify examples of inhalants.

Round 2: Most participants were able to correctly identify examples of inhalants. However, one respondent reported cocaine.

IN01a: Responses about a definition of ‘for kicks or to get high’ included: to escape, for a euphoric feeling, excess use, stupor, for fun or a desired effect, recreational, another frame of mind, to feel good, get outside yourself, heightened senses, for abuse, alter mood, because of boredom. Some participants differentiated between "for kicks" and "to get high." For these participants, "For kicks" implied more casual use focused on having fun or doing it out of boredom. "To get high" implied less casual use focused on escape or to avoid emotions.

Round 2: Responses about a definition of ‘for kicks or to get high’ included: for the fun of it, alter your state of mind, recreational, getting intoxicated, mood changing, and get a buzz.

IN01e & h: Two participants reported using an inhalant, but correctly decided against reporting this because it was not ‘for kicks or to get high.’ One accidentally smelled some gas that had spilled at the gas station, and the other had laughing gas at the dentist.

IN01h1: Most participants had not heard about inhaling markers and pens to get high. Many were incredulous that this actually happens, and none reported doing it. However, 2 people had heard of this. (We may observe greater awareness of this behavior among adolescents.)

Round 2: One respondent had used a Sharpie for kicks or to get high. He said that he smelled markers in class and they gave him a headache. Other respondents were familiar with the use of markers to get high. Three respondents had not heard of it at all.

IN01ii: There was a good deal of confusion about canned air. Many participants referred to this as ‘air duster’. A Google search of ‘air duster’ revealed a number of products by that name. One participant thought that canned air had to do with filling flat tires. Two confused this with whippits.

Recommendation: Revise this question. Perhaps add the words “air duster” or “electronics air duster” to make the meaning clearer.

Round 2: Confusion about IN01ii persisted. Three respondents correctly identified the product. Others reported the substance as Swiffer, furniture polish, air freshener, or spray paint.

Recommendation: Despite a broad range of responses about what this question is referring to, no one thus far has (correctly or incorrectly) reported using this type of inhalant. Therefore, it is not clear whether people who have inhaled these products will be able to identify the substance by the examples given, and that people who have inhaled other aerosol products (but not these) will be able to answer correctly that they have not used these inhalants. Google results show that this type of product also is referred to as gas duster and the brand name Dust Off. We should not continue to edit this question without feedback from users of aerosol products about whether these are appropriate examples. Feedback from users of aerosol products also would help to evaluate whether these users can correctly distinguish between use of these and other aerosol products.

IN011: Based on observations, SAMHSA requested that the question be revised so that it no longer references substances that were “listed.” (This revision also applies to LS01h but does not apply to pain relievers and stimulants.)

III. Pain Reliever Screener Findings

INTROPR: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Some descriptions of over-the-counter drugs included: lower dose, pick it off the shelves, don’t alter your state of mind, not as strong, can’t get high off of them, bought without doctor's permission, and off the shelf. Prescriptions were described as: containing narcotics, higher dose, controlled substance, bought from the pharmacist, stronger, gives you a high, more powerful, more dangerous, easier to abuse, more expensive, harder to get, need a prescription from a doctor with a signature on it, narcotics.

Round 2: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Descriptions of the two were similar to those provided in Round 1.

SAMHSA also provided feedback about how respondents will know whether they are in sections of the interview asking about pain relievers, tranquilizers, stimulants, or sedatives.

Recommendation: Consider a way to assist respondents in knowing which prescription drug section of the interview they are in, such as including a label at the top of the screen.

PR01: Participants reported using a multiple drugs on this list. Two participants reported thinking that Lorcet and Percocet were the same thing. Another reported

thinking that Vicodin and hydrocodone were the same, along with Norco. He reported taking Norco as opposed to hydrocodone, but reported the hydrocodone. One participant was given the pain reliever in the hospital. Participants were able to distinguish medical and nonmedical use in their narratives of use. For instance, one participant reported taking the pain relievers as prescribed on the first three days, but then took nine pills in one day. He acknowledged that he did not take them as prescribed. Participants discussed using the pain relievers for recreation, following the instructions for use, or stopping use early when pain eased.

Recommendations: Discuss the merits of further differentiating between brand name drugs and their generic equivalents.

Feedback on pill images of hydrocodone products: One participant reported that the pictures of hydrocodone looked the same, but the ones she took were yellow.

Recommendation: Investigate whether we get similar feedback in Rounds 2 and 3 to determine whether to identify a suitable picture of a yellow hydrocodone pill for the field test.

Participants were all able to correctly fit their use in the 12 month reference period.

Round 2: Respondents generally did not have problems answering this question. However, one respondent was confused about the inclusion of the word “generic” following hydrocodone. She asked if it had another name. Participants were all able to correctly fit their use in the 12 month reference period.

Respondents reported two different understandings of the sentence about not including all forms of the drug on the screen. Some respondents correctly reported thinking that there could be different forms, such as a liquid or a capsule or additional milligrams, which were not listed on the screen. Other respondents understood that not all pain relievers were listed, including those that have different names.

SAMHSA also noted that this wording seemed odd. The intent is for respondents to think about other forms of the drugs that are not shown that they may have used.

Recommendation: Consider revising the statement about not all forms of the drugs being shown on the screen.

PR02: 11 participants reported using these drugs. One participant said that he thought that Percocet and Lorcet were the same thing, but the names on the bottles were different, so he must be wrong. All participants were able to answer the question based just on the names, although 3 reported that the pictures were

helpful. One reported that his prescription is for Percocet, but his pharmacy gives him generic oxycodone for insurance reasons, so he sometimes gets confused about this. He reported taking the oxycodone.

Feedback on pill images of oxycodone products: One participant reported that the oxycodone she took looked like pills in the picture, but hers were bigger. Hers were the size of the Percodan. Another reported that she took the fat, white Percocets, and there were no white Percocets in the picture.

Recommendation: Continue to investigate whether we get similar feedback in Rounds 2 and 3 about discrepancies between pills taken and pill images shown online for oxycodone products.

Round 2: Two respondents were confused about which drug they had taken. One respondent was unsure whether he took Percocet or Percodan. The other respondent was unsure whether she took OxyContin or the generic oxycodone. She guessed that the pharmacist would have given her the generic.

PR03 – One person used Darvocet in the past 12 months.

Round 2: No respondents reported using these drugs.

PR04 – One person had used Ultram and tramadol. Another used tramadol when he ran out of a prescription for oxycodone.

Round 2: No respondents reported using these drugs.

PR05 – Seven people had used Tylenol with codeine. One participant called this a Tylenol 3. Another reported that he also used Tylenol 4, which is the pill with the 4 on it. The FDA's Center for Drug Evaluation and Research lists these as "Tylenol with Codeine No. 3" and "Tylenol with Codeine No. 4."

Recommendation: Consider changing the question to refer to Tylenol with Codeine as Tylenol with codeine Number 3 and Tylenol with codeine Number 4.

Round 2: Respondents were able to recognize the revised term of Tylenol 3 or 4. Four respondents used these drugs. One respondent chose both the Tylenol and the codeine, even though he was referring to the same instance of use. He thought that it was a trick and reported both because codeine was in both pills and he took codeine. Another respondent asked if Tylenol with Codeine was regular Tylenol.

PR06 – 2 participants reported using morphine in the past 12 months. Others reported use, but added that this was not in the past 12 months. Participants distinguished between the liquid and pill forms of morphine, reporting they had it in an IV.

Recommendation: Consider whether an image of a liquid morphine ampule should be shown in the field test as an example of morphine.

Round 2: No respondents reported using these drugs.

PR07 – Participants were familiar with a number of these drugs. Some reported lifetime use, but none in the past 12 months.

Feedback on images of Fentanyl products: Participants provided positive feedback about the images. Among the benefits cited were comments such as, “The pictures were really helpful. I looked at the pictures first. There were two whose names were unfamiliar, so I needed the pictures. If I hadn’t seen the pictures, I might have confused them with another drug.” “It looked like this (points at Actiq) but it was spelled like that (points at Fentanyl).” “The pictures were very useful. I used “China Girl” once. And the picture helps clarify what it looked like. Especially when comparing fentora and Fentanyl. If the pictures weren’t there, I might have mistaken fentora for Fentanyl because the names are similar.” “The packaging helps.” 2 participants also said that Fentanyl comes in a lollipop too. (NOTE: A picture of the Fentanyl in lollipop form was used in place of Actiq because of time and cost involved in acquiring a special image of Actiq.)

Recommendation: Consider whether to include the lollipop form as an example of Fentanyl.

Round 2: No respondents reported using these drugs. Some respondents had heard of China White, but did not know that it was Fentanyl. Most respondents reported that they had never heard of China Girl. Respondents had not heard of Sublimaze either.

PR08 – 2 participants reported use of Suboxone. One was using it to stop going through withdrawal from pain reliever addiction.

Round 2: One respondent used Suboxone because his dealer did not have OxyContin.

PR09 – 2 participants reported use of Dilaudid. One said that he used this only in the hospital and asked if that counted. Two participants had used methadone, at least one of which was at a methadone clinic under supervision. One used Demerol and said that the picture helped him identify it. Finally, one person reported that the pictures helped him decide that he had taken Opana ER as opposed to Opana.

Recommendations: 1. Given the likely variations in the appearance of methadone that is dispensed in liquid form, consider how to clarify that any use of methadone in the past 12

months (i.e., not just in pill form) should be reported in PR09. 2. Consider whether instructions need to include reports of any medications that people took while in the hospital. However, receiving dosages of pills in a hospital is a different experience than receiving a prescription that will be filled for use at home. Participants may be unable to identify which pills they took in a hospital, or to recall that they took pills at all. Do we anticipate that use of pain relievers (or specific pain relievers) will be significantly underestimated if we do not instruct respondents to report pain relievers that they took in the hospital?

Round 2: One respondent ended up reporting use of Demerol, but was confused about whether this should be reported. She was administered this as an anesthetic in the hospital, but did not see a liquid form on the screen. When the statement about not all forms being shown on the screen was pointed out, she said that she did not know that statement applied to this screen, since it was not on the screen.

Recommendation: Edit the sentence to make it clear that it applies to all screens in the module. Perhaps it should read: “Remember, not all forms of these pain relievers may be shown on the screens.

PR10 – No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting. One participant said that they would not have reported use of Percocet had they only seen the pictures.

Round 2: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting.

PR11 – Other pain relievers that participants reported that they used in the past 12 months included non-steroidal anti-inflammatory drugs (NSAIDs) such as naprosyn or diclofenac (brand name Cataflam). Other drugs that were reported included Lyrica (pregabalin) and Robaxin (methocarbamol). One person mentioned liquid methadone as an example of something that people might report, but this person had not actually taken it. One participant reported Gabatin, which does not appear to be a drug. Perhaps she meant Gabapentin.

Round 2: One respondent reported taking a Klonopin, which is not a pain reliever. Another mentioned that people would report sleeping pills, ADHD drugs, and penicillin here.

PRHOSPYPYR1 – Four respondents reported their answer to this question incorrectly. Of these, 2 had indeed only taken a particular drug in the hospital but answered no. One had taken the same drug both in the hospital and at home, but reported yes. Finally, one respondent missed the phrase “when you were in the hospital” and said, yes it is correct that she had taken all of these drugs.

Recommendation: This question should be edited to facilitate respondent understanding. Although the reasons for confusion seem varied, respondents may be thinking that this question is a summary question that recaps drugs that they have used, and ignore the additional construct of use only in the hospital. Perhaps we should edit as follows: The computer recorded that, in the past 12 months, you used [FILL]. We are interested in where you used this (these) drug(s). This might draw more attention to the fact that the question is not just confirming earlier reports of the drug. Another alternative would be to ask respondents whether they used any of these drugs when they were in the hospital (rather than “only” when they were in the hospital). If use of specific prescription drugs in the hospital is reported, ask which drugs the respondents took when they were not in the hospital. Questions to capture information about use of prescription drugs only in the hospital may be dropped if respondents continue to have difficulty answering them.

IV. Stimulant Screener

INTROST – Most participants had heard of No Doz and Dexatrim. 3 people mentioned 5 Hour Energy as an example of a stimulant. One person mentioned Hydroxycut.

Round 2: Most respondents were familiar with at least one of the stimulants.

ST01 – One participant replied that he was not sure which one to report, because Dexedrine is the brand name, used by the company while Dextroamphetamine is the chemical name. He was also familiar with the mix of amphetamine and dextroamphetamine. One participant reported Vyvanse here as a dextroamphetamine, but changed her answer when she got to ST05. One participant said that the pictures of Adderall helped her decide whether to choose the extended release or the original.

Round 2: One respondent used Adderall while another used Adderall XR. The XR user used the pictures to identify the drug. No one had heard about mixed amphetamine-dextroamphetamine pills.

ST02 – None of the participants had used any of these drugs.

Round 2: Four respondents had used these drugs. One respondent was looking for extended-release Ritalin and did not recognize that to be Ritalin LA.

ST03 - None of the participants had used any of these drugs.

Round 2: None of the participants had used any of these drugs.

ST04 – Two of the participants used Phentermine. One bought it in Mexico, while the other was prescribed it at a diet clinic.

Round 2: None of the participants had used any of these drugs.

ST05 – One participant used Vyvanse.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Phentermine, which then helped with recalling the name.

Round 2: Three respondents had used these drugs and were able to identify them.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Concerta, which then helped with recalling the name.

ST06 – One participant reported getting Meridia in Mexico. (NOTE: This is no longer available in the US).

Round 2: No others were reported.

STHOSPYR1 : Round 2: Respondents were able to answer this question.

ST07 – Participants did not report using any stimulants in their lifetimes. One participant later reported that her son was prescribed medicine for ADD. She took one of his pills so that she could see how it affected him. However, she neglected to report that use in ST07.

Feedback on pill images – One participant requested that the pills should be bigger so that participants could read what is written on them. Another reported that the writing and numbers on the pills should be bigger because that is how people on the street recognize what they are buying. A third participant pointed

out the potential for confusing Wellbutrin, Buspar, and Buprenorphine. She recommended including the generic names with the brand names.

Recommendation: Investigate adding a zoom function to enlarge the pill images. Two issues to consider are inclusion of keystroke commands (to avoid the need for participants to use the touchpad) and whether simple enlargement of the existing images will improve respondents' ability to identify the writing on the pills.

Round 2: One respondent recommended placing the numbers next to the pictures of the drug names to make the question easier to answer.

V. Pain Reliever Module Findings

PRL01- In describing examples of using a prescription pain reliever in a way not directed by a doctor, two participants mentioned using a prescription pain reliever with other drugs or with alcohol. One specifically reported taking pain relievers with a glass of wine because “they just work better” that way. Otherwise, participants described ways of use not directed by a doctor that are included in the definition, such as:

- Taking someone else’s prescription
- Using the prescription too much/more than a doctor prescribed
- Getting it from a source other than a doctor
- Snorting a pill.

One participant recommended including “norco” on the list because people may not know that it is the brand name for hydrocodone.

Except for the issue of use in combination with alcohol or other drugs and the recommendation to include “norco,” this feedback suggests that Round 1 participants who were routed to PRL01 correctly understood ways of using pain relievers that were not directed by a doctor to encompass relevant components of nonmedical use.

Recommendation: Determine if additional participants in Rounds 2 or 3 endorse combining pain relievers with other drugs or alcohol as a way of using pain relievers that is not directed by a doctor.

Round 2: All respondents that were routed to this question understood its meaning and were able to answer it without difficulty.

PRY01 – All participants routed to this question about Vicodin understood that we were asking this question to get at abuse of prescription pain relievers or getting them off the street. Many participants used the word “abuse” when asked what this question was asking. Examples of such behavior include not using it as prescribed, taking it without a prescription, ‘over doing it,’ getting high, or selling them. When asked to provide a narrative of the last time participants used Vicodin, two participants described taking a prescribed medicine more than the doctor said to because it was needed to make the pain better. A third participant described having a prescription for dental pain, but using it more than prescribed because of liking the feeling it caused. Another had a prescription but was abusing the Vicodin and Norco highly at the time. One participant mentioned taking their prescription with alcohol. Two participants mentioned using it without a prescription. One of these used it only as a last resort because nothing else was available to feed an addiction.

Two participants described in their narrative use that would not be described as misuse. One reported using the pain reliever even though the pain had lessened to the point where it might have been managed without taking that drug:

“They gave me a week’s worth. The pain got less and less. It got to the point that I could take OTC medicine. I hate taking pain medicine. I was supposed to take them as needed, which was once a day. I took all of them.”

Another took **less than** the prescribed dosage:

“I took it as prescribed but I lowered the dose, I was supposed to take it 3 times a day but I only took it 1 time at night before I went to sleep because I didn’t like the way it made me feel. Taking it with a muscle relaxer it gave me that sluggish feeling. House could have burned down and I would have been with it.”

Recommendation: Determine if additional cognitive interview participants in Rounds 2 or 3 consider taking less than the prescribed dosage as use in any way a doctor did not direct them to use a medication.

Round 2: One respondent reported being administered Vicodin in the hospital. Other respondents reported getting the drug from a dealer or friends.

PRY01a – Participants reported numerous mechanisms by which they remembered their age at first use, including:

- It was the first time using the drug this way
- Referencing anchoring events (friendships, injury, senior year in high school, getting a driver’s license, etc.)

- Recency of the event (it was in the last year).

When participants described the first time they used Vicodin, they mentioned taking too much, taking it without a prescription, doctor/pharmacy shopping, and mixing it with other drugs.

Round 2: Respondents had similar retrieval strategies compared with Round 1.

PRY02b – One participant chose the year because it was not in 2011, the past couple of weeks. Another just knew the year was 2009.

PRY01d – One participant reported that the calendar helped with choosing the month.

PRY02 – The one participant who was asked what this question about Lortab was getting at reported, “the addictiveness of prescription drugs,” and “how easy it is to abuse them.” Two participants were asked to describe the last time they used Lortab. One reported using someone else’s prescription and the other reported using it when heroin was unavailable.

PRY02a – The two participants who received this question distinctly remembered events associated with the first time they used Lortab (finding grandmother’s pills and hanging out with friends). One reported that it was someone else’s prescription and the other reported snorting it.

PRY02c – One participant realized he had the year wrong when answering this question. He mixed up how old he was last summer.

PRY02d – The participant remembered the month was July or August because of how hot it was outside.

PRY03 – The one participant who was asked what this question about Lorcet was getting at described snorting it as using it a way it was not prescribed, so as to get an immediate high. Two participants answered this question as “no” because they used this as prescribed, following directions as needed for pain.

PRY04 – Two participants were asked to describe what this question about hydrocodone was getting at. One reported using it recreationally, not following the doctor’s instructions, taking more than necessary, or snorting it. Another described a new type of misuse: asking for a larger dose at time of prescription with the knowledge that a large dose was not really necessary. This participant still endorsed use of hydrocodone “in a way a doctor did not direct you to use it.” When asked to describe the last time the pill was used, one participant reported

getting it for a sore throat in the ER and another reported getting the pills from an acquaintance/friend who said they would help with withdrawal.

Recommendation: Consider including asking for a larger dosage or number of pills as examples of use “in a way a doctor did not direct you to use it.”

Round 2: Respondents reported various types of use and misuse. One respondent used it in the hospital. Another was taking it with alcohol and taking as many as he could get his hands on.

PRY04a – Participants did not have trouble reporting their age, although one wanted to see a calendar for month of last use. When asked how they were misusing the pills, one reported taking 9 in one day and another reported taking it with alcohol. A third participant in answering this question expressed some confusion about Vicodin and hydrocodone. This person reported thinking that they were the same thing and appeared to be confused by the fact that we asked about them separately.

Recommendation: For the next round of cognitive interviewing, insert a probe about whether participants understand why they have the month response options they do. This instrument includes a tailoring of response options of months of use based upon current age and birth date. It would be helpful to see if this is confusing to respondents.

Round 2: Respondents reported understanding why only certain months were shown in the response options.

PRY05 - One participant described using OxyContin with a prescription. Her mother kept it locked away and gave it to her at allotted times; otherwise, she would have abused it. Another participant reported using it once when a friend provided it.

Round 2: One respondent correctly reported thinking that the question was asking about taking a prescription that was not prescribed for you or asking a friend for some pills. The respondents also mentioned selling the drug.

PRY05a – One participant remembered the age at first use easily because it was in the summer, “after my birthday.” Another had a hard time determining whether it was at age 19 or age 20. It was after high school but before college. When using OxyContin at that time, one participant reported using someone else’s prescription and mixing it with alcohol.

Round 2: One respondent reported that “in a way a doctor didn’t direct you to” could mean: doctor didn’t prescribe it for you, doctor said to swallow not snort,

taking more pills than doctor prescribed, giving or sharing with friends. Another reported taking someone else's pills.

PRY06 – Participants who were asked about what this question about Percocet is getting at understood it to mean abuse. When asked about how they used it in a way not directed by a doctor, one reported popping and snorting them, but with a prescription. Another reported using another's prescription. One participant used it but did not report using it in any way not directed by a doctor. The Percocet made this person sleepy and nauseated, and they did not care to finish the whole prescription.

Round 2: When asked if he needed to see the ways of use, the respondent replied, "I do not need to see the ways because it included that way I used it. I didn't have a prescription for it."

PRY06a – Participants remembered their ages by associating it with events in their lives: sophomore year in college, a friend visiting from Florida, the diagnosis of migraines. Another had no idea of the age at first use. Participants reported first using Percocet in a way a doctor did not direct them to use it by using it without a prescription, mixing it, popping it, and taking it "more than I should."

Round 2: An older respondent reported not having any idea of his age when he first used Percocet nonmedically. He initially thought that the question was asking about the past 12 months. After probing, he said that this would take him back to his early 30s or late 20s. He ended up choosing Don't Know.

PRY09 - When asked what this question about oxycodone is getting at, one participant who did not answer affirmatively said she was scared of it and asked, "Are people abusing the prescribed pills?" She showed the interviewer her oxycodone pill and it was different from the pill cards. It said 5 & 12 on it and did not have an M on it. One participant described use "in any way a doctor did not direct you to use it" here as taking more than was prescribed. Another reported getting oxycodone because Percocet and Vicodin were not available, so she bought oxycodone from a drug dealer.

Round 2: One respondent interpreted the question as asking if she took more or less than was prescribed.

PRY09a – Participants did not have trouble remembering their ages, but one asked, "Do you really think that people remember the months and the years?"

PRY18 – When describing use of Tylenol with codeine "in any way a doctor did not direct you to use it," examples included: using someone else's prescription

because their hydrocodone ran out and a friend gave them something to tide them over (stave off withdrawal) and taking more than prescribed.

Round 2: One person took one and had a bad reaction so did not take any more. Another had a prescription and took them as prescribed. A third respondent reported doubling up and taking pills sooner than advised.

PRY18a – Participants did not have trouble remembering their age of first use.

PRY19a - Round 2: One respondent benchmarked his use around his friend's death from overdose. He received the pills from his friend.

PRY24 – One participant described using an IV drip of morphine in the hospital, and reported that he used this as prescribed.

Round 2: One respondent reported abusing this around the same time he started using other drugs.

Recommendation: In future cognitive interview rounds, probe to determine if hospital use of a prescription drug is included in reports of prescription drug use by participants.

PRY28a – One participant in particular had trouble remembering when he turned specific ages for first use of fentanyl “in any way a doctor did not direct you to use it.” At this question, he reported forgetting his age because it's 2011 (meaning early 2011 and he is still adjusting to the calendar change).

PRY29 – A participant described their use of Suboxone “in any way a doctor did not direct you to use it” as a backup for when this person could not get into a methadone clinic. This made it relatively easy for this participant to recall the age and the month and year.

Round 2: One participant bought this from a drug dealer in the park. He said that he broke it up into little pieces in order to make it last longer. He acknowledged that doctors do not tell you to do that.

PRY31: Round 2: The same respondent who reported use of Suboxone also reported use of buprenorphine. He stated that this was the same as Suboxone. He reported using both substances, but was thinking of the same instance.

PRY32 – A participant who answered this question affirmatively recalled using Demerol when he had run out of codeine and/or Vicodin. A friend with chronic pain shared the Demerol with him to extend his prescription. He was able to recall his age by the month and year and by his birth date.

PRY33 – A participant remembered using Dilaudid in the hospital as an injection for back pain. He reported using this according to doctor instructions.

Round 2: A participant initially reported using Dilaudid in the past 12 months. Upon reaching this question, he said that he remembered that he was cold shaking the drug but it was more than 12 month ago.

PRY34 – A participant routed to this question answered it as “no.” The person had not used methadone “in any way a doctor did not direct you to use it” because the person attends a methadone treatment program every day and receives the methadone there as directed.

PRL02 – One participant reported using a pain reliever with alcohol as a type of use not directed by a doctor in response to this question.

PRM02DKRE – The participant who received this question about their “best guess” thought their answer was accurate.

PRM03 – Two participants reported how they were able to remember whether or not they were drinking alcohol. One said because it was yesterday, and another knew they had used the alcohol to increase the effects of the opiates.

Round 2: Two participants reported how they were able to remember whether or not they were drinking alcohol. One said that she would use alcohol and Vicodin together with a friend. The other said that she never used these together.

PRY41 – One participant understood this question but volunteered that the wording “at least once” threw her off. She thought that the answers would say the same thing without the text “at least once” and that it would be easier to read/understand. Another participant reported not being able to endorse option #2 (used in greater amounts, more often or for longer than it was required) because only part of what was listed applied to this person. The participant used in greater amounts and more often, but not longer.

One participant reported wanting to select answer #3 because this person “doubled up” on the prescription. That is, “doubling up” would fall into the “some other way” category. When probed, this person agreed that “doubling up” would also fall into category #2. Another participant considered choosing #3 along with #2 because the person used alcohol while taking the pills, which the person considered a way of using in a way not directed by a doctor. Other participants considered crushing and snorting as an example that applies to category #3.

Recommendations: Remove the “at least once” wording. Determine in future interviews whether participants think that all three of the aspects of misuse in option #2 need to apply in order to endorse the option. Continue to monitor whether participants see options #2 and #3 as distinct or overlapping and any difficulty they have in deciding which answer(s) to choose.

Round 2: Respondents all agreed that they should report a behavior, even if it only happened once. One respondent who had only taken 1 pill reported that. Respondents mentioned that they should include all relevant information.

Recommendation: Keep the question as is, because it is performing well without the ‘at least once’ wording.

Round 2: Respondents did not have any problem with this question. One respondent wanted to answer with “Some other way,” but decided that ways 1-4 described his use adequately. One respondent did report “Some other way.”

PRY42B – Participants did not have trouble remembering how they got pain relievers the last time. One additional way of getting a prescription pain reliever reported was getting them out of the country. However, this reason is not commonly endorsed in “OTHER, Specify” data. In 2009, for example, 5 respondents reported that the “other way” they obtained pain relievers they used nonmedically in the past 30 days was by obtaining them outside of the U.S. Only one respondent in 2009 reported this as the way that he/she obtained the pain relievers the last time in the past 12 months.

Recommendation: Consider the addition of getting pills outside the U.S. to this list.

Round 2: Respondents did not have any trouble remembering how they got pain relievers the last time. One respondent tried to report another way, which was stealing them from a friend. He then realized that stealing was option #7. No respondents mentioned getting the drugs from another country.

One respondent also was confused by the categories in the questions about how respondents or friends/family members obtained prescription drugs.

Recommendation: Larry will compile frequencies of responses to these categories in the current versions of these questions for SAMHSA to use in evaluating categories for combination or deletion.

VI. Stimulants Module Findings

STL01 – A participant reported not having a prescription for phentermine, but in Mexico, they did not need one. This person pointed out that you can buy

prescription drugs in Mexican drug stores and airports. Technically in Mexico they were not prescription drugs.

Recommendation: Continue to examine this issue in Round 2 to determine whether to provide clarification on buying prescriptions in other countries, whether that should count as use “in any way a doctor did not direct you to use it,” and how to instruct respondents to count or not count this as use “in any way a doctor did not direct you to use” a prescription drug.

Round 2: Respondents did not report use in other countries. Two respondents reported lifetime (but not past year) nonmedical use of stimulants.

STY01 – When describing last use of Adderall, a participant reported that a friend provided it in 2009. There was no prescription and they were mixing it with other things.

STY01a – A participant reported remembering the exact night in 2009 hanging out with a particular girl.

Round 2: The respondent had been using it a lot in the past year, and did not have difficulty remembering that.

STY03a – A participant remembered their age at first use of Dexedrine very well because it was associated with a recent move and new classmates/friends.

STY20 – The same participant who got phentermine in another country described it here. Another participant reported using phentermine strictly to use weight, as directed, and answered STY20 as “no.”

STY25 – The same user of phentermine mentioned getting it outside the U.S. Another participant reported snorting as a third way of use.

Phase 2: One respondent answered using it without and prescription and in another way that a doctor did not direct him to use it. He used the drugs recreationally. It was not clear that he was correct in answering “some other way.”

STY26b – One participant had been prescribed stimulants for ADD while in rehab. When the participant emerged from rehab, this person told the doctor about having a prescription for stimulants and was able to get another prescription easily.

One participant thought it would be easier for most participants to see the ways of use on all the screens, even though as a user in recovery, she was well informed about misuse.

VII. Health Module

HLTHNEW01 – 5 participants had difficulty entering their height into the computer.

Recommendation: Revise this question. Perhaps move the sentence about entering in metric sooner in the question. Add the phrase ‘then press Enter’ to the end of the instructions about entering metric. One participant recommended adding the words ‘press Enter’ at the bottom of the task bar. Participants also did not read the screen about entering inches. They were still looking at the task bar, and entered the inches upon seeing the value label.

Round 2: Two respondents had difficulty here. They entered 1 to answer in feet and inches but then did not hit enter.

Recommendation: Add the words, ‘and then press Enter’ to the question.

HLTHNEW01a – Participants were not accustomed to seeing the question mark that results from pressing F3.

Recommendation: Revise the entry field to say Inch(es) so that participants can enter 0 or 1.

HLTHNEW02 – No problems entering weight. See HLTHNEW01 results for recommendations.

Round 2: See HLTHNEW01 results for recommendations.

HLTH05 – One participant reported 8. Upon probing, he said that he was in the hospital for 8 days and 7 nights and had missed the part of the question that specified nights.

HLTHNEW03 – A few participants included dental appointments in their estimates, despite the instruction to not do so. Most participants were pretty confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies.

Round 2: Respondents seemed to correctly exclude dentist visits here. Most participants were confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies. However, with the removal of the response options, one respondent reported don’t know. He was then able to answer the follow up question, where the response options were provided.

HLTHNEW03 – Most participants had a reasonable understanding about what a health care professional was. One participant would not count a chiropractor, or a person at the eye care center because they have not been to medical school. One participant said that there were none at the drug treatment center, while another reported that visits to the methadone clinic would count. Other participants expressed doubt about including specialists and physical therapists. One participant said only doctors counted as health care professionals.

Recommendation: Assess the level of accuracy that is needed in this question. Is each of the response categories used in analysis, or can they be collapsed? This question includes a number of constructs, such as a reference period, thinking about your own health versus someone else's, the definition of a health care professional, and exclusions to the rule. The respondent burden has the potential to be high, as does the measurement error.

HLTHNEW05 – There were no probes asked about this question.

Recommendation: Use logic from HLTHNEW04. It could be that the doctor already knows, but there should be a linkage between the series of questions.

HLTHNEW06 – One participant reported that his dentist asked him about his alcohol use. He then asked if a dentist was included. Instructions in HLTHNEW03 say to exclude the dentist, which may have caused confusion. One participant did not include questions asked upon visits to the emergency room. He stated that his doctor does not ask, because his doctor knows him. Another participant reported that he did not know how to answer and had a number of issues with the question. He filled out a form in the waiting room. The form said, How many drinks do you have per week. He had difficulty mapping this question to the responses of How much do you drink and How often do you drink. He did not have a discussion with the doctor.

Recommendation: 1. Change the Round 2 specs to only ask this question of participants who used alcohol in the past 30 days (ALC30USE=1). Participants who did not use alcohol in the past 30 days will not receive this question. 2. Ask HLTHNEW06 before HLTHNEW04 because the mention of a form is conditioning participants. 3. Include logic for responses to HLTHNEW04b in logic for HLTHNEW06. 4. Make more apparent that HLTHNEW06 focuses only on in-person communication.

Round 2: Respondents did not have problems with this item. One respondent asked if being asked to cut down on alcohol was the same as being told to quit drinking. Another stated that doctors who would ask this would not have a history with their patients.

HLTHNEW08, Round 2 – Peggy will follow up about any revision to the order of the health conditions in this question.

HLTHNEW20 – One participant asked if we were referring to the past 12 months or ever.

Recommendation: Include a reference period in this question.

HLTHNEW20a – All three participants who reported high blood pressure were confused by this question. One participant said that he has been told that it was a little high, but was not sure that this was a chronic state. One participant said that after the first time, the doctor knew that he had it and they talked about it, but he didn't tell him that he had it again. He said that he was on medicine that was controlling it. The third participant said that they discuss his high blood pressure, but he was not sure how to answer the question.

Recommendation: Change the wording of this question. The BRFSS asks, “Are you currently taking medicine for your high blood pressure?”

Round 2: There was no confusion about this question.

HLTHNEW21 - There were no probes asked about this question.

Recommendation: Asking the STD question as the last question in the interview is an awkward stopping point, and does not seem to flow after the last few questions. Recommend adding another few questions in here for a better transition.

VIII. Additional Issues

Respondent Burden – After the stimulant main module, one participant reported that many of the questions are redundant. However, no other participants made any comments about finding the overall burden of the interview to be difficult.

Round 2: No comments about burden were made.

Probes:

Round 2: SAMHSA observers gave a reminder for RTI cognitive interviewers to be sure to administer spontaneous probes in the cognitive interviewing in situations where interviewers think it is necessary.

Informed Consent Statement:

Round 2: SAMHSA raised the issue about whether the informed consent statement might be modified for, “There’s a small chance that someone else might hear your answers.” Liz will ask RTI’s IRB about modifying this sentence. Although this risk is

likely to be small, the IRB may still require prospective respondents to be informed of this.

Attachment C

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 1 Round 3 Results

NSDUH Prescription Drug Redesign Cognitive Interviewing Round 3 Results

I. Highlights

General Themes (All Rounds)

Listed below is a summary of overall themes that emerged from all three rounds of cognitive interviewing; these themes are not necessarily in the order of question administration. Specific findings are discussed in further detail in the remainder of the report.

- Participants generally were able to recognize the prescription drugs by name, by using the pictures, or by using both.
- Although more questions were required, asking separately about any use of specific prescription drugs in the past 12 months and nonmedical use of the drugs that were used in that period simplified the cognitive task for participants.
- There was some uncertainty about the “generic” term associated with some drugs. Addition of the word “generic” to the pill images in Round 3 appeared to be helpful.
- The wording “in any way a doctor did not direct you to use it” differentiated between medical and nonmedical users of prescription drugs. With few exceptions, participants who used prescription drugs only for medical reasons could determine that they did not use prescription drugs “in any way a doctor did not direct you to use (them).” Similarly, nonmedical users could determine that their use constituted use “in any way a doctor did not direct you to use it,” even if they used prescription drugs in ways not explicitly listed as examples of nonmedical use.
- Further testing is needed for questions about use of canned air as an inhalant and injection of stimulants.
- Revision of the questions about height and weight (HLTHNEW01 and HLTHNEW02 series) following Round 1 helped to improve participant understanding and the task of answering these questions.
- For questions about the number of outpatient doctor visits (HLTHNEW03 and HLTHNEWDK), participants had some difficulty in determining what did or did not constitute a doctor visit, and in determining their number of visits.

Respondent Characteristics (Round 1)

Cognitive interviewers reported that the respondents were quite sophisticated in their knowledge of the subject. They were well-versed in what it means to misuse prescription drugs according to the examples and wordings given in the instrument, even if they themselves did not report misuse of prescription drugs. They also had a high awareness of which drugs they took (see below).

Three types of respondents emerged during these interviews. Treatment clients were heavy drug users who were well aware of the potential for abuse and addiction with using prescription pain relievers. Several were aware of people crushing and then snorting pain relievers. Some also reported misuse of certain pain relievers when heroin or other preferred drugs were not available.

Many general population users had chronic pain, and struggled between a desire to relieve this pain and a desire not to become dependent on the pain relievers. Some reported noticing behaviors that concerned them, like needing to take more medication because the drugs were having less effect for pain relief. They stopped taking the medicine, lived with the pain for a while, and then would resume taking the medicine as prescribed. Others in this group reported not liking the effects of the drugs, such as nausea or feeling too disoriented.

A third participant profile revealed that of the recreational user. For example, Vicodin might be considered better for partying than for pain relief. Another example involved use of Adderall and Vicodin on weekends in combination with alcohol to enhance a person's partying experiences.

Although most participants were knowledgeable about pain relievers, heavy past year stimulant users were missing from this group of participants. Therefore one option to consider for Round 2 recruitment efforts is to place a greater focus on recruitment of past year stimulant users, especially for adults, since Round 1 has provided considerable information about adults' experiences with pain relievers.

Respondent Characteristics (Round 2)

The respondent profile among Round 2 participants was not as clear. Overall, 12 respondents participated in Round 2. Of these, 7 were adolescents and 5 were adults. The participant pool did not seem to contain too many heavy drug users, despite 5 participants having been recruited from drug treatment centers.

Respondent Characteristics (Round 3)

Overall, 12 respondents participated in Round 3, including 3 adolescents and 9 adults. Each of these participants was recruited from the general public. A few of the participants were heavy drug users. Two reported use of multiple pain relievers in the past 12 months, although one of these participants reported

misusing only one pain reliever. Another participant was a recovering heroin addict who was intimately familiar with a wide variety of prescription drugs.

Identification of Prescription Drugs (Round 1)

Participants often recognized the drugs by name, although some did find the pill images to be helpful. One issue that sometimes caused confusion was the inclusion of brand-name drugs and the generic equivalents in the same question. Some participants in particular reported that their doctors would write the brand-name drug on the prescription but the pharmacy would substitute the generic. Therefore, one issue for remaining rounds would be assisting persons in reporting what they actually took, regardless of the name of the drug that was written on a prescription.

Another issue with generic drugs concerns the number of manufacturers of generics and the variety of generic equivalents of specific drugs that may be dispensed when people fill prescriptions. It would not be realistic to try to include exhaustive examples of pill images for generic drugs. Nevertheless, additional feedback in Rounds 2 and 3 could be helpful for identifying if important examples of certain generic drugs are being missed, such as pills of a particular color. Additional options also may need to be considered for clarifying for respondents that pictures may not show all possible examples of a particular pill, or forms other than pills.

Identification of Prescription Drugs (Round 2)

Respondents were able to identify most of the drugs by either name or picture. Echoing Round 1 findings, participants often recognized the drugs by name, although some did find the pill images to be helpful. Despite the inclusion of the word 'generic' after the drug name, respondents continued to be confused by the distinction between brand name and generic drugs. Some respondents were unaware that the brand name and the generic were two different drugs. Other respondents thought they should report both because they were the same drug. Some knew that they were different, but were unsure whether the pharmacist substituted a generic while filling their prescription for the brand name. Round 3 cognitive interviews should continue to test respondents' understanding of generic drugs.

Respondents did not provide feedback on particular pill images of generics. This was based primarily on confusion about the pill names.

Identification of Prescription Drugs (Round 3)

Respondents were able to identify most of the drugs either by name or picture. Consistent with findings in earlier rounds, participants often recognized the drugs by name, although some did find the pill images to be helpful. The Round 3 instrument added the word 'generic' to the pill image in order to help respondents

understand this term. Many respondents understood that generic forms of pills are not the name brand, and are often cheaper. Some respondents thought that these generics were “weaker.” Some respondents reported being confused about what the specific generic pill was a generic **of**, but seemed to understand that pills had generic forms and that pharmacies would occasionally substitute generics for brand name drugs.

Performance of the Nonmedical Use Criteria (Round 1)

Based on the examples given and use of the term "in any way that a doctor did not direct you to use it," participants generally were able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. When participants gave information about how they recalled information such as how old they were when they first used a particular prescription drug nonmedically, they commonly cited examples of getting medication from someone else's prescription, using a lot of the medication, doubling up on dosages, or taking it at parties or when "hanging out" with friends.

In the decomposition questions, however, some participants had trouble determining whether they should choose the second category (use in greater amounts, more often, or longer than I was told to take it) or the third one (use in some other way a doctor did not direct me to use it). The specific issue is whether participants see these two categories as distinct or overlapping. Because the second criterion includes three ways in which persons can overuse prescription medication, another issue is whether participants recognize that they should endorse this category if some but not all of these characteristics apply.

Three scenarios for misuse arose during the interviews that were not listed as examples in the instrument. These were (1) use with alcohol, (2) asking for a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed. An important question for the first two of these is whether respondents would recognize these behaviors as use of a prescription drug "in any way a doctor did not direct you to use it" even if these examples are not explicitly listed. In addition, use in combination with alcohol may be a criterion for use of pain relievers, tranquilizers, and sedatives "in any way a doctor did not direct you to use it" but not necessarily for stimulants. An issue for persons who obtained drugs outside of the United States without a prescription is whether this should be counted as nonmedical use if the prescriptions were obtained legally, even if these drugs would require a prescription in the United States. If this should not be counted as nonmedical use, the related issue is whether and how to indicate this to respondents.

Performance of the Nonmedical Use Criteria (Round 2)

Participants continued to be able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. Most respondents were able to clearly differentiate between medical and nonmedical use. At least one respondent who was unsure about how to classify his use resolved the issue after making use of the F2 reminder for the ways of nonmedical use. In Round 3, use of the F2 reminder should be noted.

For the most part, new questions asking whether the respondent used certain prescription drugs only while in the hospital performed well. In a few cases, however, respondents made mistakes in reporting this. Suggestions for rewording the question are included later in the summary.

Performance of the Nonmedical Use Criteria (Round 3)

Most respondents were able to differentiate between medical and nonmedical use. Two respondents misreported their use as medical when it was not. One respondent took a pill for longer than he had been told to take it, but did not initially think of that as nonmedical use. Another participant did not think that she had misused a pill because it was prescribed, because so many of the pills that she takes are not prescribed. However, she took the pills more often than was prescribed, and therefore reported misuse. One respondent reported using “Tylenol 3” without a prescription, but he had really used over-the-counter (OTC) Tylenol.

While decomposing her use, one participant reported that she had misused the pills by taking the pills in greater amounts than prescribed and more often than prescribed. Upon probing, it was discovered that she was describing the same behavior.

Other Issues (Round 2)

The inclusion of adolescents in the sample for Round 2 has raised respondent reports of being familiar with using magic markers as an inhalant. Respondents seem to understand the question and have no problem reporting their behavior.

Despite the inclusion of the term “air duster,” many respondents were unfamiliar with the term. Further discussion of this item is included later in the summary. Changes to the blood pressure questions in the health module have eliminated confusion with these items.

Changes to the height and weight items in the health module have diminished confusion and usability issues. Further recommendations for these items are included later in the summary.

Other Issues (Round 3)

Asking additional probes about familiarity with different names for air duster did not reveal a term that was more familiar to participants.

The audio pauses in the middle of the questions to allow respondents to look at the pictures of the pain relievers and stimulants. In some cases, the pause was too long, while in other cases, the pause was too short.

Respondents did not have any problems with the F2 key, which is used to pull up additional information about ways of misuse. On occasion, respondents used this button to aid in their response process.

II. Ensemble Screener Findings

CG17REV – Round 1: Of the 16 participants who responded to this question, 4 have heard of snus and 3 correctly identified what it was. The fourth person thought that it goes up your nose.

Round 2: No probe.

Round 3: No probe.

AL01 – Round 1: Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions included being fruity, girly, ready-made and flavored. Most participants compared them to wine coolers, and 2 participants mentioned that 4 Loko is similar. These same two participants identified Sparks as being caffeinated as well as alcoholic.

Round 2: Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions include being fruity, sugary, carbonated, girly, and a mixture between soda and alcohol. Comparisons were made to wine coolers, sweet wine, malt beverages, and 4 Loko.

Round 3: No probe.

MJ01 – Round 1: Most participants were able to correctly identify what a blunt was.

Round 2: No probe.

Round 3: No probe.

CC01 – Round 1: Descriptions of crack included: smoked, more addictive, costs less, crystalline substance smoked in a pipe, rock, baking soda is added. Cocaine:

snorted, powder, inject, pure. Two participants thought that there was no difference between cocaine and crack.

CC01 – Round 1: Five participants reported use of cocaine or crack. There were no inconsistencies in their narrative of use.

Round 2: No probe.

Round 3: No probe.

HE01 – Round 1: Only 1 participant had heard of cheese, while most had heard of black tar.

Round 2: No respondents had heard of cheese. Most had heard of black tar.

Round 3: No probe.

SD17a – Round 1: Almost all participants had heard of methamphetamine. They had no other names to suggest.

Round 2: Almost all participants had heard of methamphetamine. One respondent reported that marijuana dipped in meth was called a dipper, but a Google search revealed that this is marijuana dipped in PCP.

Round 3: No probe.

HALINTRO – Round 1: Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included: marijuana, cocaine, crack, heroin, alcohol, crystal meth, and Ambien. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Round 2: Incorrect examples of hallucinogens included marijuana, Percocet, crack, and “uppers and downers.” Other respondents were able to correctly identify examples of hallucinogens. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Round 3: Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included marijuana, crack, paint, markers, hairspray, depression medication, Percocet, and weed laced with embalming fluid.

Recommendation: Include the list of hallucinogens in HALINTRO, as in the current CAI instrument.

Action Item: Look at 2010 data for LS01a-LS01f and refusal follow-ups to determine the numbers of respondents who got different LSFILL patterns.

Peggy also noted that inclusion of the three new hallucinogens will affect the Prior Substance Use module – i.e., to add these three new substances and follow the same pattern as for LSD, PCP, and Ecstasy. It is fine to include this in Round 2.2.

LS01: Round 1: No probe.

Round 2: R was not sure whether to report use of PCP if he crushed it up and laced a blunt with it. He typically does not think of this as use of a blunt, but ultimately reported it.

Round 3: No probe.

LS01h1: Round 1: No probe.

Round 2: R wanted to report use of OxyContin here. She asked whether hallucinogens and narcotics were the same thing. After discussion, she decided to not report her use here. Another R reported his use of marijuana here, despite the fact that this drug had already been asked about.

Recommendation: If we think that respondents' reports of lifetime use of non-hallucinogens will become a problem here, we should ask them to specify which "other" hallucinogens they have used. However, use of drugs other than hallucinogens would not be determined until the data are processed. The NSDUH data editing procedures since 1999 continue to treat respondents as hallucinogen users, even if they specify use of drugs other than hallucinogens.

Round 3: No probe.

INHINTRO: Round 1: Most participants were able to correctly identify examples of inhalants.

Round 2: Most participants were able to correctly identify examples of inhalants. However, one respondent reported cocaine.

Round 3: Most participants were able to correctly identify examples of inhalants. One reported computer spray duster.

IN01a: Round 1: Responses about a definition of 'for kicks or to get high' included: to escape, for a euphoric feeling, excess use, stupor, for fun or a desired effect, recreational, another frame of mind, to feel good, get outside yourself, heightened senses, for abuse, alter mood, because of boredom. Some participants differentiated between "for kicks" and "to get high." For these participants, "For

kicks" implied more casual use focused on having fun or doing it out of boredom. "To get high" implied less casual use focused on escape or to avoid emotions.

Round 2: Responses about a definition of 'for kicks or to get high' included: for the fun of it, alter your state of mind, recreational, getting intoxicated, mood changing, and get a buzz.

Round 3: Definitions included for fun, trying to get a buzz, doing it recreationally, just to do it.

Recommendation: Respondents understand this wording and it should continue to be used in the question.

IN01e & h: Round 1: Two participants reported using an inhalant, but correctly decided against reporting this because it was not 'for kicks or to get high.' One accidentally smelled some gas that had spilled at the gas station, and the other had laughing gas at the dentist.

IN01h1: Round 1: Most participants had not heard about inhaling markers and pens to get high. Many were incredulous that this actually happens, and none reported doing it. However, 2 people had heard of this. (We may observe greater awareness of this behavior among adolescents.)

Round 2: One respondent had used a Sharpie for kicks or to get high. He said that he smelled markers in class and they gave him a headache. Other respondents were familiar with the use of markers to get high. Three respondents had not heard of it at all.

Round 3: No respondents reported inhaling markers or felt tip pens.

IN01ii: Round 1: There was a good deal of confusion about canned air. Many participants referred to this as 'air duster'. A Google search of 'air duster' revealed a number of products by that name. One participant thought that canned air had to do with filling flat tires. Two confused this with whippits.

Recommendation: Revise this question. Perhaps add the words "air duster" or "electronics air duster" to make the meaning clearer.

Round 2: Confusion about IN01ii persisted. Three respondents correctly identified the product. Others reported the substance as Swiffer, furniture polish, air freshener, or spray paint.

Recommendation: Despite a broad range of responses about what this question is referring to, no one thus far has (correctly or incorrectly) reported using this type of inhalant. Therefore, it is not clear whether people who have inhaled these products will be able to identify the substance

by the examples given, and that people who have inhaled other aerosol products (but not these) will be able to answer correctly that they have not used these inhalants. Google results show that this type of product also is referred to as gas duster and the brand name Dust Off. We should not continue to edit this question without feedback from users of aerosol products about whether these are appropriate examples. Feedback from users of aerosol products also would help to evaluate whether these users can correctly distinguish between use of these and other aerosol products.

Round 3: Four respondents had never heard of any alternate terms for canned air, including computer duster, canned computer duster, canned air duster, and Dust Off. Two respondents had heard of all of these names. Three respondents had heard of computer duster. No respondents reported inhaling this.

IN011: Round 1: Based on observations, SAMHSA requested that the question be revised so that it no longer references substances that were “listed.” (This revision also applies to LS01h but does not apply to pain relievers and stimulants.)

III. Pain Reliever Screener Findings

INTROPR: Round 1: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Some descriptions of over-the-counter drugs included: lower dose, pick it off the shelves, don’t alter your state of mind, not as strong, can’t get high off of them, bought without doctor’s permission, and off the shelf. Prescriptions were described as: containing narcotics, higher dose, controlled substance, bought from the pharmacist, stronger, gives you a high, more powerful, more dangerous, easier to abuse, more expensive, harder to get, need a prescription from a doctor with a signature on it, narcotics.

Round 2: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Descriptions of the two were similar to those provided in Round 1.

SAMHSA also provided feedback about how respondents will know whether they are in sections of the interview asking about pain relievers, tranquilizers, stimulants, or sedatives.

Recommendation: Consider a way to assist respondents in knowing which prescription drug section of the interview they are in, such as including a label at the top of the screen.

NOTE: Screen shots were sent to SAMHSA on May 31, 2011 that showed section headings for pain relievers. SAMHSA made the decision on June 14 not to add headings to the CAI.

Round 3: No probe.

PR01: Round 1: Participants reported using a multiple drugs on this list. Two participants reported thinking that Lorcet and Percocet were the same thing. Another reported thinking that Vicodin and hydrocodone were the same, along with Norco. He reported taking Norco as opposed to hydrocodone, but reported the hydrocodone. One participant was given the pain reliever in the hospital. Participants were able to distinguish medical and nonmedical use in their narratives of use. For instance, one participant reported taking the pain relievers as prescribed on the first three days, but then took nine pills in one day. He acknowledged that he did not take them as prescribed. Participants discussed using the pain relievers for recreation, following the instructions for use, or stopping use early when pain eased.

Recommendations: Discuss the merits of further differentiating between brand name drugs and their generic equivalents.

Feedback on pill images of hydrocodone products: One participant reported that the pictures of hydrocodone looked the same, but the ones she took were yellow.

Recommendation: Investigate whether we get similar feedback in Rounds 2 and 3 to determine whether to identify a suitable picture of a yellow hydrocodone pill for the field test.

Participants were all able to correctly fit their use in the 12 month reference period.

Round 2: Respondents generally did not have problems answering this question. However, one respondent was confused about the inclusion of the word “generic” following hydrocodone. She asked if it had another name. Participants were all able to correctly fit their use in the 12 month reference period.

Respondents reported two different understandings of the sentence about not including all forms of the drug on the screen. Some respondents correctly reported thinking that there could be different forms, such as a liquid or a capsule or additional milligrams, which were not listed on the screen. Other respondents understood that not all pain relievers were listed, including those that have different names.

SAMHSA also noted that this wording seemed odd. The intent is for respondents to think about other forms of the drugs that are not shown that they may have used.

Recommendation: Consider revising the statement about not all forms of the drugs being shown on the screen.

Round 3: Respondents were able to correctly identify which of these pills they had taken in the past 12 months. They reported that the pictures and drug names helped them with this identification.

Similar to the findings of Round 2, respondents reported two different understandings of the sentence about not including all forms of the drug on the screen. Three respondents correctly reported thinking that there could be different forms, such as a liquid or a capsule or additional dosages, which were not listed on the screen. Other respondents understood that not all pain relievers were listed, including those that have different names.

Duplicating the labeling of generic pills on the screen appeared to increase visibility of the term. Most respondents noticed this and most had a general understanding of its meaning. However, respondents did not necessarily understand that the generic on the screen was a generic for the other name brand pills on the screen.

Respondents correctly understood the 12 month reference period.

Recommendation: Consider expanding the sentence about not showing all forms of the drugs on the screen to provide examples of other forms, such as liquids or patches.

Add "such as different shapes, colors, or dosages." There is less worry about liquids because respondents are likely to have gotten these only in the hospital.

PR02: Round 1: 11 participants reported using these drugs. One participant said that he thought that Percocet and Lorcet were the same thing, but the names on the bottles were different, so he must be wrong. All participants were able to answer the question based just on the names, although 3 reported that the pictures were helpful. One reported that his prescription is for Percocet, but his pharmacy gives him generic oxycodone for insurance reasons, so he sometimes gets confused about this. He reported taking the oxycodone.

Feedback on pill images of oxycodone products: One participant reported that the oxycodone she took looked like pills in the picture, but hers were bigger. Hers were the size of the Percodan. Another reported that she took the fat, white Percocets, and there were no white Percocets in the picture.

Recommendation: Continue to investigate whether we get similar feedback in Rounds 2 and 3 about discrepancies between pills taken and pill images shown online for oxycodone products.

Round 2: Two respondents were confused about which drug they had taken. One respondent was unsure whether he took Percocet or Percodan. The other

respondent was unsure whether she took OxyContin or the generic oxycodone. She guessed that the pharmacist would have given her the generic.

Round 3: Respondents did not have any problem identifying which pills they had used. Five respondents had used Percocet.

PR03 – Round 1: One person used Darvocet in the past 12 months.

Round 2: No respondents reported using these drugs.

Round 3: One person used Darvocet in the past 12 months.

PR04 – Round 1: One person had used Ultram and tramadol. Another used tramadol when he ran out of a prescription for oxycodone.

Round 2: No respondents reported using these drugs.

Round 3: One respondent had used Ultram, but in a liquid form in an IV. Two respondents used Tramadol.

PR05 – Round 1: Seven people had used Tylenol with codeine. One participant called this a Tylenol 3. Another reported that he also used Tylenol 4, which is the pill with the 4 on it. The FDA's Center for Drug Evaluation and Research lists these as "Tylenol with Codeine No. 3" and "Tylenol with Codeine No. 4."

Recommendation: Consider changing the question to refer to Tylenol with Codeine as Tylenol with codeine Number 3 and Tylenol with codeine Number 4.

Round 2: Respondents were able to recognize the revised term of Tylenol 3 or 4. Four respondents used these drugs. One respondent chose both the Tylenol and the codeine, even though he was referring to the same instance of use. He thought that it was a trick and reported both because codeine was in both pills and he took codeine. Another respondent asked if Tylenol with Codeine was regular Tylenol.

Round 3: Respondents continued to recognize the names of Tylenol 3 and 4 and to refer to the pill by these names. Six respondents reported using this. However, one adolescent respondent was actually referring to the OTC Tylenol and mistakenly believed that this was what was being asked. Another adolescent respondent reported taking a red and white gel tab OTC Tylenol. Based on the pictures that were shown on the screen, he decided not to report this use.

PR06 – Round 1: 2 participants reported using morphine in the past 12 months. Others reported use, but added that this was not in the past 12 months.

Participants distinguished between the liquid and pill forms of morphine, reporting they had it in an IV.

Recommendation: Consider whether an image of a liquid morphine ampule should be shown in the field test as an example of morphine.

Round 2: No respondents reported using these drugs.

Round 3: One participant reported using both morphine and MS Contin. The morphine was used in IV form in the hospital.

PR07 – Round 1: Participants were familiar with a number of these drugs. Some reported lifetime use, but none in the past 12 months.

Feedback on images of Fentanyl products: Participants provided positive feedback about the images. Among the benefits cited were comments such as, “The pictures were really helpful. I looked at the pictures first. There were two whose names were unfamiliar, so I needed the pictures. If I hadn’t seen the pictures, I might have confused them with another drug.” “It looked like this (points at Actiq) but it was spelled like that (points at Fentanyl).” “The pictures were very useful. I used “China Girl” once. And the picture helps clarify what it looked like. Especially when comparing fentora and Fentanyl. If the pictures weren’t there, I might have mistaken fentora for Fentanyl because the names are similar.” “The packaging helps.” 2 participants also said that Fentanyl comes in a lollipop too. (NOTE: A picture of the Fentanyl in lollipop form was used in place of Actiq because of time and cost involved in acquiring a special image of Actiq.)

Recommendation: Consider whether to include the lollipop form as an example of Fentanyl.

Round 2: No respondents reported using these drugs. Some respondents had heard of China White, but did not know that it was Fentanyl. Most respondents reported that they had never heard of China Girl. Respondents had not heard of Sublimaze either.

Round 3: One respondent used the Fentanyl patch. Three respondents reported hearing the name China White as another name for Fentanyl. One of these respondents reported the alternate name as White China. No respondents had heard of any of the other names that we probed about, nor had they heard of Sublimaze.

Two participants, when asked, said that the lettering on the package of the Duragesic was hard to read. Others reported that the pictures were of limited use because they knew that had not used these drugs.

Recommendation: Get rid of "China Girl." This is the only prescription drug with a slang name.

PR08 – Round 1: 2 participants reported use of Suboxone. One was using it to stop going through withdrawal from pain reliever addiction.

Round 2: One respondent used Suboxone because his dealer did not have OxyContin.

Round 3: One respondent used Suboxone and Subutex. He used one in rehab for heroin addiction and another on his own to avoid a relapse into heroin use.

PR09 – Round 1: 2 participants reported use of Dilaudid. One said that he used this only in the hospital and asked if that counted. Two participants had used methadone, at least one of which was at a methadone clinic under supervision. One used Demerol and said that the picture helped him identify it. Finally, one person reported that the pictures helped him decide that he had taken Opana ER as opposed to Opana.

Recommendations: 1. Given the likely variations in the appearance of methadone that is dispensed in liquid form, consider how to clarify that any use of methadone in the past 12 months (i.e., not just in pill form) should be reported in PR09. 2. Consider whether instructions need to include reports of any medications that people took while in the hospital. However, receiving dosages of pills in a hospital is a different experience than receiving a prescription that will be filled for use at home. Participants may be unable to identify which pills they took in a hospital, or to recall that they took pills at all. Do we anticipate that use of pain relievers (or specific pain relievers) will be significantly underestimated if we do not instruct respondents to report pain relievers that they took in the hospital?

Round 2: One respondent ended up reporting use of Demerol, but was confused about whether this should be reported. She was administered this as an anesthetic in the hospital, but did not see a liquid form on the screen. When the statement about not all forms being shown on the screen was pointed out, she said that she did not know that statement applied to this screen, since it was not on the screen.

Recommendation: Edit the sentence to make it clear that it applies to all screens in the module. Perhaps it should read: "Remember, not all forms of these pain relievers may be shown on the screens."

Round 3: One respondent reported being very addicted to Dilaudid. Another respondent said that the pictures of the drugs were an excellent confirmation to his thinking that he took this drug.

PR10 – Round 1: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting. One participant said that they would not have reported use of Percocet had they only seen the pictures.

Round 2: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting.

Round 3: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting.

PR11 – Round 1: Other pain relievers that participants reported that they used in the past 12 months included non-steroidal anti-inflammatory drugs (NSAIDS) such as naprosyn or diclofenac (brand name Cataflam). Other drugs that were reported included Lyrica (pregabalin) and Robaxin (methocarbamol). One person mentioned liquid methadone as an example of something that people might report, but this person had not actually taken it. One participant reported Gabatin, which does not appear to be a drug. Perhaps she meant Gabapentin.

Round 2: One respondent reported taking a Klonopin, which is not a pain reliever. Another mentioned that people would report sleeping pills, ADHD drugs, and penicillin here.

Round 3: Respondents reported that people might report a number of other pills at this question, including Valium (tranquilizer), Lexapro (antidepressant), Narco (pain reliever), Paxil (antidepressant), Celexa (antidepressant), and neurontin (anticonvulsant). [Note: neurontin and Gabapentin are equivalent.]

PRHOSPYR1 – Round 2: Four respondents reported their answer to this question incorrectly. Of these, 2 had indeed only taken a particular drug in the hospital but answered no. One had taken the same drug both in the hospital and at home, but reported yes. Finally, one respondent missed the phrase “when you were in the

hospital” and said, yes it is correct that she had taken all of these drugs.

Recommendation: This question should be edited to facilitate respondent understanding. Although the reasons for confusion seem varied, respondents may be thinking that this question is a summary question that recaps drugs that they have used, and ignore the additional construct of use only in the hospital. Perhaps we should edit as follows: The computer recorded that, in the past 12 months, you used [FILL]. We are interested in where you used this (these) drug(s). This might draw more attention to the fact that the question is not just confirming earlier reports of the drug. Another alternative would be to ask respondents whether they used any of these drugs when they were in the hospital (rather than “only” when they were in the hospital). If use of specific prescription drugs in the hospital is reported, ask which drugs the respondents took when they were not in the hospital. Questions to capture information about use of prescription drugs only in the hospital may be dropped if respondents continue to have difficulty answering them.

NOTE: SAMHSA made the decision to drop the hospital questions for Round 3.

IV. Stimulant Screener

INTROST – Round 1: Most participants had heard of No Doz and Dexatrim. 3 people mentioned 5 Hour Energy as an example of a stimulant. One person mentioned Hydroxycut.

Round 2: Most respondents were familiar with at least one of the stimulants.

Round 3: Most respondents were familiar with at least one of the stimulants that were listed. Many of the respondents had heard of all four.

Recommendation: Keep this list of over the counter stimulants.

ST01 – Round 1: One participant replied that he was not sure which one to report, because Dexedrine is the brand name, used by the company while Dextroamphetamine is the chemical name. He was also familiar with the mix of amphetamine and dextroamphetamine. One participant reported Vyvanse here as a dextroamphetamine, but changed her answer when she got to ST05. One participant said that the pictures of Adderall helped her decide whether to choose the extended release or the original.

Round 2: One respondent used Adderall while another used Adderall XR. The XR user used the pictures to identify the drug. No one had heard about mixed amphetamine-dextroamphetamine pills.

Round 3: One respondent used Adderall while another used Adderall XR. These respondents had no problem answering the question.

ST02 – Round 1: None of the participants had used any of these drugs.

Round 2: Four respondents had used these drugs. One respondent was looking for extended-release Ritalin and did not recognize that to be Ritalin LA.

Round 3: One respondent used Concerta in the past 12 months. He stated that the coating on it made it difficult to dissolve under the tongue.

ST03 - Round 1: None of the participants had used any of these drugs.

Round 2: None of the participants had used any of these drugs.

Round 3: None of the participants had used any of these drugs.

ST04 – Round 1: Two of the participants used Phentermine. One bought it in Mexico, while the other was prescribed it at a diet clinic.

Round 2: None of the participants had used any of these drugs.

Round 3: None of the participants had used any of these drugs.

ST05 – Round 1: One participant used Vyvanse.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Phentermine, which then helped with recalling the name.

Round 2: Three respondents had used these drugs and were able to identify them.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Concerta, which then helped with recalling the name.

Round 3: One participant used Vyvanse for ADHD. Some respondents reported that drug names were helpful while answering these questions. Others reported that the pictures were helpful because the names were really long. There were no pictures that were not helpful.

ST06 – Round 1: One participant reported getting Meridia in Mexico. (NOTE: This is no longer available in the US).

Round 2: No others were reported.

Round 3: No others were reported.

STHOSPYR1 : Round 2: Respondents were able to answer this question.

ST07 – Round 1: Participants did not report using any stimulants in their lifetimes. One participant later reported that her son was prescribed medicine for ADD. She took one of his pills so that she could see how it affected him. However, she neglected to report that use in ST07.

Feedback on pill images – One participant requested that the pills should be bigger so that participants could read what is written on them. Another reported that the writing and numbers on the pills should be bigger because that is how people on the street recognize what they are buying. A third participant pointed out the potential for confusing Wellbutrin, Buspar, and Buprenorphine. She recommended including the generic names with the brand names.

Recommendation: Investigate adding a zoom function to enlarge the pill images. Two issues to consider are inclusion of keystroke commands (to avoid the need for participants to use the touchpad) and whether simple enlargement of the existing images will improve respondents' ability to identify the writing on the pills.

Round 2: One respondent recommended placing the numbers next to the pictures of the drug names to make the question easier to answer.

Round 3: In response to the question about lifetime use of stimulants, one respondents noted that we did not include Adipex (which is a form of phentermine).

A couple of respondents noted that it would be helpful for the numbers on the pill images to be bolder and more distinct.

V. Pain Reliever Module Findings

PRL01- Round 1: In describing examples of using a prescription pain reliever in a way not directed by a doctor, two participants mentioned using a prescription pain reliever with other drugs or with alcohol. One specifically reported taking pain relievers with a glass of wine because “they just work better” that way. Otherwise, participants described ways of use not directed by a doctor that are included in the definition, such as:

- Taking someone else's prescription
- Using the prescription too much/more than a doctor prescribed
- Getting it from a source other than a doctor
- Snorting a pill.

One participant recommended including “norco” on the list because people may not know that it is the brand name for hydrocodone.

Except for the issue of use in combination with alcohol or other drugs and the recommendation to include “norco,” this feedback suggests that Round 1 participants who were routed to PRL01 correctly understood ways of using pain relievers that were not directed by a doctor to encompass relevant components of nonmedical use.

Recommendation: Determine if additional participants in Rounds 2 or 3 endorse combining pain relievers with other drugs or alcohol as a way of using pain relievers that is not directed by a doctor.

Round 2: All respondents that were routed to this question understood its meaning and were able to answer it without difficulty.

Round 3: All respondents that were routed to this question understood its meaning and were able to answer it without difficulty.

PRY01 – Round 1: All participants routed to this question about Vicodin understood that we were asking this question to get at abuse of prescription pain relievers or getting them off the street. Many participants used the word “abuse” when asked what this question was asking. Examples of such behavior include not using it as prescribed, taking it without a prescription, ‘over doing it,’ getting high, or selling them. When asked to provide a narrative of the last time participants used Vicodin, two participants described taking a prescribed medicine more than the doctor said to because it was needed to make the pain better. A third participant described having a prescription for dental pain, but using it more than prescribed because of liking the feeling it caused. Another had a prescription but was abusing the Vicodin and Norco highly at the time. One participant mentioned taking their prescription with alcohol. Two participants mentioned using it without a prescription. One of these used it only as a last resort because nothing else was available to feed an addiction.

Two participants described in their narrative use that would not be described as misuse. One reported using the pain reliever even though the pain had lessened to the point where it might have been managed without taking that drug:

“They gave me a week’s worth. The pain got less and less. It got to the point that I could take OTC medicine. I hate taking pain medicine. I was supposed to take them as needed, which was once a day. I took all of them.”

Another took **less than** the prescribed dosage:

“I took it as prescribed but I lowered the dose, I was supposed to take it 3 times a day but I only took it 1 time at night before I went to sleep because I didn’t like the way it made me feel. Taking it with a muscle relaxer it gave me that sluggish feeling. House could have burned down and I would have been with it.”

Recommendation: Determine if additional cognitive interview participants in Rounds 2 or 3 consider taking less than the prescribed dosage as use in any way a doctor did not direct them to use a medication.

Round 2: One respondent reported being administered Vicodin in the hospital. Other respondents reported getting the drug from a dealer or friends.

Round 3: In response to a probe about what the question was trying to measure, three respondents said it was to measure abuse. Other mentions include, “using it without doctor’s orders,” “not taking it any way to cause me to become dependent,” and “not taking it for other things.” Other responses include:

- **“If you didn’t follow your prescription”**
- **“If someone gives you their Percocet, if you take it more often or for fun”**
- **“Are you using a prescription drug that wasn’t prescribed by your doctor or any doctor?”**

Respondents who took Vicodin in the past 12 months reported a combination of use and misuse. Some respondents took pills in greater amounts than prescribed because of the pain.

PRY01a – Round 1: Participants reported numerous mechanisms by which they remembered their age at first use, including:

- It was the first time using the drug this way
- Referencing anchoring events (friendships, injury, senior year in high school, getting a driver’s license, etc.)

- Recency of the event (it was in the last year).

When participants described the first time they used Vicodin, they mentioned taking too much, taking it without a prescription, doctor/pharmacy shopping, and mixing it with other drugs.

Round 2: Respondents had similar retrieval strategies compared with Round 1.

Round 3: One respondent reported just remembering the age of first misuse.

PRY02b – Round 1: One participant chose the year because it was not in 2011, the past couple of weeks. Another just knew the year was 2009.

PRY01d – Round 1: One participant reported that the calendar helped with choosing the month.

PRY02 – Round 1: The one participant who was asked what this question about Lortab was getting at reported, “the addictiveness of prescription drugs,” and “how easy it is to abuse them.” Two participants were asked to describe the last time they used Lortab. One reported using someone else’s prescription and the other reported using it when heroin was unavailable.

PRY02a – Round 1: The two participants who received this question distinctly remembered events associated with the first time they used Lortab (finding grandmother’s pills and hanging out with friends). One reported that it was someone else’s prescription and the other reported snorting it.

PRY02c – Round 1: One participant realized he had the year wrong when answering this question. He mixed up how old he was last summer.

PRY02d – Round 1: The participant remembered the month was July or August because of how hot it was outside.

PRY03 – Round 1: The one participant who was asked what this question about Lorcet was getting at described snorting it as using it a way it was not prescribed, so as to get an immediate high. Two participants answered this question as “no” because they used this as prescribed, following directions as needed for pain.

PRY04 – Round 1: Two participants were asked to describe what this question about hydrocodone was getting at. One reported using it recreationally, not following the doctor’s instructions, taking more than necessary, or snorting it. Another described a new type of misuse: asking for a larger dose at time of prescription with the knowledge that a large dose was not really necessary. This participant still endorsed use of hydrocodone “in a way a doctor did not direct you

to use it.” When asked to describe the last time the pill was used, one participant reported getting it for a sore throat in the ER and another reported getting the pills from an acquaintance/friend who said they would help with withdrawal.

Recommendation: Consider including asking for a larger dosage or number of pills as examples of use “in a way a doctor did not direct you to use it.”

Round 2: Respondents reported various types of use and misuse. One respondent used it in the hospital. Another was taking it with alcohol and taking as many as he could get his hands on.

Round 3: Two respondents had used hydrocodone in the past 12 months. One respondent received a pill from his mother. Another was abusing the drug because of addiction.

PRY04a – Round 1: Participants did not have trouble reporting their age, although one wanted to see a calendar for month of last use. When asked how they were misusing the pills, one reported taking 9 in one day and another reported taking it with alcohol. A third participant in answering this question expressed some confusion about Vicodin and hydrocodone. This person reported thinking that they were the same thing and appeared to be confused by the fact that we asked about them separately.

Recommendation: For the next round of cognitive interviewing, insert a probe about whether participants understand why they have the month response options they do. This instrument includes a tailoring of response options of months of use based upon current age and birth date. It would be helpful to see if this is confusing to respondents.

Round 2: Respondents reported understanding why only certain months were shown in the response options.

Round 3: Respondents did not have any problems remembering their age at first misuse.

PRY05 - Round 1: One participant described using OxyContin with a prescription. Her mother kept it locked away and gave it to her at allotted times; otherwise, she would have abused it. Another participant reported using it once when a friend provided it.

Round 2: One respondent correctly reported thinking that the question was asking about taking a prescription that was not prescribed for you or asking a friend for some pills. The respondents also mentioned selling the drug.

Round 3: One respondent took this as directed.

PRY05a – Round 1: One participant remembered the age at first use easily because it was in the summer, “after my birthday.” Another had a hard time determining whether it was at age 19 or age 20. It was after high school but before college. When using OxyContin at that time, one participant reported using someone else’s prescription and mixing it with alcohol.

Round 2: One respondent reported that “in a way a doctor didn’t direct you to” could mean: doctor didn’t prescribe it for you, doctor said to swallow not snort, taking more pills than doctor prescribed, giving or sharing with friends. Another reported taking someone else’s pills.

Round 3: Another participant associated use of this drug with a relationship that he had. When he started using this, he was injecting it.

PRY06 – Round 1: Participants who were asked about what this question about Percocet is getting at understood it to mean abuse. When asked about how they used it in a way not directed by a doctor, one reported popping and snorting them, but with a prescription. Another reported using another’s prescription. One participant used it but did not report using it in any way not directed by a doctor. The Percocet made this person sleepy and nauseated, and they did not care to finish the whole prescription.

Round 2: When asked if he needed to see the ways of use, the respondent replied, “I do not need to see the ways because it included that way I used it. I didn’t have a prescription for it.”

Round 3: Five respondents reported using this prescription. One respondent did not report misuse when he took one pill for pain that had been prescribed to him for an earlier procedure. He did not report this because the bottle said the pills were for pain, and they had been prescribed to him.

PRY06a – Round 1: Participants remembered their ages by associating it with events in their lives: sophomore year in college, a friend visiting from Florida, the diagnosis of migraines. Another had no idea of the age at first use. Participants reported first using Percocet in a way a doctor did not direct them to use it by using it without a prescription, mixing it, popping it, and taking it “more than I should.”

Round 2: An older respondent reported not having any idea of his age when he first used Percocet nonmedically. He initially thought that the question was asking about the past 12 months. After probing, he said that this would take him back to his early 30s or late 20s. He ended up choosing Don’t Know.

Round 3: One participant had some trouble remembering her age at first abuse. She estimated the age.

PRY09 - Round 1: When asked what this question about oxycodone is getting at, one participant who did not answer affirmatively said she was scared of it and asked, “Are people abusing the prescribed pills?” She showed the interviewer her oxycodone pill and it was different from the pill cards. It said 5 & 12 on it and did not have an M on it. One participant described use “in any way a doctor did not direct you to use it” here as taking more than was prescribed. Another reported getting oxycodone because Percocet and Vicodin were not available, so she bought oxycodone from a drug dealer.

Round 2: One respondent interpreted the question as asking if she took more or less than was prescribed.

Round 3: One respondent reported using this as directed. Two others took this without a prescription.

One respondent asked for a calendar. She did not notice the calendar icon on the top of the screen.

Recommendation: Make the icon for the calendar bolder or more visible.

PRY09a – Round 1: Participants did not have trouble remembering their ages, but one asked, “Do you really think that people remember the months and the years?”

Round 3: One participant estimated her age at first abuse.

PRY10: Round 3: One participant reported taking Darvocet as directed. She stated that she did not abuse this.

PRY13: Round 3: One participant reported taking Ultram as directed. She stated that she did not abuse this.

PRY17: Round 3: Three participants had used Tramadol in the past 12 months. One received a prescription for a broken wrist, one received a prescription for pain, and the third did not have a prescription. Neither respondent with prescriptions abused the drug.

PRY18 – Round 1: When describing use of Tylenol with codeine “in any way a doctor did not direct you to use it,” examples included: using someone else’s prescription because their hydrocodone ran out and a friend gave them something to tide them over (stave off withdrawal) and taking more than prescribed.

Round 2: One person took one and had a bad reaction so did not take any more. Another had a prescription and took them as prescribed. A third respondent reported doubling up and taking pills sooner than advised.

Round 3: Six respondents had used Tylenol with codeine. One respondent noted that he did not think that he had misused it because he had a prescription, but after looking at the ways of misuse he was taking more than were prescribed.

PRY18a – Round 1: Participants did not have trouble remembering their age of first use.

Round 3: One participant said that she did not know her age at first misuse.

PRY19a - Round 2: One respondent benchmarked his use around his friend's death from overdose. He received the pills from his friend.

PRY22 – Round 3: One participant got this prescription from a doctor and took the pills as directed.

PRY24 – Round 1: One participant described using an IV drip of morphine in the hospital, and reported that he used this as prescribed.

Round 2: One respondent reported abusing this around the same time he started using other drugs.

Recommendation: In future cognitive interview rounds, probe to determine if hospital use of a prescription drug is included in reports of prescription drug use by participants.

Round 3: One respondent received a couple of morphine pills from a friend and took them all at once.

PRY24a – Round 3: This respondent did not have any trouble remembering age at first abuse.

PRY28 – Round 3: One respondent received the fentanyl patch at the hospital.

PRY28a – Round 1: One participant in particular had trouble remembering when he turned specific ages for first use of fentanyl “in any way a doctor did not direct you to use it.” At this question, he reported forgetting his age because it’s 2011 (meaning early 2011 and he is still adjusting to the calendar change).

PRY29 – Round 1: A participant described their use of Suboxone “in any way a doctor did not direct you to use it” as a backup for when this person could not get

into a methadone clinic. This made it relatively easy for this participant to recall the age and the month and year.

Round 2: One participant bought this from a drug dealer in the park. He said that he broke it up into little pieces in order to make it last longer. He acknowledged that doctors do not tell you to do that.

Round 3: One participant used this in the methadone clinic and then subsequently bought it from a drug dealer to help with heroin addiction.

PRY31: Round 2: The same respondent who reported use of Suboxone also reported use of buprenorphine. He stated that this was the same as Suboxone. He reported using both substances, but was thinking of the same instance.

PRY32 – Round 1: A participant who answered this question affirmatively recalled using Demerol when he had run out of codeine and/or Vicodin. A friend with chronic pain shared the Demerol with him to extend his prescription. He was able to recall his age by the month and year and by his birth date.

Round 3: One participant used the Demerol as prescribed.

PRY33 – Round 1: A participant remembered using Dilaudid in the hospital as an injection for back pain. He reported using this according to doctor instructions.

Round 2: A participant initially reported using Dilaudid in the past 12 months. Upon reaching this question, he said that he remembered that he was cold shaking the drug but it was more than 12 month ago.

Round 3: This participant goes to the hospital to get Dilaudid, because she is addicted to it. If she cannot get Dilaudid, she will seek out other drugs.

PRY33a – Round 3: The first time she used it, she had a prescription but she used more than that.

PRY34 – Round 1: A participant routed to this question answered it as “no.” The person had not used methadone “in any way a doctor did not direct you to use it” because the person attends a methadone treatment program every day and receives the methadone there as directed.

PRL02 – Round 1: One participant reported using a pain reliever with alcohol as a type of use not directed by a doctor in response to this question.

PRM02DKRE – Round 1: The participant who received this question about their “best guess” thought their answer was accurate.

PRM03 – Round 1: Two participants reported how they were able to remember whether or not they were drinking alcohol. One said because it was yesterday, and another knew they had used the alcohol to increase the effects of the opiates.

Round 2: Two participants reported how they were able to remember whether or not they were drinking alcohol. One said that she would use alcohol and Vicodin together with a friend. The other said that she never used these together.

Round 3: No respondents had taken the pills and drank at the same time. One respondent was not sure how to report this, because she drank within a week of taking the pills and was not sure how long alcohol stays in your system. She ultimately decided to answer ‘no’.

PRY41 – Round 1: One participant understood this question but volunteered that the wording “at least once” threw her off. She thought that the answers would say the same thing without the text “at least once” and that it would be easier to read/understand. Another participant reported not being able to endorse option #2 (used in greater amounts, more often or for longer than it was required) because only part of what was listed applied to this person. The participant used in greater amounts and more often, but not longer.

One participant reported wanting to select answer #3 because this person “doubled up” on the prescription. That is, “doubling up” would fall into the “some other way” category. When probed, this person agreed that “doubling up” would also fall into category #2. Another participant considered choosing #3 along with #2 because the person used alcohol while taking the pills, which the person considered a way of using in a way not directed by a doctor. Other participants considered crushing and snorting as an example that applies to category #3.

Recommendations: Remove the “at least once” wording. Determine in future interviews whether participants think that all three of the aspects of misuse in option #2 need to apply in order to endorse the option. Continue to monitor whether participants see options #2 and #3 as distinct or overlapping and any difficulty they have in deciding which answer(s) to choose.

Round 2: Respondents all agreed that they should report a behavior, even if it only happened once. One respondent who had only taken 1 pill reported that. Respondents mentioned that they should include all relevant information.

Recommendation: Keep the question as is, because it is performing well without the ‘at least once’ wording.

Round 2: Respondents did not have any problem with this question. One respondent wanted to answer with “Some other way,” but decided that ways 1-4 described his use adequately. One respondent did report “Some other way.”

Round 3: One participant reported “some other way.” She included this because she injected the drug instead of taking it by mouth. She also picked the other four response options. After probing, she stated that she was counting the same behavior of taking more drugs than were prescribed as both number 2 and 3.

PRY42B – Round 1: Participants did not have trouble remembering how they got pain relievers the last time. One additional way of getting a prescription pain reliever reported was getting them out of the country. However, this reason is not commonly endorsed in “OTHER, Specify” data. In 2009, for example, 5 respondents reported that the “other way” they obtained pain relievers they used nonmedically in the past 30 days was by obtaining them outside of the U.S. Only one respondent in 2009 reported this as the way that he/she obtained the pain relievers the last time in the past 12 months.

Recommendation: Consider the addition of getting pills outside the U.S. to this list.

Round 2: Respondents did not have any trouble remembering how they got pain relievers the last time. One respondent tried to report another way, which was stealing them from a friend. He then realized that stealing was option #7. No respondents mentioned getting the drugs from another country.

One respondent also was confused by the categories in the questions about how respondents or friends/family members obtained prescription drugs.

Recommendation: Larry will compile frequencies of responses to these categories in the current versions of these questions for SAMHSA to use in evaluating categories for combination or deletion.

Round 3: One respondent said that she got it from more than one doctor because she would get her prescriptions at the ER, and there are multiple doctors that prescribe them.

VI. Stimulants Module Findings

STL01 – Round 1: A participant reported not having a prescription for phentermine, but in Mexico, they did not need one. This person pointed out that you can buy prescription drugs in Mexican drug stores and airports. Technically in Mexico they were not prescription drugs.

Recommendation: Continue to examine this issue in Round 2 to determine whether to provide clarification on buying prescriptions in other countries, whether that should count as use “in any way a doctor did not direct you to use it,” and how to instruct respondents to count or not count this as use “in any way a doctor did not direct you to use” a prescription drug.

Round 2: Respondents did not report use in other countries. Two respondents reported lifetime (but not past year) nonmedical use of stimulants.

STY01 – Round 1: When describing last use of Adderall, a participant reported that a friend provided it in 2009. There was no prescription and they were mixing it with other things.

Round 3: The participant answered “no.” The participant had a prescription for ADHD and last took Adderall this morning, according to the prescription.

STY01a – Round 1: A participant reported remembering the exact night in 2009 hanging out with a particular girl.

Round 2: The respondent had been using it a lot in the past year, and did not have difficulty remembering that.

STY02 – Round 3: The respondent took Adderall XR for ADHD. He had a prescription.

STY03a – Round 1: A participant remembered their age at first use of Dexedrine very well because it was associated with a recent move and new classmates/friends.

STY08 – Round 3: This respondent did not abuse Concerta.

STY20 – Round 1: The same participant who got phentermine in another country described it here. Another participant reported using phentermine strictly to lose weight, as directed, and answered STY20 as “no.”

STY25 – Round 1: The same user of phentermine mentioned getting it outside the U.S. Another participant reported snorting as a third way of use.

Round 2: One respondent answered using it without and prescription and in another way that a doctor did not direct him to use it. He used the drugs recreationally. It was not clear that he was correct in answering “some other way.”

STY25a and STY25b: No respondents in any of the three rounds reported using stimulants with a needle in the past 12 months.

STY26b – Round 1: One participant had been prescribed stimulants for ADD while in rehab. When the participant emerged from rehab, this person told the doctor about having a prescription for stimulants and was able to get another prescription easily.

One participant thought it would be easier for most participants to see the ways of use on all the screens, even though as a user in recovery, she was well informed about misuse.

VII. Health Module

HLTHNEW01 – Round 1: 5 participants had difficulty entering their height into the computer.

Recommendation: Revise this question. Perhaps move the sentence about entering in metric sooner in the question. Add the phrase ‘then press Enter’ to the end of the instructions about entering metric. One participant recommended adding the words ‘press Enter’ at the bottom of the task bar. Participants also did not read the screen about entering inches. They were still looking at the task bar, and entered the inches upon seeing the value label.

Round 2: Two respondents had difficulty here. They entered 1 to answer in feet and inches but then did not hit enter.

Recommendation: Add the words, ‘and then press Enter’ to the question.

Round 3: No respondents had any difficulty entering their height or weight.

Recommendation: Questions are functioning properly. Keep as is.

HLTHNEW01a – Round 1: Participants were not accustomed to seeing the question mark that results from pressing F3.

Recommendation: Revise the entry field to say Inch(es) so that participants can enter 0 or 1.

HLTHNEW02 – Round 1: No problems entering weight. See HLTHNEW01 results for recommendations.

Round 2: See HLTHNEW01 results for recommendations.

Action Item: Do not play the audio for the answer choices for height and weight because those are included in the questions.

HLTH05 – Round 1: One participant reported 8. Upon probing, he said that he was in the hospital for 8 days and 7 nights and had missed the part of the question that specified nights.

HLTHNEW03 – Round 1: A few participants included dental appointments in their estimates, despite the instruction to not do so. Most participants were pretty confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies.

Round 2: Respondents seemed to correctly exclude dentist visits here. Most participants were confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies. However, with the removal of the response options, one respondent reported don't know. He was then able to answer the follow up question, where the response options were provided.

HLTHNEW03 – Round 1: Most participants had a reasonable understanding about what a health care professional was. One participant would not count a chiropractor, or a person at the eye care center because they have not been to medical school. One participant said that there were none at the drug treatment center, while another reported that visits to the methadone clinic would count. Other participants expressed doubt about including specialists and physical therapists. One participant said only doctors counted as health care professionals.

Recommendation: Assess the level of accuracy that is needed in this question. Is each of the response categories used in analysis, or can they be collapsed? This question includes a number of constructs, such as a reference period, thinking about your own health versus someone else's, the definition of a health care professional, and exclusions to the rule. The respondent burden has the potential to be high, as does the measurement error.

Round 3: Depending upon the extent of visiting doctor offices, respondents struggled with accurately counting the number of visits. One respondent initially included dental visits despite the instruction not to.

Action Item: Delete the explanatory text from HLTHNEW03. Consider moving the instructions to appear before the question, and include a probe.

HLTHNEW05 – Round 1: There were no probes asked about this question.

Recommendation: Use logic from HLTHNEW04. It could be that the doctor already knows, but there should be a linkage between the series of questions.

HLTHNEW06 – Round 1: One participant reported that his dentist asked him about his alcohol use. He then asked if a dentist was included. Instructions in HLTHNEW03 say to exclude the dentist, which may have caused confusion. One

participant did not include questions asked upon visits to the emergency room. He stated that his doctor does not ask, because his doctor knows him. Another participant reported that he did not know how to answer and had a number of issues with the question. He filled out a form in the waiting room. The form said, How many drinks do you have per week. He had difficulty mapping this question to the responses of How much do you drink and How often do you drink. He did not have a discussion with the doctor.

Recommendation: 1. Change the Round 2 specs to only ask this question of participants who used alcohol in the past 30 days (ALC30USE=1). Participants who did not use alcohol in the past 30 days will not receive this question. 2. Ask HLTHNEW06 before HLTHNEW04 because the mention of a form is conditioning participants. 3. Include logic for responses to HLTHNEW04b in logic for HLTHNEW06. 4. Make more apparent that HLTHNEW06 focuses only on in-person communication.

Round 2: Respondents did not have problems with this item. One respondent asked if being asked to cut down on alcohol was the same as being told to quit drinking. Another stated that doctors who would ask this would not have a history with their patients.

Round 3: Respondents did not have a problem with this question. Many reported that doctors asked if they drink and then how often and how much.

HLTHNEW08, Round 2 – Peggy will follow up about any revision to the order of the health conditions in this question.

HLTHNEW11 & 12a – Round 3: The respondent was first diagnosed at their current age, but the follow up question asked whether they had cancer or heart disease in the past 12 months.

Recommendation: Change the specs to skip questions about whether respondents had specific conditions in the past 12 months if the age at first diagnosis equals their current age.

Action Item: Implement this change.

HLTHNEW20 – Round 1: One participant asked if we were referring to the past 12 months or ever.

Recommendation: Include a reference period in this question.

HLTHNEW20a – Round 1: All three participants who reported high blood pressure were confused by this question. One participant said that he has been told that it was a little high, but was not sure that this was a chronic state. One participant said that after the first time, the doctor knew that he had it and they

talked about it, but he didn't tell him that he had it again. He said that he was on medicine that was controlling it. The third participant said that they discuss his high blood pressure, but he was not sure how to answer the question.

Recommendation: Change the wording of this question. The BRFSS asks, "Are you currently taking medicine for your high blood pressure?"

Round 2: There was no confusion about this question.

HLTHNEW21 - Round 1: There were no probes asked about this question.

Recommendation: Asking the STD question as the last question in the interview is an awkward stopping point, and does not seem to flow after the last few questions. Recommend adding another few questions in here for a better transition.

VIII. **Additional Issues**

Respondent Burden – Round 1: After the stimulant main module, one participant reported that many of the questions are redundant. However, no other participants made any comments about finding the overall burden of the interview to be difficult.

Round 2: No comments about burden were made.

Probes: Round 2: SAMHSA observers gave a reminder for RTI cognitive interviewers to be sure to administer spontaneous probes in the cognitive interviewing in situations where interviewers think it is necessary.

Round 2: SAMHSA raised the issue about whether the informed consent statement might be modified for, "There's a small chance that someone else might hear your answers." Liz will ask RTI's IRB about modifying this sentence. Although this risk is likely to be small, the IRB may still require prospective respondents to be informed of this.

Round 3: No additional issues.

Attachment D

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 2 Round 1 Results

NSDUH Questionnaire Redesign Cognitive Interviewing Round 2.1 Results December 7, 2011

Respondent Characteristics

During the first round of Phase 2 interviewing, survey methodologists interviewed twenty respondents. Of these twenty, ten were adolescents and ten were adults. Almost all respondents in the first round of Phase 2 interviewing were recruited from the general population. A couple of respondents were recruited from drug treatment centers in the Raleigh, North Carolina area.

In order to be recruited in the cognitive interview sample, respondents did not necessarily need to report use of illicit or prescription drugs in the past 12 months during the telephone screener. Therefore, most respondents were casual users or often non users of the drugs that were tested in this round. Few were expert or heavy users.

Round 2.1 tested the transition from the questionnaire asking health insurance and income items using interviewer administration to using a self-administered mode. Particularly, transitioning to a proxy respondent who completes the health insurance and income items on behalf of the respondent using self-administration warranted thorough testing. Interviewers and parents provided valuable feedback about this process.

In general, proxy respondents were able to successfully answer questions about adolescent health insurance and family income. The ACASI tutorial worked well, and proxy respondents reported understanding the questions as well as why they were being asked to answer them. Individual findings are listed below.

In addition, new questions measured details of military service and status. In order to thoroughly test these new items, round 2.1 interviewed five veterans of the military. These veterans provided feedback on the new items in the front end CAPI section of the interview.

Specific feedback on individual items is detailed below.

Veteran Questions

V2a – Respondents understood the use of the phrase “full time in the Reserves.” None of these respondents reported ever being in the Reserves.

QD10c – Respondents were able to correctly define a combat zone. Among the definitions were “being in combat,” “being in the fighting,” and Iraq and Kuwait. One respondent said that she did not serve in a combat zone as women were not allowed to do so when she was in the military. Another respondent incorrectly reported that he served in a combat zone. He had a dangerous assignment of guarding prisons in the United States, so he reported yes. After repeating the question, the respondent acknowledged that he should respond ‘no.’ Respondents identified with the mention of hazard pay in this question.

Hallucinogens

LS01i – Eight respondents had heard of Ketamine. Most reported hearing about it on TV.

LS01j – Three respondents had heard of DMT and one had heard of Foxy. No respondents reported use.

LS01k – One respondent thought that salvia divinorum was a substitute for marijuana. Another thought that it was synthetic marijuana. A third person reported hearing of the substance.

Inhalants Screener

IN01ii – No respondents reported use of computer keyboard cleaner just to get high. Fewer than half of the respondents knew about the spray. A few respondents had heard the term “spray computer cleaner” or “compressed gas duster” before. One respondent suggested identifying the spray by its brand names. Others did not have many recommendations for other words used to describe the spray.

Methamphetamine Module

ME01 – Three respondents in the sample reported lifetime use of methamphetamine. One respondent reported use of it twenty years ago and one respondent reported using it for two years three years ago. No respondents reported 12-month use of methamphetamines. Those that reported lifetime use did not have any problems with the module.

Prescription Drugs

PR01 – One respondent thought that we were only interested in misuse of prescription pain relievers at this question. A couple of respondents were unaware that the next eight screens were going to ask about other pain relievers and therefore wanted to report their use here.

Recommendation: Continue to measure whether asking about illicit use of substances before pain reliever use is priming the respondent to only think about misuse.

Recommendation: Discuss whether we should convey to respondents that more than one screen asks about pain relievers.

Generic Pills

Although most respondents understood that generic drugs are a cheaper version of name brand drugs, they were not always clear on what the name brand equivalents of the generic drugs pictured were. Two respondents reported that generic drugs are over the counter.

Not All Forms

The statement that not all forms of a particular drug may be shown on a screen continues to cause problems for respondents. Many respondents reported thinking that it was referring to pain relievers with a different name than the one shown on the screen. Others correctly thought that we were acknowledging that certain pills might take various forms, not all of which were pictured. A couple of respondents said that they did not understand the statement. Despite the statement about not all forms, one respondent did not report intravenous use of morphine because only the pills were shown on the screen.

Recommendation

Evaluate whether new probes should be used to test these questions in Round 2.2 or if the wording should be further revised.

Pill images

Respondents that had used the drugs report that the pill images aid in their recall. Those that report not using the pill images often report not using any pills.

Tranquilizers and Sedatives

No new issues were detected with the inclusion of the tranquilizer and sedatives module.

TR06 – When asked whether there were any other tranquilizers that respondents would report, a few were mentioned. Paxil, Valium, promethazine (phenergen), and trazedone were reported by respondents.

INTROSV – Respondents had for the most part heard of Benadryl, while fewer respondents had heard of the other sedatives. Suggestions for other OTC sedatives included Adderall, ibuprofen, motion sickness pills and melatonin.

Definitions of misuse

Respondents were able to distinguish between use and misuse of prescription drugs and reported their use correctly.

Special Drugs

SD01 – Most respondents who named examples mentioned “Nyquil.” Other examples were Sudafed, Tylenol, aspirin, Motrin, Benadryl, and Claritin. Many mentioned “cough syrup.” One R he’d heard of ‘purple stuff.’ He wasn’t specific and probing lead to him discussing some drink that a professional football player had been caught with that caused a suspension or fine. He said he thought it was codeine or Dimetapp or Sudafed like substance. (Note: he is probably referring to prescription strength cough syrup here.) Only 2 respondents had used OTC medicines. One

had taken Benadryl and another had taken Nyquil while he was in bootcamp because he was not able to drink alcohol at the time.

SD21 – One respondent suggested that “the hospital” be added to this item.

Health

HLTH04 – One respondent only knew he was 54 inches tall, and he did not know how to convert it to feet and inches.

HLTH19 – Four respondents expressed not knowing whether the dentist should count. None counted the visits initially, but considered including them after a probe. Of the four, three decided to count them and one did not.

Recommendation: Wording about not including dentist visits was recently deleted from the specifications for this item. RTI and SAMHSA should discuss whether this is still appropriate.

HLTH22 – Four respondents reported doctors discussing their drinking with them.

Back End Demographics

QD17 – Fifteen respondents said that they would report being in school even if they were on summer break. One respondent said he did not know and another said he would say “no” even if he was just on summer vacation.

QD18 – Respondents were asked a hypothetical question about this item. Most were asked if they would report being in 7th or 8th grade, if the question was administered during the summer after they had finished 7th grade. Only one of 7 people probed said “7th grade”. Two participants correctly reported about their current situation, saying that they would report the grade that they were “going into.”

QD26 – One adolescent was confused as to whether this question asked about the different places he had worked or the number of bosses he’d had. Another adolescent was not sure whether she should count babysitting. She decided that she would NOT count it.

QD49 - One respondent had trouble with ‘DK’ for items QD47 & QD48. She had forgotten that she needed to use the function keys to indicate this as her answer. She answered ‘DK’ to both QD47/48. Another participant said that was a difficult question to answer because it depended on the job one was applying to. Only certain job classifications are subject to testing, which at her employer (a local government) were ones classified as ‘drug sensitive.’ These jobs are ones like police officers, welfare workers, or anyone who drives a government vehicle. They do not test for other job classifications, like the one she is in.

QD50 – The 4 Rs who were probed all mentioned that this question was asking about being tested “at random.”

QD54 – One adolescent R mentioned she spent half the week in one home and half the week in the other, then asked if she should count “the one I spend the most time in?” It was not hard for her to choose the one she spent the most time in.

Proxy Tutorial

Two respondents had trouble with entering a “1” to answer the first question in the tutorial.

Recommendation: Change the first question in the tutorial to a “Press Enter to continue” screen.

Two respondents thought it was odd to be asked about the teenager’s income, since they did not work.

In the income branching questions, one R tried to enter “1” for the first option, but the appropriate number was “21.” R recognized her mistake and entered “21.”

Recommendation: Change the response options for this question to begin with 1, as opposed to 21.

One respondent complained that the tutorial “went into too much detail.” R thought it was too slow and instead of letting his intuition take over it bogged him down. He mentioned reading the script that was for the interviewer (on the demo screens where the interviewer points to the keys, etc.) and said that “The script was for you but I was thinking of what it said rather than what it was trying to teach me.”

Additional Issues

In order to reduce respondent burden, a filter question could be added to identify proxies who have already been introduced to the interview program, whether during their own interview or while serving as a proxy for another respondents.

Additional instructions and introductions are needed in the back end demographics section. In cases where a proxy is not nominated, the screens do not clearly indicate which questions are interviewer administered and which are self-administered.

Appendix E

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 2 Round 2 Results

NSDUH Questionnaire Redesign Cognitive Interviewing Round 2.2 Results February 29, 2011

Respondent Characteristics

Twenty participants were interviewed during the second round of Phase 2 Questionnaire Redesign Cognitive Interviewing. Summary information about the participants is presented in the table below. This table shows that the sample was comprised largely of adults, females, and those who had significant experience with drugs.

NSDUH Cognitive Interviewing Round 2.2 Participant Information Summary (n = 20)	
	n
Adults	14
Adult mean age = 39	
Adolescents	6
Adolescent mean age = 14	
Females	12
Enrolled in treatment program (currently or within past 12 months)	5
High use participants	11

All participants were recruited from the general population using online ads that were placed in Chicago, IL; Washington, D.C., and Research Triangle Park, NC. However, since most users interviewed in the first round were casual users, the second round targeted heavy drug users and individuals who had recently received treatment. Of the 14 adult interviews, 5 were currently enrolled or had been enrolled in a treatment program in the past 12 months and 11 were categorized as ‘high use’ participants. High use was defined as having used multiple prescription drugs.

As in the previous round, Round 2.2 tested the second transition from interviewer to ACASI administration for proxy responses to health insurance and income items. Feedback from parents and the interviewers about the transitions was provided. All proxy respondents were able to successfully transition and answer proxy questions. Findings about the process are provided below.

Some questions were tested for the first time in Round 2.2. These questions asked respondents about the color of the pack of cigarettes they smoked and about their motivations for misusing prescription drugs. By recruiting ‘high use’ participants we were able to thoroughly test these new items.

Specific feedback on individual items is provided below.

Veteran Questions

QD10c – Recruitment in Round 2.2 did not focus on Veterans as heavily compared to Round 2.1. Therefore, only one participant was routed to this question. She correctly defined a combat zone. She initially indicated that a combat zone could be a “zone even in Peacetime” but clarified that it meant “places where you are taking on fire.”

Front End Demographics

QD11 – Participants were generally able to answer this question with no trouble. Two participants initially failed to understand that the question asked about the highest grade finished, but ultimately they realized the meaning of the question and changed their answers to the correct one. One participant had trouble with the numeric categories. She answered “12” but then changed her answer to “15.” When the interviewer probed to learn more about the change from not finishing high school to taking some college credits the participant realized she should have selected “13” to indicate earning a high school diploma. A scripted probe led to one final noteworthy comment about this question. One participant had taken credit courses during her service in the military which she wanted to report. Since no option was available for having taken military training/courses she realized her best option was to answer “13-regular high school diploma.”

Recommendation: This question asks about the highest grade completed. Response categories are generally the same as the number of the grade. However, the form of category 12 is markedly different. If a respondent answers ‘12’ they are indicating that they did not receive a high school diploma. Respondents who do not thoroughly review the text accompanying the response options may be inclined to answer ‘12’ to indicate they have a high school diploma. Therefore, we should consider changing the order of the response options so that this inclination will not invite measurement error. An alternative would be to add a question about receiving a high school diploma if the respondent answers 12.

Tobacco

CGCOLOR – Eight of the participants reported smoking cigarettes in the past 30 days. Of these, four considered the question to be “self-explanatory” and found it easy to recall the color of the pack. The other half of participants, however, noted complicating issues with the question. Two found the question somewhat confusing because packs of cigarettes have more than one color on the packaging. One of these participants noted that he wasn’t sure whether he should or could select more than one color or if he should “just pick the main color.” A similar comment was made by another participant who said this question made her think of the two different colors on the packaging—the background color (black) and the color of the text (blue). One participant, who previously indicated the question was self-explanatory, said that his brand of cigarettes

(Newport) only comes in green packaging. Upon probing he elaborated that the shade of the pack indicates the strength of the cigarette—lighter colors indicate lighter and darker colors indicate fuller flavors. Finally, one other participant was unable to answer the question because he had been given a single cigarette from someone else and wasn't sure what color the pack was. Respondents did not necessarily understand that this question was asking about the strength of the cigarette and its association with color.

Recommendation: Consider whether language could be added to clarify what we mean by “color” in the question. We should continue to attempt to reach the tobacco consultant about these questions.

CGMENTH1 – One participant volunteered that this question was difficult for her to answer. She smokes Camel Crush cigarettes, which allow the smoker to choose between regular and menthol flavors. The cigarettes are by default regular flavor. By squeezing a point on the cigarette a smoker can activate a menthol flavoring. The participant sometimes smokes them only as non-menthol, other times she smokes them only as menthol, and occasionally she switches from non-menthol to menthol at some midpoint.

CG34 – One participant indicated this question was difficult for him to answer. He had only used cigars to make blunts, but had never smoked tobacco cigars. He noted this prior to answering the question. The participant indicated he would answer “yes” to this question because it does not specify what the cigar had in it.

MJ01 – One participant indicated this question was difficult to answer because she was not sure what was meant by “used.” She pointed out that the alcohol questions were very specific about what counted as drinking (a sip or two does not count), but we were less specific about marijuana. She had taken one toke of a marijuana cigarette in her lifetime and was not sure that counted as “used.”

Hallucinogens

LS01i – Six participants had heard of Ketamine. There was variety in the places people had heard about Ketamine, what participants thought the drug was intended for, and the effects the drug has on a user. Several participants indicated they thought it was a prescription drug for animals. One thought it was the “date rape drug.” One participant indicated she had heard about it from kids in her neighborhood and another had heard about it on television. Only one participant had tried ketamine. He used at a rave “back when he partied with some white boys.” He said it is “like meth but it’s for people who don’t want to do meth” and that it “makes you feel like [expletive] in the morning.”

LS01j – One participant had heard of all three, one had heard of AMT and Foxy, one had heard of DMT only, and one had heard of Foxy only. In addition, one participant reported using DMT with the same group with which he had used Ketamine. He said it had a similar effect as

marijuana. He decided to not use DMT anymore and to instead “just use weed” because he got the same effect from it and marijuana was from a plant.

LS01k –Six participants had heard of salvia. One had heard of it on television, one from a movie, and four did not specify where they had heard of it. Two of the participants said salvia is similar to marijuana, while one said that when you smoke it you “lose your mind for 20 minutes.” Two indicated it was legal and one said he thought you could buy it at smoke shops.

Inhalants Screener

IN01ii – Findings on this item were similar to those in Phase 2.1 interviews. None of the participants reported use of computer keyboard cleaner just to get high. Fewer than half of the participants knew about the spray and of these only two made comments which reveal they understood it could be used to get high. Seven participants had heard the term “spray computer cleaner” or “compressed gas duster” before. One participant said he had heard it called by the brand name “Dust Off.” And, one participant thought that computer keyboard cleaner might be called “alcohol” perhaps suggesting the participant thinks that is a main ingredient.

Methamphetamine Module

ME01 – Just one participant in this round of interviews reported lifetime use of methamphetamine. It was during a time when a close relative of the participant was diagnosed with cancer. Someone the participant knew had experience with methamphetamine and suggested it could help with relaxation. The participant reported no issues with the module.

Generic Pills

Each of the participants characterized generic drugs as a less expensive version of a brand name drug. Three participants made comments about the quality of generics compared to name brand drugs, two of which questioned the effectiveness of generics compared to name brand drugs.

Not All Forms

There continue to be problems associated with the statement that not all forms of a drug may be shown on a screen. Participants in this round clearly thought this statement referred to how pills look, but did not seem to understand that forms also included other modes of drug administration—i.e., injectable drugs. For example, many of the participants indicated that the statement meant that generic alternatives might not be presented when the brand name drug was pictured, that not all shapes and/or colors would be shown, and that the text imprinted on the pill might look different than what is shown. None of the participants mentioned the possibility that drugs could be something other than a pill, and as mentioned below two participants noted trouble with answering PR06 because morphine is often administered through an IV.

Recommendation: Discuss modifying the language to clarify that “not all forms” means both the color/shape and mode of administration. This language has been tested and modified over many rounds of interviewing, so we should review previous revisions and findings when exploring whether to revise it further. See also the recommendation following PR06.

Pain Relievers

PR01 – It was evident in this round of interviewing that there is confusion about what kind of use these questions are about. Four participants thought we were interested in any kind of use (use or misuse), one thought we were only interested in misuse, and seven thought the question was asking only about prescribed use. Upon probing one participant paged back to INTROPR and pointed out that it only talks about “use of prescription pain relievers.” To him this suggested he should only think about use that is prescribed.

Recommendation: Consider revising the following sentence: “These next questions are about the use of prescription pain relievers” to say “These next questions are about any use of prescription pain relievers.” Bolding ‘any’ may reinforce that we are measuring both use and misuse. This probe was added to the instrument to address concerns that respondents would think that we were only measuring illicit use of prescriptions, because most of the previous substances that were asked about are illicit.

PR06 – Two participants had difficulty understanding that non-pill forms counted in this question, which asks about morphine.. One asked whether “injections counted” and the other had had morphine through an IV drip and initially failed to report it.

Recommendation: Consider adding a reminder on this screen that not all forms of the drugs may be shown on the screen, because morphine is very likely to be administered in liquid form.

PRY42B – One participant volunteered that she had a problem with only being allowed to select one way for the last time she used a prescription pain reliever. She said that she got the drug in multiple ways. By forcing her select one way the respondent said we were forcing her to provide a socially desirable answer, because she would select the way that did not make her look like a drug addict.

Recalling age of first misuse

Participants used landmark events to recall dates of first use. For example, one participant recalled first use of Xanax by recalling the group of people he was “hanging around with” during that period of his life and also recalled his approximate age when spending time with this group. Three other participants recalled first use because it was at a time of stress associated with life changes, or medical events they or their family members experienced.

Definitions of misuse

Participants had no problems making the distinction between use and misuse of prescription drugs. Misuse was correctly reported. One respondent reported that she sold her prescription drugs, which should be considered misuse. Upon probing she indicated that a doctor did not tell her to sell her pills.

Ways in which participants misused prescription drugs

Only one participant mentioned misusing a prescription in a way different than defined in the section introductions. She indicated she used less of the drug than prescribed. She believed this way fit in the “in any other way a doctor did not direct” category. Most other participants indicated they had used the drug without a prescription. However, several made a point to say at different junctures that they “knew” how a doctor would prescribe it and their use was consistent with that “knowledge.”

Motivations for misuse

Participants were generally able to answer questions about the reasons for use the last time they had used a drug in a way a doctor had not prescribed, and in a similar manner most had no problem identifying the main reason for this misuse. A few issues were noted, however.

PRYMOTIV – Of the participants routed to this item, three mentioned either an issue with or problem in answering questions about the reasons for misuse. One participant had previously indicated she had used a prescription in a way a doctor had not directed her to by using less than prescribed. She noted that there was no response alternative that fit her situation. One respondent noted that he took the pills to escape his emotions, and indicated that a response option about dealing with emotions should be included.

PRMOTOT – When one participant selected “some other reason” for PRYMOTIV and was presented PRMOTOT he was unclear the question was asking him to specify the “other reason.”

Recommendation: Revise the wording to say, Please type in the other reason you used [RX DRUG] that time. This revision inserts “other” into the sentence.

PRMOT1 – Participants did not display or report any problems answering this item. However, one interviewer noted that currently we do not allow “some other reason” from PRMOTOT to be selected as the main reason in PRMOT1.

Recommendation: Discuss including “some other reason.” This will require developing an alternative audio fill for the “some other reason” such as “The other reason you reported.” Alternatively, we could acknowledge to respondents that they can only pick from reasons 1-7

from PRMOTOT as the main reason, but we would need to consider the limitations of this approach.

TRYMOTIV – Of the participants routed to this item, one again noted that the response categories did not fit her situation because she answered “yes” to misuse, but had actually used less than a doctor had directed her to. Another participant mentioned difficulty answering this item because he did not think his depression fit in any of the categories.

SVYMOTIV – One participant again noted that he thought we should have a response alternative that captured dealing with emotions. The other participant who was routed to this item was able to successfully match his answer to a response alternative.

Special Drugs

SD01 – Consistent with findings from Phase 2.1 interviews, popular examples of OTC drugs for use just to get high were “Nyquil,” “Benadryl,” and the generic terms such as “cough syrup,” or “cough medicine.” Others mentioned were “mouthwash,” “paragesic,” “triple-C,” “No-doze,” “Sudafed,” “Vicks,” Robitussin,” “Formula 44,” “sleep aids,” “Tylenol,” and “Tylenol PM.” One participant mentioned “purple drink” which seemed to be similar to a substance a participant in a Phase 2.1 interview mentioned. However, we believe a prescription drug may be involved with this substance. One other participant mentioned “red juice,” describing an OTC syrup.

Blunts

MJMM – It was clear to all five of the participants who were routed to this item that the question was asking about marijuana prescribed by a doctor. In response to the probe, all five mentioned prescribed use. Two participants differentiated this use from use with marijuana bought from “someone else” or “someone on the street.”

Substance Dependence and Abuse

DRPR -- One participant reported heavy use of prescription pain relievers. Some of this was misuse, but much of it was prescribed use. It was evident she was not clear this question was asking about misuse.

Recommendation: Consider listing drugs the respondent has misused to clarify which drugs respondents should be thinking of while answering this question. This will also provide a reminder about which drugs are pain relievers, as opposed to other classes of drugs.

Recommendation: Confirm that these questions should use the clause “or that you used only for the experience or feeling they caused” as there seemed to be some disagreement or confusion about this.

Drug Treatment

TX04c – One participant was unsure whether AA should be counted for this item.

Recommendation: Discuss moving the AA item earlier in the sequence of treatment questions so that it comes first.

Health

HLTH04 – None of the participants reported or displayed any problems answering about their height. One participant was unsure how to continue after typing in his answer for “feet.” He asked, “Do I press enter?”

HLTH18 – One adolescent participant was unclear whether the question included going with someone else to the hospital for their inpatient stay.

HLTH19 – Generally speaking, participants listed and counted valid medical professionals to report an answer. One reported a visit to a dentist.

HLTH22 – Three participants reported doctors discussing their drinking with them. These reports included only being asked on a form, being asked anytime one saw a new doctor, and a general discussion about “overindulgence” that was unrelated to actual use.

HLTH25 – One participant listed a number of health conditions, but upon probing indicated that he was reporting times his doctor had asked or discussed these with him. It seems he may have confused language in HLTH22 with that in HLTH25—that is language about a doctor discussing these issues with him.

QI12AN – Two participants had difficulty understanding this question. Each had trouble understanding what types of welfare or public assistance should be reported.

Recommendation: Add a bulleted list of the types of welfare respondents should include when reporting.

Back End Demographics

QD17 – Nine participants said that they would correctly report being in school even if they were on summer break. One said he was answer “no” even if he was on spring or summer break.

QD18 – A hypothetical question was asked of participants about being between 7th and 8th grades. One participant incorrectly said she would say the 7th grade.

QD07 – One participant was unhappy with the omission of a response category for cohabiting. He said he has been in a committed relationship for approximately four years and thinks the category “have never been married” does not accurately reflect his situation.

QD26 – None of the participants had trouble answering this question about whether they had worked at a job or business in the past week.

QD49 - Participants did not have any problems understanding this item about whether their workplace had drug or alcohol testing as part of the hiring process.

QD50 – One participant was probed on this item and he correctly understood what was meant by drug testing “random basis.” He said it means “out of the blue...like names out of hat and you pick one.”

PERAGEYR – One participant was unable to answer this question about the age of each household member because he did not know his parents’ ages.

Income

INTRTINN – This item about sources of income may be confusing to some respondents since the item is now self-administered whereas it was previously interviewer administered.

Recommendation: Consider modifying language for this item since it is now self-administered where as it was previously interviewer administered. For example, use of the term “we” in the clause “those we just talked about” might be awkward since the respondent is interacting with a computer.

Proxy Tutorial

In general, proxy participants for this round found the tutorial “easy” or “straightforward.” One proxy participant asked for clarification about whether she could proceed before reviewing all instructions. In another interview, an interviewer noted that for proxy respondents who have previously completed an interview or proxy interview there was no transition screen making for an awkward transition to the ACASI questions.

Recommendation: Add a screen at the beginning of the *front-end* proxy tutorial that allows respondents who have previously completed a NSDUH interview or proxy interview to complete an abbreviated rather than full tutorial.

Recommendation: We should add one more screen to the proxy tutorial transition that indicates that the interviewer should turn the computer over to a proxy who has already completed the tutorial elsewhere.

Recommendation: INTROINC says, These questions refer to the calendar year 2011 rather than to the past 12 months that were referred to in some earlier questions. We recommend not using this paragraph when there is a proxy, because they have not answered a large battery of questions with a reference period of the past 12 months. QHI14 is the only question in the health insurance and income items that asks about the past 12 months. This question asks about the number of months in the past 12 that the sample person was without health insurance.

Additional notes

The Substance Dependence and Abuse section, starting at screen INTRODR, only requires having smoked 'all or part of a cigarette' one time in the past 30 days for a respondent to receive questions about abuse. One respondent had only smoked one cigarette and many questions did not apply to him.

Recommendation: Consider whether there should be a higher barrier of entry to this and similar sections of the Dependence module.

Currently the calendar and calendar reminders are only provided in the core items.

Recommendation: Add calendars and calendar reminders throughout the instrument.

Appendix F
Variable Wording Crosswalk

Attachment F. Variable Wording Crosswalk

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
V2b (new question, tested, no problems)	Phase 2	[IF QD10 = 2] Are you currently serving full-time in a Reserve component? Full-time service does not include annual training for the Reserves or National Guard.	No changes between initial testing and final QFT wording.	This question was added to attempt to better identify respondents in the Reserves.	Not included in 2012
QD05 (not tested, implemented in QFT)	NA	<p>QD05 HAND R SHOWCARD 2 Which of these groups describes you? Just give me the number or numbers from the card.</p> <p>1 WHITE</p> <p>2 BLACK OR AFRICAN AMERICAN</p> <p>3 AMERICAN INDIAN OR ALASKA NATIVE (AMERICAN INDIAN INCLUDES NORTH AMERICAN, CENTRAL AMERICAN, AND SOUTH AMERICAN INDIANS)</p> <p>4 NATIVE HAWAIIAN</p> <p>5 GUAMANIAN OR CHAMORRO</p> <p>6 SAMOAN</p> <p>7 OTHER PACIFIC ISLANDER</p> <p>8 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE)</p> <p>9 OTHER (SPECIFY)</p>	<p>QD05 HAND R SHOWCARD 2 Which of these groups describes you? Just give me the number or numbers from the card.</p> <p>1 WHITE</p> <p>2 BLACK OR AFRICAN AMERICAN</p> <p>3 AMERICAN INDIAN OR ALASKA NATIVE (AMERICAN INDIAN INCLUDES NORTH AMERICAN, CENTRAL AMERICAN, AND SOUTH AMERICAN INDIANS)</p> <p>4 NATIVE HAWAIIAN</p> <p>5 OTHER PACIFIC ISLANDER</p> <p>6 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE)</p> <p>7 OTHER (SPECIFY)</p>	After testing, added two new race categories to this question in response to feedback.	<p>QD05 HAND R SHOWCARD 2 Which of these groups describes you? Just give me the number or numbers from the card.</p> <p>1 WHITE</p> <p>2 BLACK OR AFRICAN AMERICAN</p> <p>3 AMERICAN INDIAN OR ALASKA NATIVE (AMERICAN INDIAN INCLUDES NORTH AMERICAN, CENTRAL AMERICAN, AND SOUTH AMERICAN INDIANS)</p> <p>4 NATIVE HAWAIIAN</p> <p>5 OTHER PACIFIC ISLANDER</p> <p>6 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE)</p> <p>7 OTHER (SPECIFY)</p>
QD10c (new)	Phase 2	[IF QD10a=1] Did you ever serve on active duty in the United States	No changes between initial testing and final QFT wording.	This question was added to better determine if	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
question, tested, no problems)		Armed Forces or Reserve components in a military combat zone or an area where you drew imminent danger pay or hostile fire pay?		respondents who indicate that they are on active duty are actually in a Reserve component.	
QD11 (modified question; tested; problems found; revised for final QFT)	Phase 2	<p>HAND R SHOWCARD 5. What is the highest grade or year of school you have completed? Just give me the number from the card.</p> <p>INCLUDE JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE TECHNICAL SCHOOLS (BEAUTICIAN, MECHANIC, ETC.).</p> <p>0 NO SCHOOLING COMPLETED 1 1ST GRADE COMPLETED 2 2ND GRADE COMPLETED 3 3RD GRADE COMPLETED 4 4TH GRADE COMPLETED 5 5TH GRADE COMPLETED 6 6TH GRADE COMPLETED 7 7TH GRADE COMPLETED 8 8TH GRADE COMPLETED 9 9TH GRADE COMPLETED 10 10TH GRADE COMPLETED 11 11TH GRADE COMPLETED 12 REGULAR HIGH SCHOOL DIPLOMA 13 12TH GRADE, NO DIPLOMA 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION 15 SOME COLLEGE CREDIT, BUT NO DEGREE 16 ASSOCIATE’S DEGREE (FOR EXAMPLE, AA, AS) 17 BACHELOR’S DEGREE (FOR</p>	<p>What is the highest grade or year of school you have completed?</p> <p>INCLUDE JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE TECHNICAL SCHOOLS (BEAUTICIAN, MECHANIC, ETC.).</p> <p>0 NO SCHOOLING COMPLETED 1 1ST GRADE COMPLETED 2 2ND GRADE COMPLETED 3 3RD GRADE COMPLETED 4 4TH GRADE COMPLETED 5 5TH GRADE COMPLETED 6 6TH GRADE COMPLETED 7 7TH GRADE COMPLETED 8 8TH GRADE COMPLETED 9 9TH GRADE COMPLETED 10 10TH GRADE COMPLETED 11 11TH GRADE COMPLETED 12 12TH GRADE, NO DIPLOMA 13 REGULAR HIGH SCHOOL DIPLOMA 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION 15 SOME COLLEGE CREDIT, BUT NO DEGREE 16 ASSOCIATE’S DEGREE (FOR EXAMPLE, AA, AS) 17 BACHELOR’S DEGREE (FOR EXAMPLE, BA, BS) 18 MASTER’S DEGREE (FOR</p>	<p>The original question used in 2012 had no category for completing the 12th grade without receiving a diploma. This category was inserted as response #12, but during testing it was found that the order of categories could be confusing to some respondents. As a result of testing, categories 12 and 13 were reversed so that category 12 now represents a high school diploma and 13 means 12th grade, but no diploma.</p>	<p>HAND R SHOWCARD 4. What is the highest grade or year of school you have completed?</p> <p>Please tell me the number from the card.</p> <p>INCLUDE JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE TECHNICAL SCHOOLS (BEAUTICIAN, MECHANIC, ETC.).</p> <p>0 NEVER ATTENDED SCHOOL 1 1ST GRADE COMPLETED 2 2ND GRADE COMPLETED 3 3RD GRADE COMPLETED 4 4TH GRADE COMPLETED 5 5TH GRADE COMPLETED 6 6TH GRADE COMPLETED 7 7TH GRADE COMPLETED 8 8TH GRADE COMPLETED 9 9TH GRADE COMPLETED 10 10TH GRADE COMPLETED 11 11TH GRADE COMPLETED 12 12TH GRADE COMPLETED 13 COLLEGE OR UNIVERSITY / 1ST YEAR COMPLETED 14 COLLEGE OR UNIVERSITY / 2ND YEAR COMPLETED 15 COLLEGE OR UNIVERSITY / 3RD YEAR COMPLETED 16 COLLEGE OR UNIVERSITY / 4TH YEAR COMPLETED</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		EXAMPLE, BA, BS) 18 MASTER'S DEGREE (FOR EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA) 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD) 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD) DK/REF	EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA) 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD) 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD) DK/REF		17 COLLEGE OR UNIVERSITY / 5TH OR HIGHER YEAR COMPLETED DK/REF
(CGCOLOR) (new question; tested; problems found; dropped from QFT)	Phase 2	Item dropped from questionnaire.	CGCOLOR [IF (CG11 = 1-2 OR CG11 = 4 OR CG11 = 7 OR CG11 = 10 OR CG11 = 12 OR CG11 = 14 OR CG11 = 17-21 OR CG11 = 24-25 OR CG11a = 31 AND CG13 = 1) OR IF (RCG11 = 1-2 OR RCG11 = 4 OR RCG11 = 7 OR RCG11 = 10 OR RCG11 = 12 OR RCG11 = 14 OR RCG11 = 17-21 OR RCG11 = 24-25 OR RCG11a = 31 AND RCG13 = 1) OR IF (RRCG11 = 1-2 OR RRCG11 = 4 OR RRCG11 = 7 OR RRCG11 = 10 OR RRCG11 = 12 OR RRCG11 = 14 OR RRCG11 = 17-21 OR RRCG11 = 24-25 OR RRCG11a = 31 AND RRCG13 = 1)] What color is the pack of [CG11/CG11a/RCG11/RCG11a/RRCG11/RRCG11a FILL] cigarettes you smoked most often during the past 30 days? 1 Blue 2 Green 3 Gold 4 Red 5 Silver 6 White	Recent legislation banned cigarette manufacturers from using terms on packaging that referred to cigarette strength. In an attempt to continue to track trends in the types of cigarettes most smoked, a new question was developed to capture data based on the new cigarette color code system. Most respondents had a problem with the question and reported that the cigarette packaging included multiple colors, indicating that participants failed to understand the purpose of the question.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
			7 Some other color DK/REF		
(CGCLR2) (new question; tested; problems found; dropped from QFT)	Phase 2	Item dropped from questionnaire.	CGCLR2 [IF CGCOLOR = 7] Please type in the color of the pack of cigarettes you smoked most often during the past 30 days.	This follow-up question to an answer of "Some other color" to CGCOLOR was removed along with the initial question due to participant misunderstanding of the question.	Not included in 2012
CG25 (CG17REV) (question revised in order to administer abbreviated core for cognitive interviewing; new wording tested and implemented)	Phase 1	The next questions are about your use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." Have you ever used "smokeless" tobacco, even once?	Have you ever , even once, tried any "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus"?	An abbreviated core module was used for cognitive interviewing. The version of the smokeless tobacco question that was used eliminated the introductory wording, "The next questions are about your use of . . ." since only the lifetime use of smokeless tobacco was assessed. The revised wording that was tested and maintained combined snuff and chewing tobacco, since incidence use rates of these are quite low. In addition, a new product called "snus" has recently emerged on the market and it is also included in the QFT wording. No changes to the question were made as a result of the testing.	These next questions are about your use of snuff, sometimes called dip. Snuff is a finely ground form of tobacco that usually comes in a container called a tin. You can use snuff by placing a pinch or dip in your mouth between your lip and gum or between your cheek and gum. Snuff can also be inhaled through the nose. Snuff is sold in both loose form and in ready-to-use packets. Have you ever used snuff, even once?
ALREF	Phase 1	<i>NOTE: Example text from ALREF is</i>	ALREF [IF AL01 = REF] The answers	A streamlined version of	[IF AL01 = REF] The answers that

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
(question revisions were tested; revisions were eliminated from QFT)		<p><i>displayed below. Equivalent text was used for MJREF, CCREF, HEREF, and MEREF.</i></p> <p>[IF AL01 = REF] The answers that people give us about their use of alcohol are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.</p> <p>Please think again about answering this question: Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.</p>	<p>people give about their use of alcohol are important. Remember, your answers will be kept confidential.</p> <p>Please think again about answering this question: Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.</p>	<p>this question was tested in the cognitive interviewing. Words that were not considered essential were removed to minimize burden on respondents.</p>	<p>people give us about their use of alcohol are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.</p> <p>Please think again about answering this question: Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.</p>
AL08 (new question, tested, no problems, implemented for QFT)	Phase 1	<p>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.</p>	<p>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.</p>	<p>This item was revised to ask females about drinking 4 or more drinks on the same occasion in the Alcohol section. Previously, this information was obtained in the Consumption of Alcohol module.</p>	<p>During the past 30 days, that is, since [DATEFILL], on how many days did you have 5 or more drinks on the same occasion? By 'occasion,' we mean at the same time or within a couple of hours of each other.</p>
MRJINTRO & MJ01 (question revisions were tested; revisions were eliminated from QFT)	Phase 1	<p>MRJINTRO The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.</p>	<p>MJ01 The next question is about marijuana and hashish. Marijuana is also called pot, grass, or weed. Marijuana is usually smoked, either in cigarettes, called "joints", in cigars, called "blunts", or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.</p>	<p>For the cognitive interviewing we initially tested a version of the lifetime marijuana question as part of the abbreviated core. This question incorporated the introductory language and referenced only one "next question"</p>	<p>The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>Press [ENTER] to continue.</p> <p>MJ01 Have you ever, even once, used marijuana or hashish?</p>	<p>Have you ever, even once, used marijuana or hashish, or smoked part or all of a cigar with marijuana in it, called a “blunt”?</p>	<p>since subsequent questions to lifetime use were not included. The term “weed” was included since it is a commonly used term for marijuana. Additionally, the cognitive interviewing tested inclusion of “blunts” in the main marijuana module. Combining blunts with main marijuana use was desired because of interest in streamlining the instrument and consolidating marijuana use in one module.</p>	<p>Press [ENTER] to continue.</p> <p>MJ01 Have you ever, even once, used marijuana or hashish?</p>
<p>HE01 (question revisions were tested; no advantage was found; dropped from QFT)</p>	<p>Phase 1</p>	<p>Have you ever, even once, used heroin?</p>	<p>This next question is about heroin.</p> <p>Have you ever, even once, used heroin, including “black tar heroin” or “cheese”?</p>	<p>Alternate terms for heroin, “black tar heroin” and “cheese” were tested but were not included in the QFT since cognitive interview respondents did not tend to recognize them.</p>	<p>Have you ever, even once, used heroin?</p>
<p>HALINTRO (question was revised to administer abbreviated version of core drugs module for cognitive interviewing only.)</p>	<p>Phase 1</p>	<p>The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real.</p> <p>A list of some common hallucinogens is shown below. These and many other substances that people use as hallucinogens are often known by street names, and</p>	<p>The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real.</p> <p>Press [ENTER] to continue.</p>	<p>The introductory text to hallucinogens was removed as part of creating an abbreviated core drugs module for the cognitive interviewing. Since only lifetime use was asked about each substance, the full list of hallucinogens was not</p>	<p>The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real.</p> <p>A list of some common hallucinogens is shown below. These and many other substances that people use as hallucinogens are often known by street names, and</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>we can't list them all. Please take a moment to look at the substances listed below so you know what kind of drugs the next questions are about.</p> <p>LSD, also called 'acid' PCP, also called 'angel dust' or phencyclidine Peyote Mescaline Psilocybin 'Ecstasy', also called MDMA Ketamine, also called "Special K" or "Super K" DMT, also called dimethyltryptamine AMT, also called alpha-methyltryptamine Foxy, also called 5-MeO-DIPT Salvia divinorum</p> <p>Press [ENTER] to continue.</p>		<p>included prior to the list of lifetime use questions. The QFT wording included examples of all Hallucinogens asked about in the module, including the three substances that were added to the module.</p>	<p>we can't list them all. Please take a moment to look at the substances listed below so you know what kind of drugs the next questions are about.</p> <p>LSD, also called 'acid' PCP, also called 'angel dust' or phencyclidine Peyote Mescaline Psilocybin 'Ecstasy', also called MDMA</p> <p>Press [ENTER] to continue.</p>
LS01i (no change tested)	Phase 1	Have you ever, even once, used Ketamine, also called "Special K" or "Super K"?	No changes between initial testing and final QFT wording.	Question moved from Special Drugs module to a more appropriate location in Hallucinogens.	<p>Have you ever, even once, used Ketamine, also called "Special K" or "Super K"?</p> <p>1 Yes 2 No DK/REF</p>
LS01j (existing question moved to new module; no wording changes)	Phase 1	<p>Have you ever, even once, used any of the following:</p> <p>DMT, also called dimethyltryptamine AMT, also called alpha-methyltryptamine, or</p>	No changes between initial testing and final QFT wording.	Question moved from Special Drugs module to a more appropriate location in Hallucinogens.	<p>Have you ever, even once, used any of the following:</p> <p>DMT, also called dimethyltryptamine, AMT, also called alpha-methyltryptamine, or</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		Foxy, also called 5-MeO-DIPT?			Foxy, also called 5-MeO-DIPT?
LS01k (existing question moved to new module; no wording changes)	Phase 1	Have you ever , even once, used Salvia divinorum?	No changes between initial testing and final QFT wording.	Question moved from Special Drugs module to a more appropriate location in Hallucinogens.	Have you ever, even once, used Salvia divinorum?
INHINTRO (question revisions were tested; revisions were eliminated from QFT)	Phase 1	<p>These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.</p> <p>We are not interested in times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline. The questions use the word ‘inhalant’ to include all the things listed below, as well as any other substances that people sniff or inhale for kicks or to get high. Take a moment to look at the substances listed below so you know what kinds of liquids, sprays, and gases these questions are about.</p> <p>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</p>	<p>These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.</p> <p>Please do not include times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline. The questions use the word “inhalant” to include any substances that you sniffed or inhaled for kicks or to get high</p> <p>Press [ENTER] to continue.</p>	A streamlined version of the inhalants introduction was tested in the cognitive interviewing. Words that were not considered essential were removed to minimize burden on respondents.	<p>These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.</p> <p>We are not interested in times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline. The questions use the word ‘inhalant’ to include all the things listed below, as well as any other substances that people sniff or inhale for kicks or to get high. Take a moment to look at the substances listed below so you know what kinds of liquids, sprays, and gases these questions are about.</p> <p>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</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		solvents Lighter gases, such as butane or propane Nitrous oxide or ‘whippits’ Felt-tip pens, felt-tip markers, or magic markers Spray paints Computer keyboard cleaner, also known as air duster Other aerosol sprays Press [ENTER] to continue.			solvents Lighter gases, such as butane or propane Nitrous oxide or ‘whippits’ Spray paints Other aerosol sprays Press [ENTER] to continue.
IN01h1 (new question, tested, no problems)	Phase 1	Have you ever , even once, inhaled felt-tip pens, felt-tip markers, or magic markers for kicks or to get high?	No changes between initial testing and final QFT wording.	This question was added because of references to felt-tip pens, felt-tip markers, and magic markers in the write-in data in inhalants in the annual survey.	Not included in 2012
IN01ii (new question tested, problems found, revised for QFT)	Phase 1	Have you ever , even once, inhaled computer keyboard cleaner, also known as air duster , for kicks or to get high?	In the past 12 months , have you inhaled canned air for kicks or to get high?	This question was added because of references to computer keyboard cleaner and canned air in the write-in data in inhalants in the annual survey. In the cognitive interviewing, participants often did not know what “canned air” was. New terms were selected based on cognitive interviewing results.	Not included in 2012
ME01 (SD17a) (existing question moved to new module,	Phase 1	Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, “snorted,” swallowed or	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules. Items measuring methamphetamine use	Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, “snorted,” swallowed or

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
no changes)		<p>injected.</p> <p>Have you ever, even once, used methamphetamine?</p>		were moved from the Stimulants module to this new module.	injected. Have you ever, even once, used Methamphetamine?
ME02 (question moved to new module, no changes)	Phase 2	How old were you the first time you used methamphetamine?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	SDME01 How old were you the first time you used Methamphetamine?
MELAST3 (question moved to new module, no changes)	Phase 2	How long has it been since you last used methamphetamine?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	SD17b How long has it been since you last used Methamphetamine?
MEFRAME3 (question moved to new module, no changes)	Phase 2	<p>Now think about the past 12 months, from [DATEFILL] through today. We want to know how many days you've used methamphetamine during the past 12 months.</p> <p>What would be the easiest way for you to tell us how many days you've used it?</p>	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	<p>Now think about the past 12 months, from [DATEFILL] through today. We want to know how many days you've used Methamphetamine during the past 12 months.</p> <p>What would be the easiest way for you to tell us how many days you used Methamphetamine?</p>
MERAVE (question moved to new module, no changes)	Phase 2	On how many days in the past 12 months did you use methamphetamine?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	On how many days in the past 12 months did you use Methamphetamine?
MEMONAVE (question moved to new module, minor changes)	Phase 2	On average, how many days did you use methamphetamine each month during the past 12 months?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	On average, how many days each month during the past 12 months did you use Methamphetamine?
MEWKAVE	Phase 2	On average, how many days did you	No changes between initial testing and	A new module was	On average, how many days each

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
(question moved to new module, no changes)		use methamphetamine each week during the past 12 months?	final QFT wording.	created for methamphetamine in the core drugs modules.	week during the past 12 months did you use Methamphetamine?
ME06 (new question, tested, no changes)	Phase 2	[IF MELAST3 =1 OR MERECDK = 1 OR MERECRE = 1] Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use methamphetamine?	No changes between initial testing and final QFT wording.	As part of creating a new methamphetamine module, a new 30-day methamphetamine use variable was created.	Not included in 2012
INTROPR (new question tested, no changes)	Phase 1	These next questions are about any use of prescription pain relievers . Please do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve. Press [ENTER] to continue.	These next questions are about the use of prescription pain relievers . Please do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve. Press [ENTER] to continue.	This question was added to introduce the new prescription pain relievers module.	Not included in 2012
PR01-PR03 PR08 PR10 ST01-ST04 ST05 ST06-ST07 (question tested, problems identified, question revised)	PR01 ST01, ST02, ST03, ST04, ST06, & ST07 – Usability PR02, PR03, PR08, PR10, & ST05 – Phase 1 TR01 & SV01 – Phase 2	<i>NOTE: Example text from PR01 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> Please look at the names and pictures of the pain relievers shown below. Please note that some forms of these pain relievers may look different from the pictures, but you should include any form that you have used. PROGRAMMER: DISPLAY PILLS HERE FOR VICODIN, LORTAB, LORCET, AND HYDROCODONE. In the past 12 months , which, if any,	PR01A. Please look at the pictures of the pain relievers shown below. In the past 12 months , have you used any of these pain relievers in either of these ways? <ul style="list-style-type: none"> Without a prescription of your own, or Just for the effect it has on you – not for its intended medical use PR01A1. [IF PR01A = 1] Please look at the pictures of the pain relievers shown below. Which of these pain relievers	Initial versions of the prescription drugs screener questions were written to capture misuse only. Subsequent to usability testing, the question was revised to capture first all types of use then follow up specific substances endorsed with questions about misuse.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>of these pain relievers have you used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>	<p>did you use in the past 12 months in either of these ways?</p> <ul style="list-style-type: none"> • Without a prescription of your own, or • Just for the effect it has on you – not for its intended medical use <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>		
<p>PR04 PR06-PR07</p> <p>TR04 (new question, problems found, question revised.)</p>	<p>PR04, PR06, & PR07 – Phase 1</p> <p>TR04 – Phase 2</p>	<p><i>NOTE: Example text from PR04 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>Please look at the names and pictures of the pain relievers shown below. Remember, some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.</p> <p>PROGRAMMER: DISPLAY PILLS HERE FOR ULTRAM, ULTRAM ER, ULTRACET, RYZOLT, AND TRAMADOL.</p> <p>In the past 12 months, which, if any, of these pain relievers have you</p>	<p>Please look at the names and pictures of the pain relievers shown below.</p> <p>PROGRAMMER: DISPLAY PILLS HERE FOR ULTRAM, ULTRAM ER, ULTRACET, RYZOLT, AND TRAMADOL.</p> <p>In the past 12 months, which, if any, of these pain relievers have you used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>	<p>Original test of wording yielded results that participants were asking whether certain prescription drugs should be included even though they looked different from what was in the pictures. Reminder language was added to every 2-4 screens to remind respondents that the pictures may look different from the form pictured but that they should still be included.</p>	<p>Not included in 2012</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>			
<p>PR05 (question tested in cognitive interviewing, problem found, minor changes made)</p>	<p>Phase 1</p>	<p>Please look at the names and pictures of the pain relievers shown below.</p> <p>PROGRAMMER: DISPLAY PILLS HERE FOR TYLENOL WITH CODEINE AND CODEINE.</p> <p>In the past 12 months, which, if any, of these pain relievers have you used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>SHOW 12-MONTH CALENDAR ON SCREEN.</p> <p>1 Tylenol with codeine 3 or 4 2 Codeine pills 95 I have not used any of these pain relievers in the past 12 months DK/REF</p>	<p>Please look at the names and pictures of the pain relievers shown below.</p> <p>PROGRAMMER: DISPLAY PILLS HERE FOR TYLENOL WITH CODEINE AND CODEINE.</p> <p>In the past 12 months, which, if any, of these pain relievers have you used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>SHOW 12-MONTH CALENDAR ON SCREEN.</p> <p>1 Tylenol with codeine 2 Codeine pills 95 I have not used any of these pain relievers in the past 12 months DK/REF</p>	<p>Initially, “Tylenol with codeine” was confusing to some respondents and respondents asked if “Tylenol 3” or “Tylenol 4” should be included. “3 or 4” was added to the question to further specify.</p>	<p>Not included in 2012</p>
<p>PR11 TRO6 ST06 SV06 (Change</p>	<p>PR11 & ST06-Phase 1</p>	<p>In the past 12 months, have you used any other prescription pain reliever?</p>	<p>No changes between initial testing and final QFT wording.</p>	<p>The prescription drugs modules were revised to ask first about all types of use. Respondents</p>	<p>Not included in 2012</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
tested, no problems found, implemented in QFT.)	TR06 & SV06-Phase 2	Remember, do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve.		received follow up questions about misuse only of specific drugs that were used. This particular item was administered when no use of prescription drugs within a given category (pain reliever, tranquilizer, stimulant, sedative) was endorsed.	
PR12 TR07 ST07 SV07 (Change tested, no problems found, implemented in QFT.)	PR12 & ST07—Phase 1 TR07 & SV07—Phase 2	[IF PR12MON = 2] Have you ever , even once, used any prescription pain reliever ? Remember, do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve.	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when no 12-month use of prescription drugs within a given category (pain reliever, tranquilizer, stimulant, sedative) was endorsed.	Not included in 2012
INTROTR INTROSV (Change tested, minor problems found, implemented in QFT.)	Phase 2	<i>NOTE: Example text from INTROTR is displayed below. Semi-equivalent text was used for INTROSV.</i> These next questions are about any use of prescription tranquilizers . Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers “nerve pills.”	These next questions are about the use of prescription tranquilizers . Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers “nerve pills.” Press [ENTER] to continue.	These questions were added to introduce the new prescription tranquilizer and sedative screener modules. Minor wording revisions were made after testing.	These next questions ask about the use of tranquilizers . Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers ‘nerve pills.’ Ask your interviewer to show you Card B.

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		Press [ENTER] to continue.			
INTROST (Change tested, minor problems found, implemented in QFT.)	Phase 1	These next questions are about any use of prescription stimulants . People sometimes take these drugs for attention deficit disorders, to lose weight, or to stay awake. Please do not include “over-the-counter” stimulants such as Dexatrim, No-Doz, Hydroxycut, or 5-Hour Energy. Press [ENTER] to continue.	These next questions are about the use of prescription stimulants . People sometimes take these drugs for attention deficit disorders, to lose weight, or to stay awake. Please do not include “over-the-counter” stimulants such as Dexatrim or No-Doz. Press [ENTER] to continue.	This question was added to introduce the new prescription stimulants screener module. Minor wording revisions were made after testing to include additional examples.	These next questions ask about the use of drugs such as amphetamines that are known as stimulants , ‘uppers,’ or ‘speed.’ People sometimes take these drugs to lose weight, to stay awake, or for attention deficit disorders. We are not interested in the use of “over-the-counter” stimulants such as Dexatrim or No-Doz that can be bought in drug stores or grocery stores without a doctor’s prescription. Ask your interviewer to show you Card C.
PRL01 TRL01 STL01 SVL01 (Change tested, no problems found, implemented in QFT.)	PRL01 & STL01— Phase 1 TRL01 & SVL01— Phase 2	<i>NOTE: Example text from PRL01 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [IF PR12=1] Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it?	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when 12 month use of prescription drugs within a given category (pain reliever, tranquilizer, stimulant, sedative) was endorsed but no misuse was ever endorsed when follow up questions were asked about specific drugs.	<i>NOTE: Example text from PR05 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> Have you ever, even once, used any other prescription pain reliever, besides the ones shown on Card A, when it was not prescribed for you or that you took only for the experience or feeling it caused?
PRY01—	Usability	<i>NOTE: Example text from PRY01 is</i>	PR01C. Please look at the pictures of	The revised prescription	[IF PR04 = 1] Which of the pain

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
PRY04 PRY24 PRY32— PRY34 PRY37 (Change tested, wording improvement identified, implemented in QFT.)		<p><i>displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>[IF PR01=1] In the past 12 months, did you use Vicodin in any way a doctor did not direct you to use it?</p> <p>If you want to see these ways again, press F2.</p> <ul style="list-style-type: none"> Without a prescription of your own. In greater amounts, more often, or longer than you were told to take it In any other way a doctor did not direct you to use it. 	<p>the pain relievers shown below. In the past 12 months, have you used any of these pain relievers in any of these ways?</p> <ul style="list-style-type: none"> Without a prescription of your own, In greater amounts, more often, or longer than you were told to take it, or Just for the effect it has on you – not for its intended medical use <p>1 Yes 2 No DK/REF</p> <p>PR01C1. [IF PR01C = 1] Please look at the pictures of the pain relievers shown below. Which of these pain relievers did you use in the past 12 months in any of these ways?</p> <ul style="list-style-type: none"> Without a prescription of your own, In greater amounts, more often, or longer than you were told to take it, or Just for the effect it has on you – not for its intended medical use 	<p>drugs questions ask about misuse of drugs endorsed for any type of 12 month use in the screener. The initial wording of the third component of the definition of misuse, “Just for the effect it has on you – not for its intended medical use” did not help test participants identify misuse so it was revised to the final QFT wording. Also, the wording in the 2012 survey only collected estimates of lifetime use of individual prescriptions, while the new questions collect past year use of individual drugs.</p>	<p>relievers shown below the red line on Card A have you used when they were not prescribed for you or that you took only for the experience or feeling they caused?</p> <p>To select more than one drug from the list, press the space bar between each number you type. When you have finished, press [ENTER].</p> <p>4 Codeine 5 Demerol 6 Dilaudid 7 Fioricet 8 Fiorinal 9 Hydrocodone 10 Methadone 11 Morphine 12 OxyContin 13 Phenaphen with Codeine 14 Propoxyphene 15 SK-65 16 Stadol 17 Talacen 18 Talwin 19 Talwin NX 20 Tramadol 21 Ultram DK/REF</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
			<p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 Vicodin 2 Lortab 3 Lorcet 4 Hydrocodone DK/REF</p>		
PRY05-PRY17 PRY19 PRY20— PRY23 PRY25— PRY33 PRY35— PRY36 PRY38— PPRY39 TRY01— TRY18 STY01— STY23 SVY01— SVY16 (Change tested, wording)	Phase 1	<p>[IF PR02=1] In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it?</p> <p>If you want to see these ways again, press F2.</p> <ul style="list-style-type: none"> Without a prescription of your own. In greater amounts, more often, or longer than you were told to take it In any other way a doctor did not direct you to use it. 	<p><i>NOTE: Example text from PRY05 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>[IF PR02=1] In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it?</p>	<p>Cognitive testing identified repetitive nature of prescription drugs module questions with long definitions of misuse and raised concerns about respondent fatigue. As a result, the definition was displayed as optional text available by pressing F2 key on some screens.</p>	<p>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?</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
improvement identified, implemented in QFT.)					
PRY18 (Change tested, wording improvement identified, implemented in QFT.)	Phase 1	[IF PR05=1] 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?	[IF PR05=1] In the past 12 months, did you use Tylenol with codeine in any way a doctor did not direct you to use it?	Initially, “Tylenol with codeine” was confusing to some respondents and respondents asked if “Tylenol 3” or “Tylenol 4” should be included. “3 or 4” was added to the question to further specify.	Please look at the pain relievers shown in Box 1 above the red line on Card A. Have you ever, even once, used Darvocet, Darvon, or Tylenol with codeine that was not prescribed for you or that you took only for the experience or feeling it caused?
PRY28 (Change tested, wording improvement identified, implemented in QFT.)	Phase 1	[IF PR07=4] In the past 12 months, did you use fentanyl in any way a doctor did not direct you to use it?	[IF PR07=4] In the past 12 months, did you use fentanyl or “China Girl” in any way a doctor did not direct you to use it?	The street name for fentanyl, “China Girl” was not known to cognitive interview participants so it was dropped from the QFT.	Not included in 2012
PRY01a— PRY39a TRY01a— TRY18a STY01a— STY23a SVY01a— SVY16a (Change tested, wording improvement	PRY01a- PRY39a & STY01a- STY23a- Phase 1 TRY01a- TRY18a & SVY01a- SVY16a- Phase 2	<i>NOTE: Example text from PR01a is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [IF PRFIRSTFLAG=1] Please think about the first time you ever used Vicodin in a way a doctor did not direct you to use it. [IF PRY01=1] How old were you when you first used Vicodin in a way a doctor did not direct you to use it?	[IF PRY01=1] How old were you when you first used Vicodin in a way a doctor did not direct you to use it?	An introduction was added to transition from asking about whether groups of drugs were misused to asking about the specifics of that misuse.	<i>NOTE: Example text from PR06 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> How old were you the first time you used any prescription pain reliever that was not prescribed for you or that you took only for the experience or feeling it caused?

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
identified, implemented in QFT.)					
PRY01b— PRY39b TRY01b— TRY02b STY01b SVY01b— SVY02b (Change tested, no problems found, implemented in QFT.)	PRY01b— PRY39b & STY01b- Phase 1 TRY01b— TRY02b & SVY01b- Phase 2	<i>NOTE: Example text from PRY01b is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [AGE1STPR1 = CURNTAGE AND DATE OF INTERVIEW < DOB OR IF AGE1STPR1 = CURNTAGE - 1 AND DATE OF INTERVIEW ≥ DOB] Did you first use Vicodin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]?	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when 12 month use of a prescription drug was endorsed with first use within at respondent's current age. No change was made to the item as a result of cognitive testing.	Not included in 2012
PRY01c— PRY02c TRY01c— TRY02c STY01c SVY01c— SVY02c (Change tested, no problems found, implemented in QFT.)	PRY01c— PRY02c & STY01c— Phase 1 TRY01c— TRY02c & SVY01c— SVY02c— Phase 2	<i>NOTE: Example text from PRY01c is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [IF AGE1STPR2 = CURNTAGE - 1 AND DATE OF INTERVIEW < DOB] Did you first use Lortab in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]?	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when 12 month use of a prescription drug was endorsed at respondent's age one year younger than their current age. No change was made to the item as a result of cognitive	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
				testing.	
PRY01d— PRY02d TRY01d— TRY02d STY01d SVY01d— SVY02d (Change tested, no problems found, implemented in QFT.)	PRY01d- PRY02d & STY01d— Phase 1 TRY01d- TRY02d & SVY01d- SVY02d— Phase 2	<p><i>NOTE: Example text from PRY01d is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>[IF PRYFU1 NE 0 AND PRJANFLAG1 = 0 AND PRDECFLAG1=0 AND PR1MTHFLAG1=0]</p> <p>[IF PRYFU1 = CURRENT YEAR OR CURRENT YEAR -1] Earlier, you reported that you first used Vicodin in a way a doctor did not direct you to use it when you were [AGE1STPR1] years old. Based on your date of birth, you turned [AGE1STPR1] in [FILL WITH MONTH/YEAR FOR AGE1STPR1 BASED ON DOB].</p> <p>[IF PRYFU1 NE 0] In what month in [PRYFU1] did you first use Vicodin in a way a doctor did not direct you to use it?</p>	No changes between initial testing and final QFT wording.	This question asked recent initiates of prescription drug misuse about the month of first use of in order to meet a redesign goal of capturing more precise data on first use among recent initiates of drugs. No change was made to the item as a result of cognitive testing.	Not included in 2012
PRM02DKRE TRM02DKRE STM02DKRE SVM02DKRE (Change tested, no problems found, implemented in QFT.)	PRM02DKR E & STM02DKR E— Phase 1 TRM02DKR E & SVM02DKR E—Phase 2	<p><i>NOTE: Example text from PRM02DKRE is displayed below. Equivalent text was used for TRM02DKRE, STM02DKRE, & SVM02DKRE.</i></p> <p>[IF PRM02 = DK/REF] What is your best estimate of the number of days you used [PRNAMEFILL] in any way a doctor did not direct you to use [PRNUMFILL] during the past 30 days?</p>	No changes between initial testing and final QFT wording.	No changes were made to the item as a result of the cognitive testing. In the 2012 survey, details of misuse about individual drugs are not collected. This question was introduced to measure frequency of misuse of all misused substances.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
PRM03 TRM03 STM03 SVM03 (Change tested, no problems found, implemented in QFT.)	PRM03 & STM03— Phase 1 TRM03 & SVM03— Phase 2	<i>NOTE: Example text from PRM03 is displayed below. Equivalent text was used for TRM03, STM03, & SVM03.</i> [IF ALC30USE = 1 and PRMISUSE30 = 1)] During the past 30 days did you use [PRNAMEFILL] in any way a doctor did not direct you to use [PRNUMFILL] while you were drinking alcohol or within a couple of hours of drinking?	No changes between initial testing and final QFT wording.	No changes were made to the item as a result of the cognitive testing. In the 2012 survey, details of misuse with alcohol are collected in the Consumption of Alcohol module. Here it is asked in the relevant prescription drug module.	Think again about this last time you drank any alcoholic beverages, when you had [CA01 FILL] [drink/drinks]. Did you also use [DRUGFILL] while you were drinking or within a couple of hours of drinking?
PRY40 TRY19 STY24 SVY19	PRY40 & STY24— Phase 1 TRY19 & SVY19— Phase 2	<i>NOTE: Example text from PRY40 is displayed below. Equivalent text was used for TRY19, STY24, & SVY19.</i> [IF PR11=1] In the past 12 months, did you use any [IF PR11=1 AND PRYRCOUNT > 1 FILL “other”] prescription pain reliever in a way a doctor did not direct you to use it?	No changes between initial testing and final QFT wording.	No changes were made to the item as a result of the cognitive testing. In the 2012 survey, details of past year misuse about individual drugs are not collected. This question was introduced to measure details of misuse of all misused substances.	Not included in 2012
PRY41 STY25 TRY20 SVY18 Change tested, wording improvement identified, implemented in QFT.)	PRY41 & STY25— Phase 1 TRY20 & SVY18— Phase 2	<i>NOTE: Example text from PRY41 is displayed below. Equivalent text was used for STY25, TRY20, & SVY18.</i> [IF PRMISUSE12=1] Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? To select more than one statement, press the space bar between the numbers. When you have finished, press [ENTER].	[IF PRMISUSE12=1] Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? To select more than one statement, press the space bar between the numbers. 1 At least once, I used [PRNAMEFILL] without a prescription of my own. 2 At least once, I used [PRNAMEFILL] in greater amounts, more often, or for longer than it was prescribed. 3 At least once, I used	This question was added to capture more detail about which ways the respondents misused specific drugs. The “at least once” wording was confusing to some respondents in the first round of cognitive interviewing, so it was removed for subsequent rounds of cognitive interviewing and for the QFT. Additional methods of misuse were also	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>1 I used [PRNAMEFILL] without a prescription of my own.</p> <p>2 I used [PRNAMEFILL] in greater amounts than [IF PRNAMEFILL= "codeine pills" or PRNAMEFILL= "prescription pain relievers" THEN FILL WITH "they were"; ELSE FILL WITH "it was"] prescribed.</p> <p>3 I used [PRNAMEFILL] more often than [IF PRNAMEFILL= "codeine pills" or PRNAMEFILL= "prescription pain relievers" THEN FILL WITH "they were"; ELSE FILL WITH "it was"] prescribed.</p> <p>4 I used [PRNAMEFILL] for longer than [IF PRNAMEFILL= "codeine pills" or PRNAMEFILL= "prescription pain relievers" THEN FILL WITH "they were"; ELSE FILL WITH "it was"] prescribed.</p> <p>5 I used [PRNAMEFILL] in some other way a doctor did not direct me to use [PRNUMFILL]</p>	<p>[PRNAMEFILL] in some other way a doctor did not direct me to use [PRNUMFILL]</p>	<p>identified and added to the response options.</p>	
<p>PRY42B STY26B</p> <p>TRY42B SVY19B (Change tested,</p>	<p>PRY42B & STY26B— Phase 1</p> <p>TRY42B & SVY19B— Phase 2</p>	<p><i>NOTE: Example text from PRY42b is displayed below. Equivalent text was used for STY26b, TRY42B, & SVY19B.</i></p> <p>[IF PRMISUSE12=1 AND PRMISCOUNT=1 AND PRDKREFFLAG=2] Now think about</p>	<p>[IF PRMISUSE12=1 AND PRMISCOUNT=1 AND PRDKREFFLAG=2] Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use it.</p>	<p>Response categories were streamlined and reduced as a result of cognitive interviewing.</p>	<p>Not included in 2012</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
wording improvement identified, implemented in QFT.)		<p>the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use [FILL WITH “them” IF RPRY42A=19. ELSE FILL WITH “it”].</p> <p>[IF PRMISUSE12 = 1] How did you get the [PRLASTFILL]? If you got the [PRLASTFILL] in more than one way, please choose one of these ways as your best answer.</p> <p>1 I got a prescription for the [PRLASTFILL] from just one doctor</p> <p>2 I got prescriptions for the [PRLASTFILL] from more than one doctor</p> <p>3 I stole the [PRLASTFILL] from a doctor’s office, clinic, hospital, or pharmacy</p> <p>4 I got the [PRLASTFILL] from a friend or relative for free</p> <p>5 I bought the [PRLASTFILL] from a friend or relative</p> <p>6 I took the [PRLASTFILL] from a friend or relative without asking</p> <p>7 I bought the [PRLASTFILL] from a drug dealer or other stranger</p> <p>8 I got the [PRLASTFILL] in some other way</p> <p>DK/REF</p>	<p>[IF PRMISUSE12 = 1] How did you get the [PRLASTFILL]? If you got the [PRLASTFILL] in more than one way, please choose one of these ways as your best answer.</p> <p>1 I got a prescription for the [PRLASTFILL] from just one doctor</p> <p>2 I got prescriptions for the [PRLASTFILL] from more than one doctor</p> <p>3 I wrote a fake prescription for the [PRLASTFILL]</p> <p>4 I stole the [PRLASTFILL] from a doctor’s office, clinic, hospital, or pharmacy</p> <p>5 I got the [PRLASTFILL] from a friend or relative for free</p> <p>6 I bought the [PRLASTFILL] from a friend or relative</p> <p>7 I took the [PRLASTFILL] from a friend or relative without asking</p> <p>8 I bought the [PRLASTFILL] from a drug dealer or other stranger</p> <p>9 I bought the [PRLASTFILL] on the Internet</p> <p>10 I got the [PRLASTFILL] in some other way</p> <p>DK/REF</p>		
PRY42C STY26C TRY21C SVY19C	PRY42C & STY26C— Phase 1	<i>NOTE: Example text from PRY42c is displayed below. Equivalent text was used for TRY21C & SVY19C.</i>	No changes between initial testing and final QFT wording.	Wording and fills in this question were adapted to redesign conventions. No changes were made	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
(Change tested, no problems found, implemented in QFT.)	TRY21C & SVY19C— Phase 2	[IF PRY42B=5 AND CALCAGE >=18] You reported that you got the [PRLASTFILL] from a friend or relative for free. How did your friend or relative get the [PRLASTFILL]?		as a result of the cognitive interviewing.	
(PRHOSPYR1 & STHOSPYR1) (Change tested, problems found, dropped from QFT)	Phase 1	Items dropped from questionnaire.	<p><i>NOTE: Example text from PRHOSPYR1 is displayed below. Equivalent text was used for STHOSPYR1.</i></p> <p>[IF PR12MON=1 AND (PR11=1 OR PRYRCOUNT > 1)] The computer recorded that, in the past 12 months, you used [PRHOSPFILL].</p> <p>In the past 12 months, did you use [IF PR11=1 AND PRYRCOUNT=1, THEN FILL WITH PRHOSPFILL. IF PRYRCOUNT > 1 THEN FILL WITH “any of these prescription pain relievers”] only when you were in the hospital? That would include staying in the hospital as an inpatient or being treated in an emergency room.</p> <p>[IF PR12MON=1 AND PR11 NE 1 AND PRYRCOUNT = 1] In the past 12 months, did you use [PRHOSPFILL] only when you were in the hospital? That would include staying in the hospital as an inpatient or being treated in an emergency room.</p>	A question about legitimate use of prescription drugs only while in the hospital was added to the instrument during the cognitive interviewing in order to account for this very specific kind of use that respondents might not be sure how to count. The question confused several respondents so it was eliminated.	Not included in 2012
(PRHOSPYR2 & STHOSPYR2) (Change tested,	Phase 1	Item dropped from questionnaire.	<p><i>NOTE: Example text from PRHOSPYR2 is displayed below. Equivalent text was used for STHOSYR2.</i></p> <p>[IF PRHOSPYR1=1 AND PRYRCOUNT ></p>	This follow up to the previous question assessed which prescription drugs were used only in a hospital	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
problems found, dropped from QFT)			<p>1] Which of these pain relievers did you use only when you were in the hospital in the past 12 months?</p> <p>(LIST DRUGS ANSWERED AS YES IN PR01-PR11. NUMBER RESPONSE OPTIONS SEQUENTIALLY STARTING AT 1, BUT MAINTAIN UNIQUE CODES FOR EACH DRUG. IF PR11=1, DISPLAY "Another prescription pain reliever" AS THE LAST CATEGORY.)</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>	setting. It was dropped along with the lead-in question due to confusion.	
PRYMOTIV	Phase 2	<p><i>NOTE: Example text from PRYMOTIV is displayed below.</i></p> <p>[IF PRMISCOUNT > 1 OR (PRMISCOUNT = 1 AND PRY40 NE 1 AND PRDKREFFLAG=1)] Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use [FILL WITH 'them" IF RPRY42A=19. ELSE FILL WITH "it"].</p> <p>What were the reasons you used [PRLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 To relieve physical pain 2 To relax or relieve tension</p>	<p>[IF PRMISCOUNT > 1 OR (PRMISCOUNT = 1 AND PRY40 NE 1 AND PRDKREFFLAG=1)] Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use [FILL WITH 'them" IF RPRY42A=19. ELSE FILL WITH "it"].</p> <p>What were the reasons you used [PRLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 To relieve physical pain 2 To relax or relieve tension 3 To experiment or to see what [IF RPRY42A=19 THEN "they're" ELSE "it's"] like</p>	This question was added to gather data about motivation for misuse of Pain Relievers.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>3 To experiment or to see what [IF RPRY42A=19 THEN "they're" ELSE "it's"] like</p> <p>4 To feel good or get high</p> <p>5 To help with my sleep</p> <p>6 To help me with my feelings or emotions</p> <p>7 To increase or decrease the effect(s) of some other drug</p> <p>8 Because I am "hooked" or I have to have [IF RPRY42A=19 THEN "them" ELSE "it"]</p> <p>9 I used [IF RPRY42A=19 THEN "them" ELSE "it"] for some other reason</p> <p>DK/REF</p>	<p>4 To feel good or get high</p> <p>5 To help with my sleep</p> <p>6 To increase or decrease the effect(s) of some other drug</p> <p>7 Because I am "hooked" or I have to have [IF RPRY42A=19 THEN "them" ELSE "it"]</p> <p>8 I used [IF RPRY42A=19 THEN "them" ELSE "it"] for some other reason</p> <p>DK/REF</p>		
TRMOTIV SVMOTIV	Phase 1	<p>[IF SVMISCOUNT > 1 OR (SVMISCOUNT=1 AND SVY17 NE 1 AND SVDKREFFLAG=1)] Now think about the last time you used [SVLASTFILL2] in any way a doctor did not direct you to use it. What were the reasons you used [SVLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1. To relax or relieve tension</p> <p>2. To experiment or to see what it's like</p> <p>3. To feel good or get high</p> <p>4. To help with my sleep</p> <p>5. To help me with my feelings or emotions</p>	<p>[IF SVMISCOUNT > 1 OR (SVMISCOUNT=1 AND SVY17 NE 1 AND SVDKREFFLAG=1)] Now think about the last time you used [SVLASTFILL2] in any way a doctor did not direct you to use it. What were the reasons you used [SVLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 To relax or relieve tension</p> <p>2 To experiment or to see what it's like</p> <p>3 To feel good or get high</p> <p>4 To help with my sleep</p> <p>5 To increase or decrease the</p>	This question was added to gather data about motivation for misuse of Tranquilizers and Sedatives.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>6. To increase or decrease the effect(s) of some other drug</p> <p>7. Because I am “hooked” or I have to have it</p> <p>8. I used it for some other reason</p> <p>DK/REF</p>	<p>effect(s) of some other drug</p> <p>6 Because I am “hooked” or I have to have it</p> <p>7 I used it for some other reason</p> <p>DK/REF</p>		
STYMOTIV	Phase 2	<p>[IF STMISCOUNT > 1 OR (STMISCOUNT = 1 AND STY26NE 1 AND STDKREFFLAG=1)]Now think about the last time you used [STLASTFILL2] in any way a doctor did not direct you to use [FILL WITH ‘them” IF RSTY42A=5. ELSE FILL WITH “it”]</p> <p>What were the reasons you used [STLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1. To help me lose weight</p> <p>2. To help me concentrate</p> <p>3. To help me be alert or stay awake</p> <p>4. To help me study</p> <p>5. To experiment or to see what [IF RSTY42A=5 THEN “they’re” ELSE “it’s”] like</p>	No changes between initial testing and final QFT wording.	This question was added to gather data about motivation for misuse of Stimulants.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		6. To feel good or get high 7. To increase or decrease the effect(s) of some other drug 8. Because I am “hooked” or I have to have [IF RSTY42A=5 THEN “them” ELSE “it”] 9. I used [IF RSTY42A=5 THEN “them” ELSE “it”] for some other reason DK/REF			
PRMOTOT TRMOTOT STMOTOT SVMOTOT	Phase 2	<i>NOTE: Example text from PRMOTOT is displayed below. Equivalent text was used for TRMOTOT, STMOTOT, & SVMOTOT.</i> [IF PRYMOTIV=9] Please type in the other reason you used [PRLASTFILL2] that time. When you have finished typing your answer, press [ENTER] to go to the next question.	[IF PRYMOTIV=8] Please type in the reason you used [PRLASTFILL2] that time. When you have finished typing your answer, press [ENTER] to go to the next question.	This question was added to gather other, specify data about motivation for misuse of prescription drugs.	Not included in 2012
PRYMOT1	Phase 2	[IF MORE THAN ONE RESPONSE 1-9 CHOSEN IN PRYMOTIV] Which was the main reason you used [PRLASTFILL2] that time? PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN PRYMOTIV 1 To relieve physical pain 2 To relax or relieve tension 3 To experiment or to see	[IF MORE THAN ONE RESPONSE 1-7 CHOSEN IN PRYMOTIV] Which was the main reason you used [PRLASTFILL2] that time? PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN PRYMOTIV 1 To relieve physical pain 2 To relax or relieve tension 3 To experiment or to see what	This question was added to gather data about the primary motivation for misuse of pain relievers. Edits to logic were made as a result of cognitive testing.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>what it's like</p> <p>4 To feel good or get high</p> <p>5 To help me with my feelings or emotions</p> <p>6 It helps with my sleep</p> <p>7 To increase or decrease the effect(s) of some other drug</p> <p>8 Because I am "hooked" or I have to have it</p> <p>9 [IF PRYMOTIV=9] The other reason I reported</p>	<p>it's like</p> <p>4 To feel good or get high</p> <p>5 It helps with my sleep</p> <p>6 To increase or decrease the effect(s) of some other drug</p> <p>7 Because I am "hooked" or I have to have it</p> <p>DK/REF</p>		
TRYMOT1 SVYMOT1	Phase 2	<p>[IF MORE THAN ONE RESPONSE 1-9 CHOSEN IN TRYMOTIV] Which was the main reason you used [TRLASTFILL2] that time?</p> <p>PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN TRYMOTIV</p> <p>1. To relax or relieve tension</p> <p>2. To experiment or to see what it's like</p> <p>3. To feel good or get high</p> <p>4. To help me with my feelings or emotions</p> <p>5. It helps with my sleep</p> <p>6. To increase or decrease the effect(s) of some other drug</p> <p>7. Because I am "hooked" or I have to have it</p> <p>8. [IF PRYMOTIV=9] The other reason I reported</p>	<p>[IF MORE THAN ONE RESPONSE 1-7 CHOSEN IN TRYMOTIV] Which was the main reason you used [TRLASTFILL2] that time?</p> <p>PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN TRYMOTIV</p> <p>1. To relax or relieve tension</p> <p>2. To experiment or to see what it's like</p> <p>3. To feel good or get high</p> <p>4. To help with my sleep</p> <p>5. To increase or decrease the effect(s) of some other drug</p> <p>6. Because I am "hooked" or I have to have it</p> <p>7. I used it for some other reason</p> <p>DK/REF</p>	This question was added to gather data about the primary motivation for misuse of tranquilizers and stimulants. Edits to logic were made as a result of cognitive testing.	Not included in 2012
STYMOT1	Phase 2	[IF MORE THAN ONE RESPONSE 1-9	[IF MORE THAN ONE RESPONSE 1-9	This question was added	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>CHOSEN IN STYMOTIV] Which was the main reason you used [STLASTFILL2] that time?</p> <p>PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN STYMOTIV</p> <ol style="list-style-type: none"> 1. To help me lose weight 2. To help me concentrate 3. To help me be alert or stay awake 4. To help me study 5. To experiment or to see what [IF RSTY42A=5 THEN "they're" ELSE "it's"]like 6. To feel good or get high 7. To increase or decrease the effect(s) of some other drug 8. Because I am "hooked" or I have to have [IF RSTY42A=5 THEN "them" ELSE "it"] 9. [IF STMOTIV=9] The other reason I reported 	<p>CHOSEN IN STYMOTIV] Which was the main reason you used [STLASTFILL2] that time?</p> <p>PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN STYMOTIV</p> <ol style="list-style-type: none"> 1. To help me lose weight 2. To help me concentrate 3. To help me be alert or stay awake 4. To help me study 5. To experiment or to see what [IF RSTY42A=5 THEN "they're" ELSE "it's"]like 6. To feel good or get high 7. To increase or decrease the effect(s) of some other drug 8. Because I am "hooked" or I have to have [IF RSTY42A=5 THEN "them" ELSE "it"] 	<p>to gather data about the primary motivation for misuse of sedatives. Edits to logic were made as a result of cognitive testing.</p>	
<p>STY25A (Change tested, minor wording problems found, revisions</p>	<p>Phase 1</p>	<p>[IF STMISUSE12=1] At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL]?</p>	<p>[IF STMISUSE12=1] At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL] in any way a doctor did not direct you to use [STNUMFILL]?</p>	<p>Question moved from Special Drugs to Stimulants main module. As a result of cognitive testing, the wording of the question was streamlined.</p>	<p>Not included in 2012</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
implemented in QFT.)					
SD01 (Change tested, no problems found, implemented in QFT.)	Phase 2	The last questions were about prescription drugs. The next question is about non-prescription cough or cold medicines, also known as “ over-the-counter ” medicines. Have you ever, even once, taken a non-prescription cough or cold medicine just to get high?	No changes between initial testing and final QFT wording.	Wording introducing the over the counter medicine questions was tailored to redesign conventions and question order.	The last two questions were about prescription drugs. The next question is about non-prescription cough or cold medicines, also known as over the counter medicines. Have you ever, even once, taken a non-prescription cough or cold medicine just to get high?
SD02(Change tested, no problems found, implemented in QFT.)	Phase 2	[IF SD01 = 1] How long has it been since you last took one of these cough or cold medicines to get high?	No changes between initial testing and final QFT wording.	Collected recency data for misuse of cough and cold medicines.	Not included in 2012
SD05/SD15 (Change tested, no problems found, implemented in QFT.)	Phase 2	Have you ever , even once, used a needle to inject any other drug that was not prescribed for you?	No changes between initial testing and final QFT wording.	In order to maintain conventions of revised misuse wording, deleted the words, “only for the experience or feeling it caused.”	Have you ever , even once, used a needle to inject any other drug that was not prescribed for you or that you took only for the experience or feeling it caused?
SD10a (Change tested, no problems found, implemented in QFT.)	Phase 2	Have you ever , even once, used a needle to inject methamphetamine ?	No changes between initial testing and final QFT wording.	To maintain consistency across modules, and to limit follow up questions to data collected in the stand alone methamphetamine module, removed reference to Desoxyn and Methedrine.	Have you ever , even once, used a needle to inject Methamphetamine, Desoxyn, or Methedrine when it was not prescribed for you or that you took only for the experience or feeling it caused?
MJMM (Change tested, no problems found, implemented	Phase 2	[IF (MJLAST3 = 1 - 2 OR MJRECDK = 1 - 2 OR MJRECRE = 1 - 2) OR BL03=2] Earlier, you reported using marijuana in the past year. Was any of your marijuana use in the past 12 months recommended by a doctor?	[IF MJ01=1 OR MJREF=1] Was any of your marijuana use recommended by a doctor?	Questions about medical use of marijuana were added to the redesign instrument. After cognitive interviewing, the wording was tailored	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
in QFT.)				to 12 month users of marijuana only.	
MJMM01 (Change tested, no problems found, implemented in QFT.)	Phase 2	[IF MJMM=1] Was all of your marijuana use in the past 12 months recommended by a doctor?	[IF MJMM=1] Was all of your marijuana use recommended by a doctor?	Questions about medical use of marijuana were added to the redesign instrument. After cognitive interviewing, the wording was tailored to 12 month users of marijuana only.	Not included in 2012
DRPR DRTR DRST DRSV (Change tested, no problems found, implemented in QFT.)	Phase 2	<p><i>NOTE: Example text from DRPR is displayed below. Equivalent text was used for DRTR, DRST, & DRSV.</i></p> <p>[IF PAI12MON = 1] Think about your use of prescription pain relievers during the past 12 months as you answer these next questions. Remember, we are only interested in prescription pain relievers that you used in any way a doctor did not direct you to. Earlier the computer recorded that in the past 12 months you used [IF PRMISCOUNT=1 FILL PRFILL2][IF PRMISCOUNT>=2 FILL WITH "the pain relievers listed below"] in a way a doctor did not direct you to use [PRNUMFILL].</p> <p>[IF PRMISCOUNT>=2 FILL WITH DRUG NAMES FROM PRY01-PRY39 BELOW. USE MULTIPLE COLUMNS AS NEEDED. IF PRY40 = 1, ADD "Some other prescription pain reliever".]</p> <p>The next questions refer to [IF</p>	<p>[IF PAI12MON = 1] Think about your use of prescription pain relievers during the past 12 months as you answer these next questions. Remember, we are only interested in your use of prescription pain relievers that were not prescribed for you or that you used only for the experience or feeling they caused.</p> <p>Press [ENTER] to continue.</p>	<p>Wording in the Substance Dependence and Abuse section was updated to reflect revised wording surrounding prescription drug misuse. Changes made after cognitive interviewing involved logistical/spec issues only.</p>	<p>IF PAI12MON = 1] Think about your use of prescription pain relievers during the past 12 months as you answer these next questions. Remember, we are only interested in your use of prescription pain relievers that were not prescribed for you or that you used only for the experience or feeling they caused.</p> <p>Press [ENTER] to continue.</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		PRY40 NE 1 AND PRMISCOUNT=1 FILL PRFILL2 as a prescription pain reliever; IF PRY40 = 1 AND PRMISCOUNT=1 FILL WITH “this other prescription pain reliever”; IF PRMISCOUNT>=2 FILL WITH “these as prescription pain relievers”]. Press [ENTER] to continue.			
DRST05 (Change tested, no problems found, implemented in QFT.)	Phase 2	[IF DRST04 = 1] Were you able to keep to the limits you set, or did you often use prescription stimulants more than you intended to?	No changes between initial testing and final QFT wording.	Wording in the Drug Dependence and Abuse section was updated to reflect revised wording surrounding prescription drug misuse. Changes made after cognitive interviewing involved logistical/spec issues only.	[IF DRPR04 = 1] Were you able to keep to the limits you set, or did you often use prescription pain relievers more than you intended to?
Height questions (Change tested, problems found, revisions implemented in QFT.)	Phase 1	HLTH04 This question asks about your height. To answer in feet and inches, press 1. To answer in meters and centimeters, press 2. To answer in inches only, press 3. To answer in centimeters only, press 4. Then press [ENTER] to continue. 1 I would rather answer in feet and inches 2 I would rather answer in meters and centimeters 3 I would rather answer only in inches 4 I would rather answer only in centimeters DK/REF	HLTHNEW01 About how tall are you, without shoes? First, please type in the number of feet, then press [ENTER]. To answer using meters and centimeters, press F3. _____ feet [RANGE: 2-8] DK/REF HLTHNEW01a (IF HLTHNEW01 NE DK/RF) Next, please type in the number of inches and then press [ENTER]. _____ inches [RANGE: 0-11] DK/REF	Height and weight questions were added as part of the redesign in order to capture more details on physical health of respondents. Several versions of these questions were tested in order to make it easier for respondents to answer in either metric or US measurements. Edits were also made so that respondents could answer only in inches or centimeters.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>HLTH05 [IF HLTH04=1] About how tall are you, without shoes? First, please type in the number of feet, then press [ENTER].</p> <p>_____ feet [RANGE: 0-8] DK/REF</p> <p>HLTH06 [IF HLTH04 = 1 OR 3 AND HLTH05 NE DK/RF] Please type in the number of inches and then press [ENTER].</p> <p>_____ inch(es) [RANGE: 0-110] DK/REF</p> <p>HLTH07 [IF HLTH04=2] About how tall are you, without shoes? First, please type in the number of meters, then press [ENTER].</p> <p>_____ meters [RANGE: 0-3] DK/REF</p> <p>HLTH08 [IF HLTH04 = 2 OR 4 AND HLTH07 NE DK/REF] Please type in the number of centimeters and then press [ENTER].</p> <p>_____ centimeter(s) [RANGE:0-300] DK/REF</p>	<p>PROGRAMMER: PLEASE DISPLAY HLTHNEW01 AND HLTHNEW01a ON THE SAME SCREEN.</p> <p>HLTHNEW01b (IF HLTHNEW01=DK) You may also report your height using meters and centimeters. About how tall are you, without shoes? First, please type in the number of meters, then press [ENTER].</p> <p>_____ meters [RANGE: 0-3] DK/REF</p> <p>HLTHNEW01c [IF HLTHNEW01b NE BLANK] Next, please type in the number of centimeters and then press [ENTER].</p> <p>_____ centimeters [RANGE:0-275] DK/REF</p> <p>PROGRAMMER: PLEASE DISPLAY THESE HLTHNEW01b AND HLTHNEW01c ON THE SAME SCREEN.</p>		

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
Weight questions (Change tested, problems found, revisions implemented in QFT.)	Phase 1	<p>HLTH09 The next question asks about your weight.</p> <p>To answer in pounds, press 1. To answer in kilograms, press 2. Then press [ENTER] to continue.</p> <p>1 I would rather answer in pounds 2 I would rather answer in kilograms DK/REF</p> <p>HLTH10 [IF HLTH09=1 AND HLTH02 NE 1] About how much do you weigh? Please type in the number of pounds and then press [ENTER]. _____pounds [RANGE: 50-550] DK/REF</p> <p>HLTH12 [IF HLTH11=2 AND HLTH02 NE 1] About how much do you weigh? Please type in the number of kilograms and then press [ENTER]. _____ kilograms [RANGE: 22-275] DK/REF</p> <p>HLTH13 [IF HLTH02=1 AND HLTH09=1] About how much did you weigh before you got pregnant? Please type in the number of pounds and then press [ENTER].</p>	<p>HLTHNEW02 (IF HLTH01 NE 1) About how much do you weigh? Please type in the number of pounds and then press [ENTER]. To answer using kilograms, press F3. _____pounds [RANGE: 50-550] DK/REF</p> <p>HLTHNEW02A (IF HLTHNEW02=DK) You may also report your weight using kilograms. About how much do you weigh? Please type in the number of kilograms and then press [ENTER]. _____ kilograms [RANGE: 22-275] DK/REF</p> <p>HLTHNEW02p (IF HLTH01 = 1) About how much did you weigh before you got pregnant? Please type in the number of pounds and then press [ENTER]. To answer using kilograms, press F3. _____pounds [RANGE: 50-550] DK/REF</p> <p>HLTHNEW02pp (IF HLTHNEW02p =DK) You may also report your weight using kilograms. About how much did you weigh before you got pregnant? Please type in the number of kilograms and then press [ENTER].</p>	Height and weight questions were added as part of the redesign in order to capture more details on physical health of respondents. Several versions of these questions were tested in order to make it easier for respondents to answer in either metric or US measurements.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>_____pounds [RANGE: 50-550] DK/REF</p> <p>HLTH14 [IF HLTH02=1 AND HLTH09=2] About how much did you weigh before you got pregnant? Please type in the number of kilograms and then press [ENTER].</p> <p>_____ kilograms [RANGE: 22-275] DK/REF</p>	<p>_____ kilograms [RANGE: 22-275]</p> <p>DK/REF DK/REF</p>		
HLTHNEW03 (HLTH19) (Change tested, no problems found, implemented in QFT.)	Phase 1	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?	<p>During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or other health care professional about your own health at a doctor's office, a clinic, or some other place?</p> <p>Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits by a health care professional, dental visits, or telephone calls.</p>	Questions about health provider visits were added as part of the redesign. Instructions about how to count visits were deemed unnecessary or confusing and removed.	Not included in 2012
HLTH22 (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>[(((IF HLTH16>=1 AND (HLTH17=1 OR HLTH19>=1)) OR (HLTH17=1 AND (HLTH16>=1 OR HLTH19>=1 OR HLTH19DK>=1)) OR ((HLTH19>=1 OR HLTH19DK>=1) AND (HLTH16>=1 OR HLTH17=1))) AND (ALLAST3=1 OR 2 OR ALRECDK=1 OR 2 OR ALRECRE=1 OR 2)] Please think about all of the talks you have had with a doctor or other health care professional during the past 12 months when you answer this question. Choose the statement or statements below that describe any discussions you may</p>	No changes between initial testing and final QFT wording.	Questions were tested about discussing alcohol & drug use with a doctor. No changes were made as a result of testing.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>have had in person with a doctor or other health professional about your alcohol use.</p> <p>(((IF HLTH16>=1 AND HLTH17 NE 1 AND HLTH19<1 AND HLTH19DK<1) OR (HLTH17 =1 AND HLTH16 = 0 AND HLTH19<1 AND HLTH19DK<1) OR ((HLTH19 >=1 OR HLTH19DK>=1) AND HLTH16 = 0 AND HLTH17 NE 1)) AND (ALLAST3=1 OR 2 OR ALRECDK=1 OR 2 OR ALRECRE=1 OR 2)) Please think about [VISITFILL] during the past 12 months when you answer this question. Choose the statement or statements below that describe any discussion you may have had in person with a doctor or other health professional about your alcohol use.</p> <p>To select more than one statement, press the space bar between each number you type. When you have finished, press [ENTER].</p>			
HLTH26othr (Change tested, no problems found, implemented in QFT.)	Phase 2	No change.	(IF HLTH26=30) Please tell me which other kind of cancer you had.	Questions about cancer were tested. Only logistical/spec changes were made as a result of the testing.	Not included in 2012
HLTHNEW11 (HLTH29) (Change tested, no problems found,	Phase 1	[IF HLTH25=9 AND HLTH28 AND HLTH28a AND HLTH28b AND HLTH28c AND HLTH28c AND HLTH28d AND HLTH28e AND HLTH28f AND HLTH28g AND HLTH28h AND HLTH28i AND	(IF HLTHNEW08=9) Did you have cancer during the past 12 months?	Questions about cancer were tested. Only logistical/spec changes were made as a result of the testing.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
implemented in QFT.)		HLTH28j AND HLTH28k AND HLTH28l AND HLTH28m AND HLTH28n AND HLTH28o AND HLTH28p AND HLTH28q AND HLTH28r AND HLTH28s AND HLTH28t AND HLTH28u AND HLTH28v AND HLTH28w AND HLTH28x AND HLTH28y AND HLTH28z AND HLTH28aa AND HLTH28bb AND HLTH28cc NE CALCAGE] Did you have cancer during the past 12 months?			
HLTHNEW12a (HLTH31) (Change tested, no problems found, implemented in QFT.)	Phase 1	[IF HLTH25=1 AND HLTH30 NE CALCAGE] Did you have any kind of heart condition or heart disease in the past 12 months?	(IF HLTHNEW08=1) Did you have any kind of heart condition or heart disease in the past 12 months?	Questions about health conditions were added. Only logistical/spec changes were made as a result of the cognitive testing.	Not included in 2012
Disability Items (QD55-QD61) Not tested	NA	<p>QD55 How well do you speak English?</p> <p>QD56 Are you deaf or do you have serious difficulty hearing?</p> <p>QD57 Are you blind or do you have serious difficulty seeing, even when wearing glasses?</p> <p>QD58 Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p>QD59 Do you have serious</p>		These items were added in response to feedback received about the survey.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>difficulty walking or climbing stairs?</p> <p>QD60 Do you have difficulty dressing or bathing?</p> <p>QD61 [IF CURNTAGE >14] Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping?</p>			
QD17 (moved to ACASI, no problems found, implemented in QFT)	Phase 2	The next questions are about school. Are you now attending or are you currently enrolled in school? By "school," we mean an elementary school, a junior high or middle school, a high school, or a college or university. Please include home schooling as well.	No changes between initial testing and final QFT wording.	This question was moved to ACASI. No changes were made as a result of testing.	<p>The next questions are about school. Are you now attending or are you currently enrolled in school? By "school," we mean an elementary school, a junior high or middle school, a high school, or a college or university. Please include home schooling as well.</p> <p>1 YES 2 NO DK/REF</p>
QD26 (moved to ACASI, no problems found, implemented in QFT)	Phase 2	<p>[IF CURNTAGE = 15 OR OLDER] The next questions are about working. Did you work at a job or business at any time last week? By last week, I mean the week beginning on Sunday, [STARTDATE] and ending on Saturday, [ENDDATE].</p> <p>Press F2 to hear more information about what types of work to include.</p>	No changes between initial testing and final QFT wording.	This question was moved to ACASI. Explanatory/example text was added as optional text available with pressing the F2 key. No changes were made as a result of testing.	<p>[IF CURNTAGE = 15 OR OLDER] The next questions are about working. Did you work at a job or business at any time last week? By last week, I mean the week beginning on Sunday, [STARTDATE] and ending on Saturday, [ENDDATE].</p> <p>1 YES 2 NO DK/REF</p>
Military	NA	QD10d For this question, please		These items were added	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
Family Items (QD10d & QD10e) Not tested		<p>include all persons in your immediate family, whether or not they live with you. Is anyone in your immediate family currently serving in the United States military? Press F2 to see and hear definitions of “immediate family” and “military.”</p> <p>QD10e Which member or members of your immediate family are currently in the United States military? Press F2 to see and hear definitions of “immediate family.”</p> <ol style="list-style-type: none"> 1 My spouse 2 Unmarried partner 3 My mother 4 My father 5 My son or sons 6 My daughter or daughters 7 My brother or brothers 8 My sister or sisters 		in response to feedback received about the survey.	
PROXYINT	NA	The next questions are about your health insurance coverage and the kinds and amounts of income that you [IF FAMILY MEMBERS IN ROSTER FILL “and your family”] receive. This information will help in planning health care services and finding ways to lower costs of care.		Revised wording after Phase 2 testing to encourage nominations of proxies when necessary.	The next questions are about your health insurance coverage and the kinds and amounts of income that you receive. (This information will help in planning health care services and finding ways to lower costs of care.)
NOPROX (HINSINT) (revisions)	Phase 2	[IF QP01=2 OR QP03 = 2 OR DK/REF OR QP04 = 2 OR DK/REF OR HASJOIN= 2 OR DK/REF] I’m going to	[IF QP01=2 OR QP03 = 2 OR DK/REF OR QP04 = 2 OR DK/REF OR HASJOIN = 2 OR DK/REF] I’m going to give the	New language was added to assist the interviewer with transitioning back to	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
<p>tested, problems found, changes implemented in QFT)</p>		<p>give the computer back to you so that you can complete the last part of the interview on your own. [IF (QP03 = 2 OR DK/REF) OR (QP04 = 2 OR DK/REF) OR (HASJOIN = 2 OR DK/REF) ADD: Since your [QP02 FILL] is not available, please answer these next questions the best you can.]</p> <p>[IF NEWPROX = 2 AND HASJOIN=1] I'm going to give the computer to you so that you can complete the last part of the interview on your own.</p> <p>Please put on the headphones. When you are ready, let me know.</p> <p>MOVE COMPUTER SO RESPONDENT CAN USE IT. PRESS [ENTER] TO CONTINUE.</p>	<p>computer back to you so that you can complete the last part of the interview on your own. When you are ready, let me know.</p> <p>[IF QP03 = 2 OR DK/REF OR QP04 = 2 OR DK/REF OR HASJOIN = 2 OR DK/REF ADD THIS TEXT PRIOR TO THE QUESTION: Since your [QP02 FILL] is not available, please answer these next questions the best you can.]</p> <p>MOVE COMPUTER SO RESPONDENT CAN USE IT. PRESS [ENTER] TO CONTINUE.</p>	<p>ACASI for the final questions. Language was tailored to situations where a proxy might be required to answer the income series. As a result of testing, revisions were made to make the proxy transition happen more smoothly.</p>	
<p>QH103 (Wording revised for accuracy after testing, implemented in QFT)</p>	<p>Phase 2</p>	<p>There are certain programs that cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.</p> <p>[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care?</p> <p>Press F2 to see and hear more information about these programs.</p> <ul style="list-style-type: none"> • CHAMPUS stands for Civilian Health and Medical Program of 	<p>There are certain programs that cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.</p> <p>[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care?</p> <p>Press F2 to hear more information about these programs.</p> <p>CHAMPUS stands for Comprehensive Health and Medical Plan for the</p>	<p>Wording was revised for ACASI administration, and later to accurately note program names.</p>	<p>[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care?</p> <p>(These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.)</p> <p>1 YES 2 NO DK/REF</p> <p>INTERVIEWER NOTE:</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>the Uniformed Services. It provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. In some areas, this may be known as TRICARE.</p> <ul style="list-style-type: none"> • CHAMPVA stands for Civilian Health and Medical Program of the Department of Veterans Affairs. It provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability. • The VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments. • Military health care refers to health care available to active duty personnel and their dependents. 	<p>Uniformed Services. It provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. In some areas, this may be known as TRICARE.</p> <p>CHAMPVA stands for Comprehensive Health and Medical Plan of the Veterans Administration. It provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.</p> <p>The VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.</p> <p>Military health care refers to health care available to active duty personnel and their dependents.</p>		<p>CHAMPUS stands for Comprehensive Health and Medical Plan for the Uniformed Services. It provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. In some areas, this may be known as TRICARE.</p> <p>CHAMPVA stands for Comprehensive Health and Medical Plan of the Veterans Administration. It provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.</p> <p>Military health care refers to health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.</p>
INTROINC (revisions tested, minor problems found, changes made for QFT)	Phase 2	<p>[IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILL] receive.</p>	<p>[IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILL] receive.</p>	Wording was revised for ACASI administration. As a result of the cognitive testing, changes were made to make the process go more smoothly.	<p>[IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILL] receive.</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and you receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILLS] living here receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and [IF QD01=5 FILL his, QD01 = 9 FILL her] family – that is, you and [IF QD01=5 FILL his, QD01 = 9 FILL her][FAMILY RELATIONSHIP FILLS] living here – receive.</p> <p>[PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE ‘other’ AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]</p> <p>[IF HASJOIN NE 1] These questions refer to the calendar year [CURRENT YEAR - 1] rather than to the past 12</p>	<p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and you receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you, your [FAMILY RELATIONSHIP FILLS] living here receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and [IF QD01=5 FILL his, QD01 = 9 FILL her] family – that is, your [SAMPLE MEMBER POSS] [FAMILY RELATIONSHIP FILLS] living here – receive.</p> <p>These questions refer to the calendar year [CURRENT YEAR - 1] rather than to the past 12 months that were referred to in some earlier questions. The calendar year [CURRENT YEAR - 1] would be from January 1st, [CURRENT YEAR - 1], through December 31st, [CURRENT YEAR - 1].</p> <p>Press [ENTER] to continue</p>		<p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and you receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you, your [FAMILY RELATIONSHIP FILLS] living here receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and [IF QD01=5 FILL his, QD01 = 9 FILL her] family – that is, your [SAMPLE MEMBER POSS] [FAMILY RELATIONSHIP FILLS] living here – receive.</p> <p>These questions refer to the calendar year [CURRENT YEAR - 1] rather than to the past 12 months that were referred to in some earlier questions. The calendar year [CURRENT YEAR - 1] would be from January 1st, [CURRENT YEAR - 1], through December 31st, [CURRENT YEAR - 1].</p> <p>PRESS [ENTER] TO CONTINUE</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>months that were referred to in some earlier questions. The calendar year [CURRENT YEAR - 1] would be from January 1st, [CURRENT YEAR - 1], through December 31st, [CURRENT YEAR - 1].</p> <p>Press [ENTER] to continue</p>			
<p>QI12AN (Change tested, no problems found, implemented in QFT.)</p>	<p>Phase 2</p>	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=2]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance?</p> <p>Please include:</p> <ul style="list-style-type: none"> Cash assistance from a state or county welfare program such as [TANFFILL] Any other kind of non-monetary welfare or public 	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=2]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance?</p> <p># OF MONTHS RECEIVED ASSISTANCE: [RANGE: 1 - 12] DK/REF</p>	<p>Wording was revised for ACASI administration. As a result of the cognitive testing, changes were made to make the process go more smoothly.</p>	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=2]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance?</p> <p># OF MONTHS RECEIVED ASSISTANCE: _____ [RANGE: 1 - 12] DK/REF</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		assistance # OF MONTHS RECEIVED ASSISTANCE: _____ [RANGE: 1 - 12] DK/REF			
QI12BN (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=(1, DK OR REF)]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance, not including food stamps?</p> <p>Please include:</p> <ul style="list-style-type: none"> Cash assistance from a state or county welfare program such as [TANFFILL] 	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=(1, DK OR REF)]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance, not including food stamps?</p>	Wording was revised for ACASI administration. As a result of the cognitive testing, changes were made to make the process go more smoothly.	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=(1, DK OR REF)]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance, not including food stamps?</p> <p># OF MONTHS RECEIVED ASSISTANCE: _____ [RANGE: 1 - 12] DK/REF</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<ul style="list-style-type: none"> Any other kind of non-monetary welfare or public assistance 			
INTRTINN (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>Below is a list of some other sources of income. When I ask you the next questions, please consider these as well as the other sources asked about in earlier questions.</p> <p>Veteran’s Administration payments Other disability, retirement or survivor pension Unemployment or worker’s compensation Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts Alimony Child support</p> <p>Press [Enter] to continue.</p>	<p>Below is a list of some other sources of income. When you answer the next questions, please consider these as well as the other sources that we just talked about.</p> <p>Veteran’s Administration payments Other disability, retirement or survivor pension Unemployment or worker’s compensation Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts Alimony Child support</p> <p>PRESS [ENTER] TO CONTINUE.</p>	<p>Wording was revised for ACASI administration. No changes were made as a result of cognitive testing.</p>	<p>HAND R SHOWCARD 16a. Here is a list of some other sources of income. When you answer the next questions, please consider these as well as the other sources that we just talked about.</p> <p>INTERVIEWER: PLEASE READ THIS ALOUD TO THE RESPONDENT AS HE/SHE FOLLOWS ALONG ON THE SHOWCARD.</p> <p>Veteran’s Administration payments Other disability, retirement or survivor pension Unemployment or worker’s compensation Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts Alimony Child support</p> <p>PRESS [ENTER] TO CONTINUE.</p>
QI21B (Change tested, no problems	Phase 2	[IF QI20N = 1 OR QI20NREF = 1] Of these income groups, which category best represents [SAMPLE MEMBER POSS] total personal	[IF QI20N = 1] Of these income groups, which category best represents [SAMPLE MEMBER POSS] total personal income during [CURRENT	Income categories were revised to adjust for inflation and the question was revised for	[IF QI20N = 1] ENTER NUMBER THAT BEST REPRESENTS (R’S/SAMPLE MEMBER’S) TOTAL PERSONAL INCOME DURING [CURRENT YEAR -

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
found, implemented in QFT.)		<p>income during [CURRENT YEAR - 1]?</p> <p>1 \$20,000 - \$24,999</p> <p>2 \$25,000 - \$29,999</p> <p>3 \$30,000 - \$34,999</p> <p>4 \$35,000 - \$39,999</p> <p>5 \$40,000 - \$44,999</p> <p>6 \$45,000 - \$49,999</p> <p>7 \$50,000 - \$74,999</p> <p>8 \$75,000 - \$99,999</p> <p>9 \$100,000 - \$149,999</p> <p>10 \$150,000 or more</p> <p>DK/REF</p>	<p>YEAR - 1]?</p> <p>21 \$20,000 - \$24,999</p> <p>22 \$25,000 - \$29,999</p> <p>23 \$30,000 - \$34,999</p> <p>24 \$35,000 - \$39,999</p> <p>25 \$40,000 - \$44,999</p> <p>26 \$45,000 - \$49,999</p> <p>27 \$50,000 - \$74,999</p> <p>28 \$75,000 - \$99,999</p> <p>29 \$100,000 - \$149,999</p> <p>30 \$150,000 or more</p> <p>DK/REF</p>	ACASI administration. No changes were made as a result of cognitive testing.	<p>1].</p> <p>21 \$20,000 - \$24,999</p> <p>22 \$25,000 - \$29,999</p> <p>23 \$30,000 - \$34,999</p> <p>24 \$35,000 - \$39,999</p> <p>25 \$40,000 - \$44,999</p> <p>26 \$45,000 - \$49,999</p> <p>27 \$50,000 - \$74,999</p> <p>28 \$75,000 - \$99,999</p> <p>29 \$100,000 OR MORE</p> <p>DK/REF</p>
INTROF11 (Change tested, minor problems found, changes made for QFT.)	Phase 2	<p>[IF MORE THAN ONE FAMILY MEMBER IN ROSTER AND IF QI21B NE 30]</p> <p>Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone’s income – that is, [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN</p>	<p>[IF MORE THAN ONE FAMILY MEMBER IN ROSTER AND IF QI21B NE 29]</p> <p>Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone’s income – that is, [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of</p>	Income categories were revised to adjust for inflation and the question was revised for ACASI administration. Edits were made to family relationship fills to result in a more natural sentence structure.	<p>Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone’s income – that is, [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILLS].</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income — that is, yours, [SAMPLE MEMBER POSS] and that of [IF QD01 = 5 FILL his, QD = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here. [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE ‘other’ AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]</p> <p>Please include all of the sources of income that we just talked about.</p>	<p>your [FAMILY RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income — that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here.</p> <p>Please include all of the sources of income that we just talked about.</p>		<p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income — that is, [SAMPLE MEMBER POSS] and that of [SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here.</p> <p>Please include all of the sources of income that we just talked about.</p>
<p>QI23A (Change tested, no problems found, implemented in QFT.)</p>	<p>Phase 2</p>	<p>[IF QI22=2 OR QI22REF=2] [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT</p>	<p>[IF QI22=2 OR QI22REF=2] [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] –</p>	<p>Income categories were revised to adjust for inflation and the question was revised for ACASI administration. No changes were made as a result of cognitive testing.</p>	<p>Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone’s income –</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>YEAR – 1] – that is, your [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, yours, [SAMPLE MEMBER POSS], and that of [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here? [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE 'other' AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]</p>	<p>that is, your [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here?</p>		<p>that is, [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income — that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here.</p> <p>Please include all of the sources of income that we just talked about.</p>
QJ23B (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>[IF (QI22=1 OR QI20N = 1 OR QI22REF=1) AND Q121B NE 30]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined</p>	<p>[IF (QI22=1 OR QI20N = 1 OR QI22REF=1) AND Q121B NE 30]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family</p>	Income categories were revised to adjust for inflation and the question was revised for ACASI administration. No changes were made as a result of cognitive	Collapsed from multiple 2012 variables due to change in modes.

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL]?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, [SAMPLE MEMBER POSS] and yours?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILLS]?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, yours, [SAMPLE MEMBER POSS], and that of [IF QD01 = 5 FILL his, QD01 =9 FILL her][FAMILY RELATIONSHIP FILLS] living here? [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE 'other' AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND</p>	<p>income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL]?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, [SAMPLE MEMBER POSS] and yours?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILLS]?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here?</p>	testing.	

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]			
CELL1 (Change tested, no problems found, implemented in QFT.)	Phase 2	Is there at least one telephone at this address that is not a cell phone?	Is there at least one telephone at this address that is not a cell phone?	This question was added to allow us to use NSDUH to assess telephone survey bias of substance use and mental health estimates, and to address the changing environment regarding land line vs. cell phones	The last question has to do with telephones in your household. How many different telephone numbers do you have in this household? Please don't include cellular phones in your answer. Also, don't count business numbers or extensions with the same number. INTERVIEWER NOTE: Do not include phone lines that are used only for fax machines and/or Internet access.
CELL2 (Change tested, no problems found, implemented in QFT.)	Phase 2	Do you or anyone at this address have a working cell phone?	Do you or anyone at this address have a working cell phone?	This question was added to allow us to use NSDUH to assess telephone survey bias of substance use and mental health estimates, and to address the changing environment regarding land line vs. cell phones	Not included in 2012
2012 instrument items or modules removed from consideration for the QFT					
(MJE01 – MJE70) (entire existing module dropped)	None	Module dropped from QFT.	Module dropped from QFT.	These questions were outdated in terms of the current marijuana market. They were removed to make room for other important topics.	Market Information for Marijuana Module
LU22 – LU26 (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	Dropped “which came first” questions from the Prior Substance Use module to make room for	LU22 Earlier, the computer recorded that you started using alcohol and cigarettes when you were [AFUFILL] years old. Which

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
				additions to the Prescription Drug modules.	<p>did you use first?</p> <p>LU23 Earlier, the computer recorded that you started using marijuana and cigarettes when you were [AFUFILL] years old. Which did you use first?</p> <p>LU24 Earlier, the computer recorded that you started using alcohol and marijuana when you were [AFUFILL] years old. Which did you use first?</p> <p>LU25 Earlier, the computer recorded that you started using alcohol, cigarettes and marijuana when you were [AFUFILL] years old. Which did you use first?</p> <p>LU26 After first using [FILL LU25], which of these did you use next?</p>
SEN04/YE04 (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	This question had little analytic value and was dropped to make room for more important topics.	How many times have you moved in the past 5 years?
CA12-CA14d (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	The Alcohol module now measures gender specific binge drinking prevalence, so the '4 or more drinks' questions were deleted.	<p>CA12 Have you ever had 4 or more drinks on the same occasion?</p> <p>CA13 During the past 30 days, that is, since [DATEFILL], on how many days did you have 4 or more drinks on the same occasion?</p> <p>CA14 How old were you the first</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
					time you had 4 or more drinks on the same occasion?
Industry and Occupation Questions – INOC01 – INOC06 (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	Dropped these questions due to low levels of analytic utility and difficulties administering these questions in ACASI	<p>INOC01 [IF QD26 = 1 OR QD27 = 1] In what kind of business or industry do you work? That is, what product is made or what service is offered?</p> <p>INOC02 [IF QD26=1 OR QD27=1 AND INOC01 NE DK/REF] HAND R SHOWCARD 7. Which of these categories best describes the business or industry in which you work?</p> <p>INOC02M What do they make?</p> <p>INOC02T What do they sell?</p> <p>INOC03Please describe the business or industry in which you work.</p> <p>INOC04 What kind of work do you do? That is, what is your occupation?</p> <p>INOC05 What are your most important activities or duties in that job?</p> <p>INOC06 Which of these categories best describes the business in which you work?</p>
Household Roster –	None	Item dropped from QFT.	Item dropped from QFT.	Dropped these items due to low analytic utility	Is (s)he your biological, step-, adoptive, or foster [FILL

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
FTHRTYPE, MTHRTYPE, SONTYPE, DAUTYPE (existing question dropped)					RELATIONSHIP]?

NATIONAL SURVEY ON DRUG USE AND HEALTH

QUESTIONNAIRE REDESIGN PRETESTING SUMMARY REPORT—DRAFT

Contract Nos. 283-2004-00022 & HHSS283200800004C
RTI Project Nos. 0209009 & 0211838

Authors:

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January 17, 2014

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2015 NATIONAL SURVEY ON DRUG USE AND HEALTH

QUESTIONNAIRE REDESIGN PRETESTING SUMMARY REPORT

Contract Nos. 283-2004-00022 & HHSS283200800004C
RTI Project Nos. 0209009.486.014 & 0211838.108.006.004

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January 2014

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1. Overview

1.1 Background of the Redesign

The National Survey on Drug Use and Health (NSDUH), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a national survey of the U.S. civilian, noninstitutionalized population aged 12 and older. The conduct of the 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 current data, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must update the NSDUH periodically to reflect changing substance use and mental health issues. These updates are necessary because substance use in the United States is a dynamic phenomenon that changes with time, demographic shifts, economic prosperity, and most importantly, availability of substances.

CBHSQ plans to redesign the 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.

The questionnaire will be revised to improve questions that cause known or suspected problems with data that are collected using the current NSDUH questionnaire. New content that addresses current data needs will be added. Revisions that are designed to reduce errors associated with usability problems in the design and layout of the computer-assisted interviewing (CAI) instrument are planned. The changes include electronic calendars, revised prescription drug modules, revised front end demographics, a revised smokeless tobacco module, revised questions for measuring binge alcohol use, a revised hallucinogens module, new questions for lifetime use of specific inhalants, a new methamphetamine module, a revised special drugs module, a revised consumption of alcohol module, and a revised back end demographics section. Specifically, the following are highlights of issues for the modules for prescription drugs and health care and for interviewer-administered questions that will be addressed by the redesigned questionnaire.

- In the current interview procedures, interviewers and respondents mark a printed calendar with the start of the 30-day and 12-month reference periods. In the redesigned questionnaire, respondents will be shown electronic versions of these calendars that note the start of these reference periods, and they will receive a tutorial about these electronic calendars. The electronic calendars also will appear periodically to remind respondents of reference periods, and respondents can use a function key to review the calendars at any time during the self-administered modules.

- The content of the specific prescription drugs in the core prescription drug modules was last updated in 1999, based on prevalence information from 1998. Since that time, despite minor updates to the questionnaire, several prescription drugs included in NSDUH have been discontinued or are otherwise no longer legally available, and recently approved prescription drugs with abuse potential are not included in the core modules. All questions measuring misuse of prescription drugs will be moved into the prescription drug modules. In addition, a review of the drugs that are included in these modules will result in recommendations for drugs to be added or dropped based on their availability.
- The current NSDUH questionnaire asks only about misuse of prescription drugs. A revised structure will be tested that first uses a screener module to ask about any use of prescription drugs. Respondents who report any use of prescription drugs will then receive questions determining whether any of that use constituted misuse.
- The current NSDUH definition of misuse (i.e., use of drugs that were not prescribed for you or that you took only for the experience or feeling they caused) combines a behavior and a motivation. It also does not include overuse of prescribed medication. The revised definition will focus on behaviors that constitute misuse and will refer to use "in any way a doctor did not direct you to use it/them." Overuse (i.e., use in greater amounts, more often, or longer than directed) will be added to the examples of behaviors that constitute misuse.
- Except for misuse of OxyContin[®] in the current pain relievers module and misuse of methamphetamine in the stimulants module, misuse of specific prescription-type psychotherapeutic drugs in the current questionnaire is limited to the lifetime period. Measurement of past year misuse is limited to misuse of any drugs within a psychotherapeutic category (e.g., pain relievers). However, information about more recent misuse of specific prescription drugs (e.g., in the past year) is of greater interest to policymakers and stakeholders who use the NSDUH prescription drug data. Therefore, questions will measure past year misuse of individual prescription drugs.
- In the current questionnaire, methamphetamine is included in the module for misuse of prescription stimulants, and respondents are asked in the stimulants module about *misuse* of methamphetamine. However, most methamphetamine that is used in the United States is manufactured illegally rather than by the pharmaceutical industry. Respondents also may fail to report methamphetamine use in the context of questions about misuse of prescription drugs. Therefore, the redesigned questionnaire will include a separate module for methamphetamine, and the questions in the stimulants module will ask about misuse of *prescription* stimulants.
- For the current questionnaire, respondents are handed printed "pill cards" with pictures of prescription drugs in a given module to aid respondents in recalling their misuse of specific drugs. NSDUH incurs the expense of printing pill cards for interviewers who are new to the survey or reprinting the pill cards when new dosages become available for some prescription drugs. Also, respondents do not always ask interviewers for the pill cards when they reach the prescription drug questions. Therefore, electronic drug images to be displayed on the laptop computer screen will replace the printed pill cards. The electronic images also will include examples of prescription drugs other than pills (e.g., patches, vials).

- The current health care module of the questionnaire is limited in scope. Questions measuring height, weight, a revised list of health conditions, and details about diagnoses of those health conditions will be tested and added to the health care module.
- The current survey includes questions about emergency room visits, hospitalizations, substance abuse treatment utilization, and mental health service utilization, but does not include questions about outpatient primary care service utilization or opportunities for intervention with substance users in primary care settings. Questions related to these topics will be tested and included in the health care module of the questionnaire.
- Although audio computer-assisted self-interviewing (ACASI) is used for most of the sensitive questions, respondents may be likely to consider some questions in interviewer-administered sections to be sensitive (e.g., income). Pretesting efforts will explore the feasibility of moving health insurance and income questions to an ACASI mode.

Proposed revisions will improve the precision of estimates that exhibit properties associated with measurement error. Revisions will also be designed to reduce errors associated with usability problems in the design and layout of the CAI instrument.

1.2 Goals of the Pretesting

The pretesting for the 2015 NSDUH questionnaire redesign had three components: Usability Testing (Prescription Drugs), Phase 1 (Prescription Drugs) Cognitive Interviewing, and Phase 2 (Redesigned Modules) Cognitive Interviewing. The purpose of each of these three components is discussed in the following sections.

1.2.1 Usability Testing

Usability testing was conducted in the first stage of redesign pretesting. Prior to the usability testing, questions for misuse of pain relievers and stimulants were reworded, producing two new versions of these questions. One of these versions was a "three-criteria" bulleted list that asked participants about using a set of prescription pain relievers and stimulants "in any of these ways" in the past 12 months:

- without a prescription of your own,
- in greater amounts, more often, or longer than you were told to take it, or
- just for the effect it had on you—not for its intended medical use.

A second version ("two criteria") eliminated one criterion from the three-criteria list: use "in greater amounts, more often, or longer than you were told to take it," but used the same wording for the remaining two criteria.

In addition, the usability instrument tested the placement of pill images above or below the question text in order to test the new electronic drug images. Participants were presented with a total of four versions of the questions. Two versions of the three-criteria questions featured images above and below the questions. There were also two versions of the two-criteria questions with images above and below the questions. In addition to soliciting feedback on the criteria items, usability testing sought to accomplish three primary goals:

1. observe participant use of and reaction to different options for proposed laptop computer screen layouts for the screeners and modules for prescription pain relievers and prescription stimulants;
2. collect participant feedback and recommendations for improving the design of the laptop computer screen layouts for the screeners and modules for prescription pain relievers and prescription stimulants; and
3. collect participant feedback on the electronic reference date calendars and electronic drug images.

1.2.2 Cognitive Interviewing Phase 1

The second stage of redesign pretesting, cognitive interviewing, occurred in two phases. The first phase of interviewing focused on redesigned prescription drug modules and a redesigned health module. The second phase continued to test these modules but expanded the scope to include the full redesigned NSDUH instrument.

Phase 1 cognitive interviewing took place over three rounds and tested an instrument with changes to the prescription pain relievers, prescription stimulants, and health modules. The Phase 1 redesigned instrument included an abbreviated core set of substance use questions that measured lifetime and 30-day use. The following changes were reflected in the Phase 1 abbreviated core questionnaire:

- Smokeless tobacco sections (chewing tobacco, snuff, and the new product, snus) were combined into one section.
- Hallucinogen items currently included in special drugs for ketamine, tryptamines (DMT, AMT, and "Foxy"), and *Salvia divinorum* were moved from the noncore special drugs module to the core hallucinogens module.
- New inhalants questions for lifetime use of markers and air duster were added to the core inhalants module.
- Prescription pain relievers and prescription stimulants screeners focused on any use of specific prescription drugs in the past 12 months (i.e., medical use or misuse). Misuse of prescription pain relievers and stimulants in the corresponding main modules was defined as use "in any way a doctor did not direct you to use it/them" and was based on the examples from the three-criteria bulleted list that was implemented during usability testing. Respondents could be reminded about these criteria by pressing a function key to see a pop-up screen with the bulleted list. Electronic drug images were placed below the introductory question text, and some images showed examples other than pills.
- New health module questions were added.
- The electronic reference date calendar was featured throughout the instrument.

The goals of Phase 1 cognitive interviewing were to test new and revised question wordings and response options. This testing included gauging participants' reactions to key terms and concepts and detecting any issues with question comprehension. A test of the electronic reference date calendar was also a Phase 1 goal.

1.2.3 Cognitive Interviewing Phase 2

The cognitive interviewing in Phase 2 took place over two rounds and was designed to be a broader test of changes to the instrument. Phase 2, round 1 included all of the modules that were tested in Phase 1. In addition, the following revisions were made for Phase 2:

- New items were added to core demographics, including new military veteran questions.
- Screeners and modules for tranquilizers and sedatives were added to the instrument and tested.
- The definition of binge drinking was changed for female respondents to include four or more drinks on an occasion in the past 30 days.
- Questions about needle use in the noncore special drugs module were reworded, and questions about use of methamphetamine and prescription stimulants with a needle were moved to the corresponding core modules.
- New questions about medical use of marijuana were added to the noncore blunts module.
- Education, health insurance, and income were moved to the ACASI portion of the interview. In addition, the highest level response category for income was revised.
- A new module introduced proxy respondents to the ACASI.

Phase 2, round 2 included the fully (nonabbreviated) redesigned instrument, with all core modules, and incorporated audio recordings for the ACASI portion.

The goals of Phase 2 cognitive interviewing included retesting changes that were made to question wording, routing, and response options following Phase 1. Testing the content that was new to the cognitive interviewing protocols in Phase 2 was also a goal.

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2. Usability Testing

2.1 Data Collection and Participant Profiles

2.1.1 Description of Recruitment Methods

Participants were recruited for usability testing via a recruitment notice that was posted on Craigslist. Persons who called RTI International in response to the recruitment notice were administered a series of screening questions. The screening questions included items about the caller's age and location to establish eligibility for the study; to be eligible, a person needed to be aged 18 or older and located within 50 miles of Research Triangle Park, NC. The screening questions also collected information on other demographic characteristics (e.g., gender, education), computer use, and any use of prescription pain relievers and stimulants in the past 12 months. Questions about use of pain relievers and stimulants were included to gauge participants' familiarity with the general types of drugs that were included in the usability testing. However, the usability testing did not focus on participants' actual behavior with respect to prescription drug use.

2.1.2 Respondent Characteristics across Usability Testing

Table 1 provides information on characteristics of the eight usability participants. The number of participants was evenly divided between males and females. Participants' ages ranged from 28 to 60. Among the four participants in the 26 to 34 age category, there were two participants aged 30 years, one participant who was aged 28, and another aged 32. Among the three participants aged 50 or older, ages ranged from 53 to 60. There was only one participant in the 35 to 49 age group. Six participants reported some education beyond high school, while two participants did not.

As might be expected, because participants were recruited from Craigslist, all reported using a computer for personal use every day. However, only half reported that most of what they do at work is done on a computer. Two participants reported using a computer at work less than daily or never; the screening interviewer was instructed to choose "never" for computer use at work if participants did not use a computer at work or if they did not have a job.

Five participants reported using prescription pain relievers for any reason in the past 12 months, and one reported using prescription stimulants in that period. None reported use of both classes of prescription drugs in the past 12 months. Although the screening question included items about use of prescription pain relievers or stimulants in the past 12 months, use of these prescription drugs was not an eligibility requirement for the study. Consequently, two participants reported not using either of these classes of prescription drugs in the past 12 months.

Table 1. Selected Characteristics of Final Prescription Drug Redesign Usability Participants

Participant Characteristics	Number
Gender	
Male	4
Female	4
<i>Total</i>	8
Age Group	
18 to 25	0
26 to 34	4
35 to 49	1
50 or Older	3
<i>Total</i>	8
Highest Grade Completed	
High School or Less	2
Beyond High School	6
<i>Total</i>	8
Computer Use at Home/For Personal Use	
Every Day	8
Computer Use at Work	
Never	1
Sometimes but Not Every Day	1
Every Day but Not All Day	2
Most Work Is on a Computer	4
<i>Total</i>	8

2.1.3 Data Collection Procedures

Prior to each interview, informed consent was obtained from participants pursuant to procedures that were approved by RTI's Institutional Review Board. Parental permission was not an issue for usability testing because all participants were adults.

Participants were then presented with a booklet containing a series of tasks. Participants were shown the task instructions but not the follow-up probes, which were read aloud by the interviewer. The follow-up questions provided breaks between sets of usability tasks. In the first two tasks, all participants were shown unlabeled pictures of the pain relievers or stimulants that were included in the interview. The aim of these tasks was to test participant identification of prescription drugs solely from the drug images.

In the remaining tasks, participants were presented with hypothetical scenarios that were read aloud by the interviewer. Participants were instructed to answer the questions on the laptop computer as though the behavior described in a given scenario was true for them. Some scenarios tested participants' identification of drugs by name, and others tested participants' ability to identify drugs based on pictures in the booklet and the corresponding on-screen images. The interviewer asked participants to read the questions aloud according to how they appeared on the computer screen and then asked them to indicate how they thought the question should be answered based on the scenario they were given. To obtain preliminary information about the cognitive processing of the question, the interviewer also asked why participants thought a question should be answered a certain way based on the scenario.

Although each interview was allowed 90 minutes, interviews generally only required about 1 hour to complete, including the introduction, informed consent, usability test questions and tasks, and incentive disbursement. Participants were given a \$60 Visa gift card for completing the interview.

2.2 Key Findings

2.2.1 Logistical Issues with Answering the "Yes/No" or "Enter All That Apply" Questions

No participants appeared to have difficulty with answering the yes/no questions. However, some participants had difficulty with the "enter all that apply" questions when the numbering of response categories continued from the previous question, instead of resuming the numbering of the first category with 1.

2.2.2 Ability to Use the Drug Images

Some scenarios in the test booklets presented situations in which a drug was shown as a picture rather than being mentioned by name. Participants were able to correctly answer the relevant survey question by matching the on-screen drug image to the drug image in the test booklet. One participant commented specifically about how well laid out the on-screen images were. These results suggest that participants can successfully use the on-screen images as a recall tool.

2.2.3 Screen Layout Preferences

Participants as a whole did not have a strong preference for whether the drug images were placed above or below the question text. Those who expressed a preference were fairly evenly divided between the two types of layouts.

2.2.4 Issues with the Question Text from a Usability Standpoint

From a usability standpoint, no major issues were identified with respect to whether it was easier for participants to answer the two-criteria or three-criteria questions. In particular, no one commented that the three-criteria layout appeared to be too "busy" on the computer screen. One participant recommended a larger point size for the on-screen font, particularly to aid older participants in reading the questions.

Some participants talked about the repetitive nature of the questions, but no one explicitly mentioned that the three-criteria questions were overly repetitive. Rather, comments about the repetitive nature of the questions appeared to be caused by participants being presented with the same basic questions four different ways (i.e., with the drug images above or below the questions and with the two-criteria or three-criteria wording).

2.3 Changes Implemented

Based on the results of the usability testing, either image layout was deemed acceptable to participants. It was decided that the drug images would be displayed at the top rather than at the bottom of the screen, and that the introductory question text would appear above the drug

images. In addition, response option values for "enter all that apply" questions would be reset to 1 on each relevant questionnaire screen. For example, if there are five drugs displayed per screen, each will be numbered as 1 through 5, as opposed to being labeled 1 through 5 and then 6 through 10. This will address the issue with entering responses that participants identified with the "enter all that apply" questions during usability testing.

3. Cognitive Interviewing: Phase 1

3.1 Data Collection and Participant Profiles

3.1.1 Description of Recruitment Methods

Phase 1 cognitive interviewing included three rounds of interviews. Interviews were conducted in Research Triangle Park, NC; Chicago, IL; and Washington, DC. Advertisements were placed on Craigslist, and flyers were distributed to outpatient substance abuse treatment programs. In the first round of Phase 1 cognitive interviews, only adults were interviewed. In the second and third rounds, adolescents were also interviewed. In all three rounds, the recruitment advertisements targeted past year users of prescription pain relievers and prescription stimulants. Licit or illicit use was not specified in the advertisements. There were two versions of the recruitment advertisements for rounds 2 and 3. One version was for adults, and one version was for adolescents aged 12 to 17.

Persons who responded to the recruitment advertisements were administered a screener over the telephone to assess their eligibility for the study. The screener took approximately 5 minutes to administer. It included questions about how callers learned about the study (to identify the source of recruitment), age, gender, place of residence, education, physical limitations, prior research study participation, and use of prescription pain relievers or stimulants (for any reason) in the past 12 months. Recruitment was balanced to include people who had used prescription pain relievers or stimulants in the past 12 months as well as nonusers. Procedures for obtaining permission from a parent or legal guardian to interview adolescents are described in Section 3.1.3.

In addition, persons who have had considerable prior experience with survey research may bias the data and conclusions. Therefore, persons were deemed ineligible if they had participated in more than one prior research study in the past 12 months (regardless of who conducted the study or the content) or in any prior RTI research study in this period.

3.1.2 Respondent Characteristics across Phase 1

Table 2 presents an overview of selected demographic characteristics of Phase 1 cognitive interview participants. Out of 40 respondents in Phase 1, 10 were adolescents. As noted previously, these 10 adolescents were interviewed in rounds 2 and 3 only. Seven of the 10 adolescent respondents were interviewed in round 2. Recruitment was balanced across gender, with 18 female respondents. In Phase 1, 13 of the respondents were recruited from substance abuse treatment programs. These 13 substance abuse treatment patients were interviewed in rounds 1 and 2; recruitment in round 3 was limited to persons from the general population. Thirty respondents had used prescription pain relievers in the past 12 months and 18 had used prescription stimulants in the past 12 months. Although not shown in the table, of the 30 adults, 15 had a high school diploma, GED, or lower education. The other 15 had attended at least some college.

Table 2. Selected Demographic Characteristics of Phase 1 Cognitive Interview Participants

Participant Characteristic	Round 1	Round 2	Round 3	Total
Adult (18 or Older) ¹	16	5	9	30
Adolescent (12 to 17) ¹	0	7	3	10
Female	7	5	6	18
Enrolled in Treatment Program (Currently or within Past 12 Months)	8	5	0	13
12 Month User of Any Prescription Pain Reliever	14	7	9	30
12 Month User of Any Prescription Stimulant	7	4	7	18
Chicago, IL	5	2	3	10
Washington, DC	5	3	4	12
Research Triangle Park, NC	6	7	5	18

¹ Mean age not available.

3.1.3 Data Collection Procedures

Prior to each interview, informed consent was obtained from participants pursuant to procedures approved by RTI's Institutional Review Board. Parental permission was collected in addition to adolescent assent, when necessary.

The methods of cognitive interview administration were the same across all three rounds of Phase 1 data collection. The interview was conducted using the computer-assisted Blaise interview. The cognitive interviewer first administered introductory questions verifying the respondent's age and gender. The interviewer introduced the laptop functions to the respondent and described the feature of the electronic reference date calendar. The respondent was then asked to conduct the next section of the interview using a self-administered design. In Phase 1, audio files were not used in the first two rounds, so respondents read questions on the screens themselves and then answered the questions. In round 3, respondents could listen to audio recordings of the questions. Interviewers administered think-aloud probes and follow-up probes to collect data on the cognitive properties of specific questions. The following modules were tested in all rounds in Phase 1:

- An abbreviated ensemble screener of drugs
- Pain relievers screener
- Stimulants screener
- Pain relievers main module
- Stimulants main module
- Health module

The protocol largely remained the same for rounds 1 and 2. After round 2, slight changes were made to the cognitive interview protocol. Changes included the following:

- adding probes for questions that were identified as problematic in the first rounds of interviewing,

- dropping three categories describing sources for obtaining prescription drugs, and
- editing selected question logic, question wording, and response options.

Probes were deleted for questions that no longer necessitated testing in the third round. After each interview, adult respondents were given \$40 Visa gift cards for participation. Adolescent respondents were given \$30 Visa gift cards.

3.2 Key Findings

Summaries of the findings and recommendations from rounds 1, 2, and 3 of Phase 1 cognitive interviewing can be found in Appendices B, C, and D. These summaries also include recommendations for edits to increase respondent comprehension of key items.

Key findings from Phase 1 interviews can be arranged into three broad categories: (1) identification of prescription drugs, (2) performance of the misuse criteria, and (3) other issues not related to prescription drugs. The subsections that follow cover each of these key findings categories in turn. Changes that were made as a result of these findings are covered in Section 3.3.

3.2.1 Identification of Prescription Drugs

In most cases, participants recognized the prescription drugs that they took by name. However, some participants did find the drug images to be helpful, particularly if participants were unfamiliar with certain prescription drugs.

In the screener, several screens showed brand name prescription drugs (e.g., Vicodin[®]) and the generic equivalent (e.g., hydrocodone); "generic" was shown in parentheses next to the generic drug name. There was some uncertainty about the "generic" term associated with some drugs. Some participants reported that their doctors would write the brand-name drug on the prescription, but the pharmacy would substitute the generic. Another issue concerns the number of generic drug manufacturers and the variety of generic equivalents of specific drugs that may be dispensed when prescriptions are filled. It would not be realistic to try to include exhaustive examples of images for generic drugs. Addition of the word "generic" to the drug images in round 3 (i.e., in addition to its appearance in the response category for the generic) appeared to be helpful.

Another issue with identifying prescription drugs involved making respondents aware that the questions applied to any form regardless of its appearance or whether they used the drug in pill form or another form. Some respondents neglected to report use of liquid forms of the prescription drug, especially if the images for these particular drugs showed only pills. Other respondents mentioned using the drug, but in a pill form that was not shown on the screen. An edit was made to the instrument to address this issue. This edit is described with PR01 in Section 3.3.

3.2.2 Performance of the Misuse Criteria

The wording "in any way a doctor did not direct you to use it" differentiated between misuse of prescription drugs and use with a prescription and as directed. With few exceptions, participants who used prescription drugs only with a prescription of their own and as prescribed

could determine that they did not use prescription drugs "in any way a doctor did not direct you to use [them]." Similarly, persons who misused prescription drugs could determine that their use constituted use "in any way a doctor did not direct you to use it," even if they used prescription drugs in ways not explicitly listed as examples of misuse.

Later in the module, a question asked respondents which of the specific components of misuse applied to them. This decomposition question puzzled some respondents. In round 1, the criterion of overuse was presented as a single response (i.e., use in greater amounts, more often, or longer than I was told to take it). Some round 1 respondents had trouble determining whether they should choose this second category or the third one (use in some other way a doctor did not direct me to use it). Specifically, some respondents thought that they needed to have engaged in all three of the behaviors that were listed in the second category in order to choose it. Three scenarios for misuse also arose during the interviews that were not listed as examples in the instrument. These were (1) using with alcohol, (2) asking a doctor to prescribe a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed for purchase.

3.2.3 Other Issues

Respondents had trouble understanding the use of canned air or air duster as an inhalant. Although no respondents had used canned air as an inhalant, there were difficulties identifying the product by that term. Problems were identified with respondents entering height and weight in the new health module, but these were resolved with minor revisions to the screens. For questions about the number of outpatient doctor visits, participants had difficulty determining what did or did not constitute a doctor visit. Summaries of the findings and recommendations from rounds 1, 2, and 3 of Phase 1 cognitive interviewing can be found in Appendices B, C, and D. These summaries also include recommendations for edits to increase respondent comprehension of key items.

3.3 Changes Implemented

As a result of all rounds of Phase 1 cognitive interviewing, several changes were made to the instrument. These are listed below and are accompanied by the variable name.¹

- IN01ii—The word "air duster" was added to this question about canned air in the inhalants section for increased comprehension.
- PR01—The text in the introduction to each prescription drug screener was revised to include "Please note that not all forms, dosages, shapes, or colors of these pain relievers are shown on these screens, but you should include any form that you have used." This sentence would convey that respondents should consider forms of the drug other than pills (e.g., liquid forms), even if the image showed only pill forms.
- PR07—Reference to the term "China Girl" was removed for fentanyl because none of the respondents knew it, and fentanyl was the only prescription drug with a slang name.

¹ Variables in the health module were renumbered during pretesting. Variable names as they appear in the questionnaire field test (QFT) instrument are in parentheses.

- PRHOSPYPYR1—This question about use of prescription drugs only in the hospital was dropped because many respondents had difficulty answering it.
- The calendar icon, which reminds respondents how to access the electronic reference date calendar, was made more visible to encourage respondents to use it.
- Audio was removed for the answer choices for height and weight because those are included in the questions.
- HLTHNEW03 (HLTH19)—This question, which asks the respondent how many times he or she has visited a doctor in the past year, was revised to streamline the text.
- HLTHNEW11 (HLTH29) & 12a (HLTH31)—Specs about specific health conditions were changed to skip questions about whether respondents had specific conditions in the past 12 months if the age at first diagnosis equals current age.

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4. Cognitive Interviewing: Phase 2

4.1 Data Collection and Participant Profiles

4.1.1 Description of Recruitment Methods

Phase 2 of cognitive interviewing included two rounds of interviews. For both rounds of interviews, recruitment advertisements were placed on Craigslist in Research Triangle Park, NC; Chicago, IL; and Washington, DC.

The Phase 2 cognitive interview research questions influenced the recruitment goals. During Phase 2, methodologists sought to test the transition from asking questions about health insurance and income using an interviewer-administered mode to using ACASI. Because respondents can nominate a proxy to answer these questions on their behalf, new questions were developed to provide this proxy with a tutorial on how to use the computer and the interviewing program. Transition statements were also developed to inform the proxy about their role in the interview. To test this process and these new screens, RTI recruited adolescents to serve as respondents and their parents to serve as proxies. In some cases, the parents went on to complete a full interview after serving as a proxy respondent for their child.

Three versions of the advertisement were posted: (1) a version targeting military veterans, (2) a version targeting parent-teen pairs, and (3) a final version targeting adolescents whose parent would participate in a short interview as a proxy for health insurance and income questions.

Prospective participants who responded to the advertisement were administered a screening questionnaire. The screener took, on average, approximately 5 minutes to administer. A variety of demographic questions were asked of prospective participants, including questions about age, gender, educational attainment, military status, and use of prescription drugs in the previous 12 months. Answers to screener questions, in addition to the location at which they would be interviewed and the study population to which they belonged (military veteran, parent-teen pair, adolescent with proxy interview, and drug use history), were used to select participants and reach recruitment targets to the extent that was logistically possible. Because reporting illicit or prescription drug use was not an eligibility requirement in the first round, few first round participants were heavy or expert drug users. Therefore, in the second round of interviews, RTI targeted individuals who had used any of the four psychotherapeutic prescriptions or methamphetamine and those who had received drug treatment in the past 12 months. For these reasons, the final sample of participants represents a diverse set of demographic characteristics and experiences.

4.1.2 Participant Characteristics

Table 3 presents a summary of selected demographic characteristics of Phase 2 cognitive interview participants. For some demographics, such as age and gender, participants were well distributed across interviewing rounds. For other characteristics of interest, the distribution reflects changes in recruiting goals between rounds. Reasons for changes to recruitment goals are discussed subsequently.

Participants ranged in age from 12 to 68. A total of 24 adults participated in Phase 2 interviews, with a relatively even distribution between rounds (round 1 = 10; round 2 = 14). The mean age of adult participants was 42 years. Among the 16 adolescents, 10 participated in the first round, and 6 participated in the second round of interviews. The mean age of adolescent participants was 15 years. Approximately half of the sample was female (i.e., regardless of age). Among adults who provided information on educational attainment, a majority had at least some education beyond high school (not shown in Table 3).

Interviews in Phase 2, round 1 included a relatively large number of military veterans, and it included a much small number of individuals with a history of heavy drug use. As discussed in Section 4.2, veterans exhibited no problems answering the questions of interest. As a result, the recruitment goals shifted in the second round of interviews to target individuals with more drug experience.

Table 3. Selected Demographic Characteristics of Phase 2 Cognitive Interview Participants

Participant Characteristic	Round 1	Round 2	Total
Adult (18 or Older) ¹	10	14	24
Adolescent (12 to 17) ²	10	6	16
Female	9	12	21
Veteran	5	2	7
Enrolled in Treatment Program (Currently or Within Past 12 Months)	2	5	7
High Use Participant [*]	0	11*	11
Chicago, IL	4	5	9
Washington, DC	3	5	8
Raleigh, NC	13	10	23

¹Mean age = 42.

²Mean age = 15.

* The category "high use" was created for Phase 2, round 2 to refer to individuals who had experience with more than one or two prescription drugs. This enabled recruitment of individuals who had a history with heavy drug use.

4.1.3 Data Collection Procedures

Prior to each interview, informed consent was obtained from participants pursuant to procedures approved by RTI's Institutional Review Board. Parental permission was collected in addition to adolescent assent, when necessary.

The methods of cognitive interview administration were the same across the two rounds of Phase 2 data collection. These procedures were also the same as those described in Section 3.1.3. Audio was available to participants in Phase 2. Interviewers administered think-aloud probes and follow-up probes to collect data on the cognitive properties of specific questions.

In round 1, a selected set of modules was administered to participants. In round 2, the entire proposed redesigned instrument was administered to participants. In both rounds, probes were inserted following items of interest.

After each interview, adult respondents were given \$40 Visa gift cards for participation. Adolescent respondents were given \$30 Visa gift cards.

4.2 Key Findings

Summaries of the findings and recommendations from rounds 1 and 2 of Phase 2 cognitive interviewing can be found in Appendices D and E. These summaries also include recommendations for edits to increase respondent comprehension of key items. Key findings from Phase 2 interviews can be arranged into three broad categories: (1) findings related to the front- and back-end demographics sections, (2) findings related to prescription drug use and misuse, and (3) findings related to substances other than prescription drugs. The following subsections cover each of these key findings categories in turn. Changes that were made as a result of these findings are discussed in Section 4.3.

4.2.1 Demographic Items

As noted in Section 4.2.1, round 1 interviews included a recruitment focus on military veterans. In general, veterans were able to understand terms and phrases in the way in which they were intended. Veterans understood the phrase "full time in the Reserves" (item V2a) despite the fact that none of them reported ever being in the Reserves. Most participants were also able to correctly define a combat zone when methodologists probed about the meaning of the term (QD10c).

For a few participants, the new education question (QD11) was problematic. Interviewer probing revealed that the order of the response categories was confusing. The question asked about the highest grade that was completed, and response categories 1 to 11 included language to that effect. Consequently, a participant originally understood an answer of "12" to mean finishing the 12th grade. Revisions, as described in Section 4.3.2, were made to address this item.

A majority of participants understood the questions in the back-end demographics module. For example, participants correctly understood, despite being on summer break, that they should report currently attending school (QD17). They also understood, when asked what grade they were currently attending, to report the grade they are planning to enter after summer vacation comes to a close. No problems were encountered when defining testing for drugs or alcohol as part of the job hiring process (QD49), and what the term "random" means in the context of random drug testing (QD50). One back-end demographic question that RTI noticed could be moderately confusing to respondents was the item about sources of income (INTRTINN). In the past this item was interviewer administered. The transition to an ACASI administration resulted in awkward question wording and thus was revised to account for the mode.

Most participants were able to answer a question about their height (HLTH04) with no problems. However, it became clear in one interview that some respondents might not be able to answer the question in the formats that were available (feet/inches or meters/centimeters). Some respondents will be able to answer only in inches or only in centimeters because this is often how height is measured in medical evaluations. Revisions to the available methods of entering height were therefore implemented.

Income branching questions (QI20N, QI21A, and QI21B) were generally understood by participants. One branch question (QI20N) asks respondents whether they make over or under an income threshold. Contingent on their answer, respondents are taken to QI21A (for incomes below \$20,000) or QI21B (for incomes over \$20,000). The numeric categories carrying over from QI21A to QI21B was confusing to one participant. That is, there were "20" categories in the first branch of questions that the participant was not routed to and had not seen. The question she was routed to (QI21B) began categories at "21." No other question began a list of numeric categories in such a way, which led to the initial confusion about how to answer the question. The response category labels were revised to begin at 1.

The instrument tested in Phase 2, round 2 included two transitions from interviewer administration to self-administration. In both rounds of interviewing, most respondents who were serving as a proxy believed the proxy tutorial was simple to follow and understand. In a couple of instances, however, it was apparent that the transition between modes could be improved. In response, edits were made to these items, as explained in Section 4.3.1.

4.2.2 Prescription Drugs and Use/Misuse

A number of issues related to prescription drugs continued to be explored in the Phase 2 cognitive interviews. Highlighted findings include how participants understood concepts such as generic, use, misuse, and "not all forms shown"; what motivated participants to misuse prescriptions; and participants' ability to recall their age at first misuse of prescription drugs. Relevant findings are discussed in this section, and corresponding changes that were implemented are discussed in Section 4.3.

In most cases, the concepts that were explored were understood by participants as had been intended. Most participants were able to identify generic drugs as the less expensive alternative to a brand name drug. A small proportion of participants showed less clarity about the chemical equivalency of generic and brand name drugs and that generics also require a prescription.

In both rounds of interviews, participants shared a similar understanding of the concept of misuse of prescription drugs. However, questions about misuse are administered to participants who report the use of prescription drugs. Therefore, this finding must be measured against the finding that there was less clarity among participants about the concept of use. The intended understanding of "use" for prescription drugs starting at PR01 was use of any kind. Because the first question about prescription drug use followed a long list of questions about illicit drug use, some participants thought that the prescription drug screener questions were asking only about the misuse of prescription drugs. Conversely, several participants thought the screener questions were asking only about use of prescription drugs in a way that they were prescribed.

In addition to determining whether participants interpreted the concept of misuse in the intended manner, the SAMHSA/RTI instrumentation team aimed to learn more about how participants recalled their first misuse and their motivations for misuse. Questions that measured motivations for misuse were added for the first time in Phase 2. No problems were apparent in recalling the age at which misuse first occurred.

One cognitive issue was uncovered when the motivation items were tested. This finding revealed an absence of a specific category for misusing prescription drugs to deal with emotions. It also became apparent that logic and skip patterns in this series of questions needed editing. A description of these revisions begins in Section 4.3.1.

Throughout the testing, instructions to respondents that indicated that not all forms of pills were shown on the screen underwent further modification. Despite this iterative testing, problems persisted. For instance, only morphine pills were shown on the screen as examples for this drug. Respondents had difficulty determining whether to report use of morphine in liquid form that they received by injection or intravenously. In response, a photo of a vial of liquid morphine was added to this screen, along with the reminder about the forms that drugs can take.

4.2.3 Tobacco, Illicit, and Special Drugs

Nonprescription drug items were also of interest in Phase 2 cognitive interviews. Of particular interest were new items about new cigarette naming conventions, substances that were now asked about in the hallucinogen module, and whether participants understood questions about medical marijuana.

Previous versions of the NSDUH questionnaire asked about the type of cigarettes current smokers smoked most often (e.g., lights, ultra lights, mediums, or full-flavored cigarettes). Recent legislation banned cigarette manufacturers from using terms on packaging that referred to cigarette strength. As a result, many manufacturers migrated to using a color-coded system as an alternative naming convention. In an attempt to continue to track trends in the types of cigarettes most smoked, a new question (CGCOLOR) was developed.

In cognitive interviews, the SAMHSA/RTI instrumentation team aimed to determine how well current smokers could recall the package color of the cigarettes they smoke most often. Half of those who reported smoking in the past 30 days (current smokers) reported an issue with answering this question. Participants reported that cigarette packaging includes multiple colors, indicating that participants failed to understand the purpose of the question about package color. The multiple colors on packaging left some participants unsure if they should pick the main color, background color, or color of the text on the packaging. As a result, this question was dropped from the specifications.

New hallucinogen questions were also of special interest in Phase 2 interviews. Previously, these questions were housed within the special drugs module. The redesigned questionnaire included them in the hallucinogens module. A primary objective of testing these items in Phase 2 was to determine the extent to which participants would be familiar with these drugs. Table 4 shows the number of participants who had heard of each of these drugs. As can be seen in the table, participants were most familiar with ketamine.

Table 4. Counts of Phase 2 Participants Who Had Heard of New Hallucinogens

Type of Hallucinogen	Number of Participants Who Had Heard of the Drug
Ketamine (LS01i)	14
DMT, AMT, or Foxy (LS01j)	8
<i>Salvia Divinorum</i> (LS01k)	9

All of the participants who were routed to a new item about medical marijuana (MJMM) demonstrated an understanding of the concept of medical marijuana that was consistent with what was intended in the question.

4.3 Changes Implemented

4.3.1 Phase 2, Round 1

After Phase 2, round 1 interviews, RTI and SAMHSA met to discuss findings of the interviews. Decisions were made with regard to what changes were needed and where further attention should be placed during the next round of interviews. A bulleted list of the changes is provided, along with a brief review of the reason for each change.

- QI21B—It was learned in cognitive interviewing that this item had the potential to confuse respondents since the categories carried over from another income branch question that respondents who are administered QI21B would not see. Categories were renumbered starting at 1 to be consistent with other items in the instrument.
- INTRO1—A sentence about the respondent being able to read the questions in the ACASI system was included in this item. It was deemed during the meeting between RTI and SAMHSA that it was unnecessary. It was subsequently removed.
- HLTH04—It was determined in cognitive interviews that some respondents might have a difficult time answering a question about their height in the formats provided (feet *and* inches or meters *and* centimeters). Two new options were added to the question. These options allow respondents to indicate a preference to answer the question about height in *only* inches or *only* centimeters.
- QD26—During the meeting after Phase 2, round 1, SAMHSA and RTI agreed that the F2 options for more information could be improved by tailoring them to the question on which they appear. The more information option for QD26 was tailored to indicate that a respondent could ask for more information about the types of work to include when answering about working in the past week.
- Motivation for misuse items (PRYMOTIV, TRYMOTIV, SVYMOTIV, and STYMOTIV)—During the meeting after Phase 2, round 1, RTI and SAMHSA reviewed the questions about motivations for misuse of prescription drugs. Resolutions were reached on question wording and logic. Several decisions were made on the question logic. These include the decision to ask relevant motivation questions (PRYMOTIV, TRYMOTIV, SVYMOTIV, and STYMOTIV) of all respondents who reported prescription drug misuse in the previous 12 months, the decision to ask about a main reason when respondents reported multiple motivations for misuse (PRYMOT1,

TRYMOT1, SVYMOT1, and STYMOT1), and the decision not to allow respondents to select the "other" reason as their main reason for misuse.

- "Not all forms" language—During Phase 2, round 1 interviews, issues continued to be found with the phrasing of the concept that "not all forms" of drugs are displayed in the drug images. It was decided during the meeting after Phase 2, round 1 that revised wording would be tested for Phase 2, round 2. The change can be characterized as one from negative phrasing ("not all forms...are shown") to a more neutral phrasing ("some forms...may look different").
- PRIPROX and PRIPROXR—To reduce burden for respondents who previously completed an interview or proxy interview, it was decided to recreate filter questions. Two items were created. One allows the field interviewer (FI) to indicate the respondent previously completed the tutorial, if they are aware of this fact (PRIPROX). If the FI is unsure or cannot recall whether a respondent has previously completed the tutorial, a question is asked of the respondent (PRIPROXR). A response indicating previous completion of a tutorial routes the respondent to a transition screen where the FI informs the respondent about the following section (TOPROXY).

4.3.2 Phase 2, Round 2

A number of changes to question wording, question logic, and response options resulted from the Phase 2, round 2 interviews as well.

- QD11—RTI learned in cognitive interviews that the order of categories could be confusing to some respondents. Categories 12 and 13 were reversed so that category 12 now represents a high school diploma and 13 means 12th grade but no diploma.
- CGCOLOR—About half of cognitive interview participants were unable to understand the question was asking about the new color code system cigarette manufacturers have implemented. It was decided that this question should not be included in the specifications.
- INTROPR (introduction to the pain relievers screener, which is the first prescription drug module)—Through interviews it was determined that it was unclear to participants that prescription drug questions were asking about any kind of use. To emphasize that point, the word "any" was inserted in the first sentence of introductions to prescription drug modules (INTROPR, INTROTR, INTROSV, and INTROST) so that it reads "These next questions are about **any** use of prescription [drug type]."
- PR06 (use of pain relievers containing morphine)—Several participants were unclear that nonpill forms of morphine should be included in their response. The SAMHSA/RTI instrumentation team added to this screen the reminder to include all forms of the pain reliever that one has used. It was also decided that an additional image showing a vial of morphine would be added to the screen. Including this image should prompt respondents to include liquid forms of morphine they received by injection or intravenously.
- Motivation for misuse items (PRYMOTIV, TRYMOTIV, and SVYMOTIV)—A participant responded that he misused a prescription drug to help him deal with his emotions. None of the existing response options were appropriate. A response category "to help me with my feelings or emotions" was added.

- Other reasons for misuse (PRMOTOT, TRMOTOT, SVMOTOT, STMOTOT)—It was unclear to a participant that the instruction involved typing in the "other reason" for misusing a prescription drug. The word "other" was inserted into the sentence so that it is clear that respondents should type in the reason they were thinking of when they indicated another reason in PRYMOTIV, TRYMOTIV, SVYMOTIV, or STYMOTIV.
- Other reason is the main reason for misuse (PRYMOT1, TRYMOT1, SVYMOT1, and STYMOT1)—It was previously decided not to allow respondents to indicate that the other reason was the main reason for their misuse. However, some respondents chose to list the other reason as their main reason. It was decided to add a category "the other reason I reported" to account for this.
- DRPR—This question asks respondents to think about the pain relievers that they previously reported misusing. Respondents with heavy levels of prescription drug use were either not clear which pills were pain relievers or which they reported using versus misusing. The question was edited to include a list of misused prescription pills for reference. Wording was also edited to consistently refer to misuse.
- QI12AN and QI12BN—Some cognitive interview participants had difficulty understanding the types of welfare or public assistance to which these questions referred. A bulleted list of the types of assistance respondents should include in their answers was added to this question.
- INTRTINN—This question was previously administered by an interviewer. Wording in that question referred to the sources of income "that we just talked about." This wording was changed, in case it was awkward to use when the computer is reading the questions.
- Proxy tutorial—During cognitive interviews, it became clear that it was burdensome to have respondents answer all of the ACASI tutorial items in their interview if they previously served as a proxy for another respondent. As a result, an abbreviated tutorial was created for use in the Questionnaire Field Test. This tutorial will ensure that respondents are presented with information they did not previously receive when they served as a proxy. Table 5 shows the screens that are a part of the full and abbreviated front-end and back-end tutorials.
- Tutorial transition—During Phase 2, interviewers observed that there was no screen for transitioning the computer from the interviewer to the respondent. Additional instructions were needed for interviewers to turn the computer over to the respondent when a proxy was not used in the interview. Such instructions were added to HINSINT, which was renamed from NOPROX.
- Calendar—Where appropriate, the SAMHSA/RTI instrumentation team added reminders for the respondent to press a function key to access either the 30-day or the 12-month reference date calendars. These reminders were added to most screens in the instrument that asked the respondent to report behavior in the past month or year. Where reminders were not included, the calendars themselves were added.
- INTROINC—In the final paragraph, this item informs respondents that the upcoming questions refer to the past calendar year rather than the past 12 months that were referred to in previous questions. However, this would be confusing to proxy respondents because they were not administered a battery of questions using the 12-month reference period.

Skip logic was added to the item to ensure that proxy respondents are not shown the paragraph referring to a calendar year.

Table 5. List of Screens Presented for the Full and Abbreviated Tutorials

Full Front-End Tutorial	Abbreviated Front-End Tutorial	Back-End Tutorial
IntroAcasi1		IntrAcasi1b
IntroAcasi3		IntrAcasi3b
IntroAcasi4		IntrAcasi4b
IntroAcasi2	IntroAcasi2	
HeadPhone		Nohphone
INTRO1		
INTRO2		
	INTRO3	
GOTDOG		
EYECOLOR		EYECOLRB
ALLAPPLY	ALLAPPLY	
NUMBER		NUMBERB
BACKUP		BACKUPB
PLAYINFO		PLAYINFB
rangeerr	Rangeerr	
calendar	Calendar	
calendr2	calendr2	
calendr3	calendr3	
ANYQUES	ANYQUES	ANYQUES2

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5. Discussion

5.1 Summary of Major Changes

The redesigned instrument was tested across a total of six rounds and variations throughout the redesign pretesting procedures; these rounds included one round of usability testing, three rounds of cognitive interviewing to test redesigned prescription drug modules, and two rounds of instrument cognitive interviewing for the total redesigned instrument. Usability testing was conducted in October 2009. Cognitive interviewing was conducted from January 2011 through February 2012. Findings from these pretests informed many questionnaire changes. The major changes included

- deciding upon the "top of screen" layout, use of the wording "in any way not directed by a doctor" to describe misuse, and making respondents aware of the three misuse criteria wording for the prescription drug questions;
- finalizing new wordings to reference generic drugs and that not all forms of prescription drugs may be pictured on a given screen;
- removing questions about hospital use of prescription drugs;
- improving the display of the calendar icon that reminds respondents that the electronic calendar is available through a function key;
- refining questions in the health module about height and weight for ease of self-administration; and
- adding a transition to the proxy tutorial.

A crosswalk of question text that is included in the main NSDUH questionnaire and the pretesting questionnaires and ultimately is recommended for inclusion in the field test questionnaire is included as Attachment F. This document serves as a reference to track question development across the pretesting phases.

5.2 Usability Testing Advantages

Conducting a series of usability tests followed by increasingly in-depth cognitive interviews allows for a detailed, iterative examination of potential questionnaire problems. The usability testing identified early on that respondents did not have problems with the screen layout and that people understood the purpose and function of the onscreen pictures. One advantage of conducting a small round of usability testing was that it allowed the study team to eliminate some errors that might have burdened cognitive interviewing and clouded the findings of those interviews. A significant recurring theme of comprehending "generic" medications was first observed in the usability testing. Cognitive interviewers, as a result, knew to probe the questions about generic drugs for additional issues in subsequent rounds.

5.3 Recommendations for Future Pretests

Given the advantages of the usability testing, RTI recommends including it in future rounds of pretesting. Usability testing is especially adept at blending testing of new equipment and screen layouts and features. Now that the reference date calendars and drug images are part of the CAI instrument, there may be usability implications of transitioning to new hardware. With the addition of a new tablet device that has the potential to display show cards and other FI materials, usability testing is recommended for any respondent and FI interaction with the tablet.

The recurring themes of the redesigned cognitive and usability testing suggest the need to investigate the following issues for the field test:

- The prescription drugs sections are longer. However, use of prescription drugs in the past 12 months was a criterion for recruiting cognitive interview participants. Consequently, the administration time for the prescription drug questions and the overall administration time may be shorter with a broader cross-section of respondents in the field test. Nevertheless, it will be important to track the average interview times during the field test to identify sections that may be still too long.
- It will be important for field test interviewers to report notes and experiences on the proxy transition into the second ACASI portion of the interview. This is a situation that is likely to be dependent on many variables that are present within the field (rather than lab) setting.
- It will be important for the instrumentation team to track reports of usability concerns with the electronic calendars.
- Some questions that were administered smoothly in the cognitive testing lab may be awkward with the wider variety of respondents in the field. Field interviewers will be encouraged to note awkward wording and choppy or missing transitions.

Overall, iterative rounds of pretesting, combinations of usability testing and cognitive interviewing, and revisions to instruments and protocols in response to findings have resulted in an instrument that is well positioned to be tested in a field setting.

6. References

Office of Applied Studies. (2008, February 14). *The NSDUH Report: Use of specific hallucinogens: 2006*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Appendix B

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 1 Round 1 Results

NSDUH Prescription Drug Redesign Cognitive Interviewing Round 1 Results

I. Highlights

Respondent Characteristics

Cognitive interviewers reported that the respondents were quite sophisticated in their knowledge of the subject. They were well-versed in what it means to misuse prescription drugs according to the examples and wordings given in the instrument, even if they themselves did not report misuse of prescription drugs. They also had a high awareness of which drugs they took (see below).

Three types of respondents emerged during these interviews. Treatment clients were heavy drug users who were well aware of the potential for abuse and addiction with using prescription pain relievers. Several were aware of people crushing and then snorting pain relievers. Some also reported misuse of certain pain relievers when heroin or other preferred drugs were not available.

Many general population users had chronic pain, and struggled between a desire to relieve this pain and a desire not to become dependent on the pain relievers. Some reported noticing behaviors that concerned them, like needing to take more medication because the drugs were having less effect for pain relief. They stopped taking the medicine, lived with the pain for a while, and then would resume taking the medicine as prescribed. Others in this group reported not liking the effects of the drugs, such as nausea or feeling too disoriented.

A third participant profile revealed that of the recreational user. For example, Vicodin might be considered better for partying than for pain relief. Another example involved use of Adderall and Vicodin on weekends in combination with alcohol to enhance a person's partying experiences.

Although most participants were knowledgeable about pain relievers, heavy past year stimulant users were missing from this group of participants. Therefore one option to consider for Round 2 recruitment efforts is to place a greater focus on recruitment of past year stimulant users, especially for adults, since Round 1 has provided considerable information about adults' experiences with pain relievers.

Identification of Prescription Drugs

Participants often recognized the drugs by name, although some did find the pill images to be helpful. One issue that sometimes caused confusion was the inclusion of brand-name drugs and the generic equivalents in the same question. Some participants in particular reported that their doctors would write the brand-name drug on the prescription but the pharmacy would substitute the generic. Therefore, one issue for remaining rounds would be assisting persons in reporting

what they actually took, regardless of the name of the drug that was written on a prescription.

Another issue with generic drugs concerns the number of manufacturers of generics and the variety of generic equivalents of specific drugs that may be dispensed when people fill prescriptions. It would not be realistic to try to include exhaustive examples of pill images for generic drugs. Nevertheless, additional feedback in Rounds 2 and 3 could be helpful for identifying if important examples of certain generic drugs are being missed, such as pills of a particular color. Additional options also may need to be considered for clarifying for respondents that pictures may not show all possible examples of a particular pill, or forms other than pills.

Performance of the Nonmedical Use Criteria

Based on the examples given and use of the term "in any way that a doctor did not direct you to use it," participants generally were able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. When participants gave information about how they recalled information such as how old they were when they first used a particular prescription drug nonmedically, they commonly cited examples of getting medication from someone else's prescription, using a lot of the medication, doubling up on dosages, or taking it at parties or when "hanging out" with friends.

In the decomposition questions, however, some participants had trouble determining whether they should choose the second category (use in greater amounts, more often, or longer than I was told to take it) or the third one (use in some other way a doctor did not direct me to use it). The specific issue is whether participants see these two categories as distinct or overlapping. Because the second criterion includes three ways in which persons can overuse prescription medication, another issue is whether participants recognize that they should endorse this category if some but not all of these characteristics apply.

Three scenarios for misuse arose during the interviews that were not listed as examples in the instrument. These were (1) use with alcohol, (2) asking for a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed. An important question for the first two of these is whether respondents would recognize these behaviors as use of a prescription drug "in any way a doctor did not direct you to use it" even if these examples are not explicitly listed. In addition, use in combination with alcohol may be a criterion for use of pain relievers, tranquilizers, and sedatives "in any way a doctor did not direct you to use it" but not necessarily for stimulants. An issue for persons who obtained drugs outside of the United States without a prescription is whether this should be counted as nonmedical use if the prescriptions were obtained legally, even if these drugs would require a

prescription in the United States. If this should not be counted as nonmedical use, the related issue is whether and how to indicate this to respondents.

II. Ensemble Screener Findings

CG17REV – Of the 16 participants who responded to this question, 4 have heard of snus and 3 correctly identified what it was. The fourth person thought that it goes up your nose.

AL01 – Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions included being fruity, girly, ready-made and flavored. Most participants compared them to wine coolers, and 2 participants mentioned that 4 Loko is similar. These same two participants identified Sparks as being caffeinated as well as alcoholic.

MJ01 – Most participants were able to correctly identify what a blunt was.

CC01 – Descriptions of crack included: smoked, more addictive, costs less, crystalline substance smoked in a pipe, rock, baking soda is added. Cocaine: snorted, powder, inject, pure. Two participants thought that there was no difference between cocaine and crack.

CC01 – Five participants reported use of cocaine or crack. There were no inconsistencies in their narrative of use.

HE01 – Only 1 participant had heard of cheese, while most had heard of black tar.

SD17a – Almost all participants had heard of methamphetamine. They had no other names to suggest.

HALINTRO – Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included: marijuana, cocaine, crack, heroin, alcohol, crystal meth, and Ambien. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

INHINTRO: Most participants were able to correctly identify examples of inhalants.

IN01a: Responses about a definition of ‘for kicks or to get high’ included: to escape, for a euphoric feeling, excess use, stupor, for fun or a desired effect, recreational, another frame of mind, to feel good, get outside yourself, heightened senses, for abuse, alter mood, because of boredom. Some participants differentiated between "for kicks" and "to get high." For these participants, "For

kicks" implied more casual use focused on having fun or doing it out of boredom. "To get high" implied less casual use focused on escape or to avoid emotions.

IN01e & h: Two participants reported using an inhalant, but correctly decided against reporting this because it was not 'for kicks or to get high.' One accidentally smelled some gas that had spilled at the gas station, and the other had laughing gas at the dentist.

IN01h1: Most participants had not heard about inhaling markers and pens to get high. Many were incredulous that this actually happens, and none reported doing it. However, 2 people had heard of this. (We may observe greater awareness of this behavior among adolescents.)

IN01ii: There was a good deal of confusion about canned air. Many participants referred to this as 'air duster'. A Google search of 'air duster' revealed a number of products by that name. One participant thought that canned air had to do with filling flat tires. Two confused this with whippits.

Recommendation: Revise this question. Perhaps add the words "air duster" or "electronics air duster" to make the meaning clearer.

III. Pain Reliever Screener Findings

INTROPR: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Some descriptions of over-the-counter drugs included: lower dose, pick it off the shelves, don't alter your state of mind, not as strong, can't get high off of them, bought without doctor's permission, and off the shelf. Prescriptions were described as: containing narcotics, higher dose, controlled substance, bought from the pharmacist, stronger, gives you a high, more powerful, more dangerous, easier to abuse, more expensive, harder to get, need a prescription from a doctor with a signature on it, narcotics.

PR01: Participants reported using a multiple drugs on this list. Two participants reported thinking that Lorcet and Percocet were the same thing. Another reported thinking that Vidodan and hydrocodone were the same, along with Norco. He reported taking Norco as opposed to hydrocodone, but reported the hydrocodone. One participant was given the pain reliever in the hospital. Participants were able to distinguish medical and nonmedical use in their narratives of use. For instance, one participant reported taking the pain relievers as prescribed on the first three days, but then took nine pills in one day. He acknowledged that he did not take them as prescribed. Participants discussed using the pain relievers for recreation, following the instructions for use, or stopping use early when pain eased.

Recommendations: Discuss the merits of further differentiating between brand name drugs and their generic equivalents.

Feedback on pill images of hydrocodone products: One participant reported that the pictures of hydrocodone looked the same, but the ones she took were yellow.

Recommendation: Investigate whether we get similar feedback in Rounds 2 and 3 to determine whether to identify a suitable picture of a yellow hydrocodone pill for the field test.

Participants were all able to correctly fit their use in the 12 month reference period.

PR02: 11 participants reported using these drugs. One participant said that he thought that Percocet and Lorcet were the same thing, but the names on the bottles were different, so he must be wrong. All participants were able to answer the question based just on the names, although 3 reported that the pictures were helpful. One reported that his prescription is for Percocet, but his pharmacy gives him generic oxycodone for insurance reasons, so he sometimes gets confused about this. He reported taking the oxycodone.

Feedback on pill images of oxycodone products: One participant reported that the oxycodone she took looked like pills in the picture, but hers were bigger. Hers were the size of the Percodan. Another reported that she took the fat, white Percocets, and there were no white Percocets in the picture.

Recommendation: Continue to investigate whether we get similar feedback in Rounds 2 and 3 about discrepancies between pills taken and pill images shown online for oxycodone products.

PR03 – One person used Darvocet in the past 12 months.

PR04 – One person had used Ultram and tramadol. Another used tramadol when he ran out of a prescription for oxycodone.

PR05 – Seven people had used Tylenol with codeine. One participant called this a Tylenol 3. Another reported that he also used Tylenol 4, which is the pill with the 4 on it. The FDA's Center for Drug Evaluation and Research lists these as "Tylenol with Codeine No. 3" and "Tylenol with Codeine No. 4."

Recommendation: Consider changing the question to refer to Tylenol with Codeine as Tylenol with codeine Number 3 and Tylenol with codeine Number 4.

PR06 – 2 participants reported using morphine in the past 12 months. Others reported use, but added that this was not in the past 12 months. Participants distinguished between the liquid and pill forms of morphine, reporting they had it in an IV.

Recommendation: Consider whether an image of a liquid morphine ampule should be shown in the field test as an example of morphine.

PR07 – Participants were familiar with a number of these drugs. Some reported lifetime use, but none in the past 12 months.

Feedback on images of Fentanyl products: Participants provided positive feedback about the images. Among the benefits cited were comments such as, “The pictures were really helpful. I looked at the pictures first. There were two whose names were unfamiliar, so I needed the pictures. If I hadn’t seen the pictures, I might have confused them with another drug.” “It looked like this (points at Actiq) but it was spelled like that (points at Fentanyl).” “The pictures were very useful. I used “China Girl” once. And the picture helps clarify what it looked like. Especially when comparing fentora and Fentanyl. If the pictures weren’t there, I might have mistaken fentora for Fentanyl because the names are similar.” “The packaging helps.” 2 participants also said that Fentanyl comes in a lollipop too. (NOTE: A picture of the Fentanyl in lollipop form was used in place of Actiq because of time and cost involved in acquiring a special image of Actiq.)

Recommendation: Consider whether to include the lollipop form as an example of Fentanyl.

PR08 – 2 participants reported use of Suboxone. One was using it to stop going through withdrawal from pain reliever addiction.

PR09 – 2 participants reported use of Dilaudid. One said that he used this only in the hospital and asked if that counted. Two participants had used methadone, at least one of which was at a methadone clinic under supervision. One used Demerol and said that the picture helped him identify it. Finally, one person reported that the pictures helped him decide that he had taken Opana ER as opposed to Opana.

Recommendations: 1. Given the likely variations in the appearance of methadone that is dispensed in liquid form, consider how to clarify that any use of methadone in the past 12 months (i.e., not just in pill form) should be reported in PR09. 2. Consider whether instructions need to include reports of any medications that people took while in the hospital. However, receiving dosages of pills in a hospital is a different experience than receiving a prescription that will be filled for use at home. Participants may be unable to identify which pills they took in a hospital, or to recall that they took pills at all. Do we anticipate that use of pain relievers (or specific pain relievers) will be significantly underestimated if we do not instruct respondents to report pain relievers that they took in the hospital?

PR10 – No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting. One participant said that they would not have reported use of Percocet had they only seen the pictures.

PR11 – Other pain relievers that participants reported that they used in the past 12 months included non-steroidal anti-inflammatory drugs (NSAIDS) such as naprosyn or diclofenac (brand name Cataflam). Other drugs that were reported included Lyrica (pregabalin) and Robaxin (methocarbamol). One person mentioned liquid methadone as an example of something that people might report, but this person had not actually taken it. One participant reported Gabatin, which does not appear to be a drug. Perhaps she meant Gabapentin.

IV. Stimulant Screener

INTROST – Most participants had heard of No Doz and Dexatrim. 3 people mentioned 5 Hour Energy as an example of a stimulant. One person mentioned Hydroxycut.

ST01 – One participant replied that he was not sure which one to report, because Dexedrine is the brand name, used by the company while Dextroamphetamine is the chemical name. He was also familiar with the mix of amphetamine and dextroamphetamine. One participant reported Vyvanse here as a dextroamphetamine, but changed her answer when she got to ST05. One participant said that the pictures of Adderall helped her decide whether to choose the extended release or the original.

ST02 – None of the participants had used any of these drugs.

ST03 - None of the participants had used any of these drugs.

ST04 – Two of the participants used Phentermine. One bought it in Mexico, while the other was prescribed it at a diet clinic.

ST05 – One participant used Vyvanse.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Phentermine, which then helped with recalling the name.

ST06 – One participant reported getting Meridia in Mexico. (NOTE: This is no longer available in the US).

ST07 – Participants did not report using any stimulants in their lifetimes. One participant later reported that her son was prescribed medicine for ADD. She took one of his pills so that she could see how it affected him. However, she neglected to report that use in ST07.

Feedback on pill images – One participant requested that the pills should be bigger so that participants could read what is written on them. Another reported that the writing and numbers on the pills should be bigger because that is how people on the street recognize what they are buying. A third participant pointed out the potential for confusing Wellbutrin, Buspar, and Buprenorphine. She recommended including the generic names with the brand names.

Recommendation: Investigate adding a zoom function to enlarge the pill images. Two issues to consider are inclusion of keystroke commands (to avoid the need for participants to use the touchpad) and whether simple enlargement of the existing images will improve respondents' ability to identify the writing on the pills.

V. Pain Reliever Module Findings

PRL01- In describing examples of using a prescription pain reliever in a way not directed by a doctor, two participants mentioned using a prescription pain reliever with other drugs or with alcohol. One specifically reported taking pain relievers with a glass of wine because “they just work better” that way. Otherwise, participants described ways of use not directed by a doctor that are included in the definition, such as:

- Taking someone else’s prescription
- Using the prescription too much/more than a doctor prescribed
- Getting it from a source other than a doctor
- Snorting a pill.

One participant recommended including “norco” on the list because people may not know that it is the brand name for hydrocodone.

Except for the issue of use in combination with alcohol or other drugs and the recommendation to include “norco,” this feedback suggests that Round 1 participants who were routed to PRL01 correctly understood ways of using pain

relievers that were not directed by a doctor to encompass relevant components of nonmedical use.

Recommendation: Determine if additional participants in Rounds 2 or 3 endorse combining pain relievers with other drugs or alcohol as a way of using pain relievers that is not directed by a doctor.

PRY01 – All participants routed to this question about Vicodin understood that we were asking this question to get at abuse of prescription pain relievers or getting them off the street. Many participants used the word “abuse” when asked what this question was asking. Examples of such behavior include not using it as prescribed, taking it without a prescription, ‘over doing it,’ getting high, or selling them. When asked to provide a narrative of the last time participants used Vicodin, two participants described taking a prescribed medicine more than the doctor said to because it was needed to make the pain better. A third participant described having a prescription for dental pain, but using it more than prescribed because of liking the feeling it caused. Another had a prescription but was abusing the Vicodin and Norco highly at the time. One participant mentioned taking their prescription with alcohol. Two participants mentioned using it without a prescription. One of these used it only as a last resort because nothing else was available to feed an addiction.

Two participants described in their narrative use that would not be described as misuse. One reported using the pain reliever even though the pain had lessened to the point where it might have been managed without taking that drug:

“They gave me a week’s worth. The pain got less and less. It got to the point that I could take OTC medicine. I hate taking pain medicine. I was supposed to take them as needed, which was once a day. I took all of them.”

Another took **less than** the prescribed dosage:

“I took it as prescribed but I lowered the dose, I was supposed to take it 3 times a day but I only took it 1 time at night before I went to sleep because I didn’t like the way it made me feel. Taking it with a muscle relaxer it gave me that sluggish feeling. House could have burned down and I would have been with it.”

Recommendation: Determine if additional cognitive interview participants in Rounds 2 or 3 consider taking less than the prescribed dosage as use in any way a doctor did not direct them to use a medication.

PRY01a – Participants reported numerous mechanisms by which they remembered their age at first use, including:

- It was the first time using the drug this way
- Referencing anchoring events (friendships, injury, senior year in high school, getting a driver's license, etc.)
- Recency of the event (it was in the last year).

When participants described the first time they used Vicodin, they mentioned taking too much, taking it without a prescription, doctor/pharmacy shopping, and mixing it with other drugs.

PRY02b – One participant chose the year because it was not in 2011, the past couple of weeks. Another just knew the year was 2009.

PRY01d – One participant reported that the calendar helped with choosing the month.

PRY02 – The one participant who was asked what this question about Lortab was getting at reported, “the addictiveness of prescription drugs,” and “how easy it is to abuse them.” Two participants were asked to describe the last time they used Lortab. One reported using someone else's prescription and the other reported using it when heroin was unavailable.

PRY02a – The two participants who received this question distinctly remembered events associated with the first time they used Lortab (finding grandmother's pills and hanging out with friends). One reported that it was someone else's prescription and the other reported snorting it.

PRY02c – One participant realized he had the year wrong when answering this question. He mixed up how old he was last summer.

PRY02d – The participant remembered the month was July or August because of how hot it was outside.

PRY03 – The one participant who was asked what this question about Lorcet was getting at described snorting it as using it a way it was not prescribed, so as to get an immediate high. Two participants answered this question as “no” because they used this as prescribed, following directions as needed for pain.

PRY04 – Two participants were asked to describe what this question about hydrocodone was getting at. One reported using it recreationally, not following the doctor's instructions, taking more than necessary, or snorting it. Another described a new type of misuse: asking for a larger dose at time of prescription with the knowledge that a large dose was not really necessary. This participant

still endorsed use of hydrocodone “in a way a doctor did not direct you to use it.” When asked to describe the last time the pill was used, one participant reported getting it for a sore throat in the ER and another reported getting the pills from an acquaintance/friend who said they would help with withdrawal.

Recommendation: Consider including asking for a larger dosage or number of pills as examples of use “in a way a doctor did not direct you to use it.”

PRY04a – Participants did not have trouble reporting their age, although one wanted to see a calendar for month of last use. When asked how they were misusing the pills, one reported taking 9 in one day and another reported taking it with alcohol. A third participant in answering this question expressed some confusion about Vicodin and hydrocodone. This person reported thinking that they were the same thing and appeared to be confused by the fact that we asked about them separately.

Recommendation: For the next round of cognitive interviewing, insert a probe about whether participants understand why they have the month response options they do. This instrument includes a tailoring of response options of months of use based upon current age and birth date. It would be helpful to see if this is confusing to respondents.

PRY05 - One participant described using OxyContin with a prescription. Her mother kept it locked away and gave it to her at allotted times; otherwise, she would have abused it. Another participant reported using it once when a friend provided it.

PRY05a – One participant remembered the age at first use easily because it was in the summer, “after my birthday.” Another had a hard time determining whether it was at age 19 or age 20. It was after high school but before college. When using OxyContin at that time, one participant reported using someone else’s prescription and mixing it with alcohol.

PRY06 – Participants who were asked about what this question about Percocet is getting at understood it to mean abuse. When asked about how they used it in a way not directed by a doctor, one reported popping and snorting them, but with a prescription. Another reported using another’s prescription. One participant used it but did not report using it in any way not directed by a doctor. The Percocet made this person sleepy and nauseated, and they did not care to finish the whole prescription.

PRY06a – Participants remembered their ages by associating it with events in their lives: sophomore year in college, a friend visiting from Florida, the diagnosis of migraines. Another had no idea of the age at first use. Participants reported

first using Percocet in a way a doctor did not direct them to use it by using it without a prescription, mixing it, popping it, and taking it “more than I should.”

PRY09 - When asked what this question about oxycodone is getting at, one participant who did not answer affirmatively said she was scared of it and asked, “Are people abusing the prescribed pills?” She showed the interviewer her oxycodone pill and it was different from the pill cards. It said 5 & 12 on it and did not have an M on it. One participant described use “in any way a doctor did not direct you to use it” here as taking more than was prescribed. Another reported getting oxycodone because Percocet and Vicodin were not available, so she bought oxycodone from a drug dealer.

PRY09a – Participants did not have trouble remembering their ages, but one asked, “Do you really think that people remember the months and the years?”

PRY18 – When describing use of Tylenol with codeine “in any way a doctor did not direct you to use it,” examples included: using someone else’s prescription because their hydrocodone ran out and a friend gave them something to tide them over (stave off withdrawal) and taking more than prescribed.

PRY18a – Participants did not have trouble remembering their age of first use.

PRY24 – One participant described using an IV drip of morphine in the hospital, and reported that he used this as prescribed.

Recommendation: In future cognitive interview rounds, probe to determine if hospital use of a prescription drug is included in reports of prescription drug use by participants.

PRY28a – One participant in particular had trouble remembering when he turned specific ages for first use of fentanyl “in any way a doctor did not direct you to use it.” At this question, he reported forgetting his age because it’s 2011 (meaning early 2011 and he is still adjusting to the calendar change).

PRY29 – A participant described their use of Suboxone “in any way a doctor did not direct you to use it” as a backup for when this person could not get into a methadone clinic. This made it relatively easy for this participant to recall the age and the month and year.

PRY32 – A participant who answered this question affirmatively recalled using Demerol when he had run out of codeine and/or Vicodin. A friend with chronic pain shared the Demerol with him to extend his prescription. He was able to recall his age by the month and year and by his birth date.

PRY33 – A participant remembered using Dilaudid in the hospital as an injection for back pain. He reported using this according to doctor instructions.

PRY34 – A participant routed to this question answered it as “no.” The person had not used methadone “in any way a doctor did not direct you to use it” because the person attends a methadone treatment program every day and receives the methadone there as directed.

PRL02 – One participant reported using a pain reliever with alcohol as a type of use not directed by a doctor in response to this question.

PRM02DKRE – The participant who received this question about their “best guess” thought their answer was accurate.

PRM03 – Two participants reported how they were able to remember whether or not they were drinking alcohol. One said because it was yesterday, and another knew they had used the alcohol to increase the effects of the opiates.

PRY41 – One participant understood this question but volunteered that the wording “at least once” threw her off. She thought that the answers would say the same thing without the text “at least once” and that it would be easier to read/understand. Another participant reported not being able to endorse option #2 (used in greater amounts, more often or for longer than it was required) because only part of what was listed applied to this person. The participant used in greater amounts and more often, but not longer.

One participant reported wanting to select answer #3 because this person “doubled up” on the prescription. That is, “doubling up” would fall into the “some other way” category. When probed, this person agreed that “doubling up” would also fall into category #2. Another participant considered choosing #3 along with #2 because the person used alcohol while taking the pills, which the person considered a way of using in a way not directed by a doctor. Other participants considered crushing and snorting as an example that applies to category #3.

Recommendations: Remove the “at least once” wording. Determine in future interviews whether participants think that all three of the aspects of misuse in option #2 need to apply in order to endorse the option. Continue to monitor whether participants see options #2 and #3 as distinct or overlapping and any difficulty they have in deciding which answer(s) to choose.

PRY42B – Participants did not have trouble remembering how they got pain relievers the last time. One additional way of getting a prescription pain reliever reported was getting them out of the country. However, this reason is not

commonly endorsed in “OTHER, Specify” data. In 2009, for example, 5 respondents reported that the “other way” they obtained pain relievers they used nonmedically in the past 30 days was by obtaining them outside of the U.S. Only one respondent in 2009 reported this as the way that he/she obtained the pain relievers the last time in the past 12 months.

Recommendation: Consider the addition of getting pills outside the U.S. to this list.

VI. Stimulants Module Findings

STL01 – A participant reported not having a prescription for phentermine, but in Mexico, they did not need one. This person pointed out that you can buy prescription drugs in Mexican drug stores and airports. Technically in Mexico they were not prescription drugs.

Recommendation: Continue to examine this issue in Round 2 to determine whether to provide clarification on buying prescriptions in other countries, whether that should count as use “in any way a doctor did not direct you to use it,” and how to instruct respondents to count or not count this as use “in any way a doctor did not direct you to use” a prescription drug.

STY01 – When describing last use of Adderall, a participant reported that a friend provided it in 2009. There was no prescription and they were mixing it with other things.

STY01a – A participant reported remembering the exact night in 2009 hanging out with a particular girl.

STY03a – A participant remembered their age at first use of Dexedrine very well because it was associated with a recent move and new classmates/friends.

STY20 – The same participant who got phentermine in another country described it here. Another participant reported using phentermine strictly to use weight, as directed, and answered STY20 as “no.”

STY25 – The same user of phentermine mentioned getting it outside the U.S. Another participant reported snorting as a third way of use.

STY26b – One participant had been prescribed stimulants for ADD while in rehab. When the participant emerged from rehab, this person told the doctor about having a prescription for stimulants and was able to get another prescription easily.

One participant thought it would be easier for most participants to see the ways of use on all the screens, even though as a user in recovery, she was well informed about misuse.

VII. Health Module

HLTHNEW01 – 5 participants had difficulty entering their height into the computer.

Recommendation: Revise this question. Perhaps move the sentence about entering in metric sooner in the question. Add the phrase ‘then press Enter’ to the end of the instructions about entering metric. One participant recommended adding the words ‘press Enter’ at the bottom of the task bar. Participants also did not read the screen about entering inches. They were still looking at the task bar, and entered the inches upon seeing the value label.

HLTHNEW01a – Participants were not accustomed to seeing the question mark that results from pressing F3.

Recommendation: Revise the entry field to say Inch(es) so that participants can enter 0 or 1.

HLTHNEW02 – No problems entering weight. See HLTHNEW01 results for recommendations.

HLTH05 – One participant reported 8. Upon probing, he said that he was in the hospital for 8 days and 7 nights and had missed the part of the question that specified nights.

HLTHNEW03 – A few participants included dental appointments in their estimates, despite the instruction to not do so. Most participants were pretty confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies.

HLTHNEW03 – Most participants had a reasonable understanding about what a health care professional was. One participant would not count a chiropractor, or a person at the eye care center because they have not been to medical school. One participant said that there were none at the drug treatment center, while another reported that visits to the methadone clinic would count. Other participants expressed doubt about including specialists and physical therapists. One participant said only doctors counted as health care professionals.

Recommendation: Assess the level of accuracy that is needed in this question. Is each of the response categories used in analysis, or can they be collapsed? This question includes a number of constructs, such as a reference period, thinking about your own health versus someone else’s, the definition of a health care professional, and exclusions to the rule. The respondent burden has the potential to be high, as does the measurement error.

HLTHNEW05 – There were no probes asked about this question.

Recommendation: Use logic from HLTHNEW04. It could be that the doctor already knows, but there should be a linkage between the series of questions.

HLTHNEW06 – One participant reported that his dentist asked him about his alcohol use. He then asked if a dentist was included. Instructions in HLTHNEW03 say to exclude the dentist, which may have caused confusion. One participant did not include questions asked upon visits to the emergency room. He stated that his doctor does not ask, because his doctor knows him. Another participant reported that he did not know how to answer and had a number of issues with the question. He filled out a form in the waiting room. The form said, How many drinks do you have per week. He had difficulty mapping this question to the responses of How much do you drink and How often do you drink. He did not have a discussion with the doctor.

Recommendation: 1. Change the Round 2 specs to only ask this question of participants who used alcohol in the past 30 days (ALC30USE=1). Participants who did not use alcohol in the past 30 days will not receive this question. 2. Ask HLTHNEW06 before HLTHNEW04 because the mention of a form is conditioning participants. 3. Include logic for responses to HLTHNEW04b in logic for HLTHNEW06. 4. Make more apparent that HLTHNEW06 focuses only on in-person communication.

HLTHNEW20 – One participant asked if we were referring to the past 12 months or ever.

Recommendation: Include a reference period in this question.

HLTHNEW20a – All three participants who reported high blood pressure were confused by this question. One participant said that he has been told that it was a little high, but was not sure that this was a chronic state. One participant said that after the first time, the doctor knew that he had it and they talked about it, but he didn't tell him that he had it again. He said that he was on medicine that was controlling it. The third participant said that they discuss his high blood pressure, but he was not sure how to answer the question.

Recommendation: Change the wording of this question. The BRFSS asks, "Are you currently taking medicine for your high blood pressure?"

HLTHNEW21 - There were no probes asked about this question.

Recommendation: Asking the STD question as the last question in the interview is an awkward stopping point, and does not seem to flow after the last few questions. Recommend adding another few questions in here for a better transition.

VIII. **Additional Issues**

Respondent Burden – After the stimulant main module, one participant reported that many of the questions are redundant. However, no other participants made any comments about finding the overall burden of the interview to be difficult.

Appendix C

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 1 Round 2 Results

NSDUH Prescription Drug Redesign Cognitive Interviewing Round 2 Results

I. Highlights

Respondent Characteristics (Round 1)

Cognitive interviewers reported that the respondents were quite sophisticated in their knowledge of the subject. They were well-versed in what it means to misuse prescription drugs according to the examples and wordings given in the instrument, even if they themselves did not report misuse of prescription drugs. They also had a high awareness of which drugs they took (see below).

Three types of respondents emerged during these interviews. Treatment clients were heavy drug users who were well aware of the potential for abuse and addiction with using prescription pain relievers. Several were aware of people crushing and then snorting pain relievers. Some also reported misuse of certain pain relievers when heroin or other preferred drugs were not available.

Many general population users had chronic pain, and struggled between a desire to relieve this pain and a desire not to become dependent on the pain relievers. Some reported noticing behaviors that concerned them, like needing to take more medication because the drugs were having less effect for pain relief. They stopped taking the medicine, lived with the pain for a while, and then would resume taking the medicine as prescribed. Others in this group reported not liking the effects of the drugs, such as nausea or feeling too disoriented.

A third participant profile revealed that of the recreational user. For example, Vicodin might be considered better for partying than for pain relief. Another example involved use of Adderall and Vicodin on weekends in combination with alcohol to enhance a person's partying experiences.

Although most participants were knowledgeable about pain relievers, heavy past year stimulant users were missing from this group of participants. Therefore one option to consider for Round 2 recruitment efforts is to place a greater focus on recruitment of past year stimulant users, especially for adults, since Round 1 has provided considerable information about adults' experiences with pain relievers.

Respondent Characteristics (Round 2)

The respondent profile among Round 2 participants was not as clear. Overall, 12 respondents participated in Round 2. Of these, 7 were adolescents and 5 were adults. The participant pool did not seem to contain too many heavy drug users, despite 5 participants having been recruited from drug treatment centers.

Identification of Prescription Drugs (Round 1)

Participants often recognized the drugs by name, although some did find the pill images to be helpful. One issue that sometimes caused confusion was the inclusion of brand-name drugs and the generic equivalents in the same question. Some participants in particular reported that their doctors would write the brand-name drug on the prescription but the pharmacy would substitute the generic. Therefore, one issue for remaining rounds would be assisting persons in reporting what they actually took, regardless of the name of the drug that was written on a prescription.

Another issue with generic drugs concerns the number of manufacturers of generics and the variety of generic equivalents of specific drugs that may be dispensed when people fill prescriptions. It would not be realistic to try to include exhaustive examples of pill images for generic drugs. Nevertheless, additional feedback in Rounds 2 and 3 could be helpful for identifying if important examples of certain generic drugs are being missed, such as pills of a particular color. Additional options also may need to be considered for clarifying for respondents that pictures may not show all possible examples of a particular pill, or forms other than pills.

Identification of Prescription Drugs (Round 2)

Respondents were able to identify most of the drugs by either name or picture. Echoing Round 1 findings, participants often recognized the drugs by name, although some did find the pill images to be helpful. Despite the inclusion of the word 'generic' after the drug name, respondents continued to be confused by the distinction between brand name and generic drugs. Some respondents were unaware that the brand name and the generic were two different drugs. Other respondents thought they should report both because they were the same drug. Some knew that they were different, but were unsure whether the pharmacist substituted a generic while filling their prescription for the brand name. Round 3 cognitive interviews should continue to test respondents' understanding of generic drugs.

Respondents did not provide feedback on particular pill images of generics. This was based primarily on confusion about the pill names.

Performance of the Nonmedical Use Criteria (Round 1)

Based on the examples given and use of the term "in any way that a doctor did not direct you to use it," participants generally were able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. When participants gave information about how they recalled information such as how old they were when they first used a particular prescription drug nonmedically, they commonly cited examples of

getting medication from someone else's prescription, using a lot of the medication, doubling up on dosages, or taking it at parties or when "hanging out" with friends.

In the decomposition questions, however, some participants had trouble determining whether they should choose the second category (use in greater amounts, more often, or longer than I was told to take it) or the third one (use in some other way a doctor did not direct me to use it). The specific issue is whether participants see these two categories as distinct or overlapping. Because the second criterion includes three ways in which persons can overuse prescription medication, another issue is whether participants recognize that they should endorse this category if some but not all of these characteristics apply.

Three scenarios for misuse arose during the interviews that were not listed as examples in the instrument. These were (1) use with alcohol, (2) asking for a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed. An important question for the first two of these is whether respondents would recognize these behaviors as use of a prescription drug "in any way a doctor did not direct you to use it" even if these examples are not explicitly listed. In addition, use in combination with alcohol may be a criterion for use of pain relievers, tranquilizers, and sedatives "in any way a doctor did not direct you to use it" but not necessarily for stimulants. An issue for persons who obtained drugs outside of the United States without a prescription is whether this should be counted as nonmedical use if the prescriptions were obtained legally, even if these drugs would require a prescription in the United States. If this should not be counted as nonmedical use, the related issue is whether and how to indicate this to respondents.

Performance of the Nonmedical Use Criteria (Round 2)

Participants continued to be able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. Most respondents were able to clearly differentiate between medical and nonmedical use. At least one respondent who was unsure about how to classify his use resolved the issue after making use of the F2 reminder for the ways of nonmedical use. In Round 3, use of the F2 reminder should be noted.

For the most part, new questions asking whether the respondent used certain prescription drugs only while in the hospital performed well. In a few cases, however, respondents made mistakes in reporting this. Suggestions for rewording the question are included later in the summary.

Other Issues (Round 2)

The inclusion of adolescents in the sample for Round 2 has raised respondent reports of being familiar with using magic markers as an inhalant. Respondents seem to understand the question and have no problem reporting their behavior.

Despite the inclusion of the term “air duster,” many respondents were unfamiliar with the term. Further discussion of this item is included later in the summary. Changes to the blood pressure questions in the health module have eliminated confusion with these items.

Changes to the height and weight items in the health module have diminished confusion and usability issues. Further recommendations for these items are included later in the summary.

II. Ensemble Screener Findings

CG17REV – Of the 16 participants who responded to this question, 4 have heard of snus and 3 correctly identified what it was. The fourth person thought that it goes up your nose.

Round 2: No probe.

AL01 – Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions included being fruity, girly, ready-made and flavored. Most participants compared them to wine coolers, and 2 participants mentioned that 4 Loko is similar. These same two participants identified Sparks as being caffeinated as well as alcoholic.

Round 2: Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions include being fruity, sugary, carbonated, girly, and a mixture between soda and alcohol. Comparisons were made to wine coolers, sweet wine, malt beverages, and 4 Loko.

MJ01 – Most participants were able to correctly identify what a blunt was.

Round 2: No probe.

CC01 – Descriptions of crack included: smoked, more addictive, costs less, crystalline substance smoked in a pipe, rock, baking soda is added. Cocaine: snorted, powder, inject, pure. Two participants thought that there was no difference between cocaine and crack.

CC01 – Five participants reported use of cocaine or crack. There were no inconsistencies in their narrative of use.

Round 2: No probe.

HE01 – Only 1 participant had heard of cheese, while most had heard of black tar.

Round 2: No respondents had heard of cheese. Most had heard of black tar.

SD17a – Almost all participants had heard of methamphetamine. They had no other names to suggest.

Round 2: Almost all participants had heard of methamphetamine. One respondent reported that marijuana dipped in meth was called a dipper, but a Google search revealed that this is marijuana dipped in PCP.

HALINTRO – Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included: marijuana, cocaine, crack, heroin, alcohol, crystal meth, and Ambien. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Round 2: Incorrect examples of hallucinogens included marijuana, Percocet, crack, and “uppers and downers.” Other respondents were able to correctly identify examples of hallucinogens. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Recommendation: Include the list of hallucinogens in HALINTRO, as in the current CAI instrument.

LS01: Round 1: No probe.

Round 2: R was not sure whether to report use of PCP if he crushed it up and laced a blunt with it. He typically does not think of this as use of a blunt, but ultimately reported it.

LS01h1: Round 1: No probe.

Round 2: R wanted to report use of OxyContin here. She asked whether hallucinogens and narcotics were the same thing. After discussion, she decided to not report her use here. Another R reported his use of marijuana here, despite the fact that this drug had already been asked about.

Recommendation: If we think that respondents' reports of lifetime use of non-hallucinogens will become a problem here, we should ask them to specify which “other” hallucinogens they have used. However, use of drugs other than hallucinogens would not be determined until the

data are processed. The NSDUH data editing procedures since 1999 continue to treat respondents as hallucinogen users, even if they specify use of drugs other than hallucinogens.

INHINTRO: Most participants were able to correctly identify examples of inhalants.

Round 2: Most participants were able to correctly identify examples of inhalants. However, one respondent reported cocaine.

IN01a: Responses about a definition of ‘for kicks or to get high’ included: to escape, for a euphoric feeling, excess use, stupor, for fun or a desired effect, recreational, another frame of mind, to feel good, get outside yourself, heightened senses, for abuse, alter mood, because of boredom. Some participants differentiated between "for kicks" and "to get high." For these participants, "For kicks" implied more casual use focused on having fun or doing it out of boredom. "To get high" implied less casual use focused on escape or to avoid emotions.

Round 2: Responses about a definition of ‘for kicks or to get high’ included: for the fun of it, alter your state of mind, recreational, getting intoxicated, mood changing, and get a buzz.

IN01e & h: Two participants reported using an inhalant, but correctly decided against reporting this because it was not ‘for kicks or to get high.’ One accidentally smelled some gas that had spilled at the gas station, and the other had laughing gas at the dentist.

IN01h1: Most participants had not heard about inhaling markers and pens to get high. Many were incredulous that this actually happens, and none reported doing it. However, 2 people had heard of this. (We may observe greater awareness of this behavior among adolescents.)

Round 2: One respondent had used a Sharpie for kicks or to get high. He said that he smelled markers in class and they gave him a headache. Other respondents were familiar with the use of markers to get high. Three respondents had not heard of it at all.

IN01ii: There was a good deal of confusion about canned air. Many participants referred to this as ‘air duster’. A Google search of ‘air duster’ revealed a number of products by that name. One participant thought that canned air had to do with filling flat tires. Two confused this with whippits.

Recommendation: Revise this question. Perhaps add the words “air duster” or “electronics air duster” to make the meaning clearer.

Round 2: Confusion about IN01ii persisted. Three respondents correctly identified the product. Others reported the substance as Swiffer, furniture polish, air freshener, or spray paint.

Recommendation: Despite a broad range of responses about what this question is referring to, no one thus far has (correctly or incorrectly) reported using this type of inhalant. Therefore, it is not clear whether people who have inhaled these products will be able to identify the substance by the examples given, and that people who have inhaled other aerosol products (but not these) will be able to answer correctly that they have not used these inhalants. Google results show that this type of product also is referred to as gas duster and the brand name Dust Off. We should not continue to edit this question without feedback from users of aerosol products about whether these are appropriate examples. Feedback from users of aerosol products also would help to evaluate whether these users can correctly distinguish between use of these and other aerosol products.

IN011: Based on observations, SAMHSA requested that the question be revised so that it no longer references substances that were “listed.” (This revision also applies to LS01h but does not apply to pain relievers and stimulants.)

III. Pain Reliever Screener Findings

INTROPR: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Some descriptions of over-the-counter drugs included: lower dose, pick it off the shelves, don’t alter your state of mind, not as strong, can’t get high off of them, bought without doctor’s permission, and off the shelf. Prescriptions were described as: containing narcotics, higher dose, controlled substance, bought from the pharmacist, stronger, gives you a high, more powerful, more dangerous, easier to abuse, more expensive, harder to get, need a prescription from a doctor with a signature on it, narcotics.

Round 2: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Descriptions of the two were similar to those provided in Round 1.

SAMHSA also provided feedback about how respondents will know whether they are in sections of the interview asking about pain relievers, tranquilizers, stimulants, or sedatives.

Recommendation: Consider a way to assist respondents in knowing which prescription drug section of the interview they are in, such as including a label at the top of the screen.

PR01: Participants reported using a multiple drugs on this list. Two participants reported thinking that Lorcet and Percocet were the same thing. Another reported

thinking that Vicodin and hydrocodone were the same, along with Norco. He reported taking Norco as opposed to hydrocodone, but reported the hydrocodone. One participant was given the pain reliever in the hospital. Participants were able to distinguish medical and nonmedical use in their narratives of use. For instance, one participant reported taking the pain relievers as prescribed on the first three days, but then took nine pills in one day. He acknowledged that he did not take them as prescribed. Participants discussed using the pain relievers for recreation, following the instructions for use, or stopping use early when pain eased.

Recommendations: Discuss the merits of further differentiating between brand name drugs and their generic equivalents.

Feedback on pill images of hydrocodone products: One participant reported that the pictures of hydrocodone looked the same, but the ones she took were yellow.

Recommendation: Investigate whether we get similar feedback in Rounds 2 and 3 to determine whether to identify a suitable picture of a yellow hydrocodone pill for the field test.

Participants were all able to correctly fit their use in the 12 month reference period.

Round 2: Respondents generally did not have problems answering this question. However, one respondent was confused about the inclusion of the word “generic” following hydrocodone. She asked if it had another name. Participants were all able to correctly fit their use in the 12 month reference period.

Respondents reported two different understandings of the sentence about not including all forms of the drug on the screen. Some respondents correctly reported thinking that there could be different forms, such as a liquid or a capsule or additional milligrams, which were not listed on the screen. Other respondents understood that not all pain relievers were listed, including those that have different names.

SAMHSA also noted that this wording seemed odd. The intent is for respondents to think about other forms of the drugs that are not shown that they may have used.

Recommendation: Consider revising the statement about not all forms of the drugs being shown on the screen.

PR02: 11 participants reported using these drugs. One participant said that he thought that Percocet and Lorcet were the same thing, but the names on the bottles were different, so he must be wrong. All participants were able to answer the question based just on the names, although 3 reported that the pictures were

helpful. One reported that his prescription is for Percocet, but his pharmacy gives him generic oxycodone for insurance reasons, so he sometimes gets confused about this. He reported taking the oxycodone.

Feedback on pill images of oxycodone products: One participant reported that the oxycodone she took looked like pills in the picture, but hers were bigger. Hers were the size of the Percodan. Another reported that she took the fat, white Percocets, and there were no white Percocets in the picture.

Recommendation: Continue to investigate whether we get similar feedback in Rounds 2 and 3 about discrepancies between pills taken and pill images shown online for oxycodone products.

Round 2: Two respondents were confused about which drug they had taken. One respondent was unsure whether he took Percocet or Percodan. The other respondent was unsure whether she took OxyContin or the generic oxycodone. She guessed that the pharmacist would have given her the generic.

PR03 – One person used Darvocet in the past 12 months.

Round 2: No respondents reported using these drugs.

PR04 – One person had used Ultram and tramadol. Another used tramadol when he ran out of a prescription for oxycodone.

Round 2: No respondents reported using these drugs.

PR05 – Seven people had used Tylenol with codeine. One participant called this a Tylenol 3. Another reported that he also used Tylenol 4, which is the pill with the 4 on it. The FDA's Center for Drug Evaluation and Research lists these as "Tylenol with Codeine No. 3" and "Tylenol with Codeine No. 4."

Recommendation: Consider changing the question to refer to Tylenol with Codeine as Tylenol with codeine Number 3 and Tylenol with codeine Number 4.

Round 2: Respondents were able to recognize the revised term of Tylenol 3 or 4. Four respondents used these drugs. One respondent chose both the Tylenol and the codeine, even though he was referring to the same instance of use. He thought that it was a trick and reported both because codeine was in both pills and he took codeine. Another respondent asked if Tylenol with Codeine was regular Tylenol.

PR06 – 2 participants reported using morphine in the past 12 months. Others reported use, but added that this was not in the past 12 months. Participants distinguished between the liquid and pill forms of morphine, reporting they had it in an IV.

Recommendation: Consider whether an image of a liquid morphine ampule should be shown in the field test as an example of morphine.

Round 2: No respondents reported using these drugs.

PR07 – Participants were familiar with a number of these drugs. Some reported lifetime use, but none in the past 12 months.

Feedback on images of Fentanyl products: Participants provided positive feedback about the images. Among the benefits cited were comments such as, “The pictures were really helpful. I looked at the pictures first. There were two whose names were unfamiliar, so I needed the pictures. If I hadn’t seen the pictures, I might have confused them with another drug.” “It looked like this (points at Actiq) but it was spelled like that (points at Fentanyl).” “The pictures were very useful. I used “China Girl” once. And the picture helps clarify what it looked like. Especially when comparing fentora and Fentanyl. If the pictures weren’t there, I might have mistaken fentora for Fentanyl because the names are similar.” “The packaging helps.” 2 participants also said that Fentanyl comes in a lollipop too. (NOTE: A picture of the Fentanyl in lollipop form was used in place of Actiq because of time and cost involved in acquiring a special image of Actiq.)

Recommendation: Consider whether to include the lollipop form as an example of Fentanyl.

Round 2: No respondents reported using these drugs. Some respondents had heard of China White, but did not know that it was Fentanyl. Most respondents reported that they had never heard of China Girl. Respondents had not heard of Sublimaze either.

PR08 – 2 participants reported use of Suboxone. One was using it to stop going through withdrawal from pain reliever addiction.

Round 2: One respondent used Suboxone because his dealer did not have OxyContin.

PR09 – 2 participants reported use of Dilaudid. One said that he used this only in the hospital and asked if that counted. Two participants had used methadone, at least one of which was at a methadone clinic under supervision. One used Demerol and said that the picture helped him identify it. Finally, one person reported that the pictures helped him decide that he had taken Opana ER as opposed to Opana.

Recommendations: 1. Given the likely variations in the appearance of methadone that is dispensed in liquid form, consider how to clarify that any use of methadone in the past 12

months (i.e., not just in pill form) should be reported in PR09. 2. Consider whether instructions need to include reports of any medications that people took while in the hospital. However, receiving dosages of pills in a hospital is a different experience than receiving a prescription that will be filled for use at home. Participants may be unable to identify which pills they took in a hospital, or to recall that they took pills at all. Do we anticipate that use of pain relievers (or specific pain relievers) will be significantly underestimated if we do not instruct respondents to report pain relievers that they took in the hospital?

Round 2: One respondent ended up reporting use of Demerol, but was confused about whether this should be reported. She was administered this as an anesthetic in the hospital, but did not see a liquid form on the screen. When the statement about not all forms being shown on the screen was pointed out, she said that she did not know that statement applied to this screen, since it was not on the screen.

Recommendation: Edit the sentence to make it clear that it applies to all screens in the module. Perhaps it should read: “Remember, not all forms of these pain relievers may be shown on the screens.

PR10 – No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting. One participant said that they would not have reported use of Percocet had they only seen the pictures.

Round 2: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting.

PR11 – Other pain relievers that participants reported that they used in the past 12 months included non-steroidal anti-inflammatory drugs (NSAIDs) such as naprosyn or diclofenac (brand name Cataflam). Other drugs that were reported included Lyrica (pregabalin) and Robaxin (methocarbamol). One person mentioned liquid methadone as an example of something that people might report, but this person had not actually taken it. One participant reported Gabatin, which does not appear to be a drug. Perhaps she meant Gabapentin.

Round 2: One respondent reported taking a Klonopin, which is not a pain reliever. Another mentioned that people would report sleeping pills, ADHD drugs, and penicillin here.

PRHOSPYPYR1 – Four respondents reported their answer to this question incorrectly. Of these, 2 had indeed only taken a particular drug in the hospital but answered no. One had taken the same drug both in the hospital and at home, but reported yes. Finally, one respondent missed the phrase “when you were in the hospital” and said, yes it is correct that she had taken all of these drugs.

Recommendation: This question should be edited to facilitate respondent understanding. Although the reasons for confusion seem varied, respondents may be thinking that this question is a summary question that recaps drugs that they have used, and ignore the additional construct of use only in the hospital. Perhaps we should edit as follows: The computer recorded that, in the past 12 months, you used [FILL]. We are interested in where you used this (these) drug(s). This might draw more attention to the fact that the question is not just confirming earlier reports of the drug. Another alternative would be to ask respondents whether they used any of these drugs when they were in the hospital (rather than “only” when they were in the hospital). If use of specific prescription drugs in the hospital is reported, ask which drugs the respondents took when they were not in the hospital. Questions to capture information about use of prescription drugs only in the hospital may be dropped if respondents continue to have difficulty answering them.

IV. Stimulant Screener

INTROST – Most participants had heard of No Doz and Dexatrim. 3 people mentioned 5 Hour Energy as an example of a stimulant. One person mentioned Hydroxycut.

Round 2: Most respondents were familiar with at least one of the stimulants.

ST01 – One participant replied that he was not sure which one to report, because Dexedrine is the brand name, used by the company while Dextroamphetamine is the chemical name. He was also familiar with the mix of amphetamine and dextroamphetamine. One participant reported Vyvanse here as a dextroamphetamine, but changed her answer when she got to ST05. One participant said that the pictures of Adderall helped her decide whether to choose the extended release or the original.

Round 2: One respondent used Adderall while another used Adderall XR. The XR user used the pictures to identify the drug. No one had heard about mixed amphetamine-dextroamphetamine pills.

ST02 – None of the participants had used any of these drugs.

Round 2: Four respondents had used these drugs. One respondent was looking for extended-release Ritalin and did not recognize that to be Ritalin LA.

ST03 - None of the participants had used any of these drugs.

Round 2: None of the participants had used any of these drugs.

ST04 – Two of the participants used Phentermine. One bought it in Mexico, while the other was prescribed it at a diet clinic.

Round 2: None of the participants had used any of these drugs.

ST05 – One participant used Vyvanse.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Phentermine, which then helped with recalling the name.

Round 2: Three respondents had used these drugs and were able to identify them.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Concerta, which then helped with recalling the name.

ST06 – One participant reported getting Meridia in Mexico. (NOTE: This is no longer available in the US).

Round 2: No others were reported.

STHOSPYR1 : Round 2: Respondents were able to answer this question.

ST07 – Participants did not report using any stimulants in their lifetimes. One participant later reported that her son was prescribed medicine for ADD. She took one of his pills so that she could see how it affected him. However, she neglected to report that use in ST07.

Feedback on pill images – One participant requested that the pills should be bigger so that participants could read what is written on them. Another reported that the writing and numbers on the pills should be bigger because that is how people on the street recognize what they are buying. A third participant pointed

out the potential for confusing Wellbutrin, Buspar, and Buprenorphine. She recommended including the generic names with the brand names.

Recommendation: Investigate adding a zoom function to enlarge the pill images. Two issues to consider are inclusion of keystroke commands (to avoid the need for participants to use the touchpad) and whether simple enlargement of the existing images will improve respondents' ability to identify the writing on the pills.

Round 2: One respondent recommended placing the numbers next to the pictures of the drug names to make the question easier to answer.

V. Pain Reliever Module Findings

PRL01- In describing examples of using a prescription pain reliever in a way not directed by a doctor, two participants mentioned using a prescription pain reliever with other drugs or with alcohol. One specifically reported taking pain relievers with a glass of wine because “they just work better” that way. Otherwise, participants described ways of use not directed by a doctor that are included in the definition, such as:

- Taking someone else’s prescription
- Using the prescription too much/more than a doctor prescribed
- Getting it from a source other than a doctor
- Snorting a pill.

One participant recommended including “norco” on the list because people may not know that it is the brand name for hydrocodone.

Except for the issue of use in combination with alcohol or other drugs and the recommendation to include “norco,” this feedback suggests that Round 1 participants who were routed to PRL01 correctly understood ways of using pain relievers that were not directed by a doctor to encompass relevant components of nonmedical use.

Recommendation: Determine if additional participants in Rounds 2 or 3 endorse combining pain relievers with other drugs or alcohol as a way of using pain relievers that is not directed by a doctor.

Round 2: All respondents that were routed to this question understood its meaning and were able to answer it without difficulty.

PRY01 – All participants routed to this question about Vicodin understood that we were asking this question to get at abuse of prescription pain relievers or getting them off the street. Many participants used the word “abuse” when asked what this question was asking. Examples of such behavior include not using it as prescribed, taking it without a prescription, ‘over doing it,’ getting high, or selling them. When asked to provide a narrative of the last time participants used Vicodin, two participants described taking a prescribed medicine more than the doctor said to because it was needed to make the pain better. A third participant described having a prescription for dental pain, but using it more than prescribed because of liking the feeling it caused. Another had a prescription but was abusing the Vicodin and Norco highly at the time. One participant mentioned taking their prescription with alcohol. Two participants mentioned using it without a prescription. One of these used it only as a last resort because nothing else was available to feed an addiction.

Two participants described in their narrative use that would not be described as misuse. One reported using the pain reliever even though the pain had lessened to the point where it might have been managed without taking that drug:

“They gave me a week’s worth. The pain got less and less. It got to the point that I could take OTC medicine. I hate taking pain medicine. I was supposed to take them as needed, which was once a day. I took all of them.”

Another took **less than** the prescribed dosage:

“I took it as prescribed but I lowered the dose, I was supposed to take it 3 times a day but I only took it 1 time at night before I went to sleep because I didn’t like the way it made me feel. Taking it with a muscle relaxer it gave me that sluggish feeling. House could have burned down and I would have been with it.”

Recommendation: Determine if additional cognitive interview participants in Rounds 2 or 3 consider taking less than the prescribed dosage as use in any way a doctor did not direct them to use a medication.

Round 2: One respondent reported being administered Vicodin in the hospital. Other respondents reported getting the drug from a dealer or friends.

PRY01a – Participants reported numerous mechanisms by which they remembered their age at first use, including:

- It was the first time using the drug this way
- Referencing anchoring events (friendships, injury, senior year in high school, getting a driver’s license, etc.)

- Recency of the event (it was in the last year).

When participants described the first time they used Vicodin, they mentioned taking too much, taking it without a prescription, doctor/pharmacy shopping, and mixing it with other drugs.

Round 2: Respondents had similar retrieval strategies compared with Round 1.

PRY02b – One participant chose the year because it was not in 2011, the past couple of weeks. Another just knew the year was 2009.

PRY01d – One participant reported that the calendar helped with choosing the month.

PRY02 – The one participant who was asked what this question about Lortab was getting at reported, “the addictiveness of prescription drugs,” and “how easy it is to abuse them.” Two participants were asked to describe the last time they used Lortab. One reported using someone else’s prescription and the other reported using it when heroin was unavailable.

PRY02a – The two participants who received this question distinctly remembered events associated with the first time they used Lortab (finding grandmother’s pills and hanging out with friends). One reported that it was someone else’s prescription and the other reported snorting it.

PRY02c – One participant realized he had the year wrong when answering this question. He mixed up how old he was last summer.

PRY02d – The participant remembered the month was July or August because of how hot it was outside.

PRY03 – The one participant who was asked what this question about Lorcet was getting at described snorting it as using it a way it was not prescribed, so as to get an immediate high. Two participants answered this question as “no” because they used this as prescribed, following directions as needed for pain.

PRY04 – Two participants were asked to describe what this question about hydrocodone was getting at. One reported using it recreationally, not following the doctor’s instructions, taking more than necessary, or snorting it. Another described a new type of misuse: asking for a larger dose at time of prescription with the knowledge that a large dose was not really necessary. This participant still endorsed use of hydrocodone “in a way a doctor did not direct you to use it.” When asked to describe the last time the pill was used, one participant reported

getting it for a sore throat in the ER and another reported getting the pills from an acquaintance/friend who said they would help with withdrawal.

Recommendation: Consider including asking for a larger dosage or number of pills as examples of use “in a way a doctor did not direct you to use it.”

Round 2: Respondents reported various types of use and misuse. One respondent used it in the hospital. Another was taking it with alcohol and taking as many as he could get his hands on.

PRY04a – Participants did not have trouble reporting their age, although one wanted to see a calendar for month of last use. When asked how they were misusing the pills, one reported taking 9 in one day and another reported taking it with alcohol. A third participant in answering this question expressed some confusion about Vicodin and hydrocodone. This person reported thinking that they were the same thing and appeared to be confused by the fact that we asked about them separately.

Recommendation: For the next round of cognitive interviewing, insert a probe about whether participants understand why they have the month response options they do. This instrument includes a tailoring of response options of months of use based upon current age and birth date. It would be helpful to see if this is confusing to respondents.

Round 2: Respondents reported understanding why only certain months were shown in the response options.

PRY05 - One participant described using OxyContin with a prescription. Her mother kept it locked away and gave it to her at allotted times; otherwise, she would have abused it. Another participant reported using it once when a friend provided it.

Round 2: One respondent correctly reported thinking that the question was asking about taking a prescription that was not prescribed for you or asking a friend for some pills. The respondents also mentioned selling the drug.

PRY05a – One participant remembered the age at first use easily because it was in the summer, “after my birthday.” Another had a hard time determining whether it was at age 19 or age 20. It was after high school but before college. When using OxyContin at that time, one participant reported using someone else’s prescription and mixing it with alcohol.

Round 2: One respondent reported that “in a way a doctor didn’t direct you to” could mean: doctor didn’t prescribe it for you, doctor said to swallow not snort,

taking more pills than doctor prescribed, giving or sharing with friends. Another reported taking someone else's pills.

PRY06 – Participants who were asked about what this question about Percocet is getting at understood it to mean abuse. When asked about how they used it in a way not directed by a doctor, one reported popping and snorting them, but with a prescription. Another reported using another's prescription. One participant used it but did not report using it in any way not directed by a doctor. The Percocet made this person sleepy and nauseated, and they did not care to finish the whole prescription.

Round 2: When asked if he needed to see the ways of use, the respondent replied, "I do not need to see the ways because it included that way I used it. I didn't have a prescription for it."

PRY06a – Participants remembered their ages by associating it with events in their lives: sophomore year in college, a friend visiting from Florida, the diagnosis of migraines. Another had no idea of the age at first use. Participants reported first using Percocet in a way a doctor did not direct them to use it by using it without a prescription, mixing it, popping it, and taking it "more than I should."

Round 2: An older respondent reported not having any idea of his age when he first used Percocet nonmedically. He initially thought that the question was asking about the past 12 months. After probing, he said that this would take him back to his early 30s or late 20s. He ended up choosing Don't Know.

PRY09 - When asked what this question about oxycodone is getting at, one participant who did not answer affirmatively said she was scared of it and asked, "Are people abusing the prescribed pills?" She showed the interviewer her oxycodone pill and it was different from the pill cards. It said 5 & 12 on it and did not have an M on it. One participant described use "in any way a doctor did not direct you to use it" here as taking more than was prescribed. Another reported getting oxycodone because Percocet and Vicodin were not available, so she bought oxycodone from a drug dealer.

Round 2: One respondent interpreted the question as asking if she took more or less than was prescribed.

PRY09a – Participants did not have trouble remembering their ages, but one asked, "Do you really think that people remember the months and the years?"

PRY18 – When describing use of Tylenol with codeine "in any way a doctor did not direct you to use it," examples included: using someone else's prescription

because their hydrocodone ran out and a friend gave them something to tide them over (stave off withdrawal) and taking more than prescribed.

Round 2: One person took one and had a bad reaction so did not take any more. Another had a prescription and took them as prescribed. A third respondent reported doubling up and taking pills sooner than advised.

PRY18a – Participants did not have trouble remembering their age of first use.

PRY19a - Round 2: One respondent benchmarked his use around his friend's death from overdose. He received the pills from his friend.

PRY24 – One participant described using an IV drip of morphine in the hospital, and reported that he used this as prescribed.

Round 2: One respondent reported abusing this around the same time he started using other drugs.

Recommendation: In future cognitive interview rounds, probe to determine if hospital use of a prescription drug is included in reports of prescription drug use by participants.

PRY28a – One participant in particular had trouble remembering when he turned specific ages for first use of fentanyl “in any way a doctor did not direct you to use it.” At this question, he reported forgetting his age because it's 2011 (meaning early 2011 and he is still adjusting to the calendar change).

PRY29 – A participant described their use of Suboxone “in any way a doctor did not direct you to use it” as a backup for when this person could not get into a methadone clinic. This made it relatively easy for this participant to recall the age and the month and year.

Round 2: One participant bought this from a drug dealer in the park. He said that he broke it up into little pieces in order to make it last longer. He acknowledged that doctors do not tell you to do that.

PRY31: Round 2: The same respondent who reported use of Suboxone also reported use of buprenorphine. He stated that this was the same as Suboxone. He reported using both substances, but was thinking of the same instance.

PRY32 – A participant who answered this question affirmatively recalled using Demerol when he had run out of codeine and/or Vicodin. A friend with chronic pain shared the Demerol with him to extend his prescription. He was able to recall his age by the month and year and by his birth date.

PRY33 – A participant remembered using Dilaudid in the hospital as an injection for back pain. He reported using this according to doctor instructions.

Round 2: A participant initially reported using Dilaudid in the past 12 months. Upon reaching this question, he said that he remembered that he was cold shaking the drug but it was more than 12 month ago.

PRY34 – A participant routed to this question answered it as “no.” The person had not used methadone “in any way a doctor did not direct you to use it” because the person attends a methadone treatment program every day and receives the methadone there as directed.

PRL02 – One participant reported using a pain reliever with alcohol as a type of use not directed by a doctor in response to this question.

PRM02DKRE – The participant who received this question about their “best guess” thought their answer was accurate.

PRM03 – Two participants reported how they were able to remember whether or not they were drinking alcohol. One said because it was yesterday, and another knew they had used the alcohol to increase the effects of the opiates.

Round 2: Two participants reported how they were able to remember whether or not they were drinking alcohol. One said that she would use alcohol and Vicodin together with a friend. The other said that she never used these together.

PRY41 – One participant understood this question but volunteered that the wording “at least once” threw her off. She thought that the answers would say the same thing without the text “at least once” and that it would be easier to read/understand. Another participant reported not being able to endorse option #2 (used in greater amounts, more often or for longer than it was required) because only part of what was listed applied to this person. The participant used in greater amounts and more often, but not longer.

One participant reported wanting to select answer #3 because this person “doubled up” on the prescription. That is, “doubling up” would fall into the “some other way” category. When probed, this person agreed that “doubling up” would also fall into category #2. Another participant considered choosing #3 along with #2 because the person used alcohol while taking the pills, which the person considered a way of using in a way not directed by a doctor. Other participants considered crushing and snorting as an example that applies to category #3.

Recommendations: Remove the “at least once” wording. Determine in future interviews whether participants think that all three of the aspects of misuse in option #2 need to apply in order to endorse the option. Continue to monitor whether participants see options #2 and #3 as distinct or overlapping and any difficulty they have in deciding which answer(s) to choose.

Round 2: Respondents all agreed that they should report a behavior, even if it only happened once. One respondent who had only taken 1 pill reported that. Respondents mentioned that they should include all relevant information.

Recommendation: Keep the question as is, because it is performing well without the ‘at least once’ wording.

Round 2: Respondents did not have any problem with this question. One respondent wanted to answer with “Some other way,” but decided that ways 1-4 described his use adequately. One respondent did report “Some other way.”

PRY42B – Participants did not have trouble remembering how they got pain relievers the last time. One additional way of getting a prescription pain reliever reported was getting them out of the country. However, this reason is not commonly endorsed in “OTHER, Specify” data. In 2009, for example, 5 respondents reported that the “other way” they obtained pain relievers they used nonmedically in the past 30 days was by obtaining them outside of the U.S. Only one respondent in 2009 reported this as the way that he/she obtained the pain relievers the last time in the past 12 months.

Recommendation: Consider the addition of getting pills outside the U.S. to this list.

Round 2: Respondents did not have any trouble remembering how they got pain relievers the last time. One respondent tried to report another way, which was stealing them from a friend. He then realized that stealing was option #7. No respondents mentioned getting the drugs from another country.

One respondent also was confused by the categories in the questions about how respondents or friends/family members obtained prescription drugs.

Recommendation: Larry will compile frequencies of responses to these categories in the current versions of these questions for SAMHSA to use in evaluating categories for combination or deletion.

VI. Stimulants Module Findings

STL01 – A participant reported not having a prescription for phentermine, but in Mexico, they did not need one. This person pointed out that you can buy

prescription drugs in Mexican drug stores and airports. Technically in Mexico they were not prescription drugs.

Recommendation: Continue to examine this issue in Round 2 to determine whether to provide clarification on buying prescriptions in other countries, whether that should count as use “in any way a doctor did not direct you to use it,” and how to instruct respondents to count or not count this as use “in any way a doctor did not direct you to use” a prescription drug.

Round 2: Respondents did not report use in other countries. Two respondents reported lifetime (but not past year) nonmedical use of stimulants.

STY01 – When describing last use of Adderall, a participant reported that a friend provided it in 2009. There was no prescription and they were mixing it with other things.

STY01a – A participant reported remembering the exact night in 2009 hanging out with a particular girl.

Round 2: The respondent had been using it a lot in the past year, and did not have difficulty remembering that.

STY03a – A participant remembered their age at first use of Dexedrine very well because it was associated with a recent move and new classmates/friends.

STY20 – The same participant who got phentermine in another country described it here. Another participant reported using phentermine strictly to use weight, as directed, and answered STY20 as “no.”

STY25 – The same user of phentermine mentioned getting it outside the U.S. Another participant reported snorting as a third way of use.

Phase 2: One respondent answered using it without and prescription and in another way that a doctor did not direct him to use it. He used the drugs recreationally. It was not clear that he was correct in answering “some other way.”

STY26b – One participant had been prescribed stimulants for ADD while in rehab. When the participant emerged from rehab, this person told the doctor about having a prescription for stimulants and was able to get another prescription easily.

One participant thought it would be easier for most participants to see the ways of use on all the screens, even though as a user in recovery, she was well informed about misuse.

VII. Health Module

HLTHNEW01 – 5 participants had difficulty entering their height into the computer.

Recommendation: Revise this question. Perhaps move the sentence about entering in metric sooner in the question. Add the phrase ‘then press Enter’ to the end of the instructions about entering metric. One participant recommended adding the words ‘press Enter’ at the bottom of the task bar. Participants also did not read the screen about entering inches. They were still looking at the task bar, and entered the inches upon seeing the value label.

Round 2: Two respondents had difficulty here. They entered 1 to answer in feet and inches but then did not hit enter.

Recommendation: Add the words, ‘and then press Enter’ to the question.

HLTHNEW01a – Participants were not accustomed to seeing the question mark that results from pressing F3.

Recommendation: Revise the entry field to say Inch(es) so that participants can enter 0 or 1.

HLTHNEW02 – No problems entering weight. See HLTHNEW01 results for recommendations.

Round 2: See HLTHNEW01 results for recommendations.

HLTH05 – One participant reported 8. Upon probing, he said that he was in the hospital for 8 days and 7 nights and had missed the part of the question that specified nights.

HLTHNEW03 – A few participants included dental appointments in their estimates, despite the instruction to not do so. Most participants were pretty confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies.

Round 2: Respondents seemed to correctly exclude dentist visits here. Most participants were confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies. However, with the removal of the response options, one respondent reported don’t know. He was then able to answer the follow up question, where the response options were provided.

HLTHNEW03 – Most participants had a reasonable understanding about what a health care professional was. One participant would not count a chiropractor, or a person at the eye care center because they have not been to medical school. One participant said that there were none at the drug treatment center, while another reported that visits to the methadone clinic would count. Other participants expressed doubt about including specialists and physical therapists. One participant said only doctors counted as health care professionals.

Recommendation: Assess the level of accuracy that is needed in this question. Is each of the response categories used in analysis, or can they be collapsed? This question includes a number of constructs, such as a reference period, thinking about your own health versus someone else's, the definition of a health care professional, and exclusions to the rule. The respondent burden has the potential to be high, as does the measurement error.

HLTHNEW05 – There were no probes asked about this question.

Recommendation: Use logic from HLTHNEW04. It could be that the doctor already knows, but there should be a linkage between the series of questions.

HLTHNEW06 – One participant reported that his dentist asked him about his alcohol use. He then asked if a dentist was included. Instructions in HLTHNEW03 say to exclude the dentist, which may have caused confusion. One participant did not include questions asked upon visits to the emergency room. He stated that his doctor does not ask, because his doctor knows him. Another participant reported that he did not know how to answer and had a number of issues with the question. He filled out a form in the waiting room. The form said, How many drinks do you have per week. He had difficulty mapping this question to the responses of How much do you drink and How often do you drink. He did not have a discussion with the doctor.

Recommendation: 1. Change the Round 2 specs to only ask this question of participants who used alcohol in the past 30 days (ALC30USE=1). Participants who did not use alcohol in the past 30 days will not receive this question. 2. Ask HLTHNEW06 before HLTHNEW04 because the mention of a form is conditioning participants. 3. Include logic for responses to HLTHNEW04b in logic for HLTHNEW06. 4. Make more apparent that HLTHNEW06 focuses only on in-person communication.

Round 2: Respondents did not have problems with this item. One respondent asked if being asked to cut down on alcohol was the same as being told to quit drinking. Another stated that doctors who would ask this would not have a history with their patients.

HLTHNEW08, Round 2 – Peggy will follow up about any revision to the order of the health conditions in this question.

HLTHNEW20 – One participant asked if we were referring to the past 12 months or ever.

Recommendation: Include a reference period in this question.

HLTHNEW20a – All three participants who reported high blood pressure were confused by this question. One participant said that he has been told that it was a little high, but was not sure that this was a chronic state. One participant said that after the first time, the doctor knew that he had it and they talked about it, but he didn't tell him that he had it again. He said that he was on medicine that was controlling it. The third participant said that they discuss his high blood pressure, but he was not sure how to answer the question.

Recommendation: Change the wording of this question. The BRFSS asks, “Are you currently taking medicine for your high blood pressure?”

Round 2: There was no confusion about this question.

HLTHNEW21 - There were no probes asked about this question.

Recommendation: Asking the STD question as the last question in the interview is an awkward stopping point, and does not seem to flow after the last few questions. Recommend adding another few questions in here for a better transition.

VIII. Additional Issues

Respondent Burden – After the stimulant main module, one participant reported that many of the questions are redundant. However, no other participants made any comments about finding the overall burden of the interview to be difficult.

Round 2: No comments about burden were made.

Probes:

Round 2: SAMHSA observers gave a reminder for RTI cognitive interviewers to be sure to administer spontaneous probes in the cognitive interviewing in situations where interviewers think it is necessary.

Informed Consent Statement:

Round 2: SAMHSA raised the issue about whether the informed consent statement might be modified for, “There’s a small chance that someone else might hear your answers.” Liz will ask RTI’s IRB about modifying this sentence. Although this risk is

likely to be small, the IRB may still require prospective respondents to be informed of this.

Attachment C

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 1 Round 3 Results

NSDUH Prescription Drug Redesign Cognitive Interviewing Round 3 Results

I. Highlights

General Themes (All Rounds)

Listed below is a summary of overall themes that emerged from all three rounds of cognitive interviewing; these themes are not necessarily in the order of question administration. Specific findings are discussed in further detail in the remainder of the report.

- Participants generally were able to recognize the prescription drugs by name, by using the pictures, or by using both.
- Although more questions were required, asking separately about any use of specific prescription drugs in the past 12 months and nonmedical use of the drugs that were used in that period simplified the cognitive task for participants.
- There was some uncertainty about the “generic” term associated with some drugs. Addition of the word “generic” to the pill images in Round 3 appeared to be helpful.
- The wording “in any way a doctor did not direct you to use it” differentiated between medical and nonmedical users of prescription drugs. With few exceptions, participants who used prescription drugs only for medical reasons could determine that they did not use prescription drugs “in any way a doctor did not direct you to use (them).” Similarly, nonmedical users could determine that their use constituted use “in any way a doctor did not direct you to use it,” even if they used prescription drugs in ways not explicitly listed as examples of nonmedical use.
- Further testing is needed for questions about use of canned air as an inhalant and injection of stimulants.
- Revision of the questions about height and weight (HLTHNEW01 and HLTHNEW02 series) following Round 1 helped to improve participant understanding and the task of answering these questions.
- For questions about the number of outpatient doctor visits (HLTHNEW03 and HLTHNEWDK), participants had some difficulty in determining what did or did not constitute a doctor visit, and in determining their number of visits.

Respondent Characteristics (Round 1)

Cognitive interviewers reported that the respondents were quite sophisticated in their knowledge of the subject. They were well-versed in what it means to misuse prescription drugs according to the examples and wordings given in the instrument, even if they themselves did not report misuse of prescription drugs. They also had a high awareness of which drugs they took (see below).

Three types of respondents emerged during these interviews. Treatment clients were heavy drug users who were well aware of the potential for abuse and addiction with using prescription pain relievers. Several were aware of people crushing and then snorting pain relievers. Some also reported misuse of certain pain relievers when heroin or other preferred drugs were not available.

Many general population users had chronic pain, and struggled between a desire to relieve this pain and a desire not to become dependent on the pain relievers. Some reported noticing behaviors that concerned them, like needing to take more medication because the drugs were having less effect for pain relief. They stopped taking the medicine, lived with the pain for a while, and then would resume taking the medicine as prescribed. Others in this group reported not liking the effects of the drugs, such as nausea or feeling too disoriented.

A third participant profile revealed that of the recreational user. For example, Vicodin might be considered better for partying than for pain relief. Another example involved use of Adderall and Vicodin on weekends in combination with alcohol to enhance a person's partying experiences.

Although most participants were knowledgeable about pain relievers, heavy past year stimulant users were missing from this group of participants. Therefore one option to consider for Round 2 recruitment efforts is to place a greater focus on recruitment of past year stimulant users, especially for adults, since Round 1 has provided considerable information about adults' experiences with pain relievers.

Respondent Characteristics (Round 2)

The respondent profile among Round 2 participants was not as clear. Overall, 12 respondents participated in Round 2. Of these, 7 were adolescents and 5 were adults. The participant pool did not seem to contain too many heavy drug users, despite 5 participants having been recruited from drug treatment centers.

Respondent Characteristics (Round 3)

Overall, 12 respondents participated in Round 3, including 3 adolescents and 9 adults. Each of these participants was recruited from the general public. A few of the participants were heavy drug users. Two reported use of multiple pain relievers in the past 12 months, although one of these participants reported

misusing only one pain reliever. Another participant was a recovering heroin addict who was intimately familiar with a wide variety of prescription drugs.

Identification of Prescription Drugs (Round 1)

Participants often recognized the drugs by name, although some did find the pill images to be helpful. One issue that sometimes caused confusion was the inclusion of brand-name drugs and the generic equivalents in the same question. Some participants in particular reported that their doctors would write the brand-name drug on the prescription but the pharmacy would substitute the generic. Therefore, one issue for remaining rounds would be assisting persons in reporting what they actually took, regardless of the name of the drug that was written on a prescription.

Another issue with generic drugs concerns the number of manufacturers of generics and the variety of generic equivalents of specific drugs that may be dispensed when people fill prescriptions. It would not be realistic to try to include exhaustive examples of pill images for generic drugs. Nevertheless, additional feedback in Rounds 2 and 3 could be helpful for identifying if important examples of certain generic drugs are being missed, such as pills of a particular color. Additional options also may need to be considered for clarifying for respondents that pictures may not show all possible examples of a particular pill, or forms other than pills.

Identification of Prescription Drugs (Round 2)

Respondents were able to identify most of the drugs by either name or picture. Echoing Round 1 findings, participants often recognized the drugs by name, although some did find the pill images to be helpful. Despite the inclusion of the word 'generic' after the drug name, respondents continued to be confused by the distinction between brand name and generic drugs. Some respondents were unaware that the brand name and the generic were two different drugs. Other respondents thought they should report both because they were the same drug. Some knew that they were different, but were unsure whether the pharmacist substituted a generic while filling their prescription for the brand name. Round 3 cognitive interviews should continue to test respondents' understanding of generic drugs.

Respondents did not provide feedback on particular pill images of generics. This was based primarily on confusion about the pill names.

Identification of Prescription Drugs (Round 3)

Respondents were able to identify most of the drugs either by name or picture. Consistent with findings in earlier rounds, participants often recognized the drugs by name, although some did find the pill images to be helpful. The Round 3 instrument added the word 'generic' to the pill image in order to help respondents

understand this term. Many respondents understood that generic forms of pills are not the name brand, and are often cheaper. Some respondents thought that these generics were “weaker.” Some respondents reported being confused about what the specific generic pill was a generic **of**, but seemed to understand that pills had generic forms and that pharmacies would occasionally substitute generics for brand name drugs.

Performance of the Nonmedical Use Criteria (Round 1)

Based on the examples given and use of the term "in any way that a doctor did not direct you to use it," participants generally were able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. When participants gave information about how they recalled information such as how old they were when they first used a particular prescription drug nonmedically, they commonly cited examples of getting medication from someone else's prescription, using a lot of the medication, doubling up on dosages, or taking it at parties or when "hanging out" with friends.

In the decomposition questions, however, some participants had trouble determining whether they should choose the second category (use in greater amounts, more often, or longer than I was told to take it) or the third one (use in some other way a doctor did not direct me to use it). The specific issue is whether participants see these two categories as distinct or overlapping. Because the second criterion includes three ways in which persons can overuse prescription medication, another issue is whether participants recognize that they should endorse this category if some but not all of these characteristics apply.

Three scenarios for misuse arose during the interviews that were not listed as examples in the instrument. These were (1) use with alcohol, (2) asking for a larger dosage of prescription pills than was needed, and (3) buying prescriptions in other countries where prescriptions are not needed. An important question for the first two of these is whether respondents would recognize these behaviors as use of a prescription drug "in any way a doctor did not direct you to use it" even if these examples are not explicitly listed. In addition, use in combination with alcohol may be a criterion for use of pain relievers, tranquilizers, and sedatives "in any way a doctor did not direct you to use it" but not necessarily for stimulants. An issue for persons who obtained drugs outside of the United States without a prescription is whether this should be counted as nonmedical use if the prescriptions were obtained legally, even if these drugs would require a prescription in the United States. If this should not be counted as nonmedical use, the related issue is whether and how to indicate this to respondents.

Performance of the Nonmedical Use Criteria (Round 2)

Participants continued to be able to determine without much difficulty whether they used these prescription drugs as prescribed or in a manner that constituted nonmedical use. Most respondents were able to clearly differentiate between medical and nonmedical use. At least one respondent who was unsure about how to classify his use resolved the issue after making use of the F2 reminder for the ways of nonmedical use. In Round 3, use of the F2 reminder should be noted.

For the most part, new questions asking whether the respondent used certain prescription drugs only while in the hospital performed well. In a few cases, however, respondents made mistakes in reporting this. Suggestions for rewording the question are included later in the summary.

Performance of the Nonmedical Use Criteria (Round 3)

Most respondents were able to differentiate between medical and nonmedical use. Two respondents misreported their use as medical when it was not. One respondent took a pill for longer than he had been told to take it, but did not initially think of that as nonmedical use. Another participant did not think that she had misused a pill because it was prescribed, because so many of the pills that she takes are not prescribed. However, she took the pills more often than was prescribed, and therefore reported misuse. One respondent reported using “Tylenol 3” without a prescription, but he had really used over-the-counter (OTC) Tylenol.

While decomposing her use, one participant reported that she had misused the pills by taking the pills in greater amounts than prescribed and more often than prescribed. Upon probing, it was discovered that she was describing the same behavior.

Other Issues (Round 2)

The inclusion of adolescents in the sample for Round 2 has raised respondent reports of being familiar with using magic markers as an inhalant. Respondents seem to understand the question and have no problem reporting their behavior.

Despite the inclusion of the term “air duster,” many respondents were unfamiliar with the term. Further discussion of this item is included later in the summary. Changes to the blood pressure questions in the health module have eliminated confusion with these items.

Changes to the height and weight items in the health module have diminished confusion and usability issues. Further recommendations for these items are included later in the summary.

Other Issues (Round 3)

Asking additional probes about familiarity with different names for air duster did not reveal a term that was more familiar to participants.

The audio pauses in the middle of the questions to allow respondents to look at the pictures of the pain relievers and stimulants. In some cases, the pause was too long, while in other cases, the pause was too short.

Respondents did not have any problems with the F2 key, which is used to pull up additional information about ways of misuse. On occasion, respondents used this button to aid in their response process.

II. Ensemble Screener Findings

CG17REV – Round 1: Of the 16 participants who responded to this question, 4 have heard of snus and 3 correctly identified what it was. The fourth person thought that it goes up your nose.

Round 2: No probe.

Round 3: No probe.

AL01 – Round 1: Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions included being fruity, girly, ready-made and flavored. Most participants compared them to wine coolers, and 2 participants mentioned that 4 Loko is similar. These same two participants identified Sparks as being caffeinated as well as alcoholic.

Round 2: Most, but not all, participants had heard of the alcopops that were listed in the protocol. Descriptions include being fruity, sugary, carbonated, girly, and a mixture between soda and alcohol. Comparisons were made to wine coolers, sweet wine, malt beverages, and 4 Loko.

Round 3: No probe.

MJ01 – Round 1: Most participants were able to correctly identify what a blunt was.

Round 2: No probe.

Round 3: No probe.

CC01 – Round 1: Descriptions of crack included: smoked, more addictive, costs less, crystalline substance smoked in a pipe, rock, baking soda is added. Cocaine:

snorted, powder, inject, pure. Two participants thought that there was no difference between cocaine and crack.

CC01 – Round 1: Five participants reported use of cocaine or crack. There were no inconsistencies in their narrative of use.

Round 2: No probe.

Round 3: No probe.

HE01 – Round 1: Only 1 participant had heard of cheese, while most had heard of black tar.

Round 2: No respondents had heard of cheese. Most had heard of black tar.

Round 3: No probe.

SD17a – Round 1: Almost all participants had heard of methamphetamine. They had no other names to suggest.

Round 2: Almost all participants had heard of methamphetamine. One respondent reported that marijuana dipped in meth was called a dipper, but a Google search revealed that this is marijuana dipped in PCP.

Round 3: No probe.

HALINTRO – Round 1: Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included: marijuana, cocaine, crack, heroin, alcohol, crystal meth, and Ambien. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Round 2: Incorrect examples of hallucinogens included marijuana, Percocet, crack, and “uppers and downers.” Other respondents were able to correctly identify examples of hallucinogens. Participants included a number of substances that can make one hallucinate, regardless of whether that substance was a hallucinogen.

Round 3: Most participants were able to correctly identify examples of hallucinogens. Incorrect examples included marijuana, crack, paint, markers, hairspray, depression medication, Percocet, and weed laced with embalming fluid.

Recommendation: Include the list of hallucinogens in HALINTRO, as in the current CAI instrument.

Action Item: Look at 2010 data for LS01a-LS01f and refusal follow-ups to determine the numbers of respondents who got different LSFILL patterns.

Peggy also noted that inclusion of the three new hallucinogens will affect the Prior Substance Use module – i.e., to add these three new substances and follow the same pattern as for LSD, PCP, and Ecstasy. It is fine to include this in Round 2.2.

LS01: Round 1: No probe.

Round 2: R was not sure whether to report use of PCP if he crushed it up and laced a blunt with it. He typically does not think of this as use of a blunt, but ultimately reported it.

Round 3: No probe.

LS01h1: Round 1: No probe.

Round 2: R wanted to report use of OxyContin here. She asked whether hallucinogens and narcotics were the same thing. After discussion, she decided to not report her use here. Another R reported his use of marijuana here, despite the fact that this drug had already been asked about.

Recommendation: If we think that respondents' reports of lifetime use of non-hallucinogens will become a problem here, we should ask them to specify which "other" hallucinogens they have used. However, use of drugs other than hallucinogens would not be determined until the data are processed. The NSDUH data editing procedures since 1999 continue to treat respondents as hallucinogen users, even if they specify use of drugs other than hallucinogens.

Round 3: No probe.

INHINTRO: Round 1: Most participants were able to correctly identify examples of inhalants.

Round 2: Most participants were able to correctly identify examples of inhalants. However, one respondent reported cocaine.

Round 3: Most participants were able to correctly identify examples of inhalants. One reported computer spray duster.

IN01a: Round 1: Responses about a definition of 'for kicks or to get high' included: to escape, for a euphoric feeling, excess use, stupor, for fun or a desired effect, recreational, another frame of mind, to feel good, get outside yourself, heightened senses, for abuse, alter mood, because of boredom. Some participants differentiated between "for kicks" and "to get high." For these participants, "For

kicks" implied more casual use focused on having fun or doing it out of boredom. "To get high" implied less casual use focused on escape or to avoid emotions.

Round 2: Responses about a definition of 'for kicks or to get high' included: for the fun of it, alter your state of mind, recreational, getting intoxicated, mood changing, and get a buzz.

Round 3: Definitions included for fun, trying to get a buzz, doing it recreationally, just to do it.

Recommendation: Respondents understand this wording and it should continue to be used in the question.

IN01e & h: Round 1: Two participants reported using an inhalant, but correctly decided against reporting this because it was not 'for kicks or to get high.' One accidentally smelled some gas that had spilled at the gas station, and the other had laughing gas at the dentist.

IN01h1: Round 1: Most participants had not heard about inhaling markers and pens to get high. Many were incredulous that this actually happens, and none reported doing it. However, 2 people had heard of this. (We may observe greater awareness of this behavior among adolescents.)

Round 2: One respondent had used a Sharpie for kicks or to get high. He said that he smelled markers in class and they gave him a headache. Other respondents were familiar with the use of markers to get high. Three respondents had not heard of it at all.

Round 3: No respondents reported inhaling markers or felt tip pens.

IN01ii: Round 1: There was a good deal of confusion about canned air. Many participants referred to this as 'air duster'. A Google search of 'air duster' revealed a number of products by that name. One participant thought that canned air had to do with filling flat tires. Two confused this with whippits.

Recommendation: Revise this question. Perhaps add the words "air duster" or "electronics air duster" to make the meaning clearer.

Round 2: Confusion about IN01ii persisted. Three respondents correctly identified the product. Others reported the substance as Swiffer, furniture polish, air freshener, or spray paint.

Recommendation: Despite a broad range of responses about what this question is referring to, no one thus far has (correctly or incorrectly) reported using this type of inhalant. Therefore, it is not clear whether people who have inhaled these products will be able to identify the substance

by the examples given, and that people who have inhaled other aerosol products (but not these) will be able to answer correctly that they have not used these inhalants. Google results show that this type of product also is referred to as gas duster and the brand name Dust Off. We should not continue to edit this question without feedback from users of aerosol products about whether these are appropriate examples. Feedback from users of aerosol products also would help to evaluate whether these users can correctly distinguish between use of these and other aerosol products.

Round 3: Four respondents had never heard of any alternate terms for canned air, including computer duster, canned computer duster, canned air duster, and Dust Off. Two respondents had heard of all of these names. Three respondents had heard of computer duster. No respondents reported inhaling this.

IN011: Round 1: Based on observations, SAMHSA requested that the question be revised so that it no longer references substances that were “listed.” (This revision also applies to LS01h but does not apply to pain relievers and stimulants.)

III. Pain Reliever Screener Findings

INTROPR: Round 1: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Some descriptions of over-the-counter drugs included: lower dose, pick it off the shelves, don’t alter your state of mind, not as strong, can’t get high off of them, bought without doctor’s permission, and off the shelf. Prescriptions were described as: containing narcotics, higher dose, controlled substance, bought from the pharmacist, stronger, gives you a high, more powerful, more dangerous, easier to abuse, more expensive, harder to get, need a prescription from a doctor with a signature on it, narcotics.

Round 2: Participants seemed to understand the difference between over-the-counter drugs and prescription drugs. Descriptions of the two were similar to those provided in Round 1.

SAMHSA also provided feedback about how respondents will know whether they are in sections of the interview asking about pain relievers, tranquilizers, stimulants, or sedatives.

Recommendation: Consider a way to assist respondents in knowing which prescription drug section of the interview they are in, such as including a label at the top of the screen.

NOTE: Screen shots were sent to SAMHSA on May 31, 2011 that showed section headings for pain relievers. SAMHSA made the decision on June 14 not to add headings to the CAI.

Round 3: No probe.

PR01: Round 1: Participants reported using a multiple drugs on this list. Two participants reported thinking that Lorcet and Percocet were the same thing. Another reported thinking that Vicodin and hydrocodone were the same, along with Norco. He reported taking Norco as opposed to hydrocodone, but reported the hydrocodone. One participant was given the pain reliever in the hospital. Participants were able to distinguish medical and nonmedical use in their narratives of use. For instance, one participant reported taking the pain relievers as prescribed on the first three days, but then took nine pills in one day. He acknowledged that he did not take them as prescribed. Participants discussed using the pain relievers for recreation, following the instructions for use, or stopping use early when pain eased.

Recommendations: Discuss the merits of further differentiating between brand name drugs and their generic equivalents.

Feedback on pill images of hydrocodone products: One participant reported that the pictures of hydrocodone looked the same, but the ones she took were yellow.

Recommendation: Investigate whether we get similar feedback in Rounds 2 and 3 to determine whether to identify a suitable picture of a yellow hydrocodone pill for the field test.

Participants were all able to correctly fit their use in the 12 month reference period.

Round 2: Respondents generally did not have problems answering this question. However, one respondent was confused about the inclusion of the word “generic” following hydrocodone. She asked if it had another name. Participants were all able to correctly fit their use in the 12 month reference period.

Respondents reported two different understandings of the sentence about not including all forms of the drug on the screen. Some respondents correctly reported thinking that there could be different forms, such as a liquid or a capsule or additional milligrams, which were not listed on the screen. Other respondents understood that not all pain relievers were listed, including those that have different names.

SAMHSA also noted that this wording seemed odd. The intent is for respondents to think about other forms of the drugs that are not shown that they may have used.

Recommendation: Consider revising the statement about not all forms of the drugs being shown on the screen.

Round 3: Respondents were able to correctly identify which of these pills they had taken in the past 12 months. They reported that the pictures and drug names helped them with this identification.

Similar to the findings of Round 2, respondents reported two different understandings of the sentence about not including all forms of the drug on the screen. Three respondents correctly reported thinking that there could be different forms, such as a liquid or a capsule or additional dosages, which were not listed on the screen. Other respondents understood that not all pain relievers were listed, including those that have different names.

Duplicating the labeling of generic pills on the screen appeared to increase visibility of the term. Most respondents noticed this and most had a general understanding of its meaning. However, respondents did not necessarily understand that the generic on the screen was a generic for the other name brand pills on the screen.

Respondents correctly understood the 12 month reference period.

Recommendation: Consider expanding the sentence about not showing all forms of the drugs on the screen to provide examples of other forms, such as liquids or patches.

Add "such as different shapes, colors, or dosages." There is less worry about liquids because respondents are likely to have gotten these only in the hospital.

PR02: Round 1: 11 participants reported using these drugs. One participant said that he thought that Percocet and Lorcet were the same thing, but the names on the bottles were different, so he must be wrong. All participants were able to answer the question based just on the names, although 3 reported that the pictures were helpful. One reported that his prescription is for Percocet, but his pharmacy gives him generic oxycodone for insurance reasons, so he sometimes gets confused about this. He reported taking the oxycodone.

Feedback on pill images of oxycodone products: One participant reported that the oxycodone she took looked like pills in the picture, but hers were bigger. Hers were the size of the Percodan. Another reported that she took the fat, white Percocets, and there were no white Percocets in the picture.

Recommendation: Continue to investigate whether we get similar feedback in Rounds 2 and 3 about discrepancies between pills taken and pill images shown online for oxycodone products.

Round 2: Two respondents were confused about which drug they had taken. One respondent was unsure whether he took Percocet or Percodan. The other

respondent was unsure whether she took OxyContin or the generic oxycodone. She guessed that the pharmacist would have given her the generic.

Round 3: Respondents did not have any problem identifying which pills they had used. Five respondents had used Percocet.

PR03 – Round 1: One person used Darvocet in the past 12 months.

Round 2: No respondents reported using these drugs.

Round 3: One person used Darvocet in the past 12 months.

PR04 – Round 1: One person had used Ultram and tramadol. Another used tramadol when he ran out of a prescription for oxycodone.

Round 2: No respondents reported using these drugs.

Round 3: One respondent had used Ultram, but in a liquid form in an IV. Two respondents used Tramadol.

PR05 – Round 1: Seven people had used Tylenol with codeine. One participant called this a Tylenol 3. Another reported that he also used Tylenol 4, which is the pill with the 4 on it. The FDA's Center for Drug Evaluation and Research lists these as "Tylenol with Codeine No. 3" and "Tylenol with Codeine No. 4."

Recommendation: Consider changing the question to refer to Tylenol with Codeine as Tylenol with codeine Number 3 and Tylenol with codeine Number 4.

Round 2: Respondents were able to recognize the revised term of Tylenol 3 or 4. Four respondents used these drugs. One respondent chose both the Tylenol and the codeine, even though he was referring to the same instance of use. He thought that it was a trick and reported both because codeine was in both pills and he took codeine. Another respondent asked if Tylenol with Codeine was regular Tylenol.

Round 3: Respondents continued to recognize the names of Tylenol 3 and 4 and to refer to the pill by these names. Six respondents reported using this. However, one adolescent respondent was actually referring to the OTC Tylenol and mistakenly believed that this was what was being asked. Another adolescent respondent reported taking a red and white gel tab OTC Tylenol. Based on the pictures that were shown on the screen, he decided not to report this use.

PR06 – Round 1: 2 participants reported using morphine in the past 12 months. Others reported use, but added that this was not in the past 12 months.

Participants distinguished between the liquid and pill forms of morphine, reporting they had it in an IV.

Recommendation: Consider whether an image of a liquid morphine ampule should be shown in the field test as an example of morphine.

Round 2: No respondents reported using these drugs.

Round 3: One participant reported using both morphine and MS Contin. The morphine was used in IV form in the hospital.

PR07 – Round 1: Participants were familiar with a number of these drugs. Some reported lifetime use, but none in the past 12 months.

Feedback on images of Fentanyl products: Participants provided positive feedback about the images. Among the benefits cited were comments such as, “The pictures were really helpful. I looked at the pictures first. There were two whose names were unfamiliar, so I needed the pictures. If I hadn’t seen the pictures, I might have confused them with another drug.” “It looked like this (points at Actiq) but it was spelled like that (points at Fentanyl).” “The pictures were very useful. I used “China Girl” once. And the picture helps clarify what it looked like. Especially when comparing fentora and Fentanyl. If the pictures weren’t there, I might have mistaken fentora for Fentanyl because the names are similar.” “The packaging helps.” 2 participants also said that Fentanyl comes in a lollipop too. (NOTE: A picture of the Fentanyl in lollipop form was used in place of Actiq because of time and cost involved in acquiring a special image of Actiq.)

Recommendation: Consider whether to include the lollipop form as an example of Fentanyl.

Round 2: No respondents reported using these drugs. Some respondents had heard of China White, but did not know that it was Fentanyl. Most respondents reported that they had never heard of China Girl. Respondents had not heard of Sublimaze either.

Round 3: One respondent used the Fentanyl patch. Three respondents reported hearing the name China White as another name for Fentanyl. One of these respondents reported the alternate name as White China. No respondents had heard of any of the other names that we probed about, nor had they heard of Sublimaze.

Two participants, when asked, said that the lettering on the package of the Duragesic was hard to read. Others reported that the pictures were of limited use because they knew that had not used these drugs.

Recommendation: Get rid of "China Girl." This is the only prescription drug with a slang name.

PR08 – Round 1: 2 participants reported use of Suboxone. One was using it to stop going through withdrawal from pain reliever addiction.

Round 2: One respondent used Suboxone because his dealer did not have OxyContin.

Round 3: One respondent used Suboxone and Subutex. He used one in rehab for heroin addiction and another on his own to avoid a relapse into heroin use.

PR09 – Round 1: 2 participants reported use of Dilaudid. One said that he used this only in the hospital and asked if that counted. Two participants had used methadone, at least one of which was at a methadone clinic under supervision. One used Demerol and said that the picture helped him identify it. Finally, one person reported that the pictures helped him decide that he had taken Opana ER as opposed to Opana.

Recommendations: 1. Given the likely variations in the appearance of methadone that is dispensed in liquid form, consider how to clarify that any use of methadone in the past 12 months (i.e., not just in pill form) should be reported in PR09. 2. Consider whether instructions need to include reports of any medications that people took while in the hospital. However, receiving dosages of pills in a hospital is a different experience than receiving a prescription that will be filled for use at home. Participants may be unable to identify which pills they took in a hospital, or to recall that they took pills at all. Do we anticipate that use of pain relievers (or specific pain relievers) will be significantly underestimated if we do not instruct respondents to report pain relievers that they took in the hospital?

Round 2: One respondent ended up reporting use of Demerol, but was confused about whether this should be reported. She was administered this as an anesthetic in the hospital, but did not see a liquid form on the screen. When the statement about not all forms being shown on the screen was pointed out, she said that she did not know that statement applied to this screen, since it was not on the screen.

Recommendation: Edit the sentence to make it clear that it applies to all screens in the module. Perhaps it should read: "Remember, not all forms of these pain relievers may be shown on the screens."

Round 3: One respondent reported being very addicted to Dilaudid. Another respondent said that the pictures of the drugs were an excellent confirmation to his thinking that he took this drug.

PR10 – Round 1: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting. One participant said that they would not have reported use of Percocet had they only seen the pictures.

Round 2: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting.

Round 3: No one used any of these pain relievers.

In response to probe questions about the utility of the pillcard images and the names of the pills, participants were generally in agreement that the combination of the drug names and the pictures of the drugs aided them in their reporting.

PR11 – Round 1: Other pain relievers that participants reported that they used in the past 12 months included non-steroidal anti-inflammatory drugs (NSAIDS) such as naprosyn or diclofenac (brand name Cataflam). Other drugs that were reported included Lyrica (pregabalin) and Robaxin (methocarbamol). One person mentioned liquid methadone as an example of something that people might report, but this person had not actually taken it. One participant reported Gabatin, which does not appear to be a drug. Perhaps she meant Gabapentin.

Round 2: One respondent reported taking a Klonopin, which is not a pain reliever. Another mentioned that people would report sleeping pills, ADHD drugs, and penicillin here.

Round 3: Respondents reported that people might report a number of other pills at this question, including Valium (tranquilizer), Lexapro (antidepressant), Narco (pain reliever), Paxil (antidepressant), Celexa (antidepressant), and neurontin (anticonvulsant). [Note: neurontin and Gabapentin are equivalent.]

PRHOSPYR1 – Round 2: Four respondents reported their answer to this question incorrectly. Of these, 2 had indeed only taken a particular drug in the hospital but answered no. One had taken the same drug both in the hospital and at home, but reported yes. Finally, one respondent missed the phrase “when you were in the

hospital” and said, yes it is correct that she had taken all of these drugs.

Recommendation: This question should be edited to facilitate respondent understanding. Although the reasons for confusion seem varied, respondents may be thinking that this question is a summary question that recaps drugs that they have used, and ignore the additional construct of use only in the hospital. Perhaps we should edit as follows: The computer recorded that, in the past 12 months, you used [FILL]. We are interested in where you used this (these) drug(s). This might draw more attention to the fact that the question is not just confirming earlier reports of the drug. Another alternative would be to ask respondents whether they used any of these drugs when they were in the hospital (rather than “only” when they were in the hospital). If use of specific prescription drugs in the hospital is reported, ask which drugs the respondents took when they were not in the hospital. Questions to capture information about use of prescription drugs only in the hospital may be dropped if respondents continue to have difficulty answering them.

NOTE: SAMHSA made the decision to drop the hospital questions for Round 3.

IV. Stimulant Screener

INTROST – Round 1: Most participants had heard of No Doz and Dexatrim. 3 people mentioned 5 Hour Energy as an example of a stimulant. One person mentioned Hydroxycut.

Round 2: Most respondents were familiar with at least one of the stimulants.

Round 3: Most respondents were familiar with at least one of the stimulants that were listed. Many of the respondents had heard of all four.

Recommendation: Keep this list of over the counter stimulants.

ST01 – Round 1: One participant replied that he was not sure which one to report, because Dexedrine is the brand name, used by the company while Dextroamphetamine is the chemical name. He was also familiar with the mix of amphetamine and dextroamphetamine. One participant reported Vyvanse here as a dextroamphetamine, but changed her answer when she got to ST05. One participant said that the pictures of Adderall helped her decide whether to choose the extended release or the original.

Round 2: One respondent used Adderall while another used Adderall XR. The XR user used the pictures to identify the drug. No one had heard about mixed amphetamine-dextroamphetamine pills.

Round 3: One respondent used Adderall while another used Adderall XR. These respondents had no problem answering the question.

ST02 – Round 1: None of the participants had used any of these drugs.

Round 2: Four respondents had used these drugs. One respondent was looking for extended-release Ritalin and did not recognize that to be Ritalin LA.

Round 3: One respondent used Concerta in the past 12 months. He stated that the coating on it made it difficult to dissolve under the tongue.

ST03 - Round 1: None of the participants had used any of these drugs.

Round 2: None of the participants had used any of these drugs.

Round 3: None of the participants had used any of these drugs.

ST04 – Round 1: Two of the participants used Phentermine. One bought it in Mexico, while the other was prescribed it at a diet clinic.

Round 2: None of the participants had used any of these drugs.

Round 3: None of the participants had used any of these drugs.

ST05 – Round 1: One participant used Vyvanse.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Phentermine, which then helped with recalling the name.

Round 2: Three respondents had used these drugs and were able to identify them.

In response to probe questions about the utility of the pillcard images and the names of the pills, a few participants reported that the pictures were more helpful because they were not familiar with the names of the drugs, as a result of not using them. One recognized the picture of Concerta, which then helped with recalling the name.

Round 3: One participant used Vyvanse for ADHD. Some respondents reported that drug names were helpful while answering these questions. Others reported that the pictures were helpful because the names were really long. There were no pictures that were not helpful.

ST06 – Round 1: One participant reported getting Meridia in Mexico. (NOTE: This is no longer available in the US).

Round 2: No others were reported.

Round 3: No others were reported.

STHOSPYR1 : Round 2: Respondents were able to answer this question.

ST07 – Round 1: Participants did not report using any stimulants in their lifetimes. One participant later reported that her son was prescribed medicine for ADD. She took one of his pills so that she could see how it affected him. However, she neglected to report that use in ST07.

Feedback on pill images – One participant requested that the pills should be bigger so that participants could read what is written on them. Another reported that the writing and numbers on the pills should be bigger because that is how people on the street recognize what they are buying. A third participant pointed out the potential for confusing Wellbutrin, Buspar, and Buprenorphine. She recommended including the generic names with the brand names.

Recommendation: Investigate adding a zoom function to enlarge the pill images. Two issues to consider are inclusion of keystroke commands (to avoid the need for participants to use the touchpad) and whether simple enlargement of the existing images will improve respondents' ability to identify the writing on the pills.

Round 2: One respondent recommended placing the numbers next to the pictures of the drug names to make the question easier to answer.

Round 3: In response to the question about lifetime use of stimulants, one respondents noted that we did not include Adipex (which is a form of phentermine).

A couple of respondents noted that it would be helpful for the numbers on the pill images to be bolder and more distinct.

V. Pain Reliever Module Findings

PRL01- Round 1: In describing examples of using a prescription pain reliever in a way not directed by a doctor, two participants mentioned using a prescription pain reliever with other drugs or with alcohol. One specifically reported taking pain relievers with a glass of wine because “they just work better” that way. Otherwise, participants described ways of use not directed by a doctor that are included in the definition, such as:

- Taking someone else's prescription
- Using the prescription too much/more than a doctor prescribed
- Getting it from a source other than a doctor
- Snorting a pill.

One participant recommended including “norco” on the list because people may not know that it is the brand name for hydrocodone.

Except for the issue of use in combination with alcohol or other drugs and the recommendation to include “norco,” this feedback suggests that Round 1 participants who were routed to PRL01 correctly understood ways of using pain relievers that were not directed by a doctor to encompass relevant components of nonmedical use.

Recommendation: Determine if additional participants in Rounds 2 or 3 endorse combining pain relievers with other drugs or alcohol as a way of using pain relievers that is not directed by a doctor.

Round 2: All respondents that were routed to this question understood its meaning and were able to answer it without difficulty.

Round 3: All respondents that were routed to this question understood its meaning and were able to answer it without difficulty.

PRY01 – Round 1: All participants routed to this question about Vicodin understood that we were asking this question to get at abuse of prescription pain relievers or getting them off the street. Many participants used the word “abuse” when asked what this question was asking. Examples of such behavior include not using it as prescribed, taking it without a prescription, ‘over doing it,’ getting high, or selling them. When asked to provide a narrative of the last time participants used Vicodin, two participants described taking a prescribed medicine more than the doctor said to because it was needed to make the pain better. A third participant described having a prescription for dental pain, but using it more than prescribed because of liking the feeling it caused. Another had a prescription but was abusing the Vicodin and Norco highly at the time. One participant mentioned taking their prescription with alcohol. Two participants mentioned using it without a prescription. One of these used it only as a last resort because nothing else was available to feed an addiction.

Two participants described in their narrative use that would not be described as misuse. One reported using the pain reliever even though the pain had lessened to the point where it might have been managed without taking that drug:

“They gave me a week’s worth. The pain got less and less. It got to the point that I could take OTC medicine. I hate taking pain medicine. I was supposed to take them as needed, which was once a day. I took all of them.”

Another took **less than** the prescribed dosage:

“I took it as prescribed but I lowered the dose, I was supposed to take it 3 times a day but I only took it 1 time at night before I went to sleep because I didn’t like the way it made me feel. Taking it with a muscle relaxer it gave me that sluggish feeling. House could have burned down and I would have been with it.”

Recommendation: Determine if additional cognitive interview participants in Rounds 2 or 3 consider taking less than the prescribed dosage as use in any way a doctor did not direct them to use a medication.

Round 2: One respondent reported being administered Vicodin in the hospital. Other respondents reported getting the drug from a dealer or friends.

Round 3: In response to a probe about what the question was trying to measure, three respondents said it was to measure abuse. Other mentions include, “using it without doctor’s orders,” “not taking it any way to cause me to become dependent,” and “not taking it for other things.” Other responses include:

- **“If you didn’t follow your prescription”**
- **“If someone gives you their Percocet, if you take it more often or for fun”**
- **“Are you using a prescription drug that wasn’t prescribed by your doctor or any doctor?”**

Respondents who took Vicodin in the past 12 months reported a combination of use and misuse. Some respondents took pills in greater amounts than prescribed because of the pain.

PRY01a – Round 1: Participants reported numerous mechanisms by which they remembered their age at first use, including:

- It was the first time using the drug this way
- Referencing anchoring events (friendships, injury, senior year in high school, getting a driver’s license, etc.)

- Recency of the event (it was in the last year).

When participants described the first time they used Vicodin, they mentioned taking too much, taking it without a prescription, doctor/pharmacy shopping, and mixing it with other drugs.

Round 2: Respondents had similar retrieval strategies compared with Round 1.

Round 3: One respondent reported just remembering the age of first misuse.

PRY02b – Round 1: One participant chose the year because it was not in 2011, the past couple of weeks. Another just knew the year was 2009.

PRY01d – Round 1: One participant reported that the calendar helped with choosing the month.

PRY02 – Round 1: The one participant who was asked what this question about Lortab was getting at reported, “the addictiveness of prescription drugs,” and “how easy it is to abuse them.” Two participants were asked to describe the last time they used Lortab. One reported using someone else’s prescription and the other reported using it when heroin was unavailable.

PRY02a – Round 1: The two participants who received this question distinctly remembered events associated with the first time they used Lortab (finding grandmother’s pills and hanging out with friends). One reported that it was someone else’s prescription and the other reported snorting it.

PRY02c – Round 1: One participant realized he had the year wrong when answering this question. He mixed up how old he was last summer.

PRY02d – Round 1: The participant remembered the month was July or August because of how hot it was outside.

PRY03 – Round 1: The one participant who was asked what this question about Lorcet was getting at described snorting it as using it a way it was not prescribed, so as to get an immediate high. Two participants answered this question as “no” because they used this as prescribed, following directions as needed for pain.

PRY04 – Round 1: Two participants were asked to describe what this question about hydrocodone was getting at. One reported using it recreationally, not following the doctor’s instructions, taking more than necessary, or snorting it. Another described a new type of misuse: asking for a larger dose at time of prescription with the knowledge that a large dose was not really necessary. This participant still endorsed use of hydrocodone “in a way a doctor did not direct you

to use it.” When asked to describe the last time the pill was used, one participant reported getting it for a sore throat in the ER and another reported getting the pills from an acquaintance/friend who said they would help with withdrawal.

Recommendation: Consider including asking for a larger dosage or number of pills as examples of use “in a way a doctor did not direct you to use it.”

Round 2: Respondents reported various types of use and misuse. One respondent used it in the hospital. Another was taking it with alcohol and taking as many as he could get his hands on.

Round 3: Two respondents had used hydrocodone in the past 12 months. One respondent received a pill from his mother. Another was abusing the drug because of addiction.

PRY04a – Round 1: Participants did not have trouble reporting their age, although one wanted to see a calendar for month of last use. When asked how they were misusing the pills, one reported taking 9 in one day and another reported taking it with alcohol. A third participant in answering this question expressed some confusion about Vicodin and hydrocodone. This person reported thinking that they were the same thing and appeared to be confused by the fact that we asked about them separately.

Recommendation: For the next round of cognitive interviewing, insert a probe about whether participants understand why they have the month response options they do. This instrument includes a tailoring of response options of months of use based upon current age and birth date. It would be helpful to see if this is confusing to respondents.

Round 2: Respondents reported understanding why only certain months were shown in the response options.

Round 3: Respondents did not have any problems remembering their age at first misuse.

PRY05 - Round 1: One participant described using OxyContin with a prescription. Her mother kept it locked away and gave it to her at allotted times; otherwise, she would have abused it. Another participant reported using it once when a friend provided it.

Round 2: One respondent correctly reported thinking that the question was asking about taking a prescription that was not prescribed for you or asking a friend for some pills. The respondents also mentioned selling the drug.

Round 3: One respondent took this as directed.

PRY05a – Round 1: One participant remembered the age at first use easily because it was in the summer, “after my birthday.” Another had a hard time determining whether it was at age 19 or age 20. It was after high school but before college. When using OxyContin at that time, one participant reported using someone else’s prescription and mixing it with alcohol.

Round 2: One respondent reported that “in a way a doctor didn’t direct you to” could mean: doctor didn’t prescribe it for you, doctor said to swallow not snort, taking more pills than doctor prescribed, giving or sharing with friends. Another reported taking someone else’s pills.

Round 3: Another participant associated use of this drug with a relationship that he had. When he started using this, he was injecting it.

PRY06 – Round 1: Participants who were asked about what this question about Percocet is getting at understood it to mean abuse. When asked about how they used it in a way not directed by a doctor, one reported popping and snorting them, but with a prescription. Another reported using another’s prescription. One participant used it but did not report using it in any way not directed by a doctor. The Percocet made this person sleepy and nauseated, and they did not care to finish the whole prescription.

Round 2: When asked if he needed to see the ways of use, the respondent replied, “I do not need to see the ways because it included that way I used it. I didn’t have a prescription for it.”

Round 3: Five respondents reported using this prescription. One respondent did not report misuse when he took one pill for pain that had been prescribed to him for an earlier procedure. He did not report this because the bottle said the pills were for pain, and they had been prescribed to him.

PRY06a – Round 1: Participants remembered their ages by associating it with events in their lives: sophomore year in college, a friend visiting from Florida, the diagnosis of migraines. Another had no idea of the age at first use. Participants reported first using Percocet in a way a doctor did not direct them to use it by using it without a prescription, mixing it, popping it, and taking it “more than I should.”

Round 2: An older respondent reported not having any idea of his age when he first used Percocet nonmedically. He initially thought that the question was asking about the past 12 months. After probing, he said that this would take him back to his early 30s or late 20s. He ended up choosing Don’t Know.

Round 3: One participant had some trouble remembering her age at first abuse. She estimated the age.

PRY09 - Round 1: When asked what this question about oxycodone is getting at, one participant who did not answer affirmatively said she was scared of it and asked, “Are people abusing the prescribed pills?” She showed the interviewer her oxycodone pill and it was different from the pill cards. It said 5 & 12 on it and did not have an M on it. One participant described use “in any way a doctor did not direct you to use it” here as taking more than was prescribed. Another reported getting oxycodone because Percocet and Vicodin were not available, so she bought oxycodone from a drug dealer.

Round 2: One respondent interpreted the question as asking if she took more or less than was prescribed.

Round 3: One respondent reported using this as directed. Two others took this without a prescription.

One respondent asked for a calendar. She did not notice the calendar icon on the top of the screen.

Recommendation: Make the icon for the calendar bolder or more visible.

PRY09a – Round 1: Participants did not have trouble remembering their ages, but one asked, “Do you really think that people remember the months and the years?”

Round 3: One participant estimated her age at first abuse.

PRY10: Round 3: One participant reported taking Darvocet as directed. She stated that she did not abuse this.

PRY13: Round 3: One participant reported taking Ultram as directed. She stated that she did not abuse this.

PRY17: Round 3: Three participants had used Tramadol in the past 12 months. One received a prescription for a broken wrist, one received a prescription for pain, and the third did not have a prescription. Neither respondent with prescriptions abused the drug.

PRY18 – Round 1: When describing use of Tylenol with codeine “in any way a doctor did not direct you to use it,” examples included: using someone else’s prescription because their hydrocodone ran out and a friend gave them something to tide them over (stave off withdrawal) and taking more than prescribed.

Round 2: One person took one and had a bad reaction so did not take any more. Another had a prescription and took them as prescribed. A third respondent reported doubling up and taking pills sooner than advised.

Round 3: Six respondents had used Tylenol with codeine. One respondent noted that he did not think that he had misused it because he had a prescription, but after looking at the ways of misuse he was taking more than were prescribed.

PRY18a – Round 1: Participants did not have trouble remembering their age of first use.

Round 3: One participant said that she did not know her age at first misuse.

PRY19a - Round 2: One respondent benchmarked his use around his friend's death from overdose. He received the pills from his friend.

PRY22 – Round 3: One participant got this prescription from a doctor and took the pills as directed.

PRY24 – Round 1: One participant described using an IV drip of morphine in the hospital, and reported that he used this as prescribed.

Round 2: One respondent reported abusing this around the same time he started using other drugs.

Recommendation: In future cognitive interview rounds, probe to determine if hospital use of a prescription drug is included in reports of prescription drug use by participants.

Round 3: One respondent received a couple of morphine pills from a friend and took them all at once.

PRY24a – Round 3: This respondent did not have any trouble remembering age at first abuse.

PRY28 – Round 3: One respondent received the fentanyl patch at the hospital.

PRY28a – Round 1: One participant in particular had trouble remembering when he turned specific ages for first use of fentanyl “in any way a doctor did not direct you to use it.” At this question, he reported forgetting his age because it’s 2011 (meaning early 2011 and he is still adjusting to the calendar change).

PRY29 – Round 1: A participant described their use of Suboxone “in any way a doctor did not direct you to use it” as a backup for when this person could not get

into a methadone clinic. This made it relatively easy for this participant to recall the age and the month and year.

Round 2: One participant bought this from a drug dealer in the park. He said that he broke it up into little pieces in order to make it last longer. He acknowledged that doctors do not tell you to do that.

Round 3: One participant used this in the methadone clinic and then subsequently bought it from a drug dealer to help with heroin addiction.

PRY31: Round 2: The same respondent who reported use of Suboxone also reported use of buprenorphine. He stated that this was the same as Suboxone. He reported using both substances, but was thinking of the same instance.

PRY32 – Round 1: A participant who answered this question affirmatively recalled using Demerol when he had run out of codeine and/or Vicodin. A friend with chronic pain shared the Demerol with him to extend his prescription. He was able to recall his age by the month and year and by his birth date.

Round 3: One participant used the Demerol as prescribed.

PRY33 – Round 1: A participant remembered using Dilaudid in the hospital as an injection for back pain. He reported using this according to doctor instructions.

Round 2: A participant initially reported using Dilaudid in the past 12 months. Upon reaching this question, he said that he remembered that he was cold shaking the drug but it was more than 12 month ago.

Round 3: This participant goes to the hospital to get Dilaudid, because she is addicted to it. If she cannot get Dilaudid, she will seek out other drugs.

PRY33a – Round 3: The first time she used it, she had a prescription but she used more than that.

PRY34 – Round 1: A participant routed to this question answered it as “no.” The person had not used methadone “in any way a doctor did not direct you to use it” because the person attends a methadone treatment program every day and receives the methadone there as directed.

PRL02 – Round 1: One participant reported using a pain reliever with alcohol as a type of use not directed by a doctor in response to this question.

PRM02DKRE – Round 1: The participant who received this question about their “best guess” thought their answer was accurate.

PRM03 – Round 1: Two participants reported how they were able to remember whether or not they were drinking alcohol. One said because it was yesterday, and another knew they had used the alcohol to increase the effects of the opiates.

Round 2: Two participants reported how they were able to remember whether or not they were drinking alcohol. One said that she would use alcohol and Vicodin together with a friend. The other said that she never used these together.

Round 3: No respondents had taken the pills and drank at the same time. One respondent was not sure how to report this, because she drank within a week of taking the pills and was not sure how long alcohol stays in your system. She ultimately decided to answer ‘no’.

PRY41 – Round 1: One participant understood this question but volunteered that the wording “at least once” threw her off. She thought that the answers would say the same thing without the text “at least once” and that it would be easier to read/understand. Another participant reported not being able to endorse option #2 (used in greater amounts, more often or for longer than it was required) because only part of what was listed applied to this person. The participant used in greater amounts and more often, but not longer.

One participant reported wanting to select answer #3 because this person “doubled up” on the prescription. That is, “doubling up” would fall into the “some other way” category. When probed, this person agreed that “doubling up” would also fall into category #2. Another participant considered choosing #3 along with #2 because the person used alcohol while taking the pills, which the person considered a way of using in a way not directed by a doctor. Other participants considered crushing and snorting as an example that applies to category #3.

Recommendations: Remove the “at least once” wording. Determine in future interviews whether participants think that all three of the aspects of misuse in option #2 need to apply in order to endorse the option. Continue to monitor whether participants see options #2 and #3 as distinct or overlapping and any difficulty they have in deciding which answer(s) to choose.

Round 2: Respondents all agreed that they should report a behavior, even if it only happened once. One respondent who had only taken 1 pill reported that. Respondents mentioned that they should include all relevant information.

Recommendation: Keep the question as is, because it is performing well without the ‘at least once’ wording.

Round 2: Respondents did not have any problem with this question. One respondent wanted to answer with “Some other way,” but decided that ways 1-4 described his use adequately. One respondent did report “Some other way.”

Round 3: One participant reported “some other way.” She included this because she injected the drug instead of taking it by mouth. She also picked the other four response options. After probing, she stated that she was counting the same behavior of taking more drugs than were prescribed as both number 2 and 3.

PRY42B – Round 1: Participants did not have trouble remembering how they got pain relievers the last time. One additional way of getting a prescription pain reliever reported was getting them out of the country. However, this reason is not commonly endorsed in “OTHER, Specify” data. In 2009, for example, 5 respondents reported that the “other way” they obtained pain relievers they used nonmedically in the past 30 days was by obtaining them outside of the U.S. Only one respondent in 2009 reported this as the way that he/she obtained the pain relievers the last time in the past 12 months.

Recommendation: Consider the addition of getting pills outside the U.S. to this list.

Round 2: Respondents did not have any trouble remembering how they got pain relievers the last time. One respondent tried to report another way, which was stealing them from a friend. He then realized that stealing was option #7. No respondents mentioned getting the drugs from another country.

One respondent also was confused by the categories in the questions about how respondents or friends/family members obtained prescription drugs.

Recommendation: Larry will compile frequencies of responses to these categories in the current versions of these questions for SAMHSA to use in evaluating categories for combination or deletion.

Round 3: One respondent said that she got it from more than one doctor because she would get her prescriptions at the ER, and there are multiple doctors that prescribe them.

VI. Stimulants Module Findings

STL01 – Round 1: A participant reported not having a prescription for phentermine, but in Mexico, they did not need one. This person pointed out that you can buy prescription drugs in Mexican drug stores and airports. Technically in Mexico they were not prescription drugs.

Recommendation: Continue to examine this issue in Round 2 to determine whether to provide clarification on buying prescriptions in other countries, whether that should count as use “in any way a doctor did not direct you to use it,” and how to instruct respondents to count or not count this as use “in any way a doctor did not direct you to use” a prescription drug.

Round 2: Respondents did not report use in other countries. Two respondents reported lifetime (but not past year) nonmedical use of stimulants.

STY01 – Round 1: When describing last use of Adderall, a participant reported that a friend provided it in 2009. There was no prescription and they were mixing it with other things.

Round 3: The participant answered “no.” The participant had a prescription for ADHD and last took Adderall this morning, according to the prescription.

STY01a – Round 1: A participant reported remembering the exact night in 2009 hanging out with a particular girl.

Round 2: The respondent had been using it a lot in the past year, and did not have difficulty remembering that.

STY02 – Round 3: The respondent took Adderall XR for ADHD. He had a prescription.

STY03a – Round 1: A participant remembered their age at first use of Dexedrine very well because it was associated with a recent move and new classmates/friends.

STY08 – Round 3: This respondent did not abuse Concerta.

STY20 – Round 1: The same participant who got phentermine in another country described it here. Another participant reported using phentermine strictly to lose weight, as directed, and answered STY20 as “no.”

STY25 – Round 1: The same user of phentermine mentioned getting it outside the U.S. Another participant reported snorting as a third way of use.

Round 2: One respondent answered using it without and prescription and in another way that a doctor did not direct him to use it. He used the drugs recreationally. It was not clear that he was correct in answering “some other way.”

STY25a and STY25b: No respondents in any of the three rounds reported using stimulants with a needle in the past 12 months.

STY26b – Round 1: One participant had been prescribed stimulants for ADD while in rehab. When the participant emerged from rehab, this person told the doctor about having a prescription for stimulants and was able to get another prescription easily.

One participant thought it would be easier for most participants to see the ways of use on all the screens, even though as a user in recovery, she was well informed about misuse.

VII. Health Module

HLTHNEW01 – Round 1: 5 participants had difficulty entering their height into the computer.

Recommendation: Revise this question. Perhaps move the sentence about entering in metric sooner in the question. Add the phrase ‘then press Enter’ to the end of the instructions about entering metric. One participant recommended adding the words ‘press Enter’ at the bottom of the task bar. Participants also did not read the screen about entering inches. They were still looking at the task bar, and entered the inches upon seeing the value label.

Round 2: Two respondents had difficulty here. They entered 1 to answer in feet and inches but then did not hit enter.

Recommendation: Add the words, ‘and then press Enter’ to the question.

Round 3: No respondents had any difficulty entering their height or weight.

Recommendation: Questions are functioning properly. Keep as is.

HLTHNEW01a – Round 1: Participants were not accustomed to seeing the question mark that results from pressing F3.

Recommendation: Revise the entry field to say Inch(es) so that participants can enter 0 or 1.

HLTHNEW02 – Round 1: No problems entering weight. See HLTHNEW01 results for recommendations.

Round 2: See HLTHNEW01 results for recommendations.

Action Item: Do not play the audio for the answer choices for height and weight because those are included in the questions.

HLTH05 – Round 1: One participant reported 8. Upon probing, he said that he was in the hospital for 8 days and 7 nights and had missed the part of the question that specified nights.

HLTHNEW03 – Round 1: A few participants included dental appointments in their estimates, despite the instruction to not do so. Most participants were pretty confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies.

Round 2: Respondents seemed to correctly exclude dentist visits here. Most participants were confident about their answers. Those participants with infrequent appointments or with many appointments were less sure, and estimated the response as opposed to using recall and count strategies. However, with the removal of the response options, one respondent reported don't know. He was then able to answer the follow up question, where the response options were provided.

HLTHNEW03 – Round 1: Most participants had a reasonable understanding about what a health care professional was. One participant would not count a chiropractor, or a person at the eye care center because they have not been to medical school. One participant said that there were none at the drug treatment center, while another reported that visits to the methadone clinic would count. Other participants expressed doubt about including specialists and physical therapists. One participant said only doctors counted as health care professionals.

Recommendation: Assess the level of accuracy that is needed in this question. Is each of the response categories used in analysis, or can they be collapsed? This question includes a number of constructs, such as a reference period, thinking about your own health versus someone else's, the definition of a health care professional, and exclusions to the rule. The respondent burden has the potential to be high, as does the measurement error.

Round 3: Depending upon the extent of visiting doctor offices, respondents struggled with accurately counting the number of visits. One respondent initially included dental visits despite the instruction not to.

Action Item: Delete the explanatory text from HLTHNEW03. Consider moving the instructions to appear before the question, and include a probe.

HLTHNEW05 – Round 1: There were no probes asked about this question.

Recommendation: Use logic from HLTHNEW04. It could be that the doctor already knows, but there should be a linkage between the series of questions.

HLTHNEW06 – Round 1: One participant reported that his dentist asked him about his alcohol use. He then asked if a dentist was included. Instructions in HLTHNEW03 say to exclude the dentist, which may have caused confusion. One

participant did not include questions asked upon visits to the emergency room. He stated that his doctor does not ask, because his doctor knows him. Another participant reported that he did not know how to answer and had a number of issues with the question. He filled out a form in the waiting room. The form said, How many drinks do you have per week. He had difficulty mapping this question to the responses of How much do you drink and How often do you drink. He did not have a discussion with the doctor.

Recommendation: 1. Change the Round 2 specs to only ask this question of participants who used alcohol in the past 30 days (ALC30USE=1). Participants who did not use alcohol in the past 30 days will not receive this question. 2. Ask HLTHNEW06 before HLTHNEW04 because the mention of a form is conditioning participants. 3. Include logic for responses to HLTHNEW04b in logic for HLTHNEW06. 4. Make more apparent that HLTHNEW06 focuses only on in-person communication.

Round 2: Respondents did not have problems with this item. One respondent asked if being asked to cut down on alcohol was the same as being told to quit drinking. Another stated that doctors who would ask this would not have a history with their patients.

Round 3: Respondents did not have a problem with this question. Many reported that doctors asked if they drink and then how often and how much.

HLTHNEW08, Round 2 – Peggy will follow up about any revision to the order of the health conditions in this question.

HLTHNEW11 & 12a – Round 3: The respondent was first diagnosed at their current age, but the follow up question asked whether they had cancer or heart disease in the past 12 months.

Recommendation: Change the specs to skip questions about whether respondents had specific conditions in the past 12 months if the age at first diagnosis equals their current age.

Action Item: Implement this change.

HLTHNEW20 – Round 1: One participant asked if we were referring to the past 12 months or ever.

Recommendation: Include a reference period in this question.

HLTHNEW20a – Round 1: All three participants who reported high blood pressure were confused by this question. One participant said that he has been told that it was a little high, but was not sure that this was a chronic state. One participant said that after the first time, the doctor knew that he had it and they

talked about it, but he didn't tell him that he had it again. He said that he was on medicine that was controlling it. The third participant said that they discuss his high blood pressure, but he was not sure how to answer the question.

Recommendation: Change the wording of this question. The BRFSS asks, "Are you currently taking medicine for your high blood pressure?"

Round 2: There was no confusion about this question.

HLTHNEW21 - Round 1: There were no probes asked about this question.

Recommendation: Asking the STD question as the last question in the interview is an awkward stopping point, and does not seem to flow after the last few questions. Recommend adding another few questions in here for a better transition.

VIII. **Additional Issues**

Respondent Burden – Round 1: After the stimulant main module, one participant reported that many of the questions are redundant. However, no other participants made any comments about finding the overall burden of the interview to be difficult.

Round 2: No comments about burden were made.

Probes: Round 2: SAMHSA observers gave a reminder for RTI cognitive interviewers to be sure to administer spontaneous probes in the cognitive interviewing in situations where interviewers think it is necessary.

Round 2: SAMHSA raised the issue about whether the informed consent statement might be modified for, "There's a small chance that someone else might hear your answers." Liz will ask RTI's IRB about modifying this sentence. Although this risk is likely to be small, the IRB may still require prospective respondents to be informed of this.

Round 3: No additional issues.

Attachment D

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 2 Round 1 Results

NSDUH Questionnaire Redesign Cognitive Interviewing Round 2.1 Results December 7, 2011

Respondent Characteristics

During the first round of Phase 2 interviewing, survey methodologists interviewed twenty respondents. Of these twenty, ten were adolescents and ten were adults. Almost all respondents in the first round of Phase 2 interviewing were recruited from the general population. A couple of respondents were recruited from drug treatment centers in the Raleigh, North Carolina area.

In order to be recruited in the cognitive interview sample, respondents did not necessarily need to report use of illicit or prescription drugs in the past 12 months during the telephone screener. Therefore, most respondents were casual users or often non users of the drugs that were tested in this round. Few were expert or heavy users.

Round 2.1 tested the transition from the questionnaire asking health insurance and income items using interviewer administration to using a self-administered mode. Particularly, transitioning to a proxy respondent who completes the health insurance and income items on behalf of the respondent using self-administration warranted thorough testing. Interviewers and parents provided valuable feedback about this process.

In general, proxy respondents were able to successfully answer questions about adolescent health insurance and family income. The ACASI tutorial worked well, and proxy respondents reported understanding the questions as well as why they were being asked to answer them. Individual findings are listed below.

In addition, new questions measured details of military service and status. In order to thoroughly test these new items, round 2.1 interviewed five veterans of the military. These veterans provided feedback on the new items in the front end CAPI section of the interview.

Specific feedback on individual items is detailed below.

Veteran Questions

V2a – Respondents understood the use of the phrase “full time in the Reserves.” None of these respondents reported ever being in the Reserves.

QD10c – Respondents were able to correctly define a combat zone. Among the definitions were “being in combat,” “being in the fighting,” and Iraq and Kuwait. One respondent said that she did not serve in a combat zone as women were not allowed to do so when she was in the military. Another respondent incorrectly reported that he served in a combat zone. He had a dangerous assignment of guarding prisons in the United States, so he reported yes. After repeating the question, the respondent acknowledged that he should respond ‘no.’ Respondents identified with the mention of hazard pay in this question.

Hallucinogens

LS01i – Eight respondents had heard of Ketamine. Most reported hearing about it on TV.

LS01j – Three respondents had heard of DMT and one had heard of Foxy. No respondents reported use.

LS01k – One respondent thought that salvia divinorum was a substitute for marijuana. Another thought that it was synthetic marijuana. A third person reported hearing of the substance.

Inhalants Screener

IN01ii – No respondents reported use of computer keyboard cleaner just to get high. Fewer than half of the respondents knew about the spray. A few respondents had heard the term “spray computer cleaner” or “compressed gas duster” before. One respondent suggested identifying the spray by its brand names. Others did not have many recommendations for other words used to describe the spray.

Methamphetamine Module

ME01 – Three respondents in the sample reported lifetime use of methamphetamine. One respondent reported use of it twenty years ago and one respondent reported using it for two years three years ago. No respondents reported 12-month use of methamphetamines. Those that reported lifetime use did not have any problems with the module.

Prescription Drugs

PR01 – One respondent thought that we were only interested in misuse of prescription pain relievers at this question. A couple of respondents were unaware that the next eight screens were going to ask about other pain relievers and therefore wanted to report their use here.

Recommendation: Continue to measure whether asking about illicit use of substances before pain reliever use is priming the respondent to only think about misuse.

Recommendation: Discuss whether we should convey to respondents that more than one screen asks about pain relievers.

Generic Pills

Although most respondents understood that generic drugs are a cheaper version of name brand drugs, they were not always clear on what the name brand equivalents of the generic drugs pictured were. Two respondents reported that generic drugs are over the counter.

Not All Forms

The statement that not all forms of a particular drug may be shown on a screen continues to cause problems for respondents. Many respondents reported thinking that it was referring to pain relievers with a different name than the one shown on the screen. Others correctly thought that we were acknowledging that certain pills might take various forms, not all of which were pictured. A couple of respondents said that they did not understand the statement. Despite the statement about not all forms, one respondent did not report intravenous use of morphine because only the pills were shown on the screen.

Recommendation

Evaluate whether new probes should be used to test these questions in Round 2.2 or if the wording should be further revised.

Pill images

Respondents that had used the drugs report that the pill images aid in their recall. Those that report not using the pill images often report not using any pills.

Tranquilizers and Sedatives

No new issues were detected with the inclusion of the tranquilizer and sedatives module.

TR06 – When asked whether there were any other tranquilizers that respondents would report, a few were mentioned. Paxil, Valium, promethazine (phenergen), and trazedone were reported by respondents.

INTROSV – Respondents had for the most part heard of Benadryl, while fewer respondents had heard of the other sedatives. Suggestions for other OTC sedatives included Adderall, ibuprofen, motion sickness pills and melatonin.

Definitions of misuse

Respondents were able to distinguish between use and misuse of prescription drugs and reported their use correctly.

Special Drugs

SD01 – Most respondents who named examples mentioned “Nyquil.” Other examples were Sudafed, Tylenol, aspirin, Motrin, Benadryl, and Claritin. Many mentioned “cough syrup.” One R he’d heard of ‘purple stuff.’ He wasn’t specific and probing lead to him discussing some drink that a professional football player had been caught with that caused a suspension or fine. He said he thought it was codeine or Dimetapp or Sudafed like substance. (Note: he is probably referring to prescription strength cough syrup here.) Only 2 respondents had used OTC medicines. One

had taken Benadryl and another had taken Nyquil while he was in bootcamp because he was not able to drink alcohol at the time.

SD21 – One respondent suggested that “the hospital” be added to this item.

Health

HLTH04 – One respondent only knew he was 54 inches tall, and he did not know how to convert it to feet and inches.

HLTH19 – Four respondents expressed not knowing whether the dentist should count. None counted the visits initially, but considered including them after a probe. Of the four, three decided to count them and one did not.

Recommendation: Wording about not including dentist visits was recently deleted from the specifications for this item. RTI and SAMHSA should discuss whether this is still appropriate.

HLTH22 – Four respondents reported doctors discussing their drinking with them.

Back End Demographics

QD17 – Fifteen respondents said that they would report being in school even if they were on summer break. One respondent said he did not know and another said he would say “no” even if he was just on summer vacation.

QD18 – Respondents were asked a hypothetical question about this item. Most were asked if they would report being in 7th or 8th grade, if the question was administered during the summer after they had finished 7th grade. Only one of 7 people probed said “7th grade”. Two participants correctly reported about their current situation, saying that they would report the grade that they were “going into.”

QD26 – One adolescent was confused as to whether this question asked about the different places he had worked or the number of bosses he’d had. Another adolescent was not sure whether she should count babysitting. She decided that she would NOT count it.

QD49 - One respondent had trouble with ‘DK’ for items QD47 & QD48. She had forgotten that she needed to use the function keys to indicate this as her answer. She answered ‘DK’ to both QD47/48. Another participant said that was a difficult question to answer because it depended on the job one was applying to. Only certain job classifications are subject to testing, which at her employer (a local government) were ones classified as ‘drug sensitive.’ These jobs are ones like police officers, welfare workers, or anyone who drives a government vehicle. They do not test for other job classifications, like the one she is in.

QD50 – The 4 Rs who were probed all mentioned that this question was asking about being tested “at random.”

QD54 – One adolescent R mentioned she spent half the week in one home and half the week in the other, then asked if she should count “the one I spend the most time in?” It was not hard for her to choose the one she spent the most time in.

Proxy Tutorial

Two respondents had trouble with entering a “1” to answer the first question in the tutorial.

Recommendation: Change the first question in the tutorial to a “Press Enter to continue” screen.

Two respondents thought it was odd to be asked about the teenager’s income, since they did not work.

In the income branching questions, one R tried to enter “1” for the first option, but the appropriate number was “21.” R recognized her mistake and entered “21.”

Recommendation: Change the response options for this question to begin with 1, as opposed to 21.

One respondent complained that the tutorial “went into too much detail.” R thought it was too slow and instead of letting his intuition take over it bogged him down. He mentioned reading the script that was for the interviewer (on the demo screens where the interviewer points to the keys, etc.) and said that “The script was for you but I was thinking of what it said rather than what it was trying to teach me.”

Additional Issues

In order to reduce respondent burden, a filter question could be added to identify proxies who have already been introduced to the interview program, whether during their own interview or while serving as a proxy for another respondents.

Additional instructions and introductions are needed in the back end demographics section. In cases where a proxy is not nominated, the screens do not clearly indicate which questions are interviewer administered and which are self-administered.

Appendix E

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 2 Round 2 Results

NSDUH Questionnaire Redesign Cognitive Interviewing Round 2.2 Results February 29, 2011

Respondent Characteristics

Twenty participants were interviewed during the second round of Phase 2 Questionnaire Redesign Cognitive Interviewing. Summary information about the participants is presented in the table below. This table shows that the sample was comprised largely of adults, females, and those who had significant experience with drugs.

NSDUH Cognitive Interviewing Round 2.2 Participant Information Summary (n = 20)	
	n
Adults	14
Adult mean age = 39	
Adolescents	6
Adolescent mean age = 14	
Females	12
Enrolled in treatment program (currently or within past 12 months)	5
High use participants	11

All participants were recruited from the general population using online ads that were placed in Chicago, IL; Washington, D.C., and Research Triangle Park, NC. However, since most users interviewed in the first round were casual users, the second round targeted heavy drug users and individuals who had recently received treatment. Of the 14 adult interviews, 5 were currently enrolled or had been enrolled in a treatment program in the past 12 months and 11 were categorized as ‘high use’ participants. High use was defined as having used multiple prescription drugs.

As in the previous round, Round 2.2 tested the second transition from interviewer to ACASI administration for proxy responses to health insurance and income items. Feedback from parents and the interviewers about the transitions was provided. All proxy respondents were able to successfully transition and answer proxy questions. Findings about the process are provided below.

Some questions were tested for the first time in Round 2.2. These questions asked respondents about the color of the pack of cigarettes they smoked and about their motivations for misusing prescription drugs. By recruiting ‘high use’ participants we were able to thoroughly test these new items.

Specific feedback on individual items is provided below.

Veteran Questions

QD10c – Recruitment in Round 2.2 did not focus on Veterans as heavily compared to Round 2.1. Therefore, only one participant was routed to this question. She correctly defined a combat zone. She initially indicated that a combat zone could be a “zone even in Peacetime” but clarified that it meant “places where you are taking on fire.”

Front End Demographics

QD11 – Participants were generally able to answer this question with no trouble. Two participants initially failed to understand that the question asked about the highest grade finished, but ultimately they realized the meaning of the question and changed their answers to the correct one. One participant had trouble with the numeric categories. She answered “12” but then changed her answer to “15.” When the interviewer probed to learn more about the change from not finishing high school to taking some college credits the participant realized she should have selected “13” to indicate earning a high school diploma. A scripted probe led to one final noteworthy comment about this question. One participant had taken credit courses during her service in the military which she wanted to report. Since no option was available for having taken military training/courses she realized her best option was to answer “13-regular high school diploma.”

Recommendation: This question asks about the highest grade completed. Response categories are generally the same as the number of the grade. However, the form of category 12 is markedly different. If a respondent answers ‘12’ they are indicating that they did not receive a high school diploma. Respondents who do not thoroughly review the text accompanying the response options may be inclined to answer ‘12’ to indicate they have a high school diploma. Therefore, we should consider changing the order of the response options so that this inclination will not invite measurement error. An alternative would be to add a question about receiving a high school diploma if the respondent answers 12.

Tobacco

CGCOLOR – Eight of the participants reported smoking cigarettes in the past 30 days. Of these, four considered the question to be “self-explanatory” and found it easy to recall the color of the pack. The other half of participants, however, noted complicating issues with the question. Two found the question somewhat confusing because packs of cigarettes have more than one color on the packaging. One of these participants noted that he wasn’t sure whether he should or could select more than one color or if he should “just pick the main color.” A similar comment was made by another participant who said this question made her think of the two different colors on the packaging—the background color (black) and the color of the text (blue). One participant, who previously indicated the question was self-explanatory, said that his brand of cigarettes

(Newport) only comes in green packaging. Upon probing he elaborated that the shade of the pack indicates the strength of the cigarette—lighter colors indicate lighter and darker colors indicate fuller flavors. Finally, one other participant was unable to answer the question because he had been given a single cigarette from someone else and wasn't sure what color the pack was. Respondents did not necessarily understand that this question was asking about the strength of the cigarette and its association with color.

Recommendation: Consider whether language could be added to clarify what we mean by “color” in the question. We should continue to attempt to reach the tobacco consultant about these questions.

CGMENTH1 – One participant volunteered that this question was difficult for her to answer. She smokes Camel Crush cigarettes, which allow the smoker to choose between regular and menthol flavors. The cigarettes are by default regular flavor. By squeezing a point on the cigarette a smoker can activate a menthol flavoring. The participant sometimes smokes them only as non-menthol, other times she smokes them only as menthol, and occasionally she switches from non-menthol to menthol at some midpoint.

CG34 – One participant indicated this question was difficult for him to answer. He had only used cigars to make blunts, but had never smoked tobacco cigars. He noted this prior to answering the question. The participant indicated he would answer “yes” to this question because it does not specify what the cigar had in it.

MJ01 – One participant indicated this question was difficult to answer because she was not sure what was meant by “used.” She pointed out that the alcohol questions were very specific about what counted as drinking (a sip or two does not count), but we were less specific about marijuana. She had taken one toke of a marijuana cigarette in her lifetime and was not sure that counted as “used.”

Hallucinogens

LS01i – Six participants had heard of Ketamine. There was variety in the places people had heard about Ketamine, what participants thought the drug was intended for, and the effects the drug has on a user. Several participants indicated they thought it was a prescription drug for animals. One thought it was the “date rape drug.” One participant indicated she had heard about it from kids in her neighborhood and another had heard about it on television. Only one participant had tried ketamine. He used at a rave “back when he partied with some white boys.” He said it is “like meth but it’s for people who don’t want to do meth” and that it “makes you feel like [expletive] in the morning.”

LS01j – One participant had heard of all three, one had heard of AMT and Foxy, one had heard of DMT only, and one had heard of Foxy only. In addition, one participant reported using DMT with the same group with which he had used Ketamine. He said it had a similar effect as

marijuana. He decided to not use DMT anymore and to instead “just use weed” because he got the same effect from it and marijuana was from a plant.

LS01k –Six participants had heard of salvia. One had heard of it on television, one from a movie, and four did not specify where they had heard of it. Two of the participants said salvia is similar to marijuana, while one said that when you smoke it you “lose your mind for 20 minutes.” Two indicated it was legal and one said he thought you could buy it at smoke shops.

Inhalants Screener

IN01ii – Findings on this item were similar to those in Phase 2.1 interviews. None of the participants reported use of computer keyboard cleaner just to get high. Fewer than half of the participants knew about the spray and of these only two made comments which reveal they understood it could be used to get high. Seven participants had heard the term “spray computer cleaner” or “compressed gas duster” before. One participant said he had heard it called by the brand name “Dust Off.” And, one participant thought that computer keyboard cleaner might be called “alcohol” perhaps suggesting the participant thinks that is a main ingredient.

Methamphetamine Module

ME01 – Just one participant in this round of interviews reported lifetime use of methamphetamine. It was during a time when a close relative of the participant was diagnosed with cancer. Someone the participant knew had experience with methamphetamine and suggested it could help with relaxation. The participant reported no issues with the module.

Generic Pills

Each of the participants characterized generic drugs as a less expensive version of a brand name drug. Three participants made comments about the quality of generics compared to name brand drugs, two of which questioned the effectiveness of generics compared to name brand drugs.

Not All Forms

There continue to be problems associated with the statement that not all forms of a drug may be shown on a screen. Participants in this round clearly thought this statement referred to how pills look, but did not seem to understand that forms also included other modes of drug administration—i.e., injectable drugs. For example, many of the participants indicated that the statement meant that generic alternatives might not be presented when the brand name drug was pictured, that not all shapes and/or colors would be shown, and that the text imprinted on the pill might look different than what is shown. None of the participants mentioned the possibility that drugs could be something other than a pill, and as mentioned below two participants noted trouble with answering PR06 because morphine is often administered through an IV.

Recommendation: Discuss modifying the language to clarify that “not all forms” means both the color/shape and mode of administration. This language has been tested and modified over many rounds of interviewing, so we should review previous revisions and findings when exploring whether to revise it further. See also the recommendation following PR06.

Pain Relievers

PR01 – It was evident in this round of interviewing that there is confusion about what kind of use these questions are about. Four participants thought we were interested in any kind of use (use or misuse), one thought we were only interested in misuse, and seven thought the question was asking only about prescribed use. Upon probing one participant paged back to INTROPR and pointed out that it only talks about “use of prescription pain relievers.” To him this suggested he should only think about use that is prescribed.

Recommendation: Consider revising the following sentence: “These next questions are about the use of prescription pain relievers” to say “These next questions are about any use of prescription pain relievers.” Bolding ‘any’ may reinforce that we are measuring both use and misuse. This probe was added to the instrument to address concerns that respondents would think that we were only measuring illicit use of prescriptions, because most of the previous substances that were asked about are illicit.

PR06 – Two participants had difficulty understanding that non-pill forms counted in this question, which asks about morphine.. One asked whether “injections counted” and the other had had morphine through an IV drip and initially failed to report it.

Recommendation: Consider adding a reminder on this screen that not all forms of the drugs may be shown on the screen, because morphine is very likely to be administered in liquid form.

PRY42B – One participant volunteered that she had a problem with only being allowed to select one way for the last time she used a prescription pain reliever. She said that she got the drug in multiple ways. By forcing her select one way the respondent said we were forcing her to provide a socially desirable answer, because she would select the way that did not make her look like a drug addict.

Recalling age of first misuse

Participants used landmark events to recall dates of first use. For example, one participant recalled first use of Xanax by recalling the group of people he was “hanging around with” during that period of his life and also recalled his approximate age when spending time with this group. Three other participants recalled first use because it was at a time of stress associated with life changes, or medical events they or their family members experienced.

Definitions of misuse

Participants had no problems making the distinction between use and misuse of prescription drugs. Misuse was correctly reported. One respondent reported that she sold her prescription drugs, which should be considered misuse. Upon probing she indicated that a doctor did not tell her to sell her pills.

Ways in which participants misused prescription drugs

Only one participant mentioned misusing a prescription in a way different than defined in the section introductions. She indicated she used less of the drug than prescribed. She believed this way fit in the “in any other way a doctor did not direct” category. Most other participants indicated they had used the drug without a prescription. However, several made a point to say at different junctures that they “knew” how a doctor would prescribe it and their use was consistent with that “knowledge.”

Motivations for misuse

Participants were generally able to answer questions about the reasons for use the last time they had used a drug in a way a doctor had not prescribed, and in a similar manner most had no problem identifying the main reason for this misuse. A few issues were noted, however.

PRYMOTIV – Of the participants routed to this item, three mentioned either an issue with or problem in answering questions about the reasons for misuse. One participant had previously indicated she had used a prescription in a way a doctor had not directed her to by using less than prescribed. She noted that there was no response alternative that fit her situation. One respondent noted that he took the pills to escape his emotions, and indicated that a response option about dealing with emotions should be included.

PRMOTOT – When one participant selected “some other reason” for PRYMOTIV and was presented PRMOTOT he was unclear the question was asking him to specify the “other reason.”

Recommendation: Revise the wording to say, Please type in the other reason you used [RX DRUG] that time. This revision inserts “other” into the sentence.

PRMOT1 – Participants did not display or report any problems answering this item. However, one interviewer noted that currently we do not allow “some other reason” from PRMOTOT to be selected as the main reason in PRMOT1.

Recommendation: Discuss including “some other reason.” This will require developing an alternative audio fill for the “some other reason” such as “The other reason you reported.” Alternatively, we could acknowledge to respondents that they can only pick from reasons 1-7

from PRMOTOT as the main reason, but we would need to consider the limitations of this approach.

TRYMOTIV – Of the participants routed to this item, one again noted that the response categories did not fit her situation because she answered “yes” to misuse, but had actually used less than a doctor had directed her to. Another participant mentioned difficulty answering this item because he did not think his depression fit in any of the categories.

SVYMOTIV – One participant again noted that he thought we should have a response alternative that captured dealing with emotions. The other participant who was routed to this item was able to successfully match his answer to a response alternative.

Special Drugs

SD01 – Consistent with findings from Phase 2.1 interviews, popular examples of OTC drugs for use just to get high were “Nyquil,” “Benadryl,” and the generic terms such as “cough syrup,” or “cough medicine.” Others mentioned were “mouthwash,” “paragesic,” “triple-C,” “No-doze,” “Sudafed,” “Vicks,” Robitussin,” “Formula 44,” “sleep aids,” “Tylenol,” and “Tylenol PM.” One participant mentioned “purple drink” which seemed to be similar to a substance a participant in a Phase 2.1 interview mentioned. However, we believe a prescription drug may be involved with this substance. One other participant mentioned “red juice,” describing an OTC syrup.

Blunts

MJMM – It was clear to all five of the participants who were routed to this item that the question was asking about marijuana prescribed by a doctor. In response to the probe, all five mentioned prescribed use. Two participants differentiated this use from use with marijuana bought from “someone else” or “someone on the street.”

Substance Dependence and Abuse

DRPR -- One participant reported heavy use of prescription pain relievers. Some of this was misuse, but much of it was prescribed use. It was evident she was not clear this question was asking about misuse.

Recommendation: Consider listing drugs the respondent has misused to clarify which drugs respondents should be thinking of while answering this question. This will also provide a reminder about which drugs are pain relievers, as opposed to other classes of drugs.

Recommendation: Confirm that these questions should use the clause “or that you used only for the experience or feeling they caused” as there seemed to be some disagreement or confusion about this.

Drug Treatment

TX04c – One participant was unsure whether AA should be counted for this item.

Recommendation: Discuss moving the AA item earlier in the sequence of treatment questions so that it comes first.

Health

HLTH04 – None of the participants reported or displayed any problems answering about their height. One participant was unsure how to continue after typing in his answer for “feet.” He asked, “Do I press enter?”

HLTH18 – One adolescent participant was unclear whether the question included going with someone else to the hospital for their inpatient stay.

HLTH19 – Generally speaking, participants listed and counted valid medical professionals to report an answer. One reported a visit to a dentist.

HLTH22 – Three participants reported doctors discussing their drinking with them. These reports included only being asked on a form, being asked anytime one saw a new doctor, and a general discussion about “overindulgence” that was unrelated to actual use.

HLTH25 – One participant listed a number of health conditions, but upon probing indicated that he was reporting times his doctor had asked or discussed these with him. It seems he may have confused language in HLTH22 with that in HLTH25—that is language about a doctor discussing these issues with him.

QI12AN – Two participants had difficulty understanding this question. Each had trouble understanding what types of welfare or public assistance should be reported.

Recommendation: Add a bulleted list of the types of welfare respondents should include when reporting.

Back End Demographics

QD17 – Nine participants said that they would correctly report being in school even if they were on summer break. One said he was answer “no” even if he was on spring or summer break.

QD18 – A hypothetical question was asked of participants about being between 7th and 8th grades. One participant incorrectly said she would say the 7th grade.

QD07 – One participant was unhappy with the omission of a response category for cohabiting. He said he has been in a committed relationship for approximately four years and thinks the category “have never been married” does not accurately reflect his situation.

QD26 – None of the participants had trouble answering this question about whether they had worked at a job or business in the past week.

QD49 - Participants did not have any problems understanding this item about whether their workplace had drug or alcohol testing as part of the hiring process.

QD50 – One participant was probed on this item and he correctly understood what was meant by drug testing “random basis.” He said it means “out of the blue...like names out of hat and you pick one.”

PERAGEYR – One participant was unable to answer this question about the age of each household member because he did not know his parents’ ages.

Income

INTRTINN – This item about sources of income may be confusing to some respondents since the item is now self-administered whereas it was previously interviewer administered.

Recommendation: Consider modifying language for this item since it is now self-administered where as it was previously interviewer administered. For example, use of the term “we” in the clause “those we just talked about” might be awkward since the respondent is interacting with a computer.

Proxy Tutorial

In general, proxy participants for this round found the tutorial “easy” or “straightforward.” One proxy participant asked for clarification about whether she could proceed before reviewing all instructions. In another interview, an interviewer noted that for proxy respondents who have previously completed an interview or proxy interview there was no transition screen making for an awkward transition to the ACASI questions.

Recommendation: Add a screen at the beginning of the *front-end* proxy tutorial that allows respondents who have previously completed a NSDUH interview or proxy interview to complete an abbreviated rather than full tutorial.

Recommendation: We should add one more screen to the proxy tutorial transition that indicates that the interviewer should turn the computer over to a proxy who has already completed the tutorial elsewhere.

Recommendation: INTROINC says, These questions refer to the calendar year 2011 rather than to the past 12 months that were referred to in some earlier questions. We recommend not using this paragraph when there is a proxy, because they have not answered a large battery of questions with a reference period of the past 12 months. QHI14 is the only question in the health insurance and income items that asks about the past 12 months. This question asks about the number of months in the past 12 that the sample person was without health insurance.

Additional notes

The Substance Dependence and Abuse section, starting at screen INTRODR, only requires having smoked 'all or part of a cigarette' one time in the past 30 days for a respondent to receive questions about abuse. One respondent had only smoked one cigarette and many questions did not apply to him.

Recommendation: Consider whether there should be a higher barrier of entry to this and similar sections of the Dependence module.

Currently the calendar and calendar reminders are only provided in the core items.

Recommendation: Add calendars and calendar reminders throughout the instrument.

Appendix F
Variable Wording Crosswalk

Attachment F. Variable Wording Crosswalk

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
V2b (new question, tested, no problems)	Phase 2	[IF QD10 = 2] Are you currently serving full-time in a Reserve component? Full-time service does not include annual training for the Reserves or National Guard.	No changes between initial testing and final QFT wording.	This question was added to attempt to better identify respondents in the Reserves.	Not included in 2012
QD05 (not tested, implemented in QFT)	NA	<p>QD05 HAND R SHOWCARD 2 Which of these groups describes you? Just give me the number or numbers from the card.</p> <p>1 WHITE</p> <p>2 BLACK OR AFRICAN AMERICAN</p> <p>3 AMERICAN INDIAN OR ALASKA NATIVE (AMERICAN INDIAN INCLUDES NORTH AMERICAN, CENTRAL AMERICAN, AND SOUTH AMERICAN INDIANS)</p> <p>4 NATIVE HAWAIIAN</p> <p>5 GUAMANIAN OR CHAMORRO</p> <p>6 SAMOAN</p> <p>7 OTHER PACIFIC ISLANDER</p> <p>8 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE)</p> <p>9 OTHER (SPECIFY)</p>	<p>QD05 HAND R SHOWCARD 2 Which of these groups describes you? Just give me the number or numbers from the card.</p> <p>1 WHITE</p> <p>2 BLACK OR AFRICAN AMERICAN</p> <p>3 AMERICAN INDIAN OR ALASKA NATIVE (AMERICAN INDIAN INCLUDES NORTH AMERICAN, CENTRAL AMERICAN, AND SOUTH AMERICAN INDIANS)</p> <p>4 NATIVE HAWAIIAN</p> <p>5 OTHER PACIFIC ISLANDER</p> <p>6 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE)</p> <p>7 OTHER (SPECIFY)</p>	After testing, added two new race categories to this question in response to feedback.	<p>QD05 HAND R SHOWCARD 2 Which of these groups describes you? Just give me the number or numbers from the card.</p> <p>1 WHITE</p> <p>2 BLACK OR AFRICAN AMERICAN</p> <p>3 AMERICAN INDIAN OR ALASKA NATIVE (AMERICAN INDIAN INCLUDES NORTH AMERICAN, CENTRAL AMERICAN, AND SOUTH AMERICAN INDIANS)</p> <p>4 NATIVE HAWAIIAN</p> <p>5 OTHER PACIFIC ISLANDER</p> <p>6 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE)</p> <p>7 OTHER (SPECIFY)</p>
QD10c (new)	Phase 2	[IF QD10a=1] Did you ever serve on active duty in the United States	No changes between initial testing and final QFT wording.	This question was added to better determine if	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
question, tested, no problems)		Armed Forces or Reserve components in a military combat zone or an area where you drew imminent danger pay or hostile fire pay?		respondents who indicate that they are on active duty are actually in a Reserve component.	
QD11 (modified question; tested; problems found; revised for final QFT)	Phase 2	<p>HAND R SHOWCARD 5. What is the highest grade or year of school you have completed? Just give me the number from the card.</p> <p>INCLUDE JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE TECHNICAL SCHOOLS (BEAUTICIAN, MECHANIC, ETC.).</p> <p>0 NO SCHOOLING COMPLETED 1 1ST GRADE COMPLETED 2 2ND GRADE COMPLETED 3 3RD GRADE COMPLETED 4 4TH GRADE COMPLETED 5 5TH GRADE COMPLETED 6 6TH GRADE COMPLETED 7 7TH GRADE COMPLETED 8 8TH GRADE COMPLETED 9 9TH GRADE COMPLETED 10 10TH GRADE COMPLETED 11 11TH GRADE COMPLETED 12 REGULAR HIGH SCHOOL DIPLOMA 13 12TH GRADE, NO DIPLOMA 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION 15 SOME COLLEGE CREDIT, BUT NO DEGREE 16 ASSOCIATE’S DEGREE (FOR EXAMPLE, AA, AS) 17 BACHELOR’S DEGREE (FOR</p>	<p>What is the highest grade or year of school you have completed?</p> <p>INCLUDE JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE TECHNICAL SCHOOLS (BEAUTICIAN, MECHANIC, ETC.).</p> <p>0 NO SCHOOLING COMPLETED 1 1ST GRADE COMPLETED 2 2ND GRADE COMPLETED 3 3RD GRADE COMPLETED 4 4TH GRADE COMPLETED 5 5TH GRADE COMPLETED 6 6TH GRADE COMPLETED 7 7TH GRADE COMPLETED 8 8TH GRADE COMPLETED 9 9TH GRADE COMPLETED 10 10TH GRADE COMPLETED 11 11TH GRADE COMPLETED 12 12TH GRADE, NO DIPLOMA 13 REGULAR HIGH SCHOOL DIPLOMA 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION 15 SOME COLLEGE CREDIT, BUT NO DEGREE 16 ASSOCIATE’S DEGREE (FOR EXAMPLE, AA, AS) 17 BACHELOR’S DEGREE (FOR EXAMPLE, BA, BS) 18 MASTER’S DEGREE (FOR</p>	<p>The original question used in 2012 had no category for completing the 12th grade without receiving a diploma. This category was inserted as response #12, but during testing it was found that the order of categories could be confusing to some respondents. As a result of testing, categories 12 and 13 were reversed so that category 12 now represents a high school diploma and 13 means 12th grade, but no diploma.</p>	<p>HAND R SHOWCARD 4. What is the highest grade or year of school you have completed?</p> <p>Please tell me the number from the card.</p> <p>INCLUDE JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE TECHNICAL SCHOOLS (BEAUTICIAN, MECHANIC, ETC.).</p> <p>0 NEVER ATTENDED SCHOOL 1 1ST GRADE COMPLETED 2 2ND GRADE COMPLETED 3 3RD GRADE COMPLETED 4 4TH GRADE COMPLETED 5 5TH GRADE COMPLETED 6 6TH GRADE COMPLETED 7 7TH GRADE COMPLETED 8 8TH GRADE COMPLETED 9 9TH GRADE COMPLETED 10 10TH GRADE COMPLETED 11 11TH GRADE COMPLETED 12 12TH GRADE COMPLETED 13 COLLEGE OR UNIVERSITY / 1ST YEAR COMPLETED 14 COLLEGE OR UNIVERSITY / 2ND YEAR COMPLETED 15 COLLEGE OR UNIVERSITY / 3RD YEAR COMPLETED 16 COLLEGE OR UNIVERSITY / 4TH YEAR COMPLETED</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		EXAMPLE, BA, BS) 18 MASTER'S DEGREE (FOR EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA) 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD) 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD) DK/REF	EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA) 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD) 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD) DK/REF		17 COLLEGE OR UNIVERSITY / 5TH OR HIGHER YEAR COMPLETED DK/REF
(CGCOLOR) (new question; tested; problems found; dropped from QFT)	Phase 2	Item dropped from questionnaire.	CGCOLOR [IF (CG11 = 1-2 OR CG11 = 4 OR CG11 = 7 OR CG11 = 10 OR CG11 = 12 OR CG11 = 14 OR CG11 = 17-21 OR CG11 = 24-25 OR CG11a = 31 AND CG13 = 1) OR IF (RCG11 = 1-2 OR RCG11 = 4 OR RCG11 = 7 OR RCG11 = 10 OR RCG11 = 12 OR RCG11 = 14 OR RCG11 = 17-21 OR RCG11 = 24-25 OR RCG11a = 31 AND RCG13 = 1) OR IF (RRCG11 = 1-2 OR RRCG11 = 4 OR RRCG11 = 7 OR RRCG11 = 10 OR RRCG11 = 12 OR RRCG11 = 14 OR RRCG11 = 17-21 OR RRCG11 = 24-25 OR RRCG11a = 31 AND RRCG13 = 1)] What color is the pack of [CG11/CG11a/RCG11/RCG11a/RRCG11/RRCG11a FILL] cigarettes you smoked most often during the past 30 days? 1 Blue 2 Green 3 Gold 4 Red 5 Silver 6 White	Recent legislation banned cigarette manufacturers from using terms on packaging that referred to cigarette strength. In an attempt to continue to track trends in the types of cigarettes most smoked, a new question was developed to capture data based on the new cigarette color code system. Most respondents had a problem with the question and reported that the cigarette packaging included multiple colors, indicating that participants failed to understand the purpose of the question.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
			7 Some other color DK/REF		
(CGCLR2) (new question; tested; problems found; dropped from QFT)	Phase 2	Item dropped from questionnaire.	CGCLR2 [IF CGCOLOR = 7] Please type in the color of the pack of cigarettes you smoked most often during the past 30 days.	This follow-up question to an answer of "Some other color" to CGCOLOR was removed along with the initial question due to participant misunderstanding of the question.	Not included in 2012
CG25 (CG17REV) (question revised in order to administer abbreviated core for cognitive interviewing; new wording tested and implemented)	Phase 1	The next questions are about your use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." Have you ever used "smokeless" tobacco, even once?	Have you ever , even once, tried any "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus"?	An abbreviated core module was used for cognitive interviewing. The version of the smokeless tobacco question that was used eliminated the introductory wording, "The next questions are about your use of . . ." since only the lifetime use of smokeless tobacco was assessed. The revised wording that was tested and maintained combined snuff and chewing tobacco, since incidence use rates of these are quite low. In addition, a new product called "snus" has recently emerged on the market and it is also included in the QFT wording. No changes to the question were made as a result of the testing.	These next questions are about your use of snuff, sometimes called dip. Snuff is a finely ground form of tobacco that usually comes in a container called a tin. You can use snuff by placing a pinch or dip in your mouth between your lip and gum or between your cheek and gum. Snuff can also be inhaled through the nose. Snuff is sold in both loose form and in ready-to-use packets. Have you ever used snuff, even once?
ALREF	Phase 1	<i>NOTE: Example text from ALREF is</i>	ALREF [IF AL01 = REF] The answers	A streamlined version of	[IF AL01 = REF] The answers that

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
(question revisions were tested; revisions were eliminated from QFT)		<p><i>displayed below. Equivalent text was used for MJREF, CCREF, HEREF, and MEREF.</i></p> <p>[IF AL01 = REF] The answers that people give us about their use of alcohol are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.</p> <p>Please think again about answering this question: Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.</p>	<p>people give about their use of alcohol are important. Remember, your answers will be kept confidential.</p> <p>Please think again about answering this question: Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.</p>	<p>this question was tested in the cognitive interviewing. Words that were not considered essential were removed to minimize burden on respondents.</p>	<p>people give us about their use of alcohol are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.</p> <p>Please think again about answering this question: Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.</p>
AL08 (new question, tested, no problems, implemented for QFT)	Phase 1	<p>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.</p>	<p>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.</p>	<p>This item was revised to ask females about drinking 4 or more drinks on the same occasion in the Alcohol section. Previously, this information was obtained in the Consumption of Alcohol module.</p>	<p>During the past 30 days, that is, since [DATEFILL], on how many days did you have 5 or more drinks on the same occasion? By 'occasion,' we mean at the same time or within a couple of hours of each other.</p>
MRJINTRO & MJ01 (question revisions were tested; revisions were eliminated from QFT)	Phase 1	<p>MRJINTRO The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.</p>	<p>MJ01 The next question is about marijuana and hashish. Marijuana is also called pot, grass, or weed. Marijuana is usually smoked, either in cigarettes, called "joints", in cigars, called "blunts", or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.</p>	<p>For the cognitive interviewing we initially tested a version of the lifetime marijuana question as part of the abbreviated core. This question incorporated the introductory language and referenced only one "next question"</p>	<p>The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>Press [ENTER] to continue.</p> <p>MJ01 Have you ever, even once, used marijuana or hashish?</p>	<p>Have you ever, even once, used marijuana or hashish, or smoked part or all of a cigar with marijuana in it, called a “blunt”?</p>	<p>since subsequent questions to lifetime use were not included. The term “weed” was included since it is a commonly used term for marijuana. Additionally, the cognitive interviewing tested inclusion of “blunts” in the main marijuana module. Combining blunts with main marijuana use was desired because of interest in streamlining the instrument and consolidating marijuana use in one module.</p>	<p>Press [ENTER] to continue.</p> <p>MJ01 Have you ever, even once, used marijuana or hashish?</p>
<p>HE01 (question revisions were tested; no advantage was found; dropped from QFT)</p>	<p>Phase 1</p>	<p>Have you ever, even once, used heroin?</p>	<p>This next question is about heroin.</p> <p>Have you ever, even once, used heroin, including “black tar heroin” or “cheese”?</p>	<p>Alternate terms for heroin, “black tar heroin” and “cheese” were tested but were not included in the QFT since cognitive interview respondents did not tend to recognize them.</p>	<p>Have you ever, even once, used heroin?</p>
<p>HALINTRO (question was revised to administer abbreviated version of core drugs module for cognitive interviewing only.)</p>	<p>Phase 1</p>	<p>The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real.</p> <p>A list of some common hallucinogens is shown below. These and many other substances that people use as hallucinogens are often known by street names, and</p>	<p>The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real.</p> <p>Press [ENTER] to continue.</p>	<p>The introductory text to hallucinogens was removed as part of creating an abbreviated core drugs module for the cognitive interviewing. Since only lifetime use was asked about each substance, the full list of hallucinogens was not</p>	<p>The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real.</p> <p>A list of some common hallucinogens is shown below. These and many other substances that people use as hallucinogens are often known by street names, and</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>we can't list them all. Please take a moment to look at the substances listed below so you know what kind of drugs the next questions are about.</p> <p>LSD, also called 'acid' PCP, also called 'angel dust' or phencyclidine Peyote Mescaline Psilocybin 'Ecstasy', also called MDMA Ketamine, also called "Special K" or "Super K" DMT, also called dimethyltryptamine AMT, also called alpha-methyltryptamine Foxy, also called 5-MeO-DIPT Salvia divinorum</p> <p>Press [ENTER] to continue.</p>		<p>included prior to the list of lifetime use questions. The QFT wording included examples of all Hallucinogens asked about in the module, including the three substances that were added to the module.</p>	<p>we can't list them all. Please take a moment to look at the substances listed below so you know what kind of drugs the next questions are about.</p> <p>LSD, also called 'acid' PCP, also called 'angel dust' or phencyclidine Peyote Mescaline Psilocybin 'Ecstasy', also called MDMA</p> <p>Press [ENTER] to continue.</p>
LS01i (no change tested)	Phase 1	Have you ever, even once, used Ketamine, also called "Special K" or "Super K"?	No changes between initial testing and final QFT wording.	Question moved from Special Drugs module to a more appropriate location in Hallucinogens.	<p>Have you ever, even once, used Ketamine, also called "Special K" or "Super K"?</p> <p style="text-align: right;">1 Yes 2 No DK/REF</p>
LS01j (existing question moved to new module; no wording changes)	Phase 1	<p>Have you ever, even once, used any of the following:</p> <p>DMT, also called dimethyltryptamine AMT, also called alpha-methyltryptamine, or</p>	No changes between initial testing and final QFT wording.	Question moved from Special Drugs module to a more appropriate location in Hallucinogens.	<p>Have you ever, even once, used any of the following:</p> <p>DMT, also called dimethyltryptamine, AMT, also called alpha-methyltryptamine, or</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		Foxy, also called 5-MeO-DIPT?			Foxy, also called 5-MeO-DIPT?
LS01k (existing question moved to new module; no wording changes)	Phase 1	Have you ever , even once, used Salvia divinorum?	No changes between initial testing and final QFT wording.	Question moved from Special Drugs module to a more appropriate location in Hallucinogens.	Have you ever, even once, used Salvia divinorum?
INHINTRO (question revisions were tested; revisions were eliminated from QFT)	Phase 1	<p>These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.</p> <p>We are not interested in times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline. The questions use the word ‘inhalant’ to include all the things listed below, as well as any other substances that people sniff or inhale for kicks or to get high. Take a moment to look at the substances listed below so you know what kinds of liquids, sprays, and gases these questions are about.</p> <p>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</p>	<p>These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.</p> <p>Please do not include times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline. The questions use the word “inhalant” to include any substances that you sniffed or inhaled for kicks or to get high</p> <p>Press [ENTER] to continue.</p>	A streamlined version of the inhalants introduction was tested in the cognitive interviewing. Words that were not considered essential were removed to minimize burden on respondents.	<p>These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.</p> <p>We are not interested in times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline. The questions use the word ‘inhalant’ to include all the things listed below, as well as any other substances that people sniff or inhale for kicks or to get high. Take a moment to look at the substances listed below so you know what kinds of liquids, sprays, and gases these questions are about.</p> <p>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</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		solvents Lighter gases, such as butane or propane Nitrous oxide or ‘whippits’ Felt-tip pens, felt-tip markers, or magic markers Spray paints Computer keyboard cleaner, also known as air duster Other aerosol sprays Press [ENTER] to continue.			solvents Lighter gases, such as butane or propane Nitrous oxide or ‘whippits’ Spray paints Other aerosol sprays Press [ENTER] to continue.
IN01h1 (new question, tested, no problems)	Phase 1	Have you ever , even once, inhaled felt-tip pens, felt-tip markers, or magic markers for kicks or to get high?	No changes between initial testing and final QFT wording.	This question was added because of references to felt-tip pens, felt-tip markers, and magic markers in the write-in data in inhalants in the annual survey.	Not included in 2012
IN01ii (new question tested, problems found, revised for QFT)	Phase 1	Have you ever , even once, inhaled computer keyboard cleaner, also known as air duster , for kicks or to get high?	In the past 12 months , have you inhaled canned air for kicks or to get high?	This question was added because of references to computer keyboard cleaner and canned air in the write-in data in inhalants in the annual survey. In the cognitive interviewing, participants often did not know what “canned air” was. New terms were selected based on cognitive interviewing results.	Not included in 2012
ME01 (SD17a) (existing question moved to new module,	Phase 1	Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, “snorted,” swallowed or	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules. Items measuring methamphetamine use	Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, “snorted,” swallowed or

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
no changes)		<p>injected.</p> <p>Have you ever, even once, used methamphetamine?</p>		were moved from the Stimulants module to this new module.	injected. Have you ever, even once, used Methamphetamine?
ME02 (question moved to new module, no changes)	Phase 2	How old were you the first time you used methamphetamine?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	SDME01 How old were you the first time you used Methamphetamine?
MELAST3 (question moved to new module, no changes)	Phase 2	How long has it been since you last used methamphetamine?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	SD17b How long has it been since you last used Methamphetamine?
MEFRAME3 (question moved to new module, no changes)	Phase 2	<p>Now think about the past 12 months, from [DATEFILL] through today. We want to know how many days you've used methamphetamine during the past 12 months.</p> <p>What would be the easiest way for you to tell us how many days you've used it?</p>	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	<p>Now think about the past 12 months, from [DATEFILL] through today. We want to know how many days you've used Methamphetamine during the past 12 months.</p> <p>What would be the easiest way for you to tell us how many days you used Methamphetamine?</p>
MERAVE (question moved to new module, no changes)	Phase 2	On how many days in the past 12 months did you use methamphetamine?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	On how many days in the past 12 months did you use Methamphetamine?
MEMONAVE (question moved to new module, minor changes)	Phase 2	On average, how many days did you use methamphetamine each month during the past 12 months?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	On average, how many days each month during the past 12 months did you use Methamphetamine?
MEWKAVE	Phase 2	On average, how many days did you	No changes between initial testing and	A new module was	On average, how many days each

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
(question moved to new module, no changes)		use methamphetamine each week during the past 12 months?	final QFT wording.	created for methamphetamine in the core drugs modules.	week during the past 12 months did you use Methamphetamine?
ME06 (new question, tested, no changes)	Phase 2	[IF MELAST3 =1 OR MERECDK = 1 OR MERECRE = 1] Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use methamphetamine?	No changes between initial testing and final QFT wording.	As part of creating a new methamphetamine module, a new 30-day methamphetamine use variable was created.	Not included in 2012
INTROPR (new question tested, no changes)	Phase 1	These next questions are about any use of prescription pain relievers . Please do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve. Press [ENTER] to continue.	These next questions are about the use of prescription pain relievers . Please do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve. Press [ENTER] to continue.	This question was added to introduce the new prescription pain relievers module.	Not included in 2012
PR01-PR03 PR08 PR10 ST01-ST04 ST05 ST06-ST07 (question tested, problems identified, question revised)	PR01 ST01, ST02, ST03, ST04, ST06, & ST07 – Usability PR02, PR03, PR08, PR10, & ST05 – Phase 1 TR01 & SV01 – Phase 2	<i>NOTE: Example text from PR01 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> Please look at the names and pictures of the pain relievers shown below. Please note that some forms of these pain relievers may look different from the pictures, but you should include any form that you have used. PROGRAMMER: DISPLAY PILLS HERE FOR VICODIN, LORTAB, LORCET, AND HYDROCODONE. In the past 12 months , which, if any,	PR01A. Please look at the pictures of the pain relievers shown below. In the past 12 months , have you used any of these pain relievers in either of these ways? <ul style="list-style-type: none"> Without a prescription of your own, or Just for the effect it has on you – not for its intended medical use PR01A1. [IF PR01A = 1] Please look at the pictures of the pain relievers shown below. Which of these pain relievers	Initial versions of the prescription drugs screener questions were written to capture misuse only. Subsequent to usability testing, the question was revised to capture first all types of use then follow up specific substances endorsed with questions about misuse.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>of these pain relievers have you used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>	<p>did you use in the past 12 months in either of these ways?</p> <ul style="list-style-type: none"> • Without a prescription of your own, or • Just for the effect it has on you – not for its intended medical use <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>		
<p>PR04 PR06-PR07</p> <p>TR04 (new question, problems found, question revised.)</p>	<p>PR04, PR06, & PR07 – Phase 1</p> <p>TR04 – Phase 2</p>	<p><i>NOTE: Example text from PR04 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>Please look at the names and pictures of the pain relievers shown below. Remember, some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.</p> <p>PROGRAMMER: DISPLAY PILLS HERE FOR ULTRAM, ULTRAM ER, ULTRACET, RYZOLT, AND TRAMADOL.</p> <p>In the past 12 months, which, if any, of these pain relievers have you</p>	<p>Please look at the names and pictures of the pain relievers shown below.</p> <p>PROGRAMMER: DISPLAY PILLS HERE FOR ULTRAM, ULTRAM ER, ULTRACET, RYZOLT, AND TRAMADOL.</p> <p>In the past 12 months, which, if any, of these pain relievers have you used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>	<p>Original test of wording yielded results that participants were asking whether certain prescription drugs should be included even though they looked different from what was in the pictures. Reminder language was added to every 2-4 screens to remind respondents that the pictures may look different from the form pictured but that they should still be included.</p>	<p>Not included in 2012</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		used? To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].			
PR05 (question tested in cognitive interviewing, problem found, minor changes made)	Phase 1	Please look at the names and pictures of the pain relievers shown below. PROGRAMMER: DISPLAY PILLS HERE FOR TYLENOL WITH CODEINE AND CODEINE. In the past 12 months , which, if any, of these pain relievers have you used? To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER]. SHOW 12-MONTH CALENDAR ON SCREEN. 1 Tylenol with codeine 3 or 4 2 Codeine pills 95 I have not used any of these pain relievers in the past 12 months DK/REF	Please look at the names and pictures of the pain relievers shown below. PROGRAMMER: DISPLAY PILLS HERE FOR TYLENOL WITH CODEINE AND CODEINE. In the past 12 months , which, if any, of these pain relievers have you used? To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER]. SHOW 12-MONTH CALENDAR ON SCREEN. 1 Tylenol with codeine 2 Codeine pills 95 I have not used any of these pain relievers in the past 12 months DK/REF	Initially, "Tylenol with codeine" was confusing to some respondents and respondents asked if "Tylenol 3" or "Tylenol 4" should be included. "3 or 4" was added to the question to further specify.	Not included in 2012
PR11 TRO6 ST06 SV06 (Change	PR11 & ST06- Phase 1	In the past 12 months , have you used any other prescription pain reliever?	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
tested, no problems found, implemented in QFT.)	TR06 & SV06-Phase 2	Remember, do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve.		received follow up questions about misuse only of specific drugs that were used. This particular item was administered when no use of prescription drugs within a given category (pain reliever, tranquilizer, stimulant, sedative) was endorsed.	
PR12 TR07 ST07 SV07 (Change tested, no problems found, implemented in QFT.)	PR12 & ST07—Phase 1 TR07 & SV07—Phase 2	[IF PR12MON = 2] Have you ever , even once, used any prescription pain reliever ? Remember, do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve.	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when no 12-month use of prescription drugs within a given category (pain reliever, tranquilizer, stimulant, sedative) was endorsed.	Not included in 2012
INTROTR INTROSV (Change tested, minor problems found, implemented in QFT.)	Phase 2	<i>NOTE: Example text from INTROTR is displayed below. Semi-equivalent text was used for INTROSV.</i> These next questions are about any use of prescription tranquilizers . Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers “nerve pills.”	These next questions are about the use of prescription tranquilizers . Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers “nerve pills.” Press [ENTER] to continue.	These questions were added to introduce the new prescription tranquilizer and sedative screener modules. Minor wording revisions were made after testing.	These next questions ask about the use of tranquilizers . Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers ‘nerve pills.’ Ask your interviewer to show you Card B.

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		Press [ENTER] to continue.			
INTROST (Change tested, minor problems found, implemented in QFT.)	Phase 1	These next questions are about any use of prescription stimulants . People sometimes take these drugs for attention deficit disorders, to lose weight, or to stay awake. Please do not include “over-the-counter” stimulants such as Dexatrim, No-Doz, Hydroxycut, or 5-Hour Energy. Press [ENTER] to continue.	These next questions are about the use of prescription stimulants . People sometimes take these drugs for attention deficit disorders, to lose weight, or to stay awake. Please do not include “over-the-counter” stimulants such as Dexatrim or No-Doz. Press [ENTER] to continue.	This question was added to introduce the new prescription stimulants screener module. Minor wording revisions were made after testing to include additional examples.	These next questions ask about the use of drugs such as amphetamines that are known as stimulants , ‘uppers,’ or ‘speed.’ People sometimes take these drugs to lose weight, to stay awake, or for attention deficit disorders. We are not interested in the use of “over-the-counter” stimulants such as Dexatrim or No-Doz that can be bought in drug stores or grocery stores without a doctor’s prescription. Ask your interviewer to show you Card C.
PRL01 TRL01 STL01 SVL01 (Change tested, no problems found, implemented in QFT.)	PRL01 & STL01— Phase 1 TRL01 & SVL01— Phase 2	<i>NOTE: Example text from PRL01 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [IF PR12=1] Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it?	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when 12 month use of prescription drugs within a given category (pain reliever, tranquilizer, stimulant, sedative) was endorsed but no misuse was ever endorsed when follow up questions were asked about specific drugs.	<i>NOTE: Example text from PR05 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> Have you ever, even once, used any other prescription pain reliever, besides the ones shown on Card A, when it was not prescribed for you or that you took only for the experience or feeling it caused?
PRY01—	Usability	<i>NOTE: Example text from PRY01 is</i>	PR01C. Please look at the pictures of	The revised prescription	[IF PR04 = 1] Which of the pain

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
PRY04 PRY24 PRY32— PRY34 PRY37 (Change tested, wording improvement identified, implemented in QFT.)		<p><i>displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>[IF PR01=1] In the past 12 months, did you use Vicodin in any way a doctor did not direct you to use it?</p> <p>If you want to see these ways again, press F2.</p> <ul style="list-style-type: none"> Without a prescription of your own. In greater amounts, more often, or longer than you were told to take it In any other way a doctor did not direct you to use it. 	<p>the pain relievers shown below. In the past 12 months, have you used any of these pain relievers in any of these ways?</p> <ul style="list-style-type: none"> Without a prescription of your own, In greater amounts, more often, or longer than you were told to take it, or Just for the effect it has on you – not for its intended medical use <p>1 Yes 2 No DK/REF</p> <p>PR01C1. [IF PR01C = 1] Please look at the pictures of the pain relievers shown below. Which of these pain relievers did you use in the past 12 months in any of these ways?</p> <ul style="list-style-type: none"> Without a prescription of your own, In greater amounts, more often, or longer than you were told to take it, or Just for the effect it has on you – not for its intended medical use 	<p>drugs questions ask about misuse of drugs endorsed for any type of 12 month use in the screener. The initial wording of the third component of the definition of misuse, “Just for the effect it has on you – not for its intended medical use” did not help test participants identify misuse so it was revised to the final QFT wording. Also, the wording in the 2012 survey only collected estimates of lifetime use of individual prescriptions, while the new questions collect past year use of individual drugs.</p>	<p>relievers shown below the red line on Card A have you used when they were not prescribed for you or that you took only for the experience or feeling they caused?</p> <p>To select more than one drug from the list, press the space bar between each number you type. When you have finished, press [ENTER].</p> <p>4 Codeine 5 Demerol 6 Dilaudid 7 Fioricet 8 Fiorinal 9 Hydrocodone 10 Methadone 11 Morphine 12 OxyContin 13 Phenaphen with Codeine 14 Propoxyphene 15 SK-65 16 Stadol 17 Talacen 18 Talwin 19 Talwin NX 20 Tramadol 21 Ultram DK/REF</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
			<p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 Vicodin 2 Lortab 3 Lorcet 4 Hydrocodone DK/REF</p>		
PRY05-PRY17 PRY19 PRY20— PRY23 PRY25— PRY33 PRY35— PRY36 PRY38— PPRY39 TRY01— TRY18 STY01— STY23 SVY01— SVY16 (Change tested, wording)	Phase 1	<p>[IF PR02=1] In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it?</p> <p>If you want to see these ways again, press F2.</p> <ul style="list-style-type: none"> Without a prescription of your own. In greater amounts, more often, or longer than you were told to take it In any other way a doctor did not direct you to use it. 	<p><i>NOTE: Example text from PRY05 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>[IF PR02=1] In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it?</p>	<p>Cognitive testing identified repetitive nature of prescription drugs module questions with long definitions of misuse and raised concerns about respondent fatigue. As a result, the definition was displayed as optional text available by pressing F2 key on some screens.</p>	<p>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?</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
improvement identified, implemented in QFT.)					
PRY18 (Change tested, wording improvement identified, implemented in QFT.)	Phase 1	[IF PR05=1] 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?	[IF PR05=1] In the past 12 months, did you use Tylenol with codeine in any way a doctor did not direct you to use it?	Initially, “Tylenol with codeine” was confusing to some respondents and respondents asked if “Tylenol 3” or “Tylenol 4” should be included. “3 or 4” was added to the question to further specify.	Please look at the pain relievers shown in Box 1 above the red line on Card A. Have you ever, even once, used Darvocet, Darvon, or Tylenol with codeine that was not prescribed for you or that you took only for the experience or feeling it caused?
PRY28 (Change tested, wording improvement identified, implemented in QFT.)	Phase 1	[IF PR07=4] In the past 12 months, did you use fentanyl in any way a doctor did not direct you to use it?	[IF PR07=4] In the past 12 months, did you use fentanyl or “China Girl” in any way a doctor did not direct you to use it?	The street name for fentanyl, “China Girl” was not known to cognitive interview participants so it was dropped from the QFT.	Not included in 2012
PRY01a— PRY39a TRY01a— TRY18a STY01a— STY23a SVY01a— SVY16a (Change tested, wording improvement	PRY01a- PRY39a & STY01a- STY23a- Phase 1 TRY01a- TRY18a & SVY01a- SVY16a- Phase 2	<i>NOTE: Example text from PR01a is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [IF PRFIRSTFLAG=1] Please think about the first time you ever used Vicodin in a way a doctor did not direct you to use it. [IF PRY01=1] How old were you when you first used Vicodin in a way a doctor did not direct you to use it?	[IF PRY01=1] How old were you when you first used Vicodin in a way a doctor did not direct you to use it?	An introduction was added to transition from asking about whether groups of drugs were misused to asking about the specifics of that misuse.	<i>NOTE: Example text from PR06 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> How old were you the first time you used any prescription pain reliever that was not prescribed for you or that you took only for the experience or feeling it caused?

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
identified, implemented in QFT.)					
PRY01b— PRY39b TRY01b— TRY02b STY01b SVY01b— SVY02b (Change tested, no problems found, implemented in QFT.)	PRY01b— PRY39b & STY01b- Phase 1 TRY01b— TRY02b & SVY01b- Phase 2	<i>NOTE: Example text from PRY01b is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [AGE1STPR1 = CURNTAGE AND DATE OF INTERVIEW < DOB OR IF AGE1STPR1 = CURNTAGE - 1 AND DATE OF INTERVIEW ≥ DOB] Did you first use Vicodin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]?	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when 12 month use of a prescription drug was endorsed with first use within at respondent's current age. No change was made to the item as a result of cognitive testing.	Not included in 2012
PRY01c— PRY02c TRY01c— TRY02c STY01c SVY01c— SVY02c (Change tested, no problems found, implemented in QFT.)	PRY01c— PRY02c & STY01c— Phase 1 TRY01c— TRY02c & SVY01c— SVY02c— Phase 2	<i>NOTE: Example text from PRY01c is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [IF AGE1STPR2 = CURNTAGE - 1 AND DATE OF INTERVIEW < DOB] Did you first use Lortab in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]?	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when 12 month use of a prescription drug was endorsed at respondent's age one year younger than their current age. No change was made to the item as a result of cognitive	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
				testing.	
PRY01d— PRY02d TRY01d— TRY02d STY01d SVY01d— SVY02d (Change tested, no problems found, implemented in QFT.)	PRY01d- PRY02d & STY01d— Phase 1 TRY01d- TRY02d & SVY01d- SVY02d— Phase 2	<p><i>NOTE: Example text from PRY01d is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>[IF PRYFU1 NE 0 AND PRJANFLAG1 = 0 AND PRDECFLAG1=0 AND PR1MTHFLAG1=0]</p> <p>[IF PRYFU1 = CURRENT YEAR OR CURRENT YEAR -1] Earlier, you reported that you first used Vicodin in a way a doctor did not direct you to use it when you were [AGE1STPR1] years old. Based on your date of birth, you turned [AGE1STPR1] in [FILL WITH MONTH/YEAR FOR AGE1STPR1 BASED ON DOB].</p> <p>[IF PRYFU1 NE 0] In what month in [PRYFU1] did you first use Vicodin in a way a doctor did not direct you to use it?</p>	No changes between initial testing and final QFT wording.	This question asked recent initiates of prescription drug misuse about the month of first use of in order to meet a redesign goal of capturing more precise data on first use among recent initiates of drugs. No change was made to the item as a result of cognitive testing.	Not included in 2012
PRM02DKRE TRM02DKRE STM02DKRE SVM02DKRE (Change tested, no problems found, implemented in QFT.)	PRM02DKR E & STM02DKR E— Phase 1 TRM02DKR E & SVM02DKR E—Phase 2	<p><i>NOTE: Example text from PRM02DKRE is displayed below. Equivalent text was used for TRM02DKRE, STM02DKRE, & SVM02DKRE.</i></p> <p>[IF PRM02 = DK/REF] What is your best estimate of the number of days you used [PRNAMEFILL] in any way a doctor did not direct you to use [PRNUMFILL] during the past 30 days?</p>	No changes between initial testing and final QFT wording.	No changes were made to the item as a result of the cognitive testing. In the 2012 survey, details of misuse about individual drugs are not collected. This question was introduced to measure frequency of misuse of all misused substances.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
PRM03 TRM03 STM03 SVM03 (Change tested, no problems found, implemented in QFT.)	PRM03 & STM03— Phase 1 TRM03 & SVM03— Phase 2	<i>NOTE: Example text from PRM03 is displayed below. Equivalent text was used for TRM03, STM03, & SVM03.</i> [IF ALC30USE = 1 and PRMISUSE30 = 1)] During the past 30 days did you use [PRNAMEFILL] in any way a doctor did not direct you to use [PRNUMFILL] while you were drinking alcohol or within a couple of hours of drinking?	No changes between initial testing and final QFT wording.	No changes were made to the item as a result of the cognitive testing. In the 2012 survey, details of misuse with alcohol are collected in the Consumption of Alcohol module. Here it is asked in the relevant prescription drug module.	Think again about this last time you drank any alcoholic beverages, when you had [CA01 FILL] [drink/drinks]. Did you also use [DRUGFILL] while you were drinking or within a couple of hours of drinking?
PRY40 TRY19 STY24 SVY19	PRY40 & STY24— Phase 1 TRY19 & SVY19— Phase 2	<i>NOTE: Example text from PRY40 is displayed below. Equivalent text was used for TRY19, STY24, & SVY19.</i> [IF PR11=1] In the past 12 months, did you use any [IF PR11=1 AND PRYRCOUNT > 1 FILL “other”] prescription pain reliever in a way a doctor did not direct you to use it?	No changes between initial testing and final QFT wording.	No changes were made to the item as a result of the cognitive testing. In the 2012 survey, details of past year misuse about individual drugs are not collected. This question was introduced to measure details of misuse of all misused substances.	Not included in 2012
PRY41 STY25 TRY20 SVY18 Change tested, wording improvement identified, implemented in QFT.)	PRY41 & STY25— Phase 1 TRY20 & SVY18— Phase 2	<i>NOTE: Example text from PRY41 is displayed below. Equivalent text was used for STY25, TRY20, & SVY18.</i> [IF PRMISUSE12=1] Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? To select more than one statement, press the space bar between the numbers. When you have finished, press [ENTER].	[IF PRMISUSE12=1] Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? To select more than one statement, press the space bar between the numbers. 1 At least once, I used [PRNAMEFILL] without a prescription of my own. 2 At least once, I used [PRNAMEFILL] in greater amounts, more often, or for longer than it was prescribed. 3 At least once, I used	This question was added to capture more detail about which ways the respondents misused specific drugs. The “at least once” wording was confusing to some respondents in the first round of cognitive interviewing, so it was removed for subsequent rounds of cognitive interviewing and for the QFT. Additional methods of misuse were also	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>1 I used [PRNAMEFILL] without a prescription of my own.</p> <p>2 I used [PRNAMEFILL] in greater amounts than [IF PRNAMEFILL= "codeine pills" or PRNAMEFILL= "prescription pain relievers" THEN FILL WITH "they were"; ELSE FILL WITH "it was"] prescribed.</p> <p>3 I used [PRNAMEFILL] more often than [IF PRNAMEFILL= "codeine pills" or PRNAMEFILL= "prescription pain relievers" THEN FILL WITH "they were"; ELSE FILL WITH "it was"] prescribed.</p> <p>4 I used [PRNAMEFILL] for longer than [IF PRNAMEFILL= "codeine pills" or PRNAMEFILL= "prescription pain relievers" THEN FILL WITH "they were"; ELSE FILL WITH "it was"] prescribed.</p> <p>5 I used [PRNAMEFILL] in some other way a doctor did not direct me to use [PRNUMFILL]</p>	<p>[PRNAMEFILL] in some other way a doctor did not direct me to use [PRNUMFILL]</p>	<p>identified and added to the response options.</p>	
<p>PRY42B STY26B</p> <p>TRY42B SVY19B (Change tested,</p>	<p>PRY42B & STY26B— Phase 1</p> <p>TRY42B & SVY19B— Phase 2</p>	<p><i>NOTE: Example text from PRY42b is displayed below. Equivalent text was used for STY26b, TRY42B, & SVY19B.</i></p> <p>[IF PRMISUSE12=1 AND PRMISCOUNT=1 AND PRDKREFFLAG=2] Now think about</p>	<p>[IF PRMISUSE12=1 AND PRMISCOUNT=1 AND PRDKREFFLAG=2] Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use it.</p>	<p>Response categories were streamlined and reduced as a result of cognitive interviewing.</p>	<p>Not included in 2012</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
wording improvement identified, implemented in QFT.)		<p>the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use [FILL WITH “them” IF RPRY42A=19. ELSE FILL WITH “it”].</p> <p>[IF PRMISUSE12 = 1] How did you get the [PRLASTFILL]? If you got the [PRLASTFILL] in more than one way, please choose one of these ways as your best answer.</p> <p>1 I got a prescription for the [PRLASTFILL] from just one doctor</p> <p>2 I got prescriptions for the [PRLASTFILL] from more than one doctor</p> <p>3 I stole the [PRLASTFILL] from a doctor’s office, clinic, hospital, or pharmacy</p> <p>4 I got the [PRLASTFILL] from a friend or relative for free</p> <p>5 I bought the [PRLASTFILL] from a friend or relative</p> <p>6 I took the [PRLASTFILL] from a friend or relative without asking</p> <p>7 I bought the [PRLASTFILL] from a drug dealer or other stranger</p> <p>8 I got the [PRLASTFILL] in some other way</p> <p>DK/REF</p>	<p>[IF PRMISUSE12 = 1] How did you get the [PRLASTFILL]? If you got the [PRLASTFILL] in more than one way, please choose one of these ways as your best answer.</p> <p>1 I got a prescription for the [PRLASTFILL] from just one doctor</p> <p>2 I got prescriptions for the [PRLASTFILL] from more than one doctor</p> <p>3 I wrote a fake prescription for the [PRLASTFILL]</p> <p>4 I stole the [PRLASTFILL] from a doctor’s office, clinic, hospital, or pharmacy</p> <p>5 I got the [PRLASTFILL] from a friend or relative for free</p> <p>6 I bought the [PRLASTFILL] from a friend or relative</p> <p>7 I took the [PRLASTFILL] from a friend or relative without asking</p> <p>8 I bought the [PRLASTFILL] from a drug dealer or other stranger</p> <p>9 I bought the [PRLASTFILL] on the Internet</p> <p>10 I got the [PRLASTFILL] in some other way</p> <p>DK/REF</p>		
PRY42C STY26C TRY21C SVY19C	PRY42C & STY26C— Phase 1	<i>NOTE: Example text from PRY42c is displayed below. Equivalent text was used for TRY21C & SVY19C.</i>	No changes between initial testing and final QFT wording.	Wording and fills in this question were adapted to redesign conventions. No changes were made	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
(Change tested, no problems found, implemented in QFT.)	TRY21C & SVY19C— Phase 2	[IF PRY42B=5 AND CALCAGE >=18] You reported that you got the [PRLASTFILL] from a friend or relative for free. How did your friend or relative get the [PRLASTFILL]?		as a result of the cognitive interviewing.	
(PRHOSPYR1 & STHOSPYR1) (Change tested, problems found, dropped from QFT)	Phase 1	Items dropped from questionnaire.	<p><i>NOTE: Example text from PRHOSPYR1 is displayed below. Equivalent text was used for STHOSPYR1.</i></p> <p>[IF PR12MON=1 AND (PR11=1 OR PRYRCOUNT > 1)] The computer recorded that, in the past 12 months, you used [PRHOSPFILL].</p> <p>In the past 12 months, did you use [IF PR11=1 AND PRYRCOUNT=1, THEN FILL WITH PRHOSPFILL. IF PRYRCOUNT > 1 THEN FILL WITH “any of these prescription pain relievers”] only when you were in the hospital? That would include staying in the hospital as an inpatient or being treated in an emergency room.</p> <p>[IF PR12MON=1 AND PR11 NE 1 AND PRYRCOUNT = 1] In the past 12 months, did you use [PRHOSPFILL] only when you were in the hospital? That would include staying in the hospital as an inpatient or being treated in an emergency room.</p>	A question about legitimate use of prescription drugs only while in the hospital was added to the instrument during the cognitive interviewing in order to account for this very specific kind of use that respondents might not be sure how to count. The question confused several respondents so it was eliminated.	Not included in 2012
(PRHOSPYR2 & STHOSPYR2) (Change tested,	Phase 1	Item dropped from questionnaire.	<p><i>NOTE: Example text from PRHOSPYR2 is displayed below. Equivalent text was used for STHOSYR2.</i></p> <p>[IF PRHOSPYR1=1 AND PRYRCOUNT ></p>	This follow up to the previous question assessed which prescription drugs were used only in a hospital	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
problems found, dropped from QFT)			<p>1] Which of these pain relievers did you use only when you were in the hospital in the past 12 months?</p> <p>(LIST DRUGS ANSWERED AS YES IN PR01-PR11. NUMBER RESPONSE OPTIONS SEQUENTIALLY STARTING AT 1, BUT MAINTAIN UNIQUE CODES FOR EACH DRUG. IF PR11=1, DISPLAY "Another prescription pain reliever" AS THE LAST CATEGORY.)</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>	setting. It was dropped along with the lead-in question due to confusion.	
PRYMOTIV	Phase 2	<p><i>NOTE: Example text from PRYMOTIV is displayed below.</i></p> <p>[IF PRMISCOUNT > 1 OR (PRMISCOUNT = 1 AND PRY40 NE 1 AND PRDKREFFLAG=1)] Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use [FILL WITH 'them" IF RPRY42A=19. ELSE FILL WITH "it"].</p> <p>What were the reasons you used [PRLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 To relieve physical pain 2 To relax or relieve tension</p>	<p>[IF PRMISCOUNT > 1 OR (PRMISCOUNT = 1 AND PRY40 NE 1 AND PRDKREFFLAG=1)] Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use [FILL WITH 'them" IF RPRY42A=19. ELSE FILL WITH "it"].</p> <p>What were the reasons you used [PRLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 To relieve physical pain 2 To relax or relieve tension 3 To experiment or to see what [IF RPRY42A=19 THEN "they're" ELSE "it's"] like</p>	This question was added to gather data about motivation for misuse of Pain Relievers.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>3 To experiment or to see what [IF RPRY42A=19 THEN "they're" ELSE "it's"] like</p> <p>4 To feel good or get high</p> <p>5 To help with my sleep</p> <p>6 To help me with my feelings or emotions</p> <p>7 To increase or decrease the effect(s) of some other drug</p> <p>8 Because I am "hooked" or I have to have [IF RPRY42A=19 THEN "them" ELSE "it"]</p> <p>9 I used [IF RPRY42A=19 THEN "them" ELSE "it"] for some other reason</p> <p>DK/REF</p>	<p>4 To feel good or get high</p> <p>5 To help with my sleep</p> <p>6 To increase or decrease the effect(s) of some other drug</p> <p>7 Because I am "hooked" or I have to have [IF RPRY42A=19 THEN "them" ELSE "it"]</p> <p>8 I used [IF RPRY42A=19 THEN "them" ELSE "it"] for some other reason</p> <p>DK/REF</p>		
TRMOTIV SVMOTIV	Phase 1	<p>[IF SVMISCOUNT > 1 OR (SVMISCOUNT=1 AND SVY17 NE 1 AND SVDKREFFLAG=1)] Now think about the last time you used [SVLASTFILL2] in any way a doctor did not direct you to use it. What were the reasons you used [SVLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1. To relax or relieve tension</p> <p>2. To experiment or to see what it's like</p> <p>3. To feel good or get high</p> <p>4. To help with my sleep</p> <p>5. To help me with my feelings or emotions</p>	<p>[IF SVMISCOUNT > 1 OR (SVMISCOUNT=1 AND SVY17 NE 1 AND SVDKREFFLAG=1)] Now think about the last time you used [SVLASTFILL2] in any way a doctor did not direct you to use it. What were the reasons you used [SVLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 To relax or relieve tension</p> <p>2 To experiment or to see what it's like</p> <p>3 To feel good or get high</p> <p>4 To help with my sleep</p> <p>5 To increase or decrease the</p>	This question was added to gather data about motivation for misuse of Tranquilizers and Sedatives.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>6. To increase or decrease the effect(s) of some other drug</p> <p>7. Because I am “hooked” or I have to have it</p> <p>8. I used it for some other reason</p> <p>DK/REF</p>	<p>effect(s) of some other drug</p> <p>6 Because I am “hooked” or I have to have it</p> <p>7 I used it for some other reason</p> <p>DK/REF</p>		
STYMOTIV	Phase 2	<p>[IF STMISCOUNT > 1 OR (STMISCOUNT = 1 AND STY26NE 1 AND STDKREFFLAG=1)]Now think about the last time you used [STLASTFILL2] in any way a doctor did not direct you to use [FILL WITH ‘them” IF RSTY42A=5. ELSE FILL WITH “it”]</p> <p>What were the reasons you used [STLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1. To help me lose weight</p> <p>2. To help me concentrate</p> <p>3. To help me be alert or stay awake</p> <p>4. To help me study</p> <p>5. To experiment or to see what [IF RSTY42A=5 THEN “they’re” ELSE “it’s”] like</p>	No changes between initial testing and final QFT wording.	This question was added to gather data about motivation for misuse of Stimulants.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		6. To feel good or get high 7. To increase or decrease the effect(s) of some other drug 8. Because I am “hooked” or I have to have [IF RSTY42A=5 THEN “them” ELSE “it”] 9. I used [IF RSTY42A=5 THEN “them” ELSE “it”] for some other reason DK/REF			
PRMOTOT TRMOTOT STMOTOT SVMOTOT	Phase 2	<i>NOTE: Example text from PRMOTOT is displayed below. Equivalent text was used for TRMOTOT, STMOTOT, & SVMOTOT.</i> [IF PRYMOTIV=9] Please type in the other reason you used [PRLASTFILL2] that time. When you have finished typing your answer, press [ENTER] to go to the next question.	[IF PRYMOTIV=8] Please type in the reason you used [PRLASTFILL2] that time. When you have finished typing your answer, press [ENTER] to go to the next question.	This question was added to gather other, specify data about motivation for misuse of prescription drugs.	Not included in 2012
PRYMOT1	Phase 2	[IF MORE THAN ONE RESPONSE 1-9 CHOSEN IN PRYMOTIV] Which was the main reason you used [PRLASTFILL2] that time? PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN PRYMOTIV 1 To relieve physical pain 2 To relax or relieve tension 3 To experiment or to see	[IF MORE THAN ONE RESPONSE 1-7 CHOSEN IN PRYMOTIV] Which was the main reason you used [PRLASTFILL2] that time? PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN PRYMOTIV 1 To relieve physical pain 2 To relax or relieve tension 3 To experiment or to see what	This question was added to gather data about the primary motivation for misuse of pain relievers. Edits to logic were made as a result of cognitive testing.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>what it's like</p> <p>4 To feel good or get high</p> <p>5 To help me with my feelings or emotions</p> <p>6 It helps with my sleep</p> <p>7 To increase or decrease the effect(s) of some other drug</p> <p>8 Because I am "hooked" or I have to have it</p> <p>9 [IF PRYMOTIV=9] The other reason I reported</p>	<p>it's like</p> <p>4 To feel good or get high</p> <p>5 It helps with my sleep</p> <p>6 To increase or decrease the effect(s) of some other drug</p> <p>7 Because I am "hooked" or I have to have it</p> <p>DK/REF</p>		
TRYMOT1 SVYMOT1	Phase 2	<p>[IF MORE THAN ONE RESPONSE 1-9 CHOSEN IN TRYMOTIV] Which was the main reason you used [TRLASTFILL2] that time?</p> <p>PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN TRYMOTIV</p> <p>1. To relax or relieve tension</p> <p>2. To experiment or to see what it's like</p> <p>3. To feel good or get high</p> <p>4. To help me with my feelings or emotions</p> <p>5. It helps with my sleep</p> <p>6. To increase or decrease the effect(s) of some other drug</p> <p>7. Because I am "hooked" or I have to have it</p> <p>8. [IF PRYMOTIV=9] The other reason I reported</p>	<p>[IF MORE THAN ONE RESPONSE 1-7 CHOSEN IN TRYMOTIV] Which was the main reason you used [TRLASTFILL2] that time?</p> <p>PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN TRYMOTIV</p> <p>1. To relax or relieve tension</p> <p>2. To experiment or to see what it's like</p> <p>3. To feel good or get high</p> <p>4. To help with my sleep</p> <p>5. To increase or decrease the effect(s) of some other drug</p> <p>6. Because I am "hooked" or I have to have it</p> <p>7. I used it for some other reason</p> <p>DK/REF</p>	This question was added to gather data about the primary motivation for misuse of tranquilizers and stimulants. Edits to logic were made as a result of cognitive testing.	Not included in 2012
STYMOT1	Phase 2	[IF MORE THAN ONE RESPONSE 1-9	[IF MORE THAN ONE RESPONSE 1-9	This question was added	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>CHOSEN IN STYMOTIV] Which was the main reason you used [STLASTFILL2] that time?</p> <p>PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN STYMOTIV</p> <ol style="list-style-type: none"> 1. To help me lose weight 2. To help me concentrate 3. To help me be alert or stay awake 4. To help me study 5. To experiment or to see what [IF RSTY42A=5 THEN "they're" ELSE "it's"]like 6. To feel good or get high 7. To increase or decrease the effect(s) of some other drug 8. Because I am "hooked" or I have to have [IF RSTY42A=5 THEN "them" ELSE "it"] 9. [IF STMOTIV=9] The other reason I reported 	<p>CHOSEN IN STYMOTIV] Which was the main reason you used [STLASTFILL2] that time?</p> <p>PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN STYMOTIV</p> <ol style="list-style-type: none"> 1. To help me lose weight 2. To help me concentrate 3. To help me be alert or stay awake 4. To help me study 5. To experiment or to see what [IF RSTY42A=5 THEN "they're" ELSE "it's"]like 6. To feel good or get high 7. To increase or decrease the effect(s) of some other drug 8. Because I am "hooked" or I have to have [IF RSTY42A=5 THEN "them" ELSE "it"] 	<p>to gather data about the primary motivation for misuse of sedatives. Edits to logic were made as a result of cognitive testing.</p>	
<p>STY25A (Change tested, minor wording problems found, revisions</p>	<p>Phase 1</p>	<p>[IF STMISUSE12=1] At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL]?</p>	<p>[IF STMISUSE12=1] At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL] in any way a doctor did not direct you to use [STNUMFILL]?</p>	<p>Question moved from Special Drugs to Stimulants main module. As a result of cognitive testing, the wording of the question was streamlined.</p>	<p>Not included in 2012</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
implemented in QFT.)					
SD01 (Change tested, no problems found, implemented in QFT.)	Phase 2	The last questions were about prescription drugs. The next question is about non-prescription cough or cold medicines, also known as “ over-the-counter ” medicines. Have you ever, even once, taken a non-prescription cough or cold medicine just to get high?	No changes between initial testing and final QFT wording.	Wording introducing the over the counter medicine questions was tailored to redesign conventions and question order.	The last two questions were about prescription drugs. The next question is about non-prescription cough or cold medicines, also known as over the counter medicines. Have you ever, even once, taken a non-prescription cough or cold medicine just to get high?
SD02(Change tested, no problems found, implemented in QFT.)	Phase 2	[IF SD01 = 1] How long has it been since you last took one of these cough or cold medicines to get high?	No changes between initial testing and final QFT wording.	Collected recency data for misuse of cough and cold medicines.	Not included in 2012
SD05/SD15 (Change tested, no problems found, implemented in QFT.)	Phase 2	Have you ever , even once, used a needle to inject any other drug that was not prescribed for you?	No changes between initial testing and final QFT wording.	In order to maintain conventions of revised misuse wording, deleted the words, “only for the experience or feeling it caused.”	Have you ever , even once, used a needle to inject any other drug that was not prescribed for you or that you took only for the experience or feeling it caused?
SD10a (Change tested, no problems found, implemented in QFT.)	Phase 2	Have you ever , even once, used a needle to inject methamphetamine ?	No changes between initial testing and final QFT wording.	To maintain consistency across modules, and to limit follow up questions to data collected in the stand alone methamphetamine module, removed reference to Desoxyn and Methedrine.	Have you ever , even once, used a needle to inject Methamphetamine, Desoxyn, or Methedrine when it was not prescribed for you or that you took only for the experience or feeling it caused?
MJMM (Change tested, no problems found, implemented	Phase 2	[IF (MJLAST3 = 1 - 2 OR MJRECDK = 1 - 2 OR MJRECRE = 1 - 2) OR BL03=2] Earlier, you reported using marijuana in the past year. Was any of your marijuana use in the past 12 months recommended by a doctor?	[IF MJ01=1 OR MJREF=1] Was any of your marijuana use recommended by a doctor?	Questions about medical use of marijuana were added to the redesign instrument. After cognitive interviewing, the wording was tailored	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
in QFT.)				to 12 month users of marijuana only.	
MJMM01 (Change tested, no problems found, implemented in QFT.)	Phase 2	[IF MJMM=1] Was all of your marijuana use in the past 12 months recommended by a doctor?	[IF MJMM=1] Was all of your marijuana use recommended by a doctor?	Questions about medical use of marijuana were added to the redesign instrument. After cognitive interviewing, the wording was tailored to 12 month users of marijuana only.	Not included in 2012
DRPR DRTR DRST DRSV (Change tested, no problems found, implemented in QFT.)	Phase 2	<p><i>NOTE: Example text from DRPR is displayed below. Equivalent text was used for DRTR, DRST, & DRSV.</i></p> <p>[IF PAI12MON = 1] Think about your use of prescription pain relievers during the past 12 months as you answer these next questions. Remember, we are only interested in prescription pain relievers that you used in any way a doctor did not direct you to. Earlier the computer recorded that in the past 12 months you used [IF PRMISCOUNT=1 FILL PRFILL2][IF PRMISCOUNT>=2 FILL WITH "the pain relievers listed below"] in a way a doctor did not direct you to use [PRNUMFILL].</p> <p>[IF PRMISCOUNT>=2 FILL WITH DRUG NAMES FROM PRY01-PRY39 BELOW. USE MULTIPLE COLUMNS AS NEEDED. IF PRY40 = 1, ADD "Some other prescription pain reliever".]</p> <p>The next questions refer to [IF</p>	<p>[IF PAI12MON = 1] Think about your use of prescription pain relievers during the past 12 months as you answer these next questions. Remember, we are only interested in your use of prescription pain relievers that were not prescribed for you or that you used only for the experience or feeling they caused.</p> <p>Press [ENTER] to continue.</p>	<p>Wording in the Substance Dependence and Abuse section was updated to reflect revised wording surrounding prescription drug misuse. Changes made after cognitive interviewing involved logistical/spec issues only.</p>	<p>IF PAI12MON = 1] Think about your use of prescription pain relievers during the past 12 months as you answer these next questions. Remember, we are only interested in your use of prescription pain relievers that were not prescribed for you or that you used only for the experience or feeling they caused.</p> <p>Press [ENTER] to continue.</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		PRY40 NE 1 AND PRMISCOUNT=1 FILL PRFILL2 as a prescription pain reliever; IF PRY40 = 1 AND PRMISCOUNT=1 FILL WITH “this other prescription pain reliever”; IF PRMISCOUNT>=2 FILL WITH “these as prescription pain relievers”]. Press [ENTER] to continue.			
DRST05 (Change tested, no problems found, implemented in QFT.)	Phase 2	[IF DRST04 = 1] Were you able to keep to the limits you set, or did you often use prescription stimulants more than you intended to?	No changes between initial testing and final QFT wording.	Wording in the Drug Dependence and Abuse section was updated to reflect revised wording surrounding prescription drug misuse. Changes made after cognitive interviewing involved logistical/spec issues only.	[IF DRPR04 = 1] Were you able to keep to the limits you set, or did you often use prescription pain relievers more than you intended to?
Height questions (Change tested, problems found, revisions implemented in QFT.)	Phase 1	HLTH04 This question asks about your height. To answer in feet and inches, press 1. To answer in meters and centimeters, press 2. To answer in inches only, press 3. To answer in centimeters only, press 4. Then press [ENTER] to continue. 1 I would rather answer in feet and inches 2 I would rather answer in meters and centimeters 3 I would rather answer only in inches 4 I would rather answer only in centimeters DK/REF	HLTHNEW01 About how tall are you, without shoes? First, please type in the number of feet, then press [ENTER]. To answer using meters and centimeters, press F3. _____ feet [RANGE: 2-8] DK/REF HLTHNEW01a (IF HLTHNEW01 NE DK/RF) Next, please type in the number of inches and then press [ENTER]. _____ inches [RANGE: 0-11] DK/REF	Height and weight questions were added as part of the redesign in order to capture more details on physical health of respondents. Several versions of these questions were tested in order to make it easier for respondents to answer in either metric or US measurements. Edits were also made so that respondents could answer only in inches or centimeters.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>HLTH05 [IF HLTH04=1] About how tall are you, without shoes? First, please type in the number of feet, then press [ENTER].</p> <p>_____ feet [RANGE: 0-8] DK/REF</p> <p>HLTH06 [IF HLTH04 = 1 OR 3 AND HLTH05 NE DK/RF] Please type in the number of inches and then press [ENTER].</p> <p>_____ inch(es) [RANGE: 0-110] DK/REF</p> <p>HLTH07 [IF HLTH04=2] About how tall are you, without shoes? First, please type in the number of meters, then press [ENTER].</p> <p>_____ meters [RANGE: 0-3] DK/REF</p> <p>HLTH08 [IF HLTH04 = 2 OR 4 AND HLTH07 NE DK/REF] Please type in the number of centimeters and then press [ENTER].</p> <p>_____ centimeter(s) [RANGE:0-300] DK/REF</p>	<p>PROGRAMMER: PLEASE DISPLAY HLTHNEW01 AND HLTHNEW01a ON THE SAME SCREEN.</p> <p>HLTHNEW01b (IF HLTHNEW01=DK) You may also report your height using meters and centimeters. About how tall are you, without shoes? First, please type in the number of meters, then press [ENTER].</p> <p>_____ meters [RANGE: 0-3] DK/REF</p> <p>HLTHNEW01c [IF HLTHNEW01b NE BLANK] Next, please type in the number of centimeters and then press [ENTER].</p> <p>_____ centimeters [RANGE:0-275] DK/REF</p> <p>PROGRAMMER: PLEASE DISPLAY THESE HLTHNEW01b AND HLTHNEW01c ON THE SAME SCREEN.</p>		

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
Weight questions (Change tested, problems found, revisions implemented in QFT.)	Phase 1	<p>HLTH09 The next question asks about your weight.</p> <p>To answer in pounds, press 1. To answer in kilograms, press 2. Then press [ENTER] to continue.</p> <p>1 I would rather answer in pounds 2 I would rather answer in kilograms DK/REF</p> <p>HLTH10 [IF HLTH09=1 AND HLTH02 NE 1] About how much do you weigh? Please type in the number of pounds and then press [ENTER]. _____pounds [RANGE: 50-550] DK/REF</p> <p>HLTH12 [IF HLTH11=2 AND HLTH02 NE 1] About how much do you weigh? Please type in the number of kilograms and then press [ENTER]. _____ kilograms [RANGE: 22-275] DK/REF</p> <p>HLTH13 [IF HLTH02=1 AND HLTH09=1] About how much did you weigh before you got pregnant? Please type in the number of pounds and then press [ENTER].</p>	<p>HLTHNEW02 (IF HLTH01 NE 1) About how much do you weigh? Please type in the number of pounds and then press [ENTER]. To answer using kilograms, press F3. _____pounds [RANGE: 50-550] DK/REF</p> <p>HLTHNEW02A (IF HLTHNEW02=DK) You may also report your weight using kilograms. About how much do you weigh? Please type in the number of kilograms and then press [ENTER]. _____ kilograms [RANGE: 22-275] DK/REF</p> <p>HLTHNEW02p (IF HLTH01 = 1) About how much did you weigh before you got pregnant? Please type in the number of pounds and then press [ENTER]. To answer using kilograms, press F3. _____pounds [RANGE: 50-550] DK/REF</p> <p>HLTHNEW02pp (IF HLTHNEW02p =DK) You may also report your weight using kilograms. About how much did you weigh before you got pregnant? Please type in the number of kilograms and then press [ENTER].</p>	Height and weight questions were added as part of the redesign in order to capture more details on physical health of respondents. Several versions of these questions were tested in order to make it easier for respondents to answer in either metric or US measurements.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>_____pounds [RANGE: 50-550] DK/REF</p> <p>HLTH14 [IF HLTH02=1 AND HLTH09=2] About how much did you weigh before you got pregnant? Please type in the number of kilograms and then press [ENTER].</p> <p>_____ kilograms [RANGE: 22-275] DK/REF</p>	<p>_____ kilograms [RANGE: 22-275]</p> <p>DK/REF DK/REF</p>		
HLTHNEW03 (HLTH19) (Change tested, no problems found, implemented in QFT.)	Phase 1	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?	<p>During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or other health care professional about your own health at a doctor's office, a clinic, or some other place?</p> <p>Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits by a health care professional, dental visits, or telephone calls.</p>	Questions about health provider visits were added as part of the redesign. Instructions about how to count visits were deemed unnecessary or confusing and removed.	Not included in 2012
HLTH22 (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>[((IF HLTH16>=1 AND (HLTH17=1 OR HLTH19>=1)) OR (HLTH17=1 AND (HLTH16>=1 OR HLTH19>=1 OR HLTH19DK>=1)) OR ((HLTH19>=1 OR HLTH19DK>=1) AND (HLTH16>=1 OR HLTH17=1))) AND (ALLAST3=1 OR 2 OR ALRECDK=1 OR 2 OR ALRECRE=1 OR 2)] Please think about all of the talks you have had with a doctor or other health care professional during the past 12 months when you answer this question. Choose the statement or statements below that describe any discussions you may</p>	No changes between initial testing and final QFT wording.	Questions were tested about discussing alcohol & drug use with a doctor. No changes were made as a result of testing.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>have had in person with a doctor or other health professional about your alcohol use.</p> <p>(((IF HLTH16>=1 AND HLTH17 NE 1 AND HLTH19<1 AND HLTH19DK<1) OR (HLTH17 =1 AND HLTH16 = 0 AND HLTH19<1 AND HLTH19DK<1) OR ((HLTH19 >=1 OR HLTH19DK>=1) AND HLTH16 = 0 AND HLTH17 NE 1)) AND (ALLAST3=1 OR 2 OR ALRECDK=1 OR 2 OR ALRECRE=1 OR 2)) Please think about [VISITFILL] during the past 12 months when you answer this question. Choose the statement or statements below that describe any discussion you may have had in person with a doctor or other health professional about your alcohol use.</p> <p>To select more than one statement, press the space bar between each number you type. When you have finished, press [ENTER].</p>			
HLTH26othr (Change tested, no problems found, implemented in QFT.)	Phase 2	No change.	(IF HLTH26=30) Please tell me which other kind of cancer you had.	Questions about cancer were tested. Only logistical/spec changes were made as a result of the testing.	Not included in 2012
HLTHNEW11 (HLTH29) (Change tested, no problems found,	Phase 1	[IF HLTH25=9 AND HLTH28 AND HLTH28a AND HLTH28b AND HLTH28c AND HLTH28c AND HLTH28d AND HLTH28e AND HLTH28f AND HLTH28g AND HLTH28h AND HLTH28i AND	(IF HLTHNEW08=9) Did you have cancer during the past 12 months?	Questions about cancer were tested. Only logistical/spec changes were made as a result of the testing.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
implemented in QFT.)		HLTH28j AND HLTH28k AND HLTH28l AND HLTH28m AND HLTH28n AND HLTH28o AND HLTH28p AND HLTH28q AND HLTH28r AND HLTH28s AND HLTH28t AND HLTH28u AND HLTH28v AND HLTH28w AND HLTH28x AND HLTH28y AND HLTH28z AND HLTH28aa AND HLTH28bb AND HLTH28cc NE CALCAGE] Did you have cancer during the past 12 months?			
HLTHNEW12a (HLTH31) (Change tested, no problems found, implemented in QFT.)	Phase 1	[IF HLTH25=1 AND HLTH30 NE CALCAGE] Did you have any kind of heart condition or heart disease in the past 12 months?	(IF HLTHNEW08=1) Did you have any kind of heart condition or heart disease in the past 12 months?	Questions about health conditions were added. Only logistical/spec changes were made as a result of the cognitive testing.	Not included in 2012
Disability Items (QD55-QD61) Not tested	NA	<p>QD55 How well do you speak English?</p> <p>QD56 Are you deaf or do you have serious difficulty hearing?</p> <p>QD57 Are you blind or do you have serious difficulty seeing, even when wearing glasses?</p> <p>QD58 Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p>QD59 Do you have serious</p>		These items were added in response to feedback received about the survey.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>difficulty walking or climbing stairs?</p> <p>QD60 Do you have difficulty dressing or bathing?</p> <p>QD61 [IF CURNTAGE >14] Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping?</p>			
QD17 (moved to ACASI, no problems found, implemented in QFT)	Phase 2	The next questions are about school. Are you now attending or are you currently enrolled in school? By "school," we mean an elementary school, a junior high or middle school, a high school, or a college or university. Please include home schooling as well.	No changes between initial testing and final QFT wording.	This question was moved to ACASI. No changes were made as a result of testing.	<p>The next questions are about school. Are you now attending or are you currently enrolled in school? By "school," we mean an elementary school, a junior high or middle school, a high school, or a college or university. Please include home schooling as well.</p> <p>1 YES 2 NO DK/REF</p>
QD26 (moved to ACASI, no problems found, implemented in QFT)	Phase 2	<p>[IF CURNTAGE = 15 OR OLDER] The next questions are about working. Did you work at a job or business at any time last week? By last week, I mean the week beginning on Sunday, [STARTDATE] and ending on Saturday, [ENDDATE].</p> <p>Press F2 to hear more information about what types of work to include.</p>	No changes between initial testing and final QFT wording.	This question was moved to ACASI. Explanatory/example text was added as optional text available with pressing the F2 key. No changes were made as a result of testing.	<p>[IF CURNTAGE = 15 OR OLDER] The next questions are about working. Did you work at a job or business at any time last week? By last week, I mean the week beginning on Sunday, [STARTDATE] and ending on Saturday, [ENDDATE].</p> <p>1 YES 2 NO DK/REF</p>
Military	NA	QD10d For this question, please		These items were added	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
Family Items (QD10d & QD10e) Not tested		<p>include all persons in your immediate family, whether or not they live with you. Is anyone in your immediate family currently serving in the United States military? Press F2 to see and hear definitions of “immediate family” and “military.”</p> <p>QD10e Which member or members of your immediate family are currently in the United States military? Press F2 to see and hear definitions of “immediate family.”</p> <ol style="list-style-type: none"> 1 My spouse 2 Unmarried partner 3 My mother 4 My father 5 My son or sons 6 My daughter or daughters 7 My brother or brothers 8 My sister or sisters 		in response to feedback received about the survey.	
PROXYINT	NA	The next questions are about your health insurance coverage and the kinds and amounts of income that you [IF FAMILY MEMBERS IN ROSTER FILL “and your family”] receive. This information will help in planning health care services and finding ways to lower costs of care.		Revised wording after Phase 2 testing to encourage nominations of proxies when necessary.	The next questions are about your health insurance coverage and the kinds and amounts of income that you receive. (This information will help in planning health care services and finding ways to lower costs of care.)
NOPROX (HINSINT) (revisions)	Phase 2	[IF QP01=2 OR QP03 = 2 OR DK/REF OR QP04 = 2 OR DK/REF OR HASJOIN= 2 OR DK/REF] I’m going to	[IF QP01=2 OR QP03 = 2 OR DK/REF OR QP04 = 2 OR DK/REF OR HASJOIN = 2 OR DK/REF] I’m going to give the	New language was added to assist the interviewer with transitioning back to	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
<p>tested, problems found, changes implemented in QFT)</p>		<p>give the computer back to you so that you can complete the last part of the interview on your own. [IF (QP03 = 2 OR DK/REF) OR (QP04 = 2 OR DK/REF) OR (HASJOIN = 2 OR DK/REF) ADD: Since your [QP02 FILL] is not available, please answer these next questions the best you can.]</p> <p>[IF NEWPROX = 2 AND HASJOIN=1] I'm going to give the computer to you so that you can complete the last part of the interview on your own.</p> <p>Please put on the headphones. When you are ready, let me know.</p> <p>MOVE COMPUTER SO RESPONDENT CAN USE IT. PRESS [ENTER] TO CONTINUE.</p>	<p>computer back to you so that you can complete the last part of the interview on your own. When you are ready, let me know.</p> <p>[IF QP03 = 2 OR DK/REF OR QP04 = 2 OR DK/REF OR HASJOIN = 2 OR DK/REF ADD THIS TEXT PRIOR TO THE QUESTION: Since your [QP02 FILL] is not available, please answer these next questions the best you can.]</p> <p>MOVE COMPUTER SO RESPONDENT CAN USE IT. PRESS [ENTER] TO CONTINUE.</p>	<p>ACASI for the final questions. Language was tailored to situations where a proxy might be required to answer the income series. As a result of testing, revisions were made to make the proxy transition happen more smoothly.</p>	
<p>QH103 (Wording revised for accuracy after testing, implemented in QFT)</p>	<p>Phase 2</p>	<p>There are certain programs that cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.</p> <p>[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care?</p> <p>Press F2 to see and hear more information about these programs.</p> <ul style="list-style-type: none"> • CHAMPUS stands for Civilian Health and Medical Program of 	<p>There are certain programs that cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.</p> <p>[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care?</p> <p>Press F2 to hear more information about these programs.</p> <p>CHAMPUS stands for Comprehensive Health and Medical Plan for the</p>	<p>Wording was revised for ACASI administration, and later to accurately note program names.</p>	<p>[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care?</p> <p>(These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.)</p> <p>1 YES 2 NO DK/REF</p> <p>INTERVIEWER NOTE:</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>the Uniformed Services. It provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. In some areas, this may be known as TRICARE.</p> <ul style="list-style-type: none"> • CHAMPVA stands for Civilian Health and Medical Program of the Department of Veterans Affairs. It provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability. • The VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments. • Military health care refers to health care available to active duty personnel and their dependents. 	<p>Uniformed Services. It provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. In some areas, this may be known as TRICARE.</p> <p>CHAMPVA stands for Comprehensive Health and Medical Plan of the Veterans Administration. It provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.</p> <p>The VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.</p> <p>Military health care refers to health care available to active duty personnel and their dependents.</p>		<p>CHAMPUS stands for Comprehensive Health and Medical Plan for the Uniformed Services. It provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. In some areas, this may be known as TRICARE.</p> <p>CHAMPVA stands for Comprehensive Health and Medical Plan of the Veterans Administration. It provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.</p> <p>Military health care refers to health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.</p>
INTROINC (revisions tested, minor problems found, changes made for QFT)	Phase 2	<p>[IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILL] receive.</p>	<p>[IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILL] receive.</p>	Wording was revised for ACASI administration. As a result of the cognitive testing, changes were made to make the process go more smoothly.	<p>[IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILL] receive.</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and you receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILLS] living here receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and [IF QD01=5 FILL his, QD01 = 9 FILL her] family – that is, you and [IF QD01=5 FILL his, QD01 = 9 FILL her][FAMILY RELATIONSHIP FILLS] living here – receive.</p> <p>[PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE ‘other’ AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]</p> <p>[IF HASJOIN NE 1] These questions refer to the calendar year [CURRENT YEAR - 1] rather than to the past 12</p>	<p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and you receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you, your [FAMILY RELATIONSHIP FILLS] living here receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and [IF QD01=5 FILL his, QD01 = 9 FILL her] family – that is, your [SAMPLE MEMBER POSS] [FAMILY RELATIONSHIP FILLS] living here – receive.</p> <p>These questions refer to the calendar year [CURRENT YEAR - 1] rather than to the past 12 months that were referred to in some earlier questions. The calendar year [CURRENT YEAR - 1] would be from January 1st, [CURRENT YEAR - 1], through December 31st, [CURRENT YEAR - 1].</p> <p>Press [ENTER] to continue</p>		<p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and you receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you, your [FAMILY RELATIONSHIP FILLS] living here receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and [IF QD01=5 FILL his, QD01 = 9 FILL her] family – that is, your [SAMPLE MEMBER POSS] [FAMILY RELATIONSHIP FILLS] living here – receive.</p> <p>These questions refer to the calendar year [CURRENT YEAR - 1] rather than to the past 12 months that were referred to in some earlier questions. The calendar year [CURRENT YEAR - 1] would be from January 1st, [CURRENT YEAR - 1], through December 31st, [CURRENT YEAR - 1].</p> <p>PRESS [ENTER] TO CONTINUE</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>months that were referred to in some earlier questions. The calendar year [CURRENT YEAR - 1] would be from January 1st, [CURRENT YEAR - 1], through December 31st, [CURRENT YEAR - 1].</p> <p>Press [ENTER] to continue</p>			
<p>QI12AN (Change tested, no problems found, implemented in QFT.)</p>	<p>Phase 2</p>	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=2]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance?</p> <p>Please include:</p> <ul style="list-style-type: none"> Cash assistance from a state or county welfare program such as [TANFFILL] Any other kind of non-monetary welfare or public 	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=2]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance?</p> <p># OF MONTHS RECEIVED ASSISTANCE: [RANGE: 1 - 12] DK/REF</p>	<p>Wording was revised for ACASI administration. As a result of the cognitive testing, changes were made to make the process go more smoothly.</p>	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=2]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance?</p> <p># OF MONTHS RECEIVED ASSISTANCE: _____ [RANGE: 1 - 12] DK/REF</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		assistance # OF MONTHS RECEIVED ASSISTANCE: _____ [RANGE: 1 - 12] DK/REF			
QI12BN (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=(1, DK OR REF)]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance, not including food stamps?</p> <p>Please include:</p> <ul style="list-style-type: none"> Cash assistance from a state or county welfare program such as [TANFFILL] 	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=(1, DK OR REF)]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance, not including food stamps?</p>	Wording was revised for ACASI administration. As a result of the cognitive testing, changes were made to make the process go more smoothly.	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=(1, DK OR REF)]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance, not including food stamps?</p> <p># OF MONTHS RECEIVED ASSISTANCE: _____ [RANGE: 1 - 12] DK/REF</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<ul style="list-style-type: none"> Any other kind of non-monetary welfare or public assistance 			
INTRTINN (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>Below is a list of some other sources of income. When I ask you the next questions, please consider these as well as the other sources asked about in earlier questions.</p> <p>Veteran’s Administration payments Other disability, retirement or survivor pension Unemployment or worker’s compensation Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts Alimony Child support</p> <p>Press [Enter] to continue.</p>	<p>Below is a list of some other sources of income. When you answer the next questions, please consider these as well as the other sources that we just talked about.</p> <p>Veteran’s Administration payments Other disability, retirement or survivor pension Unemployment or worker’s compensation Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts Alimony Child support</p> <p>PRESS [ENTER] TO CONTINUE.</p>	<p>Wording was revised for ACASI administration. No changes were made as a result of cognitive testing.</p>	<p>HAND R SHOWCARD 16a. Here is a list of some other sources of income. When you answer the next questions, please consider these as well as the other sources that we just talked about.</p> <p>INTERVIEWER: PLEASE READ THIS ALOUD TO THE RESPONDENT AS HE/SHE FOLLOWS ALONG ON THE SHOWCARD.</p> <p>Veteran’s Administration payments Other disability, retirement or survivor pension Unemployment or worker’s compensation Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts Alimony Child support</p> <p>PRESS [ENTER] TO CONTINUE.</p>
QI21B (Change tested, no problems	Phase 2	[IF QI20N = 1 OR QI20NREF = 1] Of these income groups, which category best represents [SAMPLE MEMBER POSS] total personal	[IF QI20N = 1] Of these income groups, which category best represents [SAMPLE MEMBER POSS] total personal income during [CURRENT	Income categories were revised to adjust for inflation and the question was revised for	[IF QI20N = 1] ENTER NUMBER THAT BEST REPRESENTS (R’S/SAMPLE MEMBER’S) TOTAL PERSONAL INCOME DURING [CURRENT YEAR -

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
found, implemented in QFT.)		income during [CURRENT YEAR - 1]? 1 \$20,000 - \$24,999 2 \$25,000 - \$29,999 3 \$30,000 - \$34,999 4 \$35,000 - \$39,999 5 \$40,000 - \$44,999 6 \$45,000 - \$49,999 7 \$50,000 - \$74,999 8 \$75,000 - \$99,999 9 \$100,000 - \$149,999 10 \$150,000 or more DK/REF	YEAR - 1]? 21 \$20,000 - \$24,999 22 \$25,000 - \$29,999 23 \$30,000 - \$34,999 24 \$35,000 - \$39,999 25 \$40,000 - \$44,999 26 \$45,000 - \$49,999 27 \$50,000 - \$74,999 28 \$75,000 - \$99,999 29 \$100,000 - \$149,999 30 \$150,000 or more DK/REF	ACASI administration. No changes were made as a result of cognitive testing.	1]. 21 \$20,000 - \$24,999 22 \$25,000 - \$29,999 23 \$30,000 - \$34,999 24 \$35,000 - \$39,999 25 \$40,000 - \$44,999 26 \$45,000 - \$49,999 27 \$50,000 - \$74,999 28 \$75,000 - \$99,999 29 \$100,000 OR MORE DK/REF
INTROF11 (Change tested, minor problems found, changes made for QFT.)	Phase 2	[IF MORE THAN ONE FAMILY MEMBER IN ROSTER AND IF QI21B NE 30] Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions. [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone's income – that is, yours and that of your [FAMILY RELATIONSHIP FILL]. [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone's income – that is, [SAMPLE MEMBER POSS] and yours. [IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN	[IF MORE THAN ONE FAMILY MEMBER IN ROSTER AND IF QI21B NE 29] Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions. [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone's income – that is, yours and that of your [FAMILY RELATIONSHIP FILL]. [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone's income – that is, [SAMPLE MEMBER POSS] and yours. [IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone's income – that is, yours and that of	Income categories were revised to adjust for inflation and the question was revised for ACASI administration. Edits were made to family relationship fills to result in a more natural sentence structure.	Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions. [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone's income – that is, yours and that of your [FAMILY RELATIONSHIP FILL]. [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone's income – that is, [SAMPLE MEMBER POSS] and yours. [IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone's income – that is, yours and that of your [FAMILY RELATIONSHIP FILLS].

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income — that is, yours, [SAMPLE MEMBER POSS] and that of [IF QD01 = 5 FILL his, QD = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here. [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE ‘other’ AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]</p> <p>Please include all of the sources of income that we just talked about.</p>	<p>your [FAMILY RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income — that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here.</p> <p>Please include all of the sources of income that we just talked about.</p>		<p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income — that is, [SAMPLE MEMBER POSS] and that of [SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here.</p> <p>Please include all of the sources of income that we just talked about.</p>
<p>QI23A (Change tested, no problems found, implemented in QFT.)</p>	<p>Phase 2</p>	<p>[IF QI22=2 OR QI22REF=2] [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT</p>	<p>[IF QI22=2 OR QI22REF=2] [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] –</p>	<p>Income categories were revised to adjust for inflation and the question was revised for ACASI administration. No changes were made as a result of cognitive testing.</p>	<p>Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone’s income –</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>YEAR – 1] – that is, your [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, yours, [SAMPLE MEMBER POSS], and that of [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here? [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE 'other' AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]</p>	<p>that is, your [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here?</p>		<p>that is, [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income — that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here.</p> <p>Please include all of the sources of income that we just talked about.</p>
QJ23B (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>[IF (QI22=1 OR QI20N = 1 OR QI22REF=1) AND Q121B NE 30]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined</p>	<p>[IF (QI22=1 OR QI20N = 1 OR QI22REF=1) AND Q121B NE 30]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family</p>	Income categories were revised to adjust for inflation and the question was revised for ACASI administration. No changes were made as a result of cognitive	Collapsed from multiple 2012 variables due to change in modes.

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL]?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, [SAMPLE MEMBER POSS] and yours?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILLS]?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, yours, [SAMPLE MEMBER POSS], and that of [IF QD01 = 5 FILL his, QD01 =9 FILL her][FAMILY RELATIONSHIP FILLS] living here? [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE 'other' AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND</p>	<p>income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL]?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, [SAMPLE MEMBER POSS] and yours?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILLS]?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here?</p>	testing.	

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]			
CELL1 (Change tested, no problems found, implemented in QFT.)	Phase 2	Is there at least one telephone at this address that is not a cell phone?	Is there at least one telephone at this address that is not a cell phone?	This question was added to allow us to use NSDUH to assess telephone survey bias of substance use and mental health estimates, and to address the changing environment regarding land line vs. cell phones	The last question has to do with telephones in your household. How many different telephone numbers do you have in this household? Please don't include cellular phones in your answer. Also, don't count business numbers or extensions with the same number. INTERVIEWER NOTE: Do not include phone lines that are used only for fax machines and/or Internet access.
CELL2 (Change tested, no problems found, implemented in QFT.)	Phase 2	Do you or anyone at this address have a working cell phone?	Do you or anyone at this address have a working cell phone?	This question was added to allow us to use NSDUH to assess telephone survey bias of substance use and mental health estimates, and to address the changing environment regarding land line vs. cell phones	Not included in 2012
2012 instrument items or modules removed from consideration for the QFT					
(MJE01 – MJE70) (entire existing module dropped)	None	Module dropped from QFT.	Module dropped from QFT.	These questions were outdated in terms of the current marijuana market. They were removed to make room for other important topics.	Market Information for Marijuana Module
LU22 – LU26 (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	Dropped “which came first” questions from the Prior Substance Use module to make room for	LU22 Earlier, the computer recorded that you started using alcohol and cigarettes when you were [AFUFILL] years old. Which

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
				additions to the Prescription Drug modules.	<p>did you use first?</p> <p>LU23 Earlier, the computer recorded that you started using marijuana and cigarettes when you were [AFUFILL] years old. Which did you use first?</p> <p>LU24 Earlier, the computer recorded that you started using alcohol and marijuana when you were [AFUFILL] years old. Which did you use first?</p> <p>LU25 Earlier, the computer recorded that you started using alcohol, cigarettes and marijuana when you were [AFUFILL] years old. Which did you use first?</p> <p>LU26 After first using [FILL LU25], which of these did you use next?</p>
SEN04/YE04 (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	This question had little analytic value and was dropped to make room for more important topics.	How many times have you moved in the past 5 years?
CA12-CA14d (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	The Alcohol module now measures gender specific binge drinking prevalence, so the '4 or more drinks' questions were deleted.	<p>CA12 Have you ever had 4 or more drinks on the same occasion?</p> <p>CA13 During the past 30 days, that is, since [DATEFILL], on how many days did you have 4 or more drinks on the same occasion?</p> <p>CA14 How old were you the first</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
					time you had 4 or more drinks on the same occasion?
Industry and Occupation Questions – INOC01 – INOC06 (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	Dropped these questions due to low levels of analytic utility and difficulties administering these questions in ACASI	<p>INOC01 [IF QD26 = 1 OR QD27 = 1] In what kind of business or industry do you work? That is, what product is made or what service is offered?</p> <p>INOC02 [IF QD26=1 OR QD27=1 AND INOC01 NE DK/REF] HAND R SHOWCARD 7. Which of these categories best describes the business or industry in which you work?</p> <p>INOC02M What do they make?</p> <p>INOC02T What do they sell?</p> <p>INOC03Please describe the business or industry in which you work.</p> <p>INOC04 What kind of work do you do? That is, what is your occupation?</p> <p>INOC05 What are your most important activities or duties in that job?</p> <p>INOC06 Which of these categories best describes the business in which you work?</p>
Household Roster –	None	Item dropped from QFT.	Item dropped from QFT.	Dropped these items due to low analytic utility	Is (s)he your biological, step-, adoptive, or foster [FILL

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
FTHRTYPE, MTHRTYPE, SONTYPE, DAUTYPE (existing question dropped)					RELATIONSHIP]?

Appendix E

NSDUH Prescription Drug Redesign Cognitive Interviewing

Phase 2 Round 2 Results

NSDUH Questionnaire Redesign Cognitive Interviewing Round 2.2 Results February 29, 2011

Respondent Characteristics

Twenty participants were interviewed during the second round of Phase 2 Questionnaire Redesign Cognitive Interviewing. Summary information about the participants is presented in the table below. This table shows that the sample was comprised largely of adults, females, and those who had significant experience with drugs.

NSDUH Cognitive Interviewing Round 2.2 Participant Information Summary (n = 20)	
	n
Adults	14
Adult mean age = 39	
Adolescents	6
Adolescent mean age = 14	
Females	12
Enrolled in treatment program (currently or within past 12 months)	5
High use participants	11

All participants were recruited from the general population using online ads that were placed in Chicago, IL; Washington, D.C., and Research Triangle Park, NC. However, since most users interviewed in the first round were casual users, the second round targeted heavy drug users and individuals who had recently received treatment. Of the 14 adult interviews, 5 were currently enrolled or had been enrolled in a treatment program in the past 12 months and 11 were categorized as ‘high use’ participants. High use was defined as having used multiple prescription drugs.

As in the previous round, Round 2.2 tested the second transition from interviewer to ACASI administration for proxy responses to health insurance and income items. Feedback from parents and the interviewers about the transitions was provided. All proxy respondents were able to successfully transition and answer proxy questions. Findings about the process are provided below.

Some questions were tested for the first time in Round 2.2. These questions asked respondents about the color of the pack of cigarettes they smoked and about their motivations for misusing prescription drugs. By recruiting ‘high use’ participants we were able to thoroughly test these new items.

Specific feedback on individual items is provided below.

Veteran Questions

QD10c – Recruitment in Round 2.2 did not focus on Veterans as heavily compared to Round 2.1. Therefore, only one participant was routed to this question. She correctly defined a combat zone. She initially indicated that a combat zone could be a “zone even in Peacetime” but clarified that it meant “places where you are taking on fire.”

Front End Demographics

QD11 – Participants were generally able to answer this question with no trouble. Two participants initially failed to understand that the question asked about the highest grade finished, but ultimately they realized the meaning of the question and changed their answers to the correct one. One participant had trouble with the numeric categories. She answered “12” but then changed her answer to “15.” When the interviewer probed to learn more about the change from not finishing high school to taking some college credits the participant realized she should have selected “13” to indicate earning a high school diploma. A scripted probe led to one final noteworthy comment about this question. One participant had taken credit courses during her service in the military which she wanted to report. Since no option was available for having taken military training/courses she realized her best option was to answer “13-regular high school diploma.”

Recommendation: This question asks about the highest grade completed. Response categories are generally the same as the number of the grade. However, the form of category 12 is markedly different. If a respondent answers ‘12’ they are indicating that they did not receive a high school diploma. Respondents who do not thoroughly review the text accompanying the response options may be inclined to answer ‘12’ to indicate they have a high school diploma. Therefore, we should consider changing the order of the response options so that this inclination will not invite measurement error. An alternative would be to add a question about receiving a high school diploma if the respondent answers 12.

Tobacco

CGCOLOR – Eight of the participants reported smoking cigarettes in the past 30 days. Of these, four considered the question to be “self-explanatory” and found it easy to recall the color of the pack. The other half of participants, however, noted complicating issues with the question. Two found the question somewhat confusing because packs of cigarettes have more than one color on the packaging. One of these participants noted that he wasn’t sure whether he should or could select more than one color or if he should “just pick the main color.” A similar comment was made by another participant who said this question made her think of the two different colors on the packaging—the background color (black) and the color of the text (blue). One participant, who previously indicated the question was self-explanatory, said that his brand of cigarettes

(Newport) only comes in green packaging. Upon probing he elaborated that the shade of the pack indicates the strength of the cigarette—lighter colors indicate lighter and darker colors indicate fuller flavors. Finally, one other participant was unable to answer the question because he had been given a single cigarette from someone else and wasn't sure what color the pack was. Respondents did not necessarily understand that this question was asking about the strength of the cigarette and its association with color.

Recommendation: Consider whether language could be added to clarify what we mean by “color” in the question. We should continue to attempt to reach the tobacco consultant about these questions.

CGMENTH1 – One participant volunteered that this question was difficult for her to answer. She smokes Camel Crush cigarettes, which allow the smoker to choose between regular and menthol flavors. The cigarettes are by default regular flavor. By squeezing a point on the cigarette a smoker can activate a menthol flavoring. The participant sometimes smokes them only as non-menthol, other times she smokes them only as menthol, and occasionally she switches from non-menthol to menthol at some midpoint.

CG34 – One participant indicated this question was difficult for him to answer. He had only used cigars to make blunts, but had never smoked tobacco cigars. He noted this prior to answering the question. The participant indicated he would answer “yes” to this question because it does not specify what the cigar had in it.

MJ01 – One participant indicated this question was difficult to answer because she was not sure what was meant by “used.” She pointed out that the alcohol questions were very specific about what counted as drinking (a sip or two does not count), but we were less specific about marijuana. She had taken one toke of a marijuana cigarette in her lifetime and was not sure that counted as “used.”

Hallucinogens

LS01i – Six participants had heard of Ketamine. There was variety in the places people had heard about Ketamine, what participants thought the drug was intended for, and the effects the drug has on a user. Several participants indicated they thought it was a prescription drug for animals. One thought it was the “date rape drug.” One participant indicated she had heard about it from kids in her neighborhood and another had heard about it on television. Only one participant had tried ketamine. He used at a rave “back when he partied with some white boys.” He said it is “like meth but it’s for people who don’t want to do meth” and that it “makes you feel like [expletive] in the morning.”

LS01j – One participant had heard of all three, one had heard of AMT and Foxy, one had heard of DMT only, and one had heard of Foxy only. In addition, one participant reported using DMT with the same group with which he had used Ketamine. He said it had a similar effect as

marijuana. He decided to not use DMT anymore and to instead “just use weed” because he got the same effect from it and marijuana was from a plant.

LS01k –Six participants had heard of salvia. One had heard of it on television, one from a movie, and four did not specify where they had heard of it. Two of the participants said salvia is similar to marijuana, while one said that when you smoke it you “lose your mind for 20 minutes.” Two indicated it was legal and one said he thought you could buy it at smoke shops.

Inhalants Screener

IN01ii – Findings on this item were similar to those in Phase 2.1 interviews. None of the participants reported use of computer keyboard cleaner just to get high. Fewer than half of the participants knew about the spray and of these only two made comments which reveal they understood it could be used to get high. Seven participants had heard the term “spray computer cleaner” or “compressed gas duster” before. One participant said he had heard it called by the brand name “Dust Off.” And, one participant thought that computer keyboard cleaner might be called “alcohol” perhaps suggesting the participant thinks that is a main ingredient.

Methamphetamine Module

ME01 – Just one participant in this round of interviews reported lifetime use of methamphetamine. It was during a time when a close relative of the participant was diagnosed with cancer. Someone the participant knew had experience with methamphetamine and suggested it could help with relaxation. The participant reported no issues with the module.

Generic Pills

Each of the participants characterized generic drugs as a less expensive version of a brand name drug. Three participants made comments about the quality of generics compared to name brand drugs, two of which questioned the effectiveness of generics compared to name brand drugs.

Not All Forms

There continue to be problems associated with the statement that not all forms of a drug may be shown on a screen. Participants in this round clearly thought this statement referred to how pills look, but did not seem to understand that forms also included other modes of drug administration—i.e., injectable drugs. For example, many of the participants indicated that the statement meant that generic alternatives might not be presented when the brand name drug was pictured, that not all shapes and/or colors would be shown, and that the text imprinted on the pill might look different than what is shown. None of the participants mentioned the possibility that drugs could be something other than a pill, and as mentioned below two participants noted trouble with answering PR06 because morphine is often administered through an IV.

Recommendation: Discuss modifying the language to clarify that “not all forms” means both the color/shape and mode of administration. This language has been tested and modified over many rounds of interviewing, so we should review previous revisions and findings when exploring whether to revise it further. See also the recommendation following PR06.

Pain Relievers

PR01 – It was evident in this round of interviewing that there is confusion about what kind of use these questions are about. Four participants thought we were interested in any kind of use (use or misuse), one thought we were only interested in misuse, and seven thought the question was asking only about prescribed use. Upon probing one participant paged back to INTROPR and pointed out that it only talks about “use of prescription pain relievers.” To him this suggested he should only think about use that is prescribed.

Recommendation: Consider revising the following sentence: “These next questions are about the use of prescription pain relievers” to say “These next questions are about any use of prescription pain relievers.” Bolding ‘any’ may reinforce that we are measuring both use and misuse. This probe was added to the instrument to address concerns that respondents would think that we were only measuring illicit use of prescriptions, because most of the previous substances that were asked about are illicit.

PR06 – Two participants had difficulty understanding that non-pill forms counted in this question, which asks about morphine.. One asked whether “injections counted” and the other had had morphine through an IV drip and initially failed to report it.

Recommendation: Consider adding a reminder on this screen that not all forms of the drugs may be shown on the screen, because morphine is very likely to be administered in liquid form.

PRY42B – One participant volunteered that she had a problem with only being allowed to select one way for the last time she used a prescription pain reliever. She said that she got the drug in multiple ways. By forcing her select one way the respondent said we were forcing her to provide a socially desirable answer, because she would select the way that did not make her look like a drug addict.

Recalling age of first misuse

Participants used landmark events to recall dates of first use. For example, one participant recalled first use of Xanax by recalling the group of people he was “hanging around with” during that period of his life and also recalled his approximate age when spending time with this group. Three other participants recalled first use because it was at a time of stress associated with life changes, or medical events they or their family members experienced.

Definitions of misuse

Participants had no problems making the distinction between use and misuse of prescription drugs. Misuse was correctly reported. One respondent reported that she sold her prescription drugs, which should be considered misuse. Upon probing she indicated that a doctor did not tell her to sell her pills.

Ways in which participants misused prescription drugs

Only one participant mentioned misusing a prescription in a way different than defined in the section introductions. She indicated she used less of the drug than prescribed. She believed this way fit in the “in any other way a doctor did not direct” category. Most other participants indicated they had used the drug without a prescription. However, several made a point to say at different junctures that they “knew” how a doctor would prescribe it and their use was consistent with that “knowledge.”

Motivations for misuse

Participants were generally able to answer questions about the reasons for use the last time they had used a drug in a way a doctor had not prescribed, and in a similar manner most had no problem identifying the main reason for this misuse. A few issues were noted, however.

PRYMOTIV – Of the participants routed to this item, three mentioned either an issue with or problem in answering questions about the reasons for misuse. One participant had previously indicated she had used a prescription in a way a doctor had not directed her to by using less than prescribed. She noted that there was no response alternative that fit her situation. One respondent noted that he took the pills to escape his emotions, and indicated that a response option about dealing with emotions should be included.

PRMOTOT – When one participant selected “some other reason” for PRYMOTIV and was presented PRMOTOT he was unclear the question was asking him to specify the “other reason.”

Recommendation: Revise the wording to say, Please type in the other reason you used [RX DRUG] that time. This revision inserts “other” into the sentence.

PRMOT1 – Participants did not display or report any problems answering this item. However, one interviewer noted that currently we do not allow “some other reason” from PRMOTOT to be selected as the main reason in PRMOT1.

Recommendation: Discuss including “some other reason.” This will require developing an alternative audio fill for the “some other reason” such as “The other reason you reported.” Alternatively, we could acknowledge to respondents that they can only pick from reasons 1-7

from PRMOTOT as the main reason, but we would need to consider the limitations of this approach.

TRYMOTIV – Of the participants routed to this item, one again noted that the response categories did not fit her situation because she answered “yes” to misuse, but had actually used less than a doctor had directed her to. Another participant mentioned difficulty answering this item because he did not think his depression fit in any of the categories.

SVYMOTIV – One participant again noted that he thought we should have a response alternative that captured dealing with emotions. The other participant who was routed to this item was able to successfully match his answer to a response alternative.

Special Drugs

SD01 – Consistent with findings from Phase 2.1 interviews, popular examples of OTC drugs for use just to get high were “Nyquil,” “Benadryl,” and the generic terms such as “cough syrup,” or “cough medicine.” Others mentioned were “mouthwash,” “paragesic,” “triple-C,” “No-doze,” “Sudafed,” “Vicks,” Robitussin,” “Formula 44,” “sleep aids,” “Tylenol,” and “Tylenol PM.” One participant mentioned “purple drink” which seemed to be similar to a substance a participant in a Phase 2.1 interview mentioned. However, we believe a prescription drug may be involved with this substance. One other participant mentioned “red juice,” describing an OTC syrup.

Blunts

MJMM – It was clear to all five of the participants who were routed to this item that the question was asking about marijuana prescribed by a doctor. In response to the probe, all five mentioned prescribed use. Two participants differentiated this use from use with marijuana bought from “someone else” or “someone on the street.”

Substance Dependence and Abuse

DRPR -- One participant reported heavy use of prescription pain relievers. Some of this was misuse, but much of it was prescribed use. It was evident she was not clear this question was asking about misuse.

Recommendation: Consider listing drugs the respondent has misused to clarify which drugs respondents should be thinking of while answering this question. This will also provide a reminder about which drugs are pain relievers, as opposed to other classes of drugs.

Recommendation: Confirm that these questions should use the clause “or that you used only for the experience or feeling they caused” as there seemed to be some disagreement or confusion about this.

Drug Treatment

TX04c – One participant was unsure whether AA should be counted for this item.

Recommendation: Discuss moving the AA item earlier in the sequence of treatment questions so that it comes first.

Health

HLTH04 – None of the participants reported or displayed any problems answering about their height. One participant was unsure how to continue after typing in his answer for “feet.” He asked, “Do I press enter?”

HLTH18 – One adolescent participant was unclear whether the question included going with someone else to the hospital for their inpatient stay.

HLTH19 – Generally speaking, participants listed and counted valid medical professionals to report an answer. One reported a visit to a dentist.

HLTH22 – Three participants reported doctors discussing their drinking with them. These reports included only being asked on a form, being asked anytime one saw a new doctor, and a general discussion about “overindulgence” that was unrelated to actual use.

HLTH25 – One participant listed a number of health conditions, but upon probing indicated that he was reporting times his doctor had asked or discussed these with him. It seems he may have confused language in HLTH22 with that in HLTH25—that is language about a doctor discussing these issues with him.

QI12AN – Two participants had difficulty understanding this question. Each had trouble understanding what types of welfare or public assistance should be reported.

Recommendation: Add a bulleted list of the types of welfare respondents should include when reporting.

Back End Demographics

QD17 – Nine participants said that they would correctly report being in school even if they were on summer break. One said he was answer “no” even if he was on spring or summer break.

QD18 – A hypothetical question was asked of participants about being between 7th and 8th grades. One participant incorrectly said she would say the 7th grade.

QD07 – One participant was unhappy with the omission of a response category for cohabiting. He said he has been in a committed relationship for approximately four years and thinks the category “have never been married” does not accurately reflect his situation.

QD26 – None of the participants had trouble answering this question about whether they had worked at a job or business in the past week.

QD49 - Participants did not have any problems understanding this item about whether their workplace had drug or alcohol testing as part of the hiring process.

QD50 – One participant was probed on this item and he correctly understood what was meant by drug testing “random basis.” He said it means “out of the blue...like names out of hat and you pick one.”

PERAGEYR – One participant was unable to answer this question about the age of each household member because he did not know his parents’ ages.

Income

INTRTINN – This item about sources of income may be confusing to some respondents since the item is now self-administered whereas it was previously interviewer administered.

Recommendation: Consider modifying language for this item since it is now self-administered where as it was previously interviewer administered. For example, use of the term “we” in the clause “those we just talked about” might be awkward since the respondent is interacting with a computer.

Proxy Tutorial

In general, proxy participants for this round found the tutorial “easy” or “straightforward.” One proxy participant asked for clarification about whether she could proceed before reviewing all instructions. In another interview, an interviewer noted that for proxy respondents who have previously completed an interview or proxy interview there was no transition screen making for an awkward transition to the ACASI questions.

Recommendation: Add a screen at the beginning of the *front-end* proxy tutorial that allows respondents who have previously completed a NSDUH interview or proxy interview to complete an abbreviated rather than full tutorial.

Recommendation: We should add one more screen to the proxy tutorial transition that indicates that the interviewer should turn the computer over to a proxy who has already completed the tutorial elsewhere.

Recommendation: INTROINC says, These questions refer to the calendar year 2011 rather than to the past 12 months that were referred to in some earlier questions. We recommend not using this paragraph when there is a proxy, because they have not answered a large battery of questions with a reference period of the past 12 months. QHI14 is the only question in the health insurance and income items that asks about the past 12 months. This question asks about the number of months in the past 12 that the sample person was without health insurance.

Additional notes

The Substance Dependence and Abuse section, starting at screen INTRODR, only requires having smoked 'all or part of a cigarette' one time in the past 30 days for a respondent to receive questions about abuse. One respondent had only smoked one cigarette and many questions did not apply to him.

Recommendation: Consider whether there should be a higher barrier of entry to this and similar sections of the Dependence module.

Currently the calendar and calendar reminders are only provided in the core items.

Recommendation: Add calendars and calendar reminders throughout the instrument.

Appendix F
Variable Wording Crosswalk

Attachment F. Variable Wording Crosswalk

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
V2b (new question, tested, no problems)	Phase 2	[IF QD10 = 2] Are you currently serving full-time in a Reserve component? Full-time service does not include annual training for the Reserves or National Guard.	No changes between initial testing and final QFT wording.	This question was added to attempt to better identify respondents in the Reserves.	Not included in 2012
QD05 (not tested, implemented in QFT)	NA	<p>QD05 HAND R SHOWCARD 2 Which of these groups describes you? Just give me the number or numbers from the card.</p> <p>1 WHITE</p> <p>2 BLACK OR AFRICAN AMERICAN</p> <p>3 AMERICAN INDIAN OR ALASKA NATIVE (AMERICAN INDIAN INCLUDES NORTH AMERICAN, CENTRAL AMERICAN, AND SOUTH AMERICAN INDIANS)</p> <p>4 NATIVE HAWAIIAN</p> <p>5 GUAMANIAN OR CHAMORRO</p> <p>6 SAMOAN</p> <p>7 OTHER PACIFIC ISLANDER</p> <p>8 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE)</p> <p>9 OTHER (SPECIFY)</p>	<p>QD05 HAND R SHOWCARD 2 Which of these groups describes you? Just give me the number or numbers from the card.</p> <p>1 WHITE</p> <p>2 BLACK OR AFRICAN AMERICAN</p> <p>3 AMERICAN INDIAN OR ALASKA NATIVE (AMERICAN INDIAN INCLUDES NORTH AMERICAN, CENTRAL AMERICAN, AND SOUTH AMERICAN INDIANS)</p> <p>4 NATIVE HAWAIIAN</p> <p>5 OTHER PACIFIC ISLANDER</p> <p>6 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE)</p> <p>7 OTHER (SPECIFY)</p>	After testing, added two new race categories to this question in response to feedback.	<p>QD05 HAND R SHOWCARD 2 Which of these groups describes you? Just give me the number or numbers from the card.</p> <p>1 WHITE</p> <p>2 BLACK OR AFRICAN AMERICAN</p> <p>3 AMERICAN INDIAN OR ALASKA NATIVE (AMERICAN INDIAN INCLUDES NORTH AMERICAN, CENTRAL AMERICAN, AND SOUTH AMERICAN INDIANS)</p> <p>4 NATIVE HAWAIIAN</p> <p>5 OTHER PACIFIC ISLANDER</p> <p>6 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE)</p> <p>7 OTHER (SPECIFY)</p>
QD10c (new)	Phase 2	[IF QD10a=1] Did you ever serve on active duty in the United States	No changes between initial testing and final QFT wording.	This question was added to better determine if	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
question, tested, no problems)		Armed Forces or Reserve components in a military combat zone or an area where you drew imminent danger pay or hostile fire pay?		respondents who indicate that they are on active duty are actually in a Reserve component.	
QD11 (modified question; tested; problems found; revised for final QFT)	Phase 2	<p>HAND R SHOWCARD 5. What is the highest grade or year of school you have completed? Just give me the number from the card.</p> <p>INCLUDE JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE TECHNICAL SCHOOLS (BEAUTICIAN, MECHANIC, ETC.).</p> <p>0 NO SCHOOLING COMPLETED 1 1ST GRADE COMPLETED 2 2ND GRADE COMPLETED 3 3RD GRADE COMPLETED 4 4TH GRADE COMPLETED 5 5TH GRADE COMPLETED 6 6TH GRADE COMPLETED 7 7TH GRADE COMPLETED 8 8TH GRADE COMPLETED 9 9TH GRADE COMPLETED 10 10TH GRADE COMPLETED 11 11TH GRADE COMPLETED 12 REGULAR HIGH SCHOOL DIPLOMA 13 12TH GRADE, NO DIPLOMA 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION 15 SOME COLLEGE CREDIT, BUT NO DEGREE 16 ASSOCIATE’S DEGREE (FOR EXAMPLE, AA, AS) 17 BACHELOR’S DEGREE (FOR</p>	<p>What is the highest grade or year of school you have completed?</p> <p>INCLUDE JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE TECHNICAL SCHOOLS (BEAUTICIAN, MECHANIC, ETC.).</p> <p>0 NO SCHOOLING COMPLETED 1 1ST GRADE COMPLETED 2 2ND GRADE COMPLETED 3 3RD GRADE COMPLETED 4 4TH GRADE COMPLETED 5 5TH GRADE COMPLETED 6 6TH GRADE COMPLETED 7 7TH GRADE COMPLETED 8 8TH GRADE COMPLETED 9 9TH GRADE COMPLETED 10 10TH GRADE COMPLETED 11 11TH GRADE COMPLETED 12 12TH GRADE, NO DIPLOMA 13 REGULAR HIGH SCHOOL DIPLOMA 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION 15 SOME COLLEGE CREDIT, BUT NO DEGREE 16 ASSOCIATE’S DEGREE (FOR EXAMPLE, AA, AS) 17 BACHELOR’S DEGREE (FOR EXAMPLE, BA, BS) 18 MASTER’S DEGREE (FOR</p>	<p>The original question used in 2012 had no category for completing the 12th grade without receiving a diploma. This category was inserted as response #12, but during testing it was found that the order of categories could be confusing to some respondents. As a result of testing, categories 12 and 13 were reversed so that category 12 now represents a high school diploma and 13 means 12th grade, but no diploma.</p>	<p>HAND R SHOWCARD 4. What is the highest grade or year of school you have completed?</p> <p>Please tell me the number from the card.</p> <p>INCLUDE JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE TECHNICAL SCHOOLS (BEAUTICIAN, MECHANIC, ETC.).</p> <p>0 NEVER ATTENDED SCHOOL 1 1ST GRADE COMPLETED 2 2ND GRADE COMPLETED 3 3RD GRADE COMPLETED 4 4TH GRADE COMPLETED 5 5TH GRADE COMPLETED 6 6TH GRADE COMPLETED 7 7TH GRADE COMPLETED 8 8TH GRADE COMPLETED 9 9TH GRADE COMPLETED 10 10TH GRADE COMPLETED 11 11TH GRADE COMPLETED 12 12TH GRADE COMPLETED 13 COLLEGE OR UNIVERSITY / 1ST YEAR COMPLETED 14 COLLEGE OR UNIVERSITY / 2ND YEAR COMPLETED 15 COLLEGE OR UNIVERSITY / 3RD YEAR COMPLETED 16 COLLEGE OR UNIVERSITY / 4TH YEAR COMPLETED</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		EXAMPLE, BA, BS) 18 MASTER'S DEGREE (FOR EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA) 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD) 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD) DK/REF	EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA) 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD) 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD) DK/REF		17 COLLEGE OR UNIVERSITY / 5TH OR HIGHER YEAR COMPLETED DK/REF
(CGCOLOR) (new question; tested; problems found; dropped from QFT)	Phase 2	Item dropped from questionnaire.	CGCOLOR [IF (CG11 = 1-2 OR CG11 = 4 OR CG11 = 7 OR CG11 = 10 OR CG11 = 12 OR CG11 = 14 OR CG11 = 17-21 OR CG11 = 24-25 OR CG11a = 31 AND CG13 = 1) OR IF (RCG11 = 1-2 OR RCG11 = 4 OR RCG11 = 7 OR RCG11 = 10 OR RCG11 = 12 OR RCG11 = 14 OR RCG11 = 17-21 OR RCG11 = 24-25 OR RCG11a = 31 AND RCG13 = 1) OR IF (RRCG11 = 1-2 OR RRCG11 = 4 OR RRCG11 = 7 OR RRCG11 = 10 OR RRCG11 = 12 OR RRCG11 = 14 OR RRCG11 = 17-21 OR RRCG11 = 24-25 OR RRCG11a = 31 AND RRCG13 = 1)] What color is the pack of [CG11/CG11a/RCG11/RCG11a/RRCG11/RRCG11a FILL] cigarettes you smoked most often during the past 30 days? 1 Blue 2 Green 3 Gold 4 Red 5 Silver 6 White	Recent legislation banned cigarette manufacturers from using terms on packaging that referred to cigarette strength. In an attempt to continue to track trends in the types of cigarettes most smoked, a new question was developed to capture data based on the new cigarette color code system. Most respondents had a problem with the question and reported that the cigarette packaging included multiple colors, indicating that participants failed to understand the purpose of the question.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
			7 Some other color DK/REF		
(CGCLR2) (new question; tested; problems found; dropped from QFT)	Phase 2	Item dropped from questionnaire.	CGCLR2 [IF CGCOLOR = 7] Please type in the color of the pack of cigarettes you smoked most often during the past 30 days.	This follow-up question to an answer of "Some other color" to CGCOLOR was removed along with the initial question due to participant misunderstanding of the question.	Not included in 2012
CG25 (CG17REV) (question revised in order to administer abbreviated core for cognitive interviewing; new wording tested and implemented)	Phase 1	The next questions are about your use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." Have you ever used "smokeless" tobacco, even once?	Have you ever , even once, tried any "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus"?	An abbreviated core module was used for cognitive interviewing. The version of the smokeless tobacco question that was used eliminated the introductory wording, "The next questions are about your use of . . ." since only the lifetime use of smokeless tobacco was assessed. The revised wording that was tested and maintained combined snuff and chewing tobacco, since incidence use rates of these are quite low. In addition, a new product called "snus" has recently emerged on the market and it is also included in the QFT wording. No changes to the question were made as a result of the testing.	These next questions are about your use of snuff, sometimes called dip. Snuff is a finely ground form of tobacco that usually comes in a container called a tin. You can use snuff by placing a pinch or dip in your mouth between your lip and gum or between your cheek and gum. Snuff can also be inhaled through the nose. Snuff is sold in both loose form and in ready-to-use packets. Have you ever used snuff, even once?
ALREF	Phase 1	<i>NOTE: Example text from ALREF is</i>	ALREF [IF AL01 = REF] The answers	A streamlined version of	[IF AL01 = REF] The answers that

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
(question revisions were tested; revisions were eliminated from QFT)		<p><i>displayed below. Equivalent text was used for MJREF, CCREF, HEREF, and MEREF.</i></p> <p>[IF AL01 = REF] The answers that people give us about their use of alcohol are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.</p> <p>Please think again about answering this question: Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.</p>	<p>people give about their use of alcohol are important. Remember, your answers will be kept confidential.</p> <p>Please think again about answering this question: Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.</p>	<p>this question was tested in the cognitive interviewing. Words that were not considered essential were removed to minimize burden on respondents.</p>	<p>people give us about their use of alcohol are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.</p> <p>Please think again about answering this question: Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.</p>
AL08 (new question, tested, no problems, implemented for QFT)	Phase 1	<p>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.</p>	<p>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.</p>	<p>This item was revised to ask females about drinking 4 or more drinks on the same occasion in the Alcohol section. Previously, this information was obtained in the Consumption of Alcohol module.</p>	<p>During the past 30 days, that is, since [DATEFILL], on how many days did you have 5 or more drinks on the same occasion? By 'occasion,' we mean at the same time or within a couple of hours of each other.</p>
MRJINTRO & MJ01 (question revisions were tested; revisions were eliminated from QFT)	Phase 1	<p>MRJINTRO The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.</p>	<p>MJ01 The next question is about marijuana and hashish. Marijuana is also called pot, grass, or weed. Marijuana is usually smoked, either in cigarettes, called "joints", in cigars, called "blunts", or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.</p>	<p>For the cognitive interviewing we initially tested a version of the lifetime marijuana question as part of the abbreviated core. This question incorporated the introductory language and referenced only one "next question"</p>	<p>The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>Press [ENTER] to continue.</p> <p>MJ01 Have you ever, even once, used marijuana or hashish?</p>	<p>Have you ever, even once, used marijuana or hashish, or smoked part or all of a cigar with marijuana in it, called a “blunt”?</p>	<p>since subsequent questions to lifetime use were not included. The term “weed” was included since it is a commonly used term for marijuana. Additionally, the cognitive interviewing tested inclusion of “blunts” in the main marijuana module. Combining blunts with main marijuana use was desired because of interest in streamlining the instrument and consolidating marijuana use in one module.</p>	<p>Press [ENTER] to continue.</p> <p>MJ01 Have you ever, even once, used marijuana or hashish?</p>
<p>HE01 (question revisions were tested; no advantage was found; dropped from QFT)</p>	<p>Phase 1</p>	<p>Have you ever, even once, used heroin?</p>	<p>This next question is about heroin.</p> <p>Have you ever, even once, used heroin, including “black tar heroin” or “cheese”?</p>	<p>Alternate terms for heroin, “black tar heroin” and “cheese” were tested but were not included in the QFT since cognitive interview respondents did not tend to recognize them.</p>	<p>Have you ever, even once, used heroin?</p>
<p>HALINTRO (question was revised to administer abbreviated version of core drugs module for cognitive interviewing only.)</p>	<p>Phase 1</p>	<p>The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real.</p> <p>A list of some common hallucinogens is shown below. These and many other substances that people use as hallucinogens are often known by street names, and</p>	<p>The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real.</p> <p>Press [ENTER] to continue.</p>	<p>The introductory text to hallucinogens was removed as part of creating an abbreviated core drugs module for the cognitive interviewing. Since only lifetime use was asked about each substance, the full list of hallucinogens was not</p>	<p>The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real.</p> <p>A list of some common hallucinogens is shown below. These and many other substances that people use as hallucinogens are often known by street names, and</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>we can't list them all. Please take a moment to look at the substances listed below so you know what kind of drugs the next questions are about.</p> <p>LSD, also called 'acid' PCP, also called 'angel dust' or phencyclidine Peyote Mescaline Psilocybin 'Ecstasy', also called MDMA Ketamine, also called "Special K" or "Super K" DMT, also called dimethyltryptamine AMT, also called alpha-methyltryptamine Foxy, also called 5-MeO-DIPT Salvia divinorum</p> <p>Press [ENTER] to continue.</p>		<p>included prior to the list of lifetime use questions. The QFT wording included examples of all Hallucinogens asked about in the module, including the three substances that were added to the module.</p>	<p>we can't list them all. Please take a moment to look at the substances listed below so you know what kind of drugs the next questions are about.</p> <p>LSD, also called 'acid' PCP, also called 'angel dust' or phencyclidine Peyote Mescaline Psilocybin 'Ecstasy', also called MDMA</p> <p>Press [ENTER] to continue.</p>
LS01i (no change tested)	Phase 1	Have you ever, even once, used Ketamine, also called "Special K" or "Super K"?	No changes between initial testing and final QFT wording.	Question moved from Special Drugs module to a more appropriate location in Hallucinogens.	<p>Have you ever, even once, used Ketamine, also called "Special K" or "Super K"?</p> <p>1 Yes 2 No DK/REF</p>
LS01j (existing question moved to new module; no wording changes)	Phase 1	<p>Have you ever, even once, used any of the following:</p> <p>DMT, also called dimethyltryptamine AMT, also called alpha-methyltryptamine, or</p>	No changes between initial testing and final QFT wording.	Question moved from Special Drugs module to a more appropriate location in Hallucinogens.	<p>Have you ever, even once, used any of the following:</p> <p>DMT, also called dimethyltryptamine, AMT, also called alpha-methyltryptamine, or</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		Foxy, also called 5-MeO-DIPT?			Foxy, also called 5-MeO-DIPT?
LS01k (existing question moved to new module; no wording changes)	Phase 1	Have you ever , even once, used Salvia divinorum?	No changes between initial testing and final QFT wording.	Question moved from Special Drugs module to a more appropriate location in Hallucinogens.	Have you ever, even once, used Salvia divinorum?
INHINTRO (question revisions were tested; revisions were eliminated from QFT)	Phase 1	<p>These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.</p> <p>We are not interested in times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline. The questions use the word ‘inhalant’ to include all the things listed below, as well as any other substances that people sniff or inhale for kicks or to get high. Take a moment to look at the substances listed below so you know what kinds of liquids, sprays, and gases these questions are about.</p> <p>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</p>	<p>These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.</p> <p>Please do not include times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline. The questions use the word “inhalant” to include any substances that you sniffed or inhaled for kicks or to get high</p> <p>Press [ENTER] to continue.</p>	A streamlined version of the inhalants introduction was tested in the cognitive interviewing. Words that were not considered essential were removed to minimize burden on respondents.	<p>These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.</p> <p>We are not interested in times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline. The questions use the word ‘inhalant’ to include all the things listed below, as well as any other substances that people sniff or inhale for kicks or to get high. Take a moment to look at the substances listed below so you know what kinds of liquids, sprays, and gases these questions are about.</p> <p>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</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		solvents Lighter gases, such as butane or propane Nitrous oxide or ‘whippits’ Felt-tip pens, felt-tip markers, or magic markers Spray paints Computer keyboard cleaner, also known as air duster Other aerosol sprays Press [ENTER] to continue.			solvents Lighter gases, such as butane or propane Nitrous oxide or ‘whippits’ Spray paints Other aerosol sprays Press [ENTER] to continue.
IN01h1 (new question, tested, no problems)	Phase 1	Have you ever , even once, inhaled felt-tip pens, felt-tip markers, or magic markers for kicks or to get high?	No changes between initial testing and final QFT wording.	This question was added because of references to felt-tip pens, felt-tip markers, and magic markers in the write-in data in inhalants in the annual survey.	Not included in 2012
IN01ii (new question tested, problems found, revised for QFT)	Phase 1	Have you ever , even once, inhaled computer keyboard cleaner, also known as air duster , for kicks or to get high?	In the past 12 months , have you inhaled canned air for kicks or to get high?	This question was added because of references to computer keyboard cleaner and canned air in the write-in data in inhalants in the annual survey. In the cognitive interviewing, participants often did not know what “canned air” was. New terms were selected based on cognitive interviewing results.	Not included in 2012
ME01 (SD17a) (existing question moved to new module,	Phase 1	Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, “snorted,” swallowed or	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules. Items measuring methamphetamine use	Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, “snorted,” swallowed or

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
no changes)		<p>injected.</p> <p>Have you ever, even once, used methamphetamine?</p>		were moved from the Stimulants module to this new module.	injected. Have you ever, even once, used Methamphetamine?
ME02 (question moved to new module, no changes)	Phase 2	How old were you the first time you used methamphetamine?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	SDME01 How old were you the first time you used Methamphetamine?
MELAST3 (question moved to new module, no changes)	Phase 2	How long has it been since you last used methamphetamine?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	SD17b How long has it been since you last used Methamphetamine?
MEFRAME3 (question moved to new module, no changes)	Phase 2	<p>Now think about the past 12 months, from [DATEFILL] through today. We want to know how many days you've used methamphetamine during the past 12 months.</p> <p>What would be the easiest way for you to tell us how many days you've used it?</p>	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	<p>Now think about the past 12 months, from [DATEFILL] through today. We want to know how many days you've used Methamphetamine during the past 12 months.</p> <p>What would be the easiest way for you to tell us how many days you used Methamphetamine?</p>
MERAVE (question moved to new module, no changes)	Phase 2	On how many days in the past 12 months did you use methamphetamine?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	On how many days in the past 12 months did you use Methamphetamine?
MEMONAVE (question moved to new module, minor changes)	Phase 2	On average, how many days did you use methamphetamine each month during the past 12 months?	No changes between initial testing and final QFT wording.	A new module was created for methamphetamine in the core drugs modules.	On average, how many days each month during the past 12 months did you use Methamphetamine?
MEWKAVE	Phase 2	On average, how many days did you	No changes between initial testing and	A new module was	On average, how many days each

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
(question moved to new module, no changes)		use methamphetamine each week during the past 12 months?	final QFT wording.	created for methamphetamine in the core drugs modules.	week during the past 12 months did you use Methamphetamine?
ME06 (new question, tested, no changes)	Phase 2	[IF MELAST3 =1 OR MERECDK = 1 OR MERECRE = 1] Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use methamphetamine?	No changes between initial testing and final QFT wording.	As part of creating a new methamphetamine module, a new 30-day methamphetamine use variable was created.	Not included in 2012
INTROPR (new question tested, no changes)	Phase 1	These next questions are about any use of prescription pain relievers . Please do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve. Press [ENTER] to continue.	These next questions are about the use of prescription pain relievers . Please do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve. Press [ENTER] to continue.	This question was added to introduce the new prescription pain relievers module.	Not included in 2012
PR01-PR03 PR08 PR10 ST01-ST04 ST05 ST06-ST07 (question tested, problems identified, question revised)	PR01 ST01, ST02, ST03, ST04, ST06, & ST07 – Usability PR02, PR03, PR08, PR10, & ST05 – Phase 1 TR01 & SV01 – Phase 2	<i>NOTE: Example text from PR01 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> Please look at the names and pictures of the pain relievers shown below. Please note that some forms of these pain relievers may look different from the pictures, but you should include any form that you have used. PROGRAMMER: DISPLAY PILLS HERE FOR VICODIN, LORTAB, LORCET, AND HYDROCODONE. In the past 12 months , which, if any,	PR01A. Please look at the pictures of the pain relievers shown below. In the past 12 months , have you used any of these pain relievers in either of these ways? <ul style="list-style-type: none"> Without a prescription of your own, or Just for the effect it has on you – not for its intended medical use PR01A1. [IF PR01A = 1] Please look at the pictures of the pain relievers shown below. Which of these pain relievers	Initial versions of the prescription drugs screener questions were written to capture misuse only. Subsequent to usability testing, the question was revised to capture first all types of use then follow up specific substances endorsed with questions about misuse.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>of these pain relievers have you used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>	<p>did you use in the past 12 months in either of these ways?</p> <ul style="list-style-type: none"> • Without a prescription of your own, or • Just for the effect it has on you – not for its intended medical use <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>		
<p>PR04 PR06-PR07</p> <p>TR04 (new question, problems found, question revised.)</p>	<p>PR04, PR06, & PR07 – Phase 1</p> <p>TR04 – Phase 2</p>	<p><i>NOTE: Example text from PR04 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>Please look at the names and pictures of the pain relievers shown below. Remember, some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.</p> <p>PROGRAMMER: DISPLAY PILLS HERE FOR ULTRAM, ULTRAM ER, ULTRACET, RYZOLT, AND TRAMADOL.</p> <p>In the past 12 months, which, if any, of these pain relievers have you</p>	<p>Please look at the names and pictures of the pain relievers shown below.</p> <p>PROGRAMMER: DISPLAY PILLS HERE FOR ULTRAM, ULTRAM ER, ULTRACET, RYZOLT, AND TRAMADOL.</p> <p>In the past 12 months, which, if any, of these pain relievers have you used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>	<p>Original test of wording yielded results that participants were asking whether certain prescription drugs should be included even though they looked different from what was in the pictures. Reminder language was added to every 2-4 screens to remind respondents that the pictures may look different from the form pictured but that they should still be included.</p>	<p>Not included in 2012</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>			
<p>PR05 (question tested in cognitive interviewing, problem found, minor changes made)</p>	<p>Phase 1</p>	<p>Please look at the names and pictures of the pain relievers shown below.</p> <p>PROGRAMMER: DISPLAY PILLS HERE FOR TYLENOL WITH CODEINE AND CODEINE.</p> <p>In the past 12 months, which, if any, of these pain relievers have you used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>SHOW 12-MONTH CALENDAR ON SCREEN.</p> <p>1 Tylenol with codeine 3 or 4 2 Codeine pills 95 I have not used any of these pain relievers in the past 12 months DK/REF</p>	<p>Please look at the names and pictures of the pain relievers shown below.</p> <p>PROGRAMMER: DISPLAY PILLS HERE FOR TYLENOL WITH CODEINE AND CODEINE.</p> <p>In the past 12 months, which, if any, of these pain relievers have you used?</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>SHOW 12-MONTH CALENDAR ON SCREEN.</p> <p>1 Tylenol with codeine 2 Codeine pills 95 I have not used any of these pain relievers in the past 12 months DK/REF</p>	<p>Initially, “Tylenol with codeine” was confusing to some respondents and respondents asked if “Tylenol 3” or “Tylenol 4” should be included. “3 or 4” was added to the question to further specify.</p>	<p>Not included in 2012</p>
<p>PR11 TRO6 ST06 SV06 (Change</p>	<p>PR11 & ST06-Phase 1</p>	<p>In the past 12 months, have you used any other prescription pain reliever?</p>	<p>No changes between initial testing and final QFT wording.</p>	<p>The prescription drugs modules were revised to ask first about all types of use. Respondents</p>	<p>Not included in 2012</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
tested, no problems found, implemented in QFT.)	TR06 & SV06-Phase 2	Remember, do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve.		received follow up questions about misuse only of specific drugs that were used. This particular item was administered when no use of prescription drugs within a given category (pain reliever, tranquilizer, stimulant, sedative) was endorsed.	
PR12 TR07 ST07 SV07 (Change tested, no problems found, implemented in QFT.)	PR12 & ST07—Phase 1 TR07 & SV07—Phase 2	[IF PR12MON = 2] Have you ever , even once, used any prescription pain reliever ? Remember, do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve.	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when no 12-month use of prescription drugs within a given category (pain reliever, tranquilizer, stimulant, sedative) was endorsed.	Not included in 2012
INTROTR INTROSV (Change tested, minor problems found, implemented in QFT.)	Phase 2	<i>NOTE: Example text from INTROTR is displayed below. Semi-equivalent text was used for INTROSV.</i> These next questions are about any use of prescription tranquilizers . Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers “nerve pills.”	These next questions are about the use of prescription tranquilizers . Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers “nerve pills.” Press [ENTER] to continue.	These questions were added to introduce the new prescription tranquilizer and sedative screener modules. Minor wording revisions were made after testing.	These next questions ask about the use of tranquilizers . Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers ‘nerve pills.’ Ask your interviewer to show you Card B.

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		Press [ENTER] to continue.			
INTROST (Change tested, minor problems found, implemented in QFT.)	Phase 1	These next questions are about any use of prescription stimulants . People sometimes take these drugs for attention deficit disorders, to lose weight, or to stay awake. Please do not include “over-the-counter” stimulants such as Dexatrim, No-Doz, Hydroxycut, or 5-Hour Energy. Press [ENTER] to continue.	These next questions are about the use of prescription stimulants . People sometimes take these drugs for attention deficit disorders, to lose weight, or to stay awake. Please do not include “over-the-counter” stimulants such as Dexatrim or No-Doz. Press [ENTER] to continue.	This question was added to introduce the new prescription stimulants screener module. Minor wording revisions were made after testing to include additional examples.	These next questions ask about the use of drugs such as amphetamines that are known as stimulants , ‘uppers,’ or ‘speed.’ People sometimes take these drugs to lose weight, to stay awake, or for attention deficit disorders. We are not interested in the use of “over-the-counter” stimulants such as Dexatrim or No-Doz that can be bought in drug stores or grocery stores without a doctor’s prescription. Ask your interviewer to show you Card C.
PRL01 TRL01 STL01 SVL01 (Change tested, no problems found, implemented in QFT.)	PRL01 & STL01— Phase 1 TRL01 & SVL01— Phase 2	<i>NOTE: Example text from PRL01 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [IF PR12=1] Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it?	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when 12 month use of prescription drugs within a given category (pain reliever, tranquilizer, stimulant, sedative) was endorsed but no misuse was ever endorsed when follow up questions were asked about specific drugs.	<i>NOTE: Example text from PR05 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> Have you ever, even once, used any other prescription pain reliever, besides the ones shown on Card A, when it was not prescribed for you or that you took only for the experience or feeling it caused?
PRY01—	Usability	<i>NOTE: Example text from PRY01 is</i>	PR01C. Please look at the pictures of	The revised prescription	[IF PR04 = 1] Which of the pain

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
PRY04 PRY24 PRY32— PRY34 PRY37 (Change tested, wording improvement identified, implemented in QFT.)		<p><i>displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>[IF PR01=1] In the past 12 months, did you use Vicodin in any way a doctor did not direct you to use it?</p> <p>If you want to see these ways again, press F2.</p> <ul style="list-style-type: none"> Without a prescription of your own. In greater amounts, more often, or longer than you were told to take it In any other way a doctor did not direct you to use it. 	<p>the pain relievers shown below. In the past 12 months, have you used any of these pain relievers in any of these ways?</p> <ul style="list-style-type: none"> Without a prescription of your own, In greater amounts, more often, or longer than you were told to take it, or Just for the effect it has on you – not for its intended medical use <p>1 Yes 2 No DK/REF</p> <p>PR01C1. [IF PR01C = 1] Please look at the pictures of the pain relievers shown below. Which of these pain relievers did you use in the past 12 months in any of these ways?</p> <ul style="list-style-type: none"> Without a prescription of your own, In greater amounts, more often, or longer than you were told to take it, or Just for the effect it has on you – not for its intended medical use 	<p>drugs questions ask about misuse of drugs endorsed for any type of 12 month use in the screener. The initial wording of the third component of the definition of misuse, “Just for the effect it has on you – not for its intended medical use” did not help test participants identify misuse so it was revised to the final QFT wording. Also, the wording in the 2012 survey only collected estimates of lifetime use of individual prescriptions, while the new questions collect past year use of individual drugs.</p>	<p>relievers shown below the red line on Card A have you used when they were not prescribed for you or that you took only for the experience or feeling they caused?</p> <p>To select more than one drug from the list, press the space bar between each number you type. When you have finished, press [ENTER].</p> <p>4 Codeine 5 Demerol 6 Dilaudid 7 Fioricet 8 Fiorinal 9 Hydrocodone 10 Methadone 11 Morphine 12 OxyContin 13 Phenaphen with Codeine 14 Propoxyphene 15 SK-65 16 Stadol 17 Talacen 18 Talwin 19 Talwin NX 20 Tramadol 21 Ultram DK/REF</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
			<p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 Vicodin 2 Lortab 3 Lorcet 4 Hydrocodone DK/REF</p>		
PRY05-PRY17 PRY19 PRY20— PRY23 PRY25— PRY33 PRY35— PRY36 PRY38— PPRY39 TRY01— TRY18 STY01— STY23 SVY01— SVY16 (Change tested, wording)	Phase 1	<p>[IF PR02=1] In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it?</p> <p>If you want to see these ways again, press F2.</p> <ul style="list-style-type: none"> Without a prescription of your own. In greater amounts, more often, or longer than you were told to take it In any other way a doctor did not direct you to use it. 	<p><i>NOTE: Example text from PRY05 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>[IF PR02=1] In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it?</p>	<p>Cognitive testing identified repetitive nature of prescription drugs module questions with long definitions of misuse and raised concerns about respondent fatigue. As a result, the definition was displayed as optional text available by pressing F2 key on some screens.</p>	<p>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?</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
improvement identified, implemented in QFT.)					
PRY18 (Change tested, wording improvement identified, implemented in QFT.)	Phase 1	[IF PR05=1] 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?	[IF PR05=1] In the past 12 months, did you use Tylenol with codeine in any way a doctor did not direct you to use it?	Initially, “Tylenol with codeine” was confusing to some respondents and respondents asked if “Tylenol 3” or “Tylenol 4” should be included. “3 or 4” was added to the question to further specify.	Please look at the pain relievers shown in Box 1 above the red line on Card A. Have you ever, even once, used Darvocet, Darvon, or Tylenol with codeine that was not prescribed for you or that you took only for the experience or feeling it caused?
PRY28 (Change tested, wording improvement identified, implemented in QFT.)	Phase 1	[IF PR07=4] In the past 12 months, did you use fentanyl in any way a doctor did not direct you to use it?	[IF PR07=4] In the past 12 months, did you use fentanyl or “China Girl” in any way a doctor did not direct you to use it?	The street name for fentanyl, “China Girl” was not known to cognitive interview participants so it was dropped from the QFT.	Not included in 2012
PRY01a— PRY39a TRY01a— TRY18a STY01a— STY23a SVY01a— SVY16a (Change tested, wording improvement	PRY01a- PRY39a & STY01a- STY23a- Phase 1 TRY01a- TRY18a & SVY01a- SVY16a- Phase 2	<i>NOTE: Example text from PR01a is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [IF PRFIRSTFLAG=1] Please think about the first time you ever used Vicodin in a way a doctor did not direct you to use it. [IF PRY01=1] How old were you when you first used Vicodin in a way a doctor did not direct you to use it?	[IF PRY01=1] How old were you when you first used Vicodin in a way a doctor did not direct you to use it?	An introduction was added to transition from asking about whether groups of drugs were misused to asking about the specifics of that misuse.	<i>NOTE: Example text from PR06 is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> How old were you the first time you used any prescription pain reliever that was not prescribed for you or that you took only for the experience or feeling it caused?

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
identified, implemented in QFT.)					
PRY01b— PRY39b TRY01b— TRY02b STY01b SVY01b— SVY02b (Change tested, no problems found, implemented in QFT.)	PRY01b— PRY39b & STY01b- Phase 1 TRY01b— TRY02b & SVY01b- Phase 2	<i>NOTE: Example text from PRY01b is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [AGE1STPR1 = CURNTAGE AND DATE OF INTERVIEW < DOB OR IF AGE1STPR1 = CURNTAGE - 1 AND DATE OF INTERVIEW ≥ DOB] Did you first use Vicodin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]?	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when 12 month use of a prescription drug was endorsed with first use within at respondent's current age. No change was made to the item as a result of cognitive testing.	Not included in 2012
PRY01c— PRY02c TRY01c— TRY02c STY01c SVY01c— SVY02c (Change tested, no problems found, implemented in QFT.)	PRY01c— PRY02c & STY01c— Phase 1 TRY01c— TRY02c & SVY01c— SVY02c— Phase 2	<i>NOTE: Example text from PRY01c is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i> [IF AGE1STPR2 = CURNTAGE - 1 AND DATE OF INTERVIEW < DOB] Did you first use Lortab in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]?	No changes between initial testing and final QFT wording.	The prescription drugs modules were revised to ask first about all types of use. Respondents received follow up questions about misuse only of specific drugs that were used. This particular question was asked when 12 month use of a prescription drug was endorsed at respondent's age one year younger than their current age. No change was made to the item as a result of cognitive	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
				testing.	
PRY01d— PRY02d TRY01d— TRY02d STY01d SVY01d— SVY02d (Change tested, no problems found, implemented in QFT.)	PRY01d- PRY02d & STY01d— Phase 1 TRY01d- TRY02d & SVY01d- SVY02d— Phase 2	<p><i>NOTE: Example text from PRY01d is displayed below. Equivalent text was used for all listed variables from pain relievers, stimulants, sedatives, and tranquilizers modules.</i></p> <p>[IF PRYFU1 NE 0 AND PRJANFLAG1 = 0 AND PRDECFLAG1=0 AND PR1MTHFLAG1=0]</p> <p>[IF PRYFU1 = CURRENT YEAR OR CURRENT YEAR -1] Earlier, you reported that you first used Vicodin in a way a doctor did not direct you to use it when you were [AGE1STPR1] years old. Based on your date of birth, you turned [AGE1STPR1] in [FILL WITH MONTH/YEAR FOR AGE1STPR1 BASED ON DOB].</p> <p>[IF PRYFU1 NE 0] In what month in [PRYFU1] did you first use Vicodin in a way a doctor did not direct you to use it?</p>	No changes between initial testing and final QFT wording.	This question asked recent initiates of prescription drug misuse about the month of first use of in order to meet a redesign goal of capturing more precise data on first use among recent initiates of drugs. No change was made to the item as a result of cognitive testing.	Not included in 2012
PRM02DKRE TRM02DKRE STM02DKRE SVM02DKRE (Change tested, no problems found, implemented in QFT.)	PRM02DKR E & STM02DKR E— Phase 1 TRM02DKR E & SVM02DKR E—Phase 2	<p><i>NOTE: Example text from PRM02DKRE is displayed below. Equivalent text was used for TRM02DKRE, STM02DKRE, & SVM02DKRE.</i></p> <p>[IF PRM02 = DK/REF] What is your best estimate of the number of days you used [PRNAMEFILL] in any way a doctor did not direct you to use [PRNUMFILL] during the past 30 days?</p>	No changes between initial testing and final QFT wording.	No changes were made to the item as a result of the cognitive testing. In the 2012 survey, details of misuse about individual drugs are not collected. This question was introduced to measure frequency of misuse of all misused substances.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
PRM03 TRM03 STM03 SVM03 (Change tested, no problems found, implemented in QFT.)	PRM03 & STM03— Phase 1 TRM03 & SVM03— Phase 2	<i>NOTE: Example text from PRM03 is displayed below. Equivalent text was used for TRM03, STM03, & SVM03.</i> [IF ALC30USE = 1 and PRMISUSE30 = 1)] During the past 30 days did you use [PRNAMEFILL] in any way a doctor did not direct you to use [PRNUMFILL] while you were drinking alcohol or within a couple of hours of drinking?	No changes between initial testing and final QFT wording.	No changes were made to the item as a result of the cognitive testing. In the 2012 survey, details of misuse with alcohol are collected in the Consumption of Alcohol module. Here it is asked in the relevant prescription drug module.	Think again about this last time you drank any alcoholic beverages, when you had [CA01 FILL] [drink/drinks]. Did you also use [DRUGFILL] while you were drinking or within a couple of hours of drinking?
PRY40 TRY19 STY24 SVY19	PRY40 & STY24— Phase 1 TRY19 & SVY19— Phase 2	<i>NOTE: Example text from PRY40 is displayed below. Equivalent text was used for TRY19, STY24, & SVY19.</i> [IF PR11=1] In the past 12 months, did you use any [IF PR11=1 AND PRYRCOUNT > 1 FILL “other”] prescription pain reliever in a way a doctor did not direct you to use it?	No changes between initial testing and final QFT wording.	No changes were made to the item as a result of the cognitive testing. In the 2012 survey, details of past year misuse about individual drugs are not collected. This question was introduced to measure details of misuse of all misused substances.	Not included in 2012
PRY41 STY25 TRY20 SVY18 Change tested, wording improvement identified, implemented in QFT.)	PRY41 & STY25— Phase 1 TRY20 & SVY18— Phase 2	<i>NOTE: Example text from PRY41 is displayed below. Equivalent text was used for STY25, TRY20, & SVY18.</i> [IF PRMISUSE12=1] Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? To select more than one statement, press the space bar between the numbers. When you have finished, press [ENTER].	[IF PRMISUSE12=1] Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? To select more than one statement, press the space bar between the numbers. 1 At least once, I used [PRNAMEFILL] without a prescription of my own. 2 At least once, I used [PRNAMEFILL] in greater amounts, more often, or for longer than it was prescribed. 3 At least once, I used	This question was added to capture more detail about which ways the respondents misused specific drugs. The “at least once” wording was confusing to some respondents in the first round of cognitive interviewing, so it was removed for subsequent rounds of cognitive interviewing and for the QFT. Additional methods of misuse were also	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>1 I used [PRNAMEFILL] without a prescription of my own.</p> <p>2 I used [PRNAMEFILL] in greater amounts than [IF PRNAMEFILL= "codeine pills" or PRNAMEFILL= "prescription pain relievers" THEN FILL WITH "they were"; ELSE FILL WITH "it was"] prescribed.</p> <p>3 I used [PRNAMEFILL] more often than [IF PRNAMEFILL= "codeine pills" or PRNAMEFILL= "prescription pain relievers" THEN FILL WITH "they were"; ELSE FILL WITH "it was"] prescribed.</p> <p>4 I used [PRNAMEFILL] for longer than [IF PRNAMEFILL= "codeine pills" or PRNAMEFILL= "prescription pain relievers" THEN FILL WITH "they were"; ELSE FILL WITH "it was"] prescribed.</p> <p>5 I used [PRNAMEFILL] in some other way a doctor did not direct me to use [PRNUMFILL]</p>	[PRNAMEFILL] in some other way a doctor did not direct me to use [PRNUMFILL]	identified and added to the response options.	
<p>PRY42B STY26B</p> <p>TRY42B SVY19B (Change tested,</p>	<p>PRY42B & STY26B— Phase 1</p> <p>TRY42B & SVY19B— Phase 2</p>	<p><i>NOTE: Example text from PRY42b is displayed below. Equivalent text was used for STY26b, TRY42B, & SVY19B.</i></p> <p>[IF PRMISUSE12=1 AND PRMISCOUNT=1 AND PRDKREFFLAG=2] Now think about</p>	[IF PRMISUSE12=1 AND PRMISCOUNT=1 AND PRDKREFFLAG=2] Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use it.	Response categories were streamlined and reduced as a result of cognitive interviewing.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
wording improvement identified, implemented in QFT.)		<p>the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use [FILL WITH “them” IF RPRY42A=19. ELSE FILL WITH “it”].</p> <p>[IF PRMISUSE12 = 1] How did you get the [PRLASTFILL]? If you got the [PRLASTFILL] in more than one way, please choose one of these ways as your best answer.</p> <p>1 I got a prescription for the [PRLASTFILL] from just one doctor</p> <p>2 I got prescriptions for the [PRLASTFILL] from more than one doctor</p> <p>3 I stole the [PRLASTFILL] from a doctor’s office, clinic, hospital, or pharmacy</p> <p>4 I got the [PRLASTFILL] from a friend or relative for free</p> <p>5 I bought the [PRLASTFILL] from a friend or relative</p> <p>6 I took the [PRLASTFILL] from a friend or relative without asking</p> <p>7 I bought the [PRLASTFILL] from a drug dealer or other stranger</p> <p>8 I got the [PRLASTFILL] in some other way</p> <p>DK/REF</p>	<p>[IF PRMISUSE12 = 1] How did you get the [PRLASTFILL]? If you got the [PRLASTFILL] in more than one way, please choose one of these ways as your best answer.</p> <p>1 I got a prescription for the [PRLASTFILL] from just one doctor</p> <p>2 I got prescriptions for the [PRLASTFILL] from more than one doctor</p> <p>3 I wrote a fake prescription for the [PRLASTFILL]</p> <p>4 I stole the [PRLASTFILL] from a doctor’s office, clinic, hospital, or pharmacy</p> <p>5 I got the [PRLASTFILL] from a friend or relative for free</p> <p>6 I bought the [PRLASTFILL] from a friend or relative</p> <p>7 I took the [PRLASTFILL] from a friend or relative without asking</p> <p>8 I bought the [PRLASTFILL] from a drug dealer or other stranger</p> <p>9 I bought the [PRLASTFILL] on the Internet</p> <p>10 I got the [PRLASTFILL] in some other way</p> <p>DK/REF</p>		
PRY42C STY26C TRY21C SVY19C	PRY42C & STY26C— Phase 1	<i>NOTE: Example text from PRY42c is displayed below. Equivalent text was used for TRY21C & SVY19C.</i>	No changes between initial testing and final QFT wording.	Wording and fills in this question were adapted to redesign conventions. No changes were made	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
(Change tested, no problems found, implemented in QFT.)	TRY21C & SVY19C— Phase 2	[IF PRY42B=5 AND CALCAGE >=18] You reported that you got the [PRLASTFILL] from a friend or relative for free. How did your friend or relative get the [PRLASTFILL]?		as a result of the cognitive interviewing.	
(PRHOSPYR1 & STHOSPYR1) (Change tested, problems found, dropped from QFT)	Phase 1	Items dropped from questionnaire.	<p><i>NOTE: Example text from PRHOSPYR1 is displayed below. Equivalent text was used for STHOSPYR1.</i></p> <p>[IF PR12MON=1 AND (PR11=1 OR PRYRCOUNT > 1)] The computer recorded that, in the past 12 months, you used [PRHOSPFILL].</p> <p>In the past 12 months, did you use [IF PR11=1 AND PRYRCOUNT=1, THEN FILL WITH PRHOSPFILL. IF PRYRCOUNT > 1 THEN FILL WITH “any of these prescription pain relievers”] only when you were in the hospital? That would include staying in the hospital as an inpatient or being treated in an emergency room.</p> <p>[IF PR12MON=1 AND PR11 NE 1 AND PRYRCOUNT = 1] In the past 12 months, did you use [PRHOSPFILL] only when you were in the hospital? That would include staying in the hospital as an inpatient or being treated in an emergency room.</p>	A question about legitimate use of prescription drugs only while in the hospital was added to the instrument during the cognitive interviewing in order to account for this very specific kind of use that respondents might not be sure how to count. The question confused several respondents so it was eliminated.	Not included in 2012
(PRHOSPYR2 & STHOSPYR2) (Change tested,	Phase 1	Item dropped from questionnaire.	<p><i>NOTE: Example text from PRHOSPYR2 is displayed below. Equivalent text was used for STHOSYR2.</i></p> <p>[IF PRHOSPYR1=1 AND PRYRCOUNT ></p>	This follow up to the previous question assessed which prescription drugs were used only in a hospital	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
problems found, dropped from QFT)			<p>1] Which of these pain relievers did you use only when you were in the hospital in the past 12 months?</p> <p>(LIST DRUGS ANSWERED AS YES IN PR01-PR11. NUMBER RESPONSE OPTIONS SEQUENTIALLY STARTING AT 1, BUT MAINTAIN UNIQUE CODES FOR EACH DRUG. IF PR11=1, DISPLAY "Another prescription pain reliever" AS THE LAST CATEGORY.)</p> <p>To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p>	setting. It was dropped along with the lead-in question due to confusion.	
PRYMOTIV	Phase 2	<p><i>NOTE: Example text from PRYMOTIV is displayed below.</i></p> <p>[IF PRMISCOUNT > 1 OR (PRMISCOUNT = 1 AND PRY40 NE 1 AND PRDKREFFLAG=1)] Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use [FILL WITH 'them" IF RPRY42A=19. ELSE FILL WITH "it"].</p> <p>What were the reasons you used [PRLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 To relieve physical pain 2 To relax or relieve tension</p>	<p>[IF PRMISCOUNT > 1 OR (PRMISCOUNT = 1 AND PRY40 NE 1 AND PRDKREFFLAG=1)] Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use [FILL WITH 'them" IF RPRY42A=19. ELSE FILL WITH "it"].</p> <p>What were the reasons you used [PRLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 To relieve physical pain 2 To relax or relieve tension 3 To experiment or to see what [IF RPRY42A=19 THEN "they're" ELSE "it's"] like</p>	This question was added to gather data about motivation for misuse of Pain Relievers.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>3 To experiment or to see what [IF RPRY42A=19 THEN "they're" ELSE "it's"] like</p> <p>4 To feel good or get high</p> <p>5 To help with my sleep</p> <p>6 To help me with my feelings or emotions</p> <p>7 To increase or decrease the effect(s) of some other drug</p> <p>8 Because I am "hooked" or I have to have [IF RPRY42A=19 THEN "them" ELSE "it"]</p> <p>9 I used [IF RPRY42A=19 THEN "them" ELSE "it"] for some other reason</p> <p>DK/REF</p>	<p>4 To feel good or get high</p> <p>5 To help with my sleep</p> <p>6 To increase or decrease the effect(s) of some other drug</p> <p>7 Because I am "hooked" or I have to have [IF RPRY42A=19 THEN "them" ELSE "it"]</p> <p>8 I used [IF RPRY42A=19 THEN "them" ELSE "it"] for some other reason</p> <p>DK/REF</p>		
TRMOTIV SVMOTIV	Phase 1	<p>[IF SVMISCOUNT > 1 OR (SVMISCOUNT=1 AND SVY17 NE 1 AND SVDKREFFLAG=1)] Now think about the last time you used [SVLASTFILL2] in any way a doctor did not direct you to use it. What were the reasons you used [SVLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1. To relax or relieve tension</p> <p>2. To experiment or to see what it's like</p> <p>3. To feel good or get high</p> <p>4. To help with my sleep</p> <p>5. To help me with my feelings or emotions</p>	<p>[IF SVMISCOUNT > 1 OR (SVMISCOUNT=1 AND SVY17 NE 1 AND SVDKREFFLAG=1)] Now think about the last time you used [SVLASTFILL2] in any way a doctor did not direct you to use it. What were the reasons you used [SVLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1 To relax or relieve tension</p> <p>2 To experiment or to see what it's like</p> <p>3 To feel good or get high</p> <p>4 To help with my sleep</p> <p>5 To increase or decrease the</p>	This question was added to gather data about motivation for misuse of Tranquilizers and Sedatives.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>6. To increase or decrease the effect(s) of some other drug</p> <p>7. Because I am "hooked" or I have to have it</p> <p>8. I used it for some other reason</p> <p>DK/REF</p>	<p>effect(s) of some other drug</p> <p>6 Because I am "hooked" or I have to have it</p> <p>7 I used it for some other reason</p> <p>DK/REF</p>		
STYMOTIV	Phase 2	<p>[IF STMISCOUNT > 1 OR (STMISCOUNT = 1 AND STY26NE 1 AND STDKREFFLAG=1)]Now think about the last time you used [STLASTFILL2] in any way a doctor did not direct you to use [FILL WITH "them" IF RSTY42A=5. ELSE FILL WITH "it"]</p> <p>What were the reasons you used [STLASTFILL2] that time? To select more than one reason from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].</p> <p>1. To help me lose weight</p> <p>2. To help me concentrate</p> <p>3. To help me be alert or stay awake</p> <p>4. To help me study</p> <p>5. To experiment or to see what [IF RSTY42A=5 THEN "they're" ELSE "it's"] like</p>	No changes between initial testing and final QFT wording.	This question was added to gather data about motivation for misuse of Stimulants.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		6. To feel good or get high 7. To increase or decrease the effect(s) of some other drug 8. Because I am “hooked” or I have to have [IF RSTY42A=5 THEN “them” ELSE “it”] 9. I used [IF RSTY42A=5 THEN “them” ELSE “it”] for some other reason DK/REF			
PRMOTOT TRMOTOT STMOTOT SVMOTOT	Phase 2	<i>NOTE: Example text from PRMOTOT is displayed below. Equivalent text was used for TRMOTOT, STMOTOT, & SVMOTOT.</i> [IF PRYMOTIV=9] Please type in the other reason you used [PRLASTFILL2] that time. When you have finished typing your answer, press [ENTER] to go to the next question.	[IF PRYMOTIV=8] Please type in the reason you used [PRLASTFILL2] that time. When you have finished typing your answer, press [ENTER] to go to the next question.	This question was added to gather other, specify data about motivation for misuse of prescription drugs.	Not included in 2012
PRYMOT1	Phase 2	[IF MORE THAN ONE RESPONSE 1-9 CHOSEN IN PRYMOTIV] Which was the main reason you used [PRLASTFILL2] that time? PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN PRYMOTIV 1 To relieve physical pain 2 To relax or relieve tension 3 To experiment or to see	[IF MORE THAN ONE RESPONSE 1-7 CHOSEN IN PRYMOTIV] Which was the main reason you used [PRLASTFILL2] that time? PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN PRYMOTIV 1 To relieve physical pain 2 To relax or relieve tension 3 To experiment or to see what	This question was added to gather data about the primary motivation for misuse of pain relievers. Edits to logic were made as a result of cognitive testing.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		what it's like 4 To feel good or get high 5 To help me with my feelings or emotions 6 It helps with my sleep 7 To increase or decrease the effect(s) of some other drug 8 Because I am "hooked" or I have to have it 9 [IF PRYMOTIV=9] The other reason I reported	it's like 4 To feel good or get high 5 It helps with my sleep 6 To increase or decrease the effect(s) of some other drug 7 Because I am "hooked" or I have to have it DK/REF		
TRYMOT1 SVYMOT1	Phase 2	[IF MORE THAN ONE RESPONSE 1-9 CHOSEN IN TRYMOTIV] Which was the main reason you used [TRLASTFILL2] that time? PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN TRYMOTIV 1. To relax or relieve tension 2. To experiment or to see what it's like 3. To feel good or get high 4. To help me with my feelings or emotions 5. It helps with my sleep 6. To increase or decrease the effect(s) of some other drug 7. Because I am "hooked" or I have to have it 8. [IF PRYMOTIV=9] The other reason I reported	[IF MORE THAN ONE RESPONSE 1-7 CHOSEN IN TRYMOTIV] Which was the main reason you used [TRLASTFILL2] that time? PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN TRYMOTIV 1. To relax or relieve tension 2. To experiment or to see what it's like 3. To feel good or get high 4. To help with my sleep 5. To increase or decrease the effect(s) of some other drug 6. Because I am "hooked" or I have to have it 7. I used it for some other reason DK/REF	This question was added to gather data about the primary motivation for misuse of tranquilizers and stimulants. Edits to logic were made as a result of cognitive testing.	Not included in 2012
STYMOT1	Phase 2	[IF MORE THAN ONE RESPONSE 1-9	[IF MORE THAN ONE RESPONSE 1-9	This question was added	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>CHOSEN IN STYMOTIV] Which was the main reason you used [STLASTFILL2] that time?</p> <p>PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN STYMOTIV</p> <ol style="list-style-type: none"> 1. To help me lose weight 2. To help me concentrate 3. To help me be alert or stay awake 4. To help me study 5. To experiment or to see what [IF RSTY42A=5 THEN "they're" ELSE "it's"]like 6. To feel good or get high 7. To increase or decrease the effect(s) of some other drug 8. Because I am "hooked" or I have to have [IF RSTY42A=5 THEN "them" ELSE "it"] 9. [IF STMOTIV=9] The other reason I reported 	<p>CHOSEN IN STYMOTIV] Which was the main reason you used [STLASTFILL2] that time?</p> <p>PROGRAMMER: FILL AS RESPONSE OPTIONS ONLY THOSE CHOSEN IN STYMOTIV</p> <ol style="list-style-type: none"> 1. To help me lose weight 2. To help me concentrate 3. To help me be alert or stay awake 4. To help me study 5. To experiment or to see what [IF RSTY42A=5 THEN "they're" ELSE "it's"]like 6. To feel good or get high 7. To increase or decrease the effect(s) of some other drug 8. Because I am "hooked" or I have to have [IF RSTY42A=5 THEN "them" ELSE "it"] 	<p>to gather data about the primary motivation for misuse of sedatives. Edits to logic were made as a result of cognitive testing.</p>	
<p>STY25A (Change tested, minor wording problems found, revisions</p>	<p>Phase 1</p>	<p>[IF STMISUSE12=1] At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL]?</p>	<p>[IF STMISUSE12=1] At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL] in any way a doctor did not direct you to use [STNUMFILL]?</p>	<p>Question moved from Special Drugs to Stimulants main module. As a result of cognitive testing, the wording of the question was streamlined.</p>	<p>Not included in 2012</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
implemented in QFT.)					
SD01 (Change tested, no problems found, implemented in QFT.)	Phase 2	The last questions were about prescription drugs. The next question is about non-prescription cough or cold medicines, also known as “ over-the-counter ” medicines. Have you ever, even once, taken a non-prescription cough or cold medicine just to get high?	No changes between initial testing and final QFT wording.	Wording introducing the over the counter medicine questions was tailored to redesign conventions and question order.	The last two questions were about prescription drugs. The next question is about non-prescription cough or cold medicines, also known as over the counter medicines. Have you ever, even once, taken a non-prescription cough or cold medicine just to get high?
SD02(Change tested, no problems found, implemented in QFT.)	Phase 2	[IF SD01 = 1] How long has it been since you last took one of these cough or cold medicines to get high?	No changes between initial testing and final QFT wording.	Collected recency data for misuse of cough and cold medicines.	Not included in 2012
SD05/SD15 (Change tested, no problems found, implemented in QFT.)	Phase 2	Have you ever , even once, used a needle to inject any other drug that was not prescribed for you?	No changes between initial testing and final QFT wording.	In order to maintain conventions of revised misuse wording, deleted the words, “only for the experience or feeling it caused.”	Have you ever , even once, used a needle to inject any other drug that was not prescribed for you or that you took only for the experience or feeling it caused?
SD10a (Change tested, no problems found, implemented in QFT.)	Phase 2	Have you ever , even once, used a needle to inject methamphetamine ?	No changes between initial testing and final QFT wording.	To maintain consistency across modules, and to limit follow up questions to data collected in the stand alone methamphetamine module, removed reference to Desoxyn and Methedrine.	Have you ever , even once, used a needle to inject Methamphetamine, Desoxyn, or Methedrine when it was not prescribed for you or that you took only for the experience or feeling it caused?
MJMM (Change tested, no problems found, implemented	Phase 2	[IF (MJLAST3 = 1 - 2 OR MJRECDK = 1 - 2 OR MJRECRE = 1 - 2) OR BL03=2] Earlier, you reported using marijuana in the past year. Was any of your marijuana use in the past 12 months recommended by a doctor?	[IF MJ01=1 OR MJREF=1] Was any of your marijuana use recommended by a doctor?	Questions about medical use of marijuana were added to the redesign instrument. After cognitive interviewing, the wording was tailored	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
in QFT.)				to 12 month users of marijuana only.	
MJMM01 (Change tested, no problems found, implemented in QFT.)	Phase 2	[IF MJMM=1] Was all of your marijuana use in the past 12 months recommended by a doctor?	[IF MJMM=1] Was all of your marijuana use recommended by a doctor?	Questions about medical use of marijuana were added to the redesign instrument. After cognitive interviewing, the wording was tailored to 12 month users of marijuana only.	Not included in 2012
DRPR DRTR DRST DRSV (Change tested, no problems found, implemented in QFT.)	Phase 2	<p><i>NOTE: Example text from DRPR is displayed below. Equivalent text was used for DRTR, DRST, & DRSV.</i></p> <p>[IF PAI12MON = 1] Think about your use of prescription pain relievers during the past 12 months as you answer these next questions. Remember, we are only interested in prescription pain relievers that you used in any way a doctor did not direct you to. Earlier the computer recorded that in the past 12 months you used [IF PRMISCOUNT=1 FILL PRFILL2][IF PRMISCOUNT>=2 FILL WITH "the pain relievers listed below"] in a way a doctor did not direct you to use [PRNUMFILL].</p> <p>[IF PRMISCOUNT>=2 FILL WITH DRUG NAMES FROM PRY01-PRY39 BELOW. USE MULTIPLE COLUMNS AS NEEDED. IF PRY40 = 1, ADD "Some other prescription pain reliever".]</p> <p>The next questions refer to [IF</p>	<p>[IF PAI12MON = 1] Think about your use of prescription pain relievers during the past 12 months as you answer these next questions. Remember, we are only interested in your use of prescription pain relievers that were not prescribed for you or that you used only for the experience or feeling they caused.</p> <p>Press [ENTER] to continue.</p>	<p>Wording in the Substance Dependence and Abuse section was updated to reflect revised wording surrounding prescription drug misuse. Changes made after cognitive interviewing involved logistical/spec issues only.</p>	<p>IF PAI12MON = 1] Think about your use of prescription pain relievers during the past 12 months as you answer these next questions. Remember, we are only interested in your use of prescription pain relievers that were not prescribed for you or that you used only for the experience or feeling they caused.</p> <p>Press [ENTER] to continue.</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		PRY40 NE 1 AND PRMISCOUNT=1 FILL PRFILL2 as a prescription pain reliever; IF PRY40 = 1 AND PRMISCOUNT=1 FILL WITH “this other prescription pain reliever”; IF PRMISCOUNT>=2 FILL WITH “these as prescription pain relievers”]. Press [ENTER] to continue.			
DRST05 (Change tested, no problems found, implemented in QFT.)	Phase 2	[IF DRST04 = 1] Were you able to keep to the limits you set, or did you often use prescription stimulants more than you intended to?	No changes between initial testing and final QFT wording.	Wording in the Drug Dependence and Abuse section was updated to reflect revised wording surrounding prescription drug misuse. Changes made after cognitive interviewing involved logistical/spec issues only.	[IF DRPR04 = 1] Were you able to keep to the limits you set, or did you often use prescription pain relievers more than you intended to?
Height questions (Change tested, problems found, revisions implemented in QFT.)	Phase 1	HLTH04 This question asks about your height. To answer in feet and inches, press 1. To answer in meters and centimeters, press 2. To answer in inches only, press 3. To answer in centimeters only, press 4. Then press [ENTER] to continue. 1 I would rather answer in feet and inches 2 I would rather answer in meters and centimeters 3 I would rather answer only in inches 4 I would rather answer only in centimeters DK/REF	HLTHNEW01 About how tall are you, without shoes? First, please type in the number of feet, then press [ENTER]. To answer using meters and centimeters, press F3. _____ feet [RANGE: 2-8] DK/REF HLTHNEW01a (IF HLTHNEW01 NE DK/RF) Next, please type in the number of inches and then press [ENTER]. _____ inches [RANGE: 0-11] DK/REF	Height and weight questions were added as part of the redesign in order to capture more details on physical health of respondents. Several versions of these questions were tested in order to make it easier for respondents to answer in either metric or US measurements. Edits were also made so that respondents could answer only in inches or centimeters.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>HLTH05 [IF HLTH04=1] About how tall are you, without shoes? First, please type in the number of feet, then press [ENTER].</p> <p>_____ feet [RANGE: 0-8] DK/REF</p> <p>HLTH06 [IF HLTH04 = 1 OR 3 AND HLTH05 NE DK/RF] Please type in the number of inches and then press [ENTER].</p> <p>_____ inch(es) [RANGE: 0-110] DK/REF</p> <p>HLTH07 [IF HLTH04=2] About how tall are you, without shoes? First, please type in the number of meters, then press [ENTER].</p> <p>_____ meters [RANGE: 0-3] DK/REF</p> <p>HLTH08 [IF HLTH04 = 2 OR 4 AND HLTH07 NE DK/REF] Please type in the number of centimeters and then press [ENTER].</p> <p>_____ centimeter(s) [RANGE:0-300] DK/REF</p>	<p>PROGRAMMER: PLEASE DISPLAY HLTHNEW01 AND HLTHNEW01a ON THE SAME SCREEN.</p> <p>HLTHNEW01b (IF HLTHNEW01=DK) You may also report your height using meters and centimeters. About how tall are you, without shoes? First, please type in the number of meters, then press [ENTER].</p> <p>_____ meters [RANGE: 0-3] DK/REF</p> <p>HLTHNEW01c [IF HLTHNEW01b NE BLANK] Next, please type in the number of centimeters and then press [ENTER].</p> <p>_____ centimeters [RANGE:0-275] DK/REF</p> <p>PROGRAMMER: PLEASE DISPLAY THESE HLTHNEW01b AND HLTHNEW01c ON THE SAME SCREEN.</p>		

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
Weight questions (Change tested, problems found, revisions implemented in QFT.)	Phase 1	<p>HLTH09 The next question asks about your weight.</p> <p>To answer in pounds, press 1. To answer in kilograms, press 2. Then press [ENTER] to continue.</p> <p>1 I would rather answer in pounds 2 I would rather answer in kilograms DK/REF</p> <p>HLTH10 [IF HLTH09=1 AND HLTH02 NE 1] About how much do you weigh? Please type in the number of pounds and then press [ENTER]. _____pounds [RANGE: 50-550] DK/REF</p> <p>HLTH12 [IF HLTH11=2 AND HLTH02 NE 1] About how much do you weigh? Please type in the number of kilograms and then press [ENTER]. _____ kilograms [RANGE: 22-275] DK/REF</p> <p>HLTH13 [IF HLTH02=1 AND HLTH09=1] About how much did you weigh before you got pregnant? Please type in the number of pounds and then press [ENTER].</p>	<p>HLTHNEW02 (IF HLTH01 NE 1) About how much do you weigh? Please type in the number of pounds and then press [ENTER]. To answer using kilograms, press F3. _____pounds [RANGE: 50-550] DK/REF</p> <p>HLTHNEW02A (IF HLTHNEW02=DK) You may also report your weight using kilograms. About how much do you weigh? Please type in the number of kilograms and then press [ENTER]. _____ kilograms [RANGE: 22-275] DK/REF</p> <p>HLTHNEW02p (IF HLTH01 = 1) About how much did you weigh before you got pregnant? Please type in the number of pounds and then press [ENTER]. To answer using kilograms, press F3. _____pounds [RANGE: 50-550] DK/REF</p> <p>HLTHNEW02pp (IF HLTHNEW02p =DK) You may also report your weight using kilograms. About how much did you weigh before you got pregnant? Please type in the number of kilograms and then press [ENTER].</p>	Height and weight questions were added as part of the redesign in order to capture more details on physical health of respondents. Several versions of these questions were tested in order to make it easier for respondents to answer in either metric or US measurements.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>_____pounds [RANGE: 50-550] DK/REF</p> <p>HLTH14 [IF HLTH02=1 AND HLTH09=2] About how much did you weigh before you got pregnant? Please type in the number of kilograms and then press [ENTER].</p> <p>_____ kilograms [RANGE: 22-275] DK/REF</p>	<p>_____ kilograms [RANGE: 22-275]</p> <p>DK/REF DK/REF</p>		
HLTHNEW03 (HLTH19) (Change tested, no problems found, implemented in QFT.)	Phase 1	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?	<p>During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or other health care professional about your own health at a doctor's office, a clinic, or some other place?</p> <p>Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits by a health care professional, dental visits, or telephone calls.</p>	Questions about health provider visits were added as part of the redesign. Instructions about how to count visits were deemed unnecessary or confusing and removed.	Not included in 2012
HLTH22 (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>[((IF HLTH16>=1 AND (HLTH17=1 OR HLTH19>=1)) OR (HLTH17=1 AND (HLTH16>=1 OR HLTH19>=1 OR HLTH19DK>=1)) OR ((HLTH19>=1 OR HLTH19DK>=1) AND (HLTH16>=1 OR HLTH17=1))) AND (ALLAST3=1 OR 2 OR ALRECDK=1 OR 2 OR ALRECRE=1 OR 2)] Please think about all of the talks you have had with a doctor or other health care professional during the past 12 months when you answer this question. Choose the statement or statements below that describe any discussions you may</p>	No changes between initial testing and final QFT wording.	Questions were tested about discussing alcohol & drug use with a doctor. No changes were made as a result of testing.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>have had in person with a doctor or other health professional about your alcohol use.</p> <p>(((IF HLTH16>=1 AND HLTH17 NE 1 AND HLTH19<1 AND HLTH19DK<1) OR (HLTH17 =1 AND HLTH16 = 0 AND HLTH19<1 AND HLTH19DK<1) OR ((HLTH19 >=1 OR HLTH19DK>=1) AND HLTH16 = 0 AND HLTH17 NE 1)) AND (ALLAST3=1 OR 2 OR ALRECDK=1 OR 2 OR ALRECRE=1 OR 2)) Please think about [VISITFILL] during the past 12 months when you answer this question. Choose the statement or statements below that describe any discussion you may have had in person with a doctor or other health professional about your alcohol use.</p> <p>To select more than one statement, press the space bar between each number you type. When you have finished, press [ENTER].</p>			
HLTH26othr (Change tested, no problems found, implemented in QFT.)	Phase 2	No change.	(IF HLTH26=30) Please tell me which other kind of cancer you had.	Questions about cancer were tested. Only logistical/spec changes were made as a result of the testing.	Not included in 2012
HLTHNEW11 (HLTH29) (Change tested, no problems found,	Phase 1	[IF HLTH25=9 AND HLTH28 AND HLTH28a AND HLTH28b AND HLTH28c AND HLTH28c AND HLTH28d AND HLTH28e AND HLTH28f AND HLTH28g AND HLTH28h AND HLTH28i AND	(IF HLTHNEW08=9) Did you have cancer during the past 12 months?	Questions about cancer were tested. Only logistical/spec changes were made as a result of the testing.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
implemented in QFT.)		HLTH28j AND HLTH28k AND HLTH28l AND HLTH28m AND HLTH28n AND HLTH28o AND HLTH28p AND HLTH28q AND HLTH28r AND HLTH28s AND HLTH28t AND HLTH28u AND HLTH28v AND HLTH28w AND HLTH28x AND HLTH28y AND HLTH28z AND HLTH28aa AND HLTH28bb AND HLTH28cc NE CALCAGE] Did you have cancer during the past 12 months?			
HLTHNEW12a (HLTH31) (Change tested, no problems found, implemented in QFT.)	Phase 1	[IF HLTH25=1 AND HLTH30 NE CALCAGE] Did you have any kind of heart condition or heart disease in the past 12 months?	(IF HLTHNEW08=1) Did you have any kind of heart condition or heart disease in the past 12 months?	Questions about health conditions were added. Only logistical/spec changes were made as a result of the cognitive testing.	Not included in 2012
Disability Items (QD55-QD61) Not tested	NA	<p>QD55 How well do you speak English?</p> <p>QD56 Are you deaf or do you have serious difficulty hearing?</p> <p>QD57 Are you blind or do you have serious difficulty seeing, even when wearing glasses?</p> <p>QD58 Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p>QD59 Do you have serious</p>		These items were added in response to feedback received about the survey.	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>difficulty walking or climbing stairs?</p> <p>QD60 Do you have difficulty dressing or bathing?</p> <p>QD61 [IF CURNTAGE >14] Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping?</p>			
QD17 (moved to ACASI, no problems found, implemented in QFT)	Phase 2	The next questions are about school. Are you now attending or are you currently enrolled in school? By "school," we mean an elementary school, a junior high or middle school, a high school, or a college or university. Please include home schooling as well.	No changes between initial testing and final QFT wording.	This question was moved to ACASI. No changes were made as a result of testing.	<p>The next questions are about school. Are you now attending or are you currently enrolled in school? By "school," we mean an elementary school, a junior high or middle school, a high school, or a college or university. Please include home schooling as well.</p> <p>1 YES 2 NO DK/REF</p>
QD26 (moved to ACASI, no problems found, implemented in QFT)	Phase 2	<p>[IF CURNTAGE = 15 OR OLDER] The next questions are about working. Did you work at a job or business at any time last week? By last week, I mean the week beginning on Sunday, [STARTDATE] and ending on Saturday, [ENDDATE].</p> <p>Press F2 to hear more information about what types of work to include.</p>	No changes between initial testing and final QFT wording.	This question was moved to ACASI. Explanatory/example text was added as optional text available with pressing the F2 key. No changes were made as a result of testing.	<p>[IF CURNTAGE = 15 OR OLDER] The next questions are about working. Did you work at a job or business at any time last week? By last week, I mean the week beginning on Sunday, [STARTDATE] and ending on Saturday, [ENDDATE].</p> <p>1 YES 2 NO DK/REF</p>
Military	NA	QD10d For this question, please		These items were added	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
Family Items (QD10d & QD10e) Not tested		<p>include all persons in your immediate family, whether or not they live with you. Is anyone in your immediate family currently serving in the United States military? Press F2 to see and hear definitions of “immediate family” and “military.”</p> <p>QD10e Which member or members of your immediate family are currently in the United States military? Press F2 to see and hear definitions of “immediate family.”</p> <ol style="list-style-type: none"> 1 My spouse 2 Unmarried partner 3 My mother 4 My father 5 My son or sons 6 My daughter or daughters 7 My brother or brothers 8 My sister or sisters 		in response to feedback received about the survey.	
PROXYINT	NA	The next questions are about your health insurance coverage and the kinds and amounts of income that you [IF FAMILY MEMBERS IN ROSTER FILL “and your family”] receive. This information will help in planning health care services and finding ways to lower costs of care.		Revised wording after Phase 2 testing to encourage nominations of proxies when necessary.	The next questions are about your health insurance coverage and the kinds and amounts of income that you receive. (This information will help in planning health care services and finding ways to lower costs of care.)
NOPROX (HINSINT) (revisions)	Phase 2	[IF QP01=2 OR QP03 = 2 OR DK/REF OR QP04 = 2 OR DK/REF OR HASJOIN= 2 OR DK/REF] I’m going to	[IF QP01=2 OR QP03 = 2 OR DK/REF OR QP04 = 2 OR DK/REF OR HASJOIN = 2 OR DK/REF] I’m going to give the	New language was added to assist the interviewer with transitioning back to	Not included in 2012

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
<p>tested, problems found, changes implemented in QFT)</p>		<p>give the computer back to you so that you can complete the last part of the interview on your own. [IF (QP03 = 2 OR DK/REF) OR (QP04 = 2 OR DK/REF) OR (HASJOIN = 2 OR DK/REF) ADD: Since your [QP02 FILL] is not available, please answer these next questions the best you can.]</p> <p>[IF NEWPROX = 2 AND HASJOIN=1] I'm going to give the computer to you so that you can complete the last part of the interview on your own.</p> <p>Please put on the headphones. When you are ready, let me know.</p> <p>MOVE COMPUTER SO RESPONDENT CAN USE IT. PRESS [ENTER] TO CONTINUE.</p>	<p>computer back to you so that you can complete the last part of the interview on your own. When you are ready, let me know.</p> <p>[IF QP03 = 2 OR DK/REF OR QP04 = 2 OR DK/REF OR HASJOIN = 2 OR DK/REF ADD THIS TEXT PRIOR TO THE QUESTION: Since your [QP02 FILL] is not available, please answer these next questions the best you can.]</p> <p>MOVE COMPUTER SO RESPONDENT CAN USE IT. PRESS [ENTER] TO CONTINUE.</p>	<p>ACASI for the final questions. Language was tailored to situations where a proxy might be required to answer the income series. As a result of testing, revisions were made to make the proxy transition happen more smoothly.</p>	
<p>QH103 (Wording revised for accuracy after testing, implemented in QFT)</p>	<p>Phase 2</p>	<p>There are certain programs that cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.</p> <p>[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care?</p> <p>Press F2 to see and hear more information about these programs.</p> <ul style="list-style-type: none"> • CHAMPUS stands for Civilian Health and Medical Program of 	<p>There are certain programs that cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.</p> <p>[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care?</p> <p>Press F2 to hear more information about these programs.</p> <p>CHAMPUS stands for Comprehensive Health and Medical Plan for the</p>	<p>Wording was revised for ACASI administration, and later to accurately note program names.</p>	<p>[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care?</p> <p>(These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.)</p> <p>1 YES 2 NO DK/REF</p> <p>INTERVIEWER NOTE:</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>the Uniformed Services. It provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. In some areas, this may be known as TRICARE.</p> <ul style="list-style-type: none"> • CHAMPVA stands for Civilian Health and Medical Program of the Department of Veterans Affairs. It provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability. • The VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments. • Military health care refers to health care available to active duty personnel and their dependents. 	<p>Uniformed Services. It provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. In some areas, this may be known as TRICARE.</p> <p>CHAMPVA stands for Comprehensive Health and Medical Plan of the Veterans Administration. It provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.</p> <p>The VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.</p> <p>Military health care refers to health care available to active duty personnel and their dependents.</p>		<p>CHAMPUS stands for Comprehensive Health and Medical Plan for the Uniformed Services. It provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. In some areas, this may be known as TRICARE.</p> <p>CHAMPVA stands for Comprehensive Health and Medical Plan of the Veterans Administration. It provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.</p> <p>Military health care refers to health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.</p>
INTROINC (revisions tested, minor problems found, changes made for QFT)	Phase 2	<p>[IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILL] receive.</p>	<p>[IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILL] receive.</p>	Wording was revised for ACASI administration. As a result of the cognitive testing, changes were made to make the process go more smoothly.	<p>[IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILL] receive.</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and you receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you and your [FAMILY RELATIONSHIP FILLS] living here receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and [IF QD01=5 FILL his, QD01 = 9 FILL her] family – that is, you and [IF QD01=5 FILL his, QD01 = 9 FILL her][FAMILY RELATIONSHIP FILLS] living here – receive.</p> <p>[PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE ‘other’ AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]</p> <p>[IF HASJOIN NE 1] These questions refer to the calendar year [CURRENT YEAR - 1] rather than to the past 12</p>	<p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and you receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you, your [FAMILY RELATIONSHIP FILLS] living here receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and [IF QD01=5 FILL his, QD01 = 9 FILL her] family – that is, your [SAMPLE MEMBER POSS] [FAMILY RELATIONSHIP FILLS] living here – receive.</p> <p>These questions refer to the calendar year [CURRENT YEAR - 1] rather than to the past 12 months that were referred to in some earlier questions. The calendar year [CURRENT YEAR - 1] would be from January 1st, [CURRENT YEAR - 1], through December 31st, [CURRENT YEAR - 1].</p> <p>Press [ENTER] to continue</p>		<p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and you receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income that you, your [FAMILY RELATIONSHIP FILLS] living here receive.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN=1] These next questions are about the kinds and amounts of income that [SAMPLE MEMBER] and [IF QD01=5 FILL his, QD01 = 9 FILL her] family – that is, your [SAMPLE MEMBER POSS] [FAMILY RELATIONSHIP FILLS] living here – receive.</p> <p>These questions refer to the calendar year [CURRENT YEAR - 1] rather than to the past 12 months that were referred to in some earlier questions. The calendar year [CURRENT YEAR - 1] would be from January 1st, [CURRENT YEAR - 1], through December 31st, [CURRENT YEAR - 1].</p> <p>PRESS [ENTER] TO CONTINUE</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>months that were referred to in some earlier questions. The calendar year [CURRENT YEAR - 1] would be from January 1st, [CURRENT YEAR - 1], through December 31st, [CURRENT YEAR - 1].</p> <p>Press [ENTER] to continue</p>			
<p>QI12AN (Change tested, no problems found, implemented in QFT.)</p>	<p>Phase 2</p>	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=2]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance?</p> <p>Please include:</p> <ul style="list-style-type: none"> Cash assistance from a state or county welfare program such as [TANFFILL] Any other kind of non-monetary welfare or public 	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=2]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance?</p> <p># OF MONTHS RECEIVED ASSISTANCE: [RANGE: 1 - 12] DK/REF</p>	<p>Wording was revised for ACASI administration. As a result of the cognitive testing, changes were made to make the process go more smoothly.</p>	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=2]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance?</p> <p># OF MONTHS RECEIVED ASSISTANCE: _____ [RANGE: 1 - 12] DK/REF</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>assistance</p> <p># OF MONTHS RECEIVED ASSISTANCE: _____ [RANGE: 1 - 12]</p> <p>DK/REF</p>			
<p>QI12BN (Change tested, no problems found, implemented in QFT.)</p>	<p>Phase 2</p>	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=(1, DK OR REF)]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance, not including food stamps?</p> <p>Please include:</p> <ul style="list-style-type: none"> Cash assistance from a state or county welfare program such as [TANFFILL] 	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=(1, DK OR REF)]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance, not including food stamps?</p>	<p>Wording was revised for ACASI administration. As a result of the cognitive testing, changes were made to make the process go more smoothly.</p>	<p>[IF (QI08N=1 OR QI10N=1) AND QI07N=(1, DK OR REF)]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR - 1] did you or your [FAMILY RELATIONSHIP FILL] receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or you receive any type of welfare or public assistance, not including food stamps?</p> <p>[IF AT LEAST TWO FAMILY MEMBER IN ROSTER] For how many months in [CURRENT YEAR - 1] did [SAMPLE MEMBER] or any other family member living here receive any type of welfare or public assistance, not including food stamps?</p> <p># OF MONTHS RECEIVED ASSISTANCE: _____ [RANGE: 1 - 12]</p> <p>DK/REF</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<ul style="list-style-type: none"> Any other kind of non-monetary welfare or public assistance 			
INTRTINN (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>Below is a list of some other sources of income. When I ask you the next questions, please consider these as well as the other sources asked about in earlier questions.</p> <p>Veteran’s Administration payments Other disability, retirement or survivor pension Unemployment or worker’s compensation Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts Alimony Child support</p> <p>Press [Enter] to continue.</p>	<p>Below is a list of some other sources of income. When you answer the next questions, please consider these as well as the other sources that we just talked about.</p> <p>Veteran’s Administration payments Other disability, retirement or survivor pension Unemployment or worker’s compensation Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts Alimony Child support</p> <p>PRESS [ENTER] TO CONTINUE.</p>	<p>Wording was revised for ACASI administration. No changes were made as a result of cognitive testing.</p>	<p>HAND R SHOWCARD 16a. Here is a list of some other sources of income. When you answer the next questions, please consider these as well as the other sources that we just talked about.</p> <p>INTERVIEWER: PLEASE READ THIS ALOUD TO THE RESPONDENT AS HE/SHE FOLLOWS ALONG ON THE SHOWCARD.</p> <p>Veteran’s Administration payments Other disability, retirement or survivor pension Unemployment or worker’s compensation Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts Alimony Child support</p> <p>PRESS [ENTER] TO CONTINUE.</p>
QI21B (Change tested, no problems	Phase 2	[IF QI20N = 1 OR QI20NREF = 1] Of these income groups, which category best represents [SAMPLE MEMBER POSS] total personal	[IF QI20N = 1] Of these income groups, which category best represents [SAMPLE MEMBER POSS] total personal income during [CURRENT	Income categories were revised to adjust for inflation and the question was revised for	[IF QI20N = 1] ENTER NUMBER THAT BEST REPRESENTS (R’S/SAMPLE MEMBER’S) TOTAL PERSONAL INCOME DURING [CURRENT YEAR -

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
found, implemented in QFT.)		<p>income during [CURRENT YEAR - 1]?</p> <p>1 \$20,000 - \$24,999</p> <p>2 \$25,000 - \$29,999</p> <p>3 \$30,000 - \$34,999</p> <p>4 \$35,000 - \$39,999</p> <p>5 \$40,000 - \$44,999</p> <p>6 \$45,000 - \$49,999</p> <p>7 \$50,000 - \$74,999</p> <p>8 \$75,000 - \$99,999</p> <p>9 \$100,000 - \$149,999</p> <p>10 \$150,000 or more</p> <p>DK/REF</p>	<p>YEAR - 1]?</p> <p>21 \$20,000 - \$24,999</p> <p>22 \$25,000 - \$29,999</p> <p>23 \$30,000 - \$34,999</p> <p>24 \$35,000 - \$39,999</p> <p>25 \$40,000 - \$44,999</p> <p>26 \$45,000 - \$49,999</p> <p>27 \$50,000 - \$74,999</p> <p>28 \$75,000 - \$99,999</p> <p>29 \$100,000 - \$149,999</p> <p>30 \$150,000 or more</p> <p>DK/REF</p>	ACASI administration. No changes were made as a result of cognitive testing.	<p>1].</p> <p>21 \$20,000 - \$24,999</p> <p>22 \$25,000 - \$29,999</p> <p>23 \$30,000 - \$34,999</p> <p>24 \$35,000 - \$39,999</p> <p>25 \$40,000 - \$44,999</p> <p>26 \$45,000 - \$49,999</p> <p>27 \$50,000 - \$74,999</p> <p>28 \$75,000 - \$99,999</p> <p>29 \$100,000 OR MORE</p> <p>DK/REF</p>
INTROF11 (Change tested, minor problems found, changes made for QFT.)	Phase 2	<p>[IF MORE THAN ONE FAMILY MEMBER IN ROSTER AND IF QI21B NE 30]</p> <p>Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone’s income – that is, [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN</p>	<p>[IF MORE THAN ONE FAMILY MEMBER IN ROSTER AND IF QI21B NE 29]</p> <p>Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone’s income – that is, [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of</p>	Income categories were revised to adjust for inflation and the question was revised for ACASI administration. Edits were made to family relationship fills to result in a more natural sentence structure.	<p>Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone’s income – that is, [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILLS].</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>NE 1] We would like you to combine everyone's income – that is, yours and that of your [FAMILY RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone's income – that is, yours, [SAMPLE MEMBER POSS] and that of [IF QD01 = 5 FILL his, QD = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here. [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE 'other' AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]</p> <p>Please include all of the sources of income that we just talked about.</p>	<p>your [FAMILY RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone's income – that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here.</p> <p>Please include all of the sources of income that we just talked about.</p>		<p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone's income – that is, [SAMPLE MEMBER POSS] and that of [SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here.</p> <p>Please include all of the sources of income that we just talked about.</p>
<p>QI23A (Change tested, no problems found, implemented in QFT.)</p>	<p>Phase 2</p>	<p>[IF QI22=2 OR QI22REF=2] [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT</p>	<p>[IF QI22=2 OR QI22REF=2] [IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] –</p>	<p>Income categories were revised to adjust for inflation and the question was revised for ACASI administration. No changes were made as a result of cognitive testing.</p>	<p>Next, we would like to know about the total family income from all sources during [CURRENT YEAR - 1] before taxes and other deductions.</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone's income – that is, yours and that of your [FAMILY RELATIONSHIP FILL].</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] We would like you to combine everyone's income –</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>YEAR – 1] – that is, your [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, yours, [SAMPLE MEMBER POSS], and that of [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here? [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE 'other' AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]</p>	<p>that is, your [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here?</p>		<p>that is, [SAMPLE MEMBER POSS] and yours.</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income – that is, yours and that of your [FAMILY RELATIONSHIP FILLS].</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income — that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here.</p> <p>Please include all of the sources of income that we just talked about.</p>
QJ23B (Change tested, no problems found, implemented in QFT.)	Phase 2	<p>[IF (QI22=1 OR QI20N = 1 OR QI22REF=1) AND Q121B NE 30]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined</p>	<p>[IF (QI22=1 OR QI20N = 1 OR QI22REF=1) AND Q121B NE 30]</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family</p>	Income categories were revised to adjust for inflation and the question was revised for ACASI administration. No changes were made as a result of cognitive	Collapsed from multiple 2012 variables due to change in modes.

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		<p>family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL]?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, [SAMPLE MEMBER POSS] and yours?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILLS]?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, yours, [SAMPLE MEMBER POSS], and that of [IF QD01 = 5 FILL his, QD01 =9 FILL her][FAMILY RELATIONSHIP FILLS] living here? [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE 'other' AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND</p>	<p>income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILL]?</p> <p>[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN=1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, [SAMPLE MEMBER POSS] and yours?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR – 1] – that is, yours and that of your [FAMILY RELATIONSHIP FILLS]?</p> <p>[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN =1] Of these income groups, which category best represents your total combined family income during [CURRENT YEAR - 1]-- that is, [SAMPLE MEMBER POSS] and that of SAMPLE MEMBER POSS][FAMILY RELATIONSHIP FILLS] living here?</p>	testing.	

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
		ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]			
CELL1 (Change tested, no problems found, implemented in QFT.)	Phase 2	Is there at least one telephone at this address that is not a cell phone?	Is there at least one telephone at this address that is not a cell phone?	This question was added to allow us to use NSDUH to assess telephone survey bias of substance use and mental health estimates, and to address the changing environment regarding land line vs. cell phones	The last question has to do with telephones in your household. How many different telephone numbers do you have in this household? Please don't include cellular phones in your answer. Also, don't count business numbers or extensions with the same number. INTERVIEWER NOTE: Do not include phone lines that are used only for fax machines and/or Internet access.
CELL2 (Change tested, no problems found, implemented in QFT.)	Phase 2	Do you or anyone at this address have a working cell phone?	Do you or anyone at this address have a working cell phone?	This question was added to allow us to use NSDUH to assess telephone survey bias of substance use and mental health estimates, and to address the changing environment regarding land line vs. cell phones	Not included in 2012
2012 instrument items or modules removed from consideration for the QFT					
(MJE01 – MJE70) (entire existing module dropped)	None	Module dropped from QFT.	Module dropped from QFT.	These questions were outdated in terms of the current marijuana market. They were removed to make room for other important topics.	Market Information for Marijuana Module
LU22 – LU26 (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	Dropped “which came first” questions from the Prior Substance Use module to make room for	LU22 Earlier, the computer recorded that you started using alcohol and cigarettes when you were [AFUFILL] years old. Which

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
				additions to the Prescription Drug modules.	<p>did you use first?</p> <p>LU23 Earlier, the computer recorded that you started using marijuana and cigarettes when you were [AFUFILL] years old. Which did you use first?</p> <p>LU24 Earlier, the computer recorded that you started using alcohol and marijuana when you were [AFUFILL] years old. Which did you use first?</p> <p>LU25 Earlier, the computer recorded that you started using alcohol, cigarettes and marijuana when you were [AFUFILL] years old. Which did you use first?</p> <p>LU26 After first using [FILL LU25], which of these did you use next?</p>
SEN04/YE04 (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	This question had little analytic value and was dropped to make room for more important topics.	How many times have you moved in the past 5 years?
CA12-CA14d (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	The Alcohol module now measures gender specific binge drinking prevalence, so the '4 or more drinks' questions were deleted.	<p>CA12 Have you ever had 4 or more drinks on the same occasion?</p> <p>CA13 During the past 30 days, that is, since [DATEFILL], on how many days did you have 4 or more drinks on the same occasion?</p> <p>CA14 How old were you the first</p>

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
					time you had 4 or more drinks on the same occasion?
Industry and Occupation Questions – INOC01 – INOC06 (existing question dropped)	None	Item dropped from QFT.	Item dropped from QFT.	Dropped these questions due to low levels of analytic utility and difficulties administering these questions in ACASI	<p>INOC01 [IF QD26 = 1 OR QD27 = 1] In what kind of business or industry do you work? That is, what product is made or what service is offered?</p> <p>INOC02 [IF QD26=1 OR QD27=1 AND INOC01 NE DK/REF] HAND R SHOWCARD 7. Which of these categories best describes the business or industry in which you work?</p> <p>INOC02M What do they make?</p> <p>INOC02T What do they sell?</p> <p>INOC03Please describe the business or industry in which you work.</p> <p>INOC04 What kind of work do you do? That is, what is your occupation?</p> <p>INOC05 What are your most important activities or duties in that job?</p> <p>INOC06 Which of these categories best describes the business in which you work?</p>
Household Roster –	None	Item dropped from QFT.	Item dropped from QFT.	Dropped these items due to low analytic utility	Is (s)he your biological, step-, adoptive, or foster [FILL

QFT Variable (Testing Outcome)	Phase Introduced	QFT Instrument Wording	Initial Test Wording	Notes/Testing Results	2012 Question Wording
FTHRTYPE, MTHRTYPE, SONTYPE, DAUTYPE (existing question dropped)					RELATIONSHIP]?

2015 NSDUH, Supporting Statement
Attachment Z – Contact Materials Study Report

2009 NATIONAL SURVEY ON DRUG USE AND HEALTH

REPORT ON THE CONTACT MATERIALS FOCUS GROUP FINDINGS AND RECOMMENDATIONS

Contract No. 283-2004-00022
RTI Project No. 0209009

Authors:

Doug Currivan
Emilia Peytcheva
Sonia Rodriguez
Stephanie Stolzenberg
Jim Leiman (Morpace, Inc.)
Arturo Obscura (Morpace, Inc.)

Project Director:

Thomas G. Virag

Prepared for:

Substance Abuse and Mental Health Services Administration
Rockville, Maryland 20857

Prepared by:

RTI International
Research Triangle Park, North Carolina 27709

November 2009

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1. Introduction

The National Survey on Drug Use and Health (NSDUH), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a national survey of the U.S. civilian noninstitutionalized population aged 12 or older. The 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.

Like other surveys, the potential for nonresponse bias is an ongoing concern. Nonresponse bias is a function of the nonresponse rate and differences between respondents and nonrespondents on key survey variables. On NSDUH, the key survey items are substance use prevalence rates. Historically, interview response rates have been lower among some demographic subgroups, such as those 50 or older (50+) (Murphy, Eyerman, & Kennet, 2004), and to a lesser extent those living in urban areas and males (Table B.5 in the 2006 Summary of Findings). Recent NSDUH data indicate sample members who are more likely to be underrepresented in the interview data:

- **Men** are somewhat less likely than women to participate.
- **Adults** over 50 years old, and especially those 65 or older, are somewhat less likely than adults under 50 to participate.
- Respondents who are categorized in the **Other race** subgroup and **White** respondents who are not Hispanic are somewhat less likely to participate than respondents who are Hispanic or non-Hispanic Black.

Lower response rates among subgroups may increase bias in overall estimates of prevalence rates. Increasing response rates across all groups would help minimize bias.

One way to ensure high participation across subgroups in the population would be to improve any aspects of the survey protocol that could directly influence the decision to participate. In the spring of 2005, RTI carried out 12 focus groups with potential respondents to examine the issue of nonresponse among persons 50 and over (Murphy, Schwerin, Hewitt, & Safir, 2005). This study was designed to explore how persons age 50 and over perceived the NSDUH interview request. Subjects were shown a video of an NSDUH interviewer contacting a sample member, enlisting cooperation to complete the household screening, and then enlisting cooperation for a selected household member to conduct the interview. Participants were also provided with copies of the materials given to respondents, including the lead letter, question and answer (Q&A) brochure, and other materials. Focus group members were then asked questions about the screening and interview process, as well as the contact materials being used during these processes. One set of recommendations from this study focused on examining how well the NSDUH contact materials:

- establish the legitimacy of the sponsoring and research organizations,
- clearly convey the survey objectives and importance of participation, and
- describe the selection process and importance of the selected individual's participation.

Conveying this information to sample members is clearly dependent on the screening respondent actually seeing the materials. The results of a cursory analysis of whether the screening respondent recalled seeing the lead letter in the 2001 NSDUH¹ indicated that approximately 48 percent of respondents aged 50+, 48 percent of respondents aged 35 to 49, 45 percent of respondents aged 26 to 34, and 35 percent of respondents aged 18 to 25 recalled seeing the lead letter.

The investigation described in this report was designed to utilize feedback from focus groups to identify ways to improve the NSDUH contact materials to maximize cooperation among sample members. To this end, SAMHSA and RTI undertook two specific tasks. First, alternative versions of the lead letter envelopes, lead letters, and question and answer (Q&A) brochure were developed based on survey design principles usually associated with the decision to participate (Groves, Cialdini, & Couper, 1992). The final versions of the lead letters and Q&A brochures were also translated into Spanish.² Second, focus groups with participants from different parts of the United States were conducted to evaluate how members of the target population would react to the different versions of the contact materials. This report describes the procedures followed and results obtained from 17 focus groups involving both English and Spanish-speaking adults across the United States. In addition to describing the key themes emerging from these focus group discussions, this report presents general recommendations for revising the contact materials based on the findings.

¹ NSDUH was titled the "National Household Survey on Drug Abuse" (NHSDA) prior to 2002.

² For the focus groups, the return address or other text on the lead letter envelopes was not translated into Spanish. NSDUH lead letters that include the Spanish translation of the letter on the reverse side are currently mailed in the same envelopes as English-only letters.

2. Design and Methods

2.1 Purpose and Goals of Focus Groups

Given that the purpose of the overall investigation was to improve the design of the NSDUH contact materials in ways likely to maximize cooperation rates, a key objective of this study was to evaluate alternative versions of the materials through focus group discussions. The contact materials developed for the focus groups included multiple versions of the lead letter envelope, the lead letter text without graphics, the lead letter graphics without text, and the Q&A brochure. The revised contact materials resulting from this study will likely be used for the upcoming NSDUH redesign, which is currently slated to begin in 2013.

The feedback provided by focus groups will assist in identifying which of the lead letter envelope, lead letter, and Q&A brochure designs might maximize positive responses to requests to complete the screener and interview among households selected for NSDUH. As Fowler (1995) noted, focus groups can quickly broaden researchers' perspective on how people think about the issues under study. As such, the focus groups conducted for the NSDUH contact materials can help in two ways:

1. To examine assumptions about the likely reactions members of the target population would have toward the materials and participation in the survey and
2. To evaluate assumptions about how members of the target population understand the key concepts and specific terms used to describe the survey.

The focus group sessions primarily provided participants' responses to a set of structured questions and probes, but also allowed participants to add spontaneous comments on the materials. The qualitative information derived from the focus groups included both overall reactions to the contact materials as well as specific feedback on individual elements. We also planned to count participants' preferences for specific versions of each type of contact material, to provide some quantitative context for the reactions and feedback.

Another important goal of the focus groups was to involve members of the target population who represented different regions of the country and different languages spoken. For this reason, a total of 17 focus groups were conducted across five metropolitan areas—Chicago, Dallas-Fort Worth, Los Angeles, Raleigh-Durham, and Washington, DC. To ensure representation of U.S. residents who speak primarily English and those who speak primarily Spanish, 11 of the focus groups were conducted in English and 6 in Spanish.

A final objective in conducting the focus groups was to ensure the groups were conducted by experienced professionals who did not have a direct stake in the specific study materials or protocol. This facilitated a more objective treatment of the issues and ensured that detailed knowledge of the NSDUH did not unduly influence the direction or content of the focus group discussions. RTI hired professional focus group moderators from Morpace, Inc., to conduct both the English and Spanish focus groups. In addition to having extensive experience in conducting focus groups, the Morpace moderators also had experience and training in survey research methods.

2.2 Focus Group Protocol and Procedures

The focus group protocol guide was developed by RTI and SAMHSA, translated into Spanish by RTI, and distributed to the Morpace moderators to study. The protocol is included with this report as *Appendix A*. The protocol consisted of six major sections:

1. informed consent,
2. introduction,
3. lead letter envelope discussion,
4. lead letter discussion,
5. Q&A brochure discussion, and
6. concluding remarks.

The informed consent part of the protocol took about five minutes and provided an overview of the study and specifics about the participants' rights as study volunteers. The participant informed consent form is included with this report as *Appendix B*. The introduction also lasted about 5 minutes and was intended to set up the discussion rules and acquaint the participants in each group. The discussion of the lead letter envelopes was designed to take about 15 minutes and involved discussions of (1) how respondents screen their mail and (2) how they perceive alternative versions of the envelope. About 45 minutes was allotted for the discussion of the lead letter and intended to cover both alternative versions of the letter text and graphics. The section on the Q&A brochure was planned for about 30 minutes and was aimed at comparing the current brochure (version 1) with a redesigned version (version 2). The discussion of the Q&A brochure involved participants' preferences in terms of the content, visuals, and design. At the completion of the discussion of each type of contact material, the moderator encouraged participants to indicate which version they preferred. The concluding section of the protocol was intended to give both participants and observers a final opportunity to ask questions or make comments. At the end of each focus group session, each participant received \$75 in cash and signed a receipt for the incentive. The incentive receipt form is included with this report as *Appendix C*.

Both the English and Spanish focus groups followed the same protocol. Up to 10 participants comprised each focus group, with most sessions including 7 to 9 people. Upon entering the room, participants were presented with two copies of the informed consent form. The moderator briefly explained the consent form and asked participants to read over it, sign both copies, return one to the moderator, and keep the other for their records. Next, the moderator introduced some ground rules related to cell phone use, taking breaks, and side conversations among participants. He also encouraged participants to share their opinions, especially when they differed from the views expressed by other participants. The moderator explained that each session was video and audio recorded and briefly introduced himself. He then went around the room and asked each participant to briefly introduce himself or herself.

After the introduction, the moderator began following the protocol for the discussion of each type of contact material. The moderator guided participants through the protocol by asking questions about the material and following up with probes to address specific points that were not mentioned by participants. As appropriate, the moderator expanded the discussion to build on

participants' comments and asked others to share their views. A key strategy used by the moderators was to direct questions to participants who had not yet contributed to the current discussion. This ensured that most participants were heard throughout the session, so that the impressions gleaned from the groups were not based solely on a few participants who were most forthcoming.

Following the discussion of each type of contact material, the moderator asked participants to mark the version of the material they preferred with the number one. Not all participants chose to select a preferred version for each type of material. Although some participants expressed mixed feelings about specific features of different versions, in most groups a majority of participants did indicate a preference for each type of contact material.

2.3 Recruitment of Participants

RTI recruiters posted advertisements on craigslist.com for the Raleigh-Durham, North Carolina, Washington, DC, Dallas, Texas, Chicago, Illinois, and Los Angeles, California metropolitan areas. These advertisements explicitly noted that in order to be eligible for participation, the respondent must be age 18 or older, not currently serving on active duty in the military, not currently employed by RTI International, and not a family member of an RTI employee. The text for the recruitment advertisement for English focus groups can be found in *Appendix D*.

A key consideration for our recruitment efforts was to reach Spanish-only, or mostly Spanish, speakers who would not be included in the pool of potential participants in the English focus groups. Our recent experiences on recruiting this population for focus groups and cognitive interviews indicated that working with local Hispanic/Latino community organizations was an effective way to tap into this subpopulation. RTI bilingual recruiters partnered with local community organizations to legitimize the research in these target communities by assisting with recruiting and providing a facility at their site for hosting the focus groups. Advertisements were posted in highly concentrated Hispanic areas, such as Hispanic shopping centers, community centers, and *La Raza*, a Spanish-speaking newspaper for the Chicago area. Word of mouth was the most valuable way of getting calls from prospective participants. The local community centers assisting with these efforts were El Pueblo in Raleigh, North Carolina, and Casa Central in Chicago, Illinois.

When a prospective respondent called RTI in response to a recruitment ad, he or she was screened using the recruitment scripts found in *Appendix E*. Specifically, all respondents were screened for age, race, level of education, total household income, distance from the focus group site, geographic area (urban/suburban/rural), whether or not they spoke English/Spanish as their native (primary) language, whether they could read English/Spanish, and how well they could read English/Spanish (very well, well, or not well). Eligible respondents were informed that the focus group would be audio and video recorded and then provided with the date and time the group would be conducted. In order to recruit the desired number of participants and encourage a sufficient number of them to show up to each focus group, an incentive of \$75 was offered.

2.4 Characteristics of Participants

RTI used the screener in *Appendix E* to recruit participants and place eligible participants in the appropriate session for their age. Recruiters were asked to strive for the greatest possible variation in age, gender, and other demographic characteristics, to ensure a heterogeneous set of viewpoints in each group. The goal was to recruit 10 participants for each group to ensure at least 7 or 8 people would attend each focus group session.

The first round of recruitment began on September, 23, 2009, and concluded on October 16, 2009. This initial round recruited subjects for focus groups conducted on October 12-13 in Durham, North Carolina, October 20-21 in Raleigh, North Carolina and October 21 in Washington, DC. Round two of recruitment included focus groups held on November 2-3 in Irvine, California, November 4-5 in Addison, Texas, and November 4-5 in Chicago, Illinois. This recruitment phase ran from October 19, 2009, through October 30, 2009. *Tables 2.1* and *2.2* present the final demographic composition of all participants across the 17 focus groups, including age, gender, race, education, income, and urbanicity for each participant.

Table 2.1 Characteristics of English Focus Group Participants

Location and Age Group	Number	Gender		Race			Education		Income		Geographic Area		
		M	F	White (Non-Hisp)	Black	Other Race	Edu ≤ HS/GED	Edu > HS/GED	Inc ≤ \$100,000	Inc > \$100,000	Urban	Suburban	Rural
Total	96	33	63	56	24	16	11	84	81	14	35	57	3
Raleigh, NC													
18-29	8	3	5	5	3	-	1	7	8	-	3	4	1
30-49	8	3	5	3	4	1	1	7	6	2	3	3	2
50+	10	4	6	7	3	-	1	9	8	2	3	7	-
Washington, DC													
18-29*	9*	4	5*	4	2*	3	1	7	6	2	3	5	-
50+	10	5	5	6	4	-	2	8	8	2	4	6	-
Addison, TX													
18-29	7	2	5	2	2	3	1	6	6	1	2	5	-
30-49	10	2	8	6	4	-	1	9	9	1	4	6	-
50+	7	3	3	6	-	1	3	4	7	-	3	4	-
Irvine, CA													
18-29	9	1	9	4	1	4	-	9	7	2	1	8	-
30-49	10	4	6	6	1	3	-	10	8	2	4	6	-
50+	8	2	6	7	-	1	-	8	8	-	5	3	-

* One no show was replaced by an eligible participant onsite. Because this participant was not completely screened prior to arrival, not all demographic characteristics could be recorded for inclusion in this table.

Table 2.2 Characteristics of Spanish Focus Group Participants

Location and Age Group	Number	Gender		Country of Origin				Education		Income		Geographic Area		
		M	F	Mexico	Puerto Rico	Central America	South America	Edu ≤ HS/GED	Edu > HS/GED	Inc ≤ \$100,000	Inc > \$100,000	Urban	Suburban	Rural
Total	49	20	29	24	8	3	14	28	21	49	0	46	2	1
Raleigh, NC														
18-29	5	2	3	2	1	-	2	4	1	5	-	5	-	-
30-49	8	3	5	3	-	1	4	5	3	8	-	8	-	-
50+	7	4	3	1	1	-	5	3	4	7	-	6	-	1
Chicago, IL														
18-29	9	3	6	6	1	2	-	6	3	9	-	8	1	-
30-49	10	2	8	8	2	-	-	5	5	10	-	10	-	-
50+	10	6	4	4	3	-	3	5	5	10	-	9	1	-

3. Results

3.1 Lead Letter Envelope

3.1.1 Considerations in Deciding Whether to Open a Piece of Mail

Before presenting the lead letter envelopes, the moderators asked focus group participants to think about the mail they receive each day and identify factors related to their likelihood of opening a specific piece of mail. This discussion was intended to provide background information on how people generally perceive the different types of mailings they receive and how this might affect the likelihood of opening the NSDUH lead letter envelope. The moderators probed participants by asking the following questions:

- What kinds of things do you consider in deciding whether to open a piece of mail?
- What kinds of things do you look for on an envelope to determine whether you will open it?
- What kinds of envelopes do you tend to throw out or recycle without opening?

Most participants indicated that their households receive a great amount of mail and that they spend time sorting and separating the important pieces from what they considered to be "garbage" or "junk mail." Some participants indicated that they open all the mail they receive, often looking for interesting promotions or coupons, but others indicated that they regularly throw out at least some mail unopened. In some of their households, participants noted that there is one individual who does most of the mail sorting. In these cases, the rest of the household members would only receive pieces of mail that the sorter considers to be important mail.

Focus group participants felt the decision to keep a piece of mail and open it is usually based on what they know about the sender and the characteristics of the envelope. Participants indicated they usually try to determine whether there is some kind of "connection" between themselves and the senders of the mail. They typically assess this by examining both the return address and to whom the mail is addressed. For example, they would be more likely to open a piece of mail from a company with whom they already have a commercial relationship. Participants also stated they would be less likely to open mail addressed simply to "Resident," and some indicated they routinely throw out mail addressed in this way. Some participants in Spanish groups who live in apartment buildings mentioned that they never open mail addressed only to "Resident" because they think this mail was sent to the landlord. This can be a problem in cases where the mail of more than one family is received in the same mailbox and people do not want to open their neighbor's mail by mistake.

For most people, simply adding some version of "Resident of _____ County" to the address would not significantly diminish their inclination to ignore mail addressed in this way. Some participants in Spanish groups and some participants aged 50+ in English groups thought that personalizing the mailing address in this way would make them more likely to open the mail. Those who preferred adding "Resident of _____ County" mentioned their likelihood of opening the envelope would increase because addressing the envelope this way

would indicate to them that the mail contains something important for them and their local community.

In terms of the physical characteristics of the envelopes, participants stated they usually associate pieces of mail that use bright colors and glossy paper, have messages written on them, and use bulk mail postage with marketing and promotions. For this reason, they are more likely to dispose of this mail unopened. Some participants mentioned there are some law firms and companies that try to make their promotions look more "official" or "important" in order to trick people into opening them. These participants noted that they identify such efforts with the use of plain white envelopes with minimal information on the outside about the sender.

Overall, focus group participants indicated the mail they are most likely to open would have the following characteristics:

- mail addressed to a specific person in the household,
- mail that includes the name of a company with which the recipient is familiar, and
- mail that uses mostly white envelopes with familiar and official-looking logos.

3.1.2 Reactions to the Two NSDUH Envelopes

Following the discussion of what factors influence the decision to open a piece of mail, the moderators distributed two versions of the lead letter envelope. The first version was a white standard number 10 size window envelope, printed as shown in *Appendix F*. The second envelope was a white 9 x 12 inch catalog envelope, with the return address and address window arranged in portrait orientation. The image for this larger envelope is exhibited in *Appendix G*. Both envelopes included the same agency logo and return address.

Initial Reactions and Likelihood of Opening the Two Versions of the Envelopes

Table 3.1 presents focus group participants' preferences with respect to each type of contact material. In the tabulation of participants preferences for the lead letter envelopes, slightly more than half of the English group participants preferred the larger envelope. Two thirds of the Spanish group participants preferred the larger envelope.

Overall, initial reactions to the envelopes were very positive. Based on their appearance, most participants indicated they would likely open either the standard size or the larger size version of the envelope if they received it in their mail. A key factor stated almost universally by participants in the English language groups was that they would open the envelopes because of the Department of Health and Human Services (DHHS) return address. People emphasized that the envelope should look as "business-like" and "official" as possible, and this is generally accomplished by using the DHHS logo and title. For this reason, most participants stated they would open the envelope, regardless of the size and the use of the generic addressee of "Resident." Because the mailing would be coming from the DHHS, many participants suggested that there could be important information concerning recent developments in health care. The Rockville, Maryland, return address did not seem to bother participants in any of the cities. Inclusion of the RTI project number also did not seem to bother anyone, but it was mentioned by a few that this information did suggest that the mailing might be in reference to a survey.

Table 3.1 Preference Counts for Each Type of Contact Material

	English Groups				English Totals		Spanish Groups		Spanish Totals	
	Durham, NC	Washington, DC	Irvine, CA	Addison, TX	Count	%	Raleigh, NC	Chicago, IL	Count	%
<i>Lead letter envelopes</i>										
Lead letter envelope, regular size	9	9	8	13	39	40.6%	4	6	10	20.4%
Lead letter envelope, 9x12	17	10	14	10	51	53.1%	15	18	33	67.3%
No preference expressed	0	0	5	1	6	6.3%	3	3	6	12.2%
TOTAL	26	19	27	24	96	100.0%	22	27	49	100.0%
<i>Lead letter text only</i>										
Lead letter, Version 1a	9	12	18	11	50	52.1%	5	12	17	34.7%
Lead letter, Version 2a	7	3	1	3	14	14.6%	7	4	11	22.4%
Lead letter, Version 3a	8	3	1	8	20	20.8%	8	13	21	42.9%
No preference expressed	2	1	7	2	12	12.5%	0	0	0	0.0%
TOTAL	26	19	27	24	96	100.0%	20	29	49	100.0%
<i>Lead letter graphics only</i>										
Lead letters, Version 1b	12	2	17	13	44	45.8%	10	5*	15	30.0%
Lead letters, Version 2b	8	8	7	6	29	30.2%	9	16	25	50.0%
Lead letters, Version 3b	4	8	2	4	18	18.8%	1	9*	10	20.0%
No preference expressed	2	1	1	1	5	5.2%	0	0	0	0.0%
TOTAL	26	19	27	24	96	100.0%	20	30	50*	100.0%
<i>Q& A brochure</i>										
Q & A brochure, Version 1 (current)	6	3	5	10	24	25.0%	1	7	8	16.3%
Q & A brochure, Version 2 (new)	10	16	17	6	49	51.0%	19	22	41	83.7%
No preference expressed	10	0	5	8	23	24.0%	0	0	0	0.0%
TOTAL	26	19	27	24	96	100.0%	20	29	49	100.0%

* One Spanish group participant selected both versions 1b and 3b.

In the Spanish groups, most participants were not familiar with the DHHS, but did indicate that they would still open the envelopes because they look "official" and different from marketing materials. The white envelope and the logo with an eagle in it clearly communicated to these participants that the mail came from the U.S. government. Similar to the English language groups, the Rockville, Maryland, return address reinforced the idea that the mail is legitimate because people recognized that many government offices are located in that part of the country.

Specific Reactions to the Different Sizes of the Envelope

Reactions from participants suggested that the larger envelope would certainly garner more initial attention than the standard size envelope. Across the groups, people suggested that the larger envelopes are often used to send legal documents, so they look more "official." Among the Spanish group participants the larger envelope communicated that the documents inside are important and cannot be folded. Some of the 18 to 29 year old participants in the Durham English group preferred the smaller envelope because they felt it looked "more business-like." Also most participants in the 50+ Spanish group in Chicago felt there was no need to use a large envelope, perhaps because it would be a waste of resources.

In some of the English-language groups, after discussing the letters the moderator returned to the question of which of the two envelopes should be used. Once participants realized that both envelopes would contain only a single sheet of paper, some reversed their earlier preference for the larger envelope suggesting that it would be a waste of paper and postage. Some of these people were motivated by a concern for the environment. Others were motivated by a concern with government spending.

Use of the "Official Business" Endorsement on the Envelopes

The text on the envelopes that reads "OFFICIAL BUSINESS. PENALTY FOR PRIVATE USE \$300" tended to enforce the official nature of the mailing for focus group participants. Despite this view, the great majority of participants did not understand exactly what this statement actually means. In the Spanish groups, some people suggested that this statement means that the envelope must only be opened by the person to whom it is addressed and no one else. This perception could be problematic, given that the mail is addressed to "Resident" and in some cases the household receives mail in a depository shared with other households. There were also a few Spanish group members who felt it was intimidating to have the penalty note on the envelope.

3.2 Lead Letter Text

Three versions of the lead letter with text only and no graphics were presented to participants and labeled as versions 1a, 2a, and 3a. These versions varied in how or whether various aspects of the survey request and protocol were mentioned and the emphasis given to each element. For example, version 3a provided the study name in the first paragraph, while versions 1a and 2a did not. Versions 1a and 2a provided the URL for the NSDUH Web site. Version 3a of the lead letter text was based on a letter used by the National Survey of Family Growth and only included a signature from SAMHSA staff (with the RTI signature omitted). This version thereby attempted to develop a more "personal" approach and appeal to recipients.

The three versions of the letters with text only are presented in numerical order as *Appendices H, I, and J*.

Initial Reactions to the Three Alternative Versions of the Letter Text

As *Table 3.1* indicates, focus group participants varied somewhat in their preferences for each version of the lead letter text. Slightly more than half of the English group participants preferred version 1a, but Spanish group participant preferences were even more mixed. A plurality of about 43 percent of Spanish group participants preferred version 3a and another 35 percent preferred version 1a. Version 2a was the least popular among both English and Spanish group participants. Versions 1a and 3a were viewed by participants as being better organized, shorter, and more direct than version 2a. Participants also felt both of these versions contained most of the information participants wanted to know. In addition, the way the text was distributed on the page made versions 1a and 3a easier to read, understand, and communicate to other members of the household.

One of the main differences between version 1a and version 3a was that the latter mentions the specific topic of the survey (drug use, alcohol, and tobacco). Many participants felt that being specific about the topic would increase their interest in the survey and would make them more likely to participate. In addition, knowing the topic would also prevent surprises at the time of the interview when the questions start asking about sensitive subjects. Spanish group participants, who preferred version 3a, suggested that mentioning in the letter (as in the brochure) that both users and nonusers of drugs and alcohol needed to participate would be a good idea. However, there were strong differences among the Spanish group participants in terms of reading skills and ability to understand the text of the letters. Only the more educated participants with a college education were able to talk about differences that were too subtle for the rest. This may be one reason why the two shorter versions of the letter were preferred.

Version 1a was particularly strong among the younger participants who believed that the text in the letter was shorter, more professional, and straight to the point. Version 3a was particularly popular among the older participants in the English-language groups, and nearly half of the Spanish group participants. One of the reasons cited was the more personal tone of the letter. However, many of the younger and middle aged participants in the English-language groups really disliked this tone particularly mentioning the introduction, "My agency..."

Other Specific Features of the Letter Text

One feature used only in version 2a viewed favorably by participants was how the "Members of the Household" and "Resident of the [city, county, or state]" made the letter more seem more personal. These participants were particularly thinking about situations when more than one person in the household would read the letter.

Participants were asked to compare how the three letters handled the issue of survey confidentiality. A large number of the participants in the English-language groups preferred the single sentence used in version 3a as it was short and to the point. Some participants pointed out that the mention of the random selection of the address, not the particular person (version 2a) further enhanced confidentiality. Furthermore, they liked the fact that the sentence was its own

paragraph that made the topic "stand out." There was no discussion about the small font text at the bottom of the letter that further addressed confidentiality.

Participants from the Spanish groups did not notice big differences across letters in terms of information about confidentiality. To them, the statements in the three versions were sufficient to make the reader comfortable about participating in the survey. Stating that the confidentiality of the responses will be protected by federal law was one of the key elements for the Spanish group participants. Only a few noticed the small font text at the bottom of the page addressing confidentiality. Once it was pointed out, however, most agreed that it was a positive element and should be included in the letter.

There were mixed responses to the handling of signatures. Some suggested that two signatures made the letter appear more official and important; others said they were not very interested in how the government was conducting the survey and a single signature would suffice. However, if a single signature would be used, it should be the one from DHHS rather than RTI.

There were mixed reactions to the concept in version 2a of using other organizations to endorse the survey. The 30 to 49 year old English participants in Durham and Dallas said an endorsement by the American Medical Association (AMA) might help give some credibility to the survey but an endorsement by the American Association of Retired Persons (AARP) would not carry much weight. Adults in the 18 to 29 year old group in Durham did not seem to think endorsements would add much. The youngest group of adults in Washington, DC, suggested that maybe an endorsement by the Centers for Disease Control and Prevention (CDC) might enhance the appeal. In California, there was little support for the concept of using endorsements. There, it was emphasized that the merits of the study itself should be enough to convince people to participate. In Dallas, it was suggested that the use of endorsements from other organizations carried some risk because some organizations could be perceived as detractors and this might cause less favorable disposition towards survey participation. Some of the frequently mentioned organizations were the American Health Association, the Red Cross, and the March of Dimes.

Organization like AMA and AARP had a low level of awareness among the Spanish group participants, and their endorsement would not have a strong effect on people's willingness to participate in the survey. At the same time, it was suggested that mentioning the endorsement of a health institution would be more beneficial than endorsements from other types of institutions. Further, mentioning that the survey was required by the U.S. Congress reinforced that the survey was official, serious, and relevant, and some of the Spanish group participants said it would make them feel more obligated to participate. Most of the participants said that mentioning of the specific government code enabling the survey in version 2a was not needed, and if anything, might be intimidating.

Nearly everyone in all the English-language groups said they would use the Internet to access the RTI Web site indicated in the first two versions of the letters. Few said they would call the toll-free number, but only after having visited the Web site first, and only if they had additional questions about the survey. The lack of a Web site address in version 3a was often cited by participants as a reason why they did not choose that version of the letter.

Spanish group participants also believed that having a Web site address was a very positive element in the text. Most said that they would immediately go to the Web to find more information and make sure that the survey was legitimate. However, for Spanish group participants, having a telephone number was also important because there were many participants who did not have access to the Internet, or they did not feel comfortable using computers.

In general, participants were not familiar with RTI. The three versions of the letter did a good job explaining the role of RTI—most participants understood that it was the institution that would conduct the interviews, and they thought it was good to mention that RTI is a nonprofit organization. However, there was little interest in including more details about RTI.

The bolding and highlighting of the incentive sentence caught the attention of the readers. It did not seem to have a negative connotation and participants admitted that this line would increase their interest in the letter, and because of it, they would be more likely to pay attention and read the complete text more carefully. The fact that this information was not bolded in version 3 was often cited as a reason for not choosing that version of the letter.

After reading the texts, most participants had a good understanding of the ideas communicated in the letters. The language was appropriate and most of the information people wanted to know was included. However, some participants believed the letter should include more specific information about the interviewer's visit—specifically, when the interviewer will call on their house, and who in their household they would want to talk to. Spanish group participants from the two younger groups (18 to 29 and 30 to 49 years old) in Chicago expressed interest in being able to determine whether they would be eligible to participate in the survey by including eligibility age range in the letter.

3.3 Lead Letter Graphics

In addition to text, the graphics for the lead letters also included three alternative versions, labeled 1b, 2b, and 3b. These versions varied in the size, format, and content of the graphics used to "package" the letters. For example, the image on the example identification badge varied from a dark gray silhouette (versions 1b and 3b) to an actual photo of a person, printed in color (version 2b). Participants were asked to comment on the graphical layout of the letter independent of its content (this was accomplished by providing letters with graphics, but no text). The three versions of the letter graphics are exhibited in numerical order as *Appendices K, L, and M*.

Initial Reactions to the Three Alternative Versions of the Letter Graphics

As *Table 3.1* shows, focus group participants indicated mixed preferences for which version of the lead letter graphics they preferred. None of the versions garnered majority approval in either the English or Spanish groups, but half of participants in the Spanish groups preferred version 2b. In contrast, about 45 percent of English group participants preferred version 1b.

Participants immediately noticed the differences in the headers and sizes of the logos. They believed the logo was important because it reinforced the official nature of the letter.

Adding Rockville, Maryland, and a ZIP code in the header was also a positive element and helped to make the letters appear more "business-like" and official. Some participants liked the larger DHHS logo in version 1b as it allowed them to read it and that was why they preferred that version over the others.

Other Specific Features of the Letter Graphics

Across the groups there was a difference in opinion regarding the line in the header of version 1a, "An Important Request from The U.S. Department of Health & Human Services." Some participants liked how it emphasized the importance of the survey, while others suggested that it made the letter look "less business-like." In the Irvine groups, it was suggested that the importance of the survey should be obvious without having to explicitly state it.

Overall, greater support for the use of this tagline in version 1a was evidenced in the 50+ age groups than in the younger-aged groups. Among the 50+ year olds in the Addison groups the appeal of this tag line was consistent with their preference for the text in letter version 3a, which begins with, "My agency, ..., needs your help." In Irvine, however, the older adults did not like the header on version 1b saying that it looked less professional than the other versions. They also suggested that it was best if the recruitment materials did not make DHHS sound "too desperate." Some Addison group participants similarly indicated that the materials should not appear to be using "hard sell" approaches.

Among the Spanish group participants, the tagline did not have any negative effect, but it was not considered a significant positive element. However, it is important to mention that a couple of younger participants (who could also speak some English) thought that the word "*solicitud*" was usually associated with an application they had to fill out and suggested using the word "*petición*" instead.

There was a consistent response to the image of the identification badge using an actual photograph, as in version 2b. Nearly all participants said their first impression was that this was the individual who would "show up" at their home. When informed otherwise, nearly everyone said if the badge had some indication that it was being used for illustrative purposes only, like having "sample" written across it, they would still prefer to see an actual face on the badge. Some respondents also thought it was too much to show Ilona Johnson's signature on the identification badge and that her signature on the letters (in versions 1b and 2b) was sufficient. Participant feedback indicated that the way the identification badge is identified must be clear and somehow visual for people who do not read English. There were a couple of instances where Spanish group respondents thought that the person in the photo was Ilona Johnson because they read the name in text on the badge, but they did not understand the words around it.

After the discussion about the badge, most participants agreed that having the hand written name of the interviewer that would visit their home was a good idea. However, some Spanish group participants were skeptical about the ability of RTI to actually send the person who signed the letter.

3.4 Question and Answer Brochure

Focus group participants were shown two versions of the Q&A brochure. Version 1 was the current Q&A brochure, updated to reflect planned for the NSDUH redesign. Version 2 was an updated version which used a variety of background colors and photographs. The brochures included some similar questions and answers, but also had significant differences in both content and format. The two versions of the Q&A brochures are displayed in numerical order as *Appendices N* and *O*.

Initial Reactions to the Two Alternative Versions of the Q&A Brochure

Overall, version 2 was preferred by participants over version 1. These preferences differed somewhat between the English and Spanish group participants. Over 80 percent of participants in the Spanish groups preferred version 2, and 51 percent of English group participants preferred version 2. Participants in the English groups (24 percent) were also much more likely to decline to indicate a preference between the two versions compared with those in the Spanish groups (0 percent).

Most participants indicated that version 2 was more appealing and something that most people would find more inviting to read. Older participants remarked that a slightly larger type font made this version easier to read. Participants generally felt that the photos included in version 2 of the brochure do a good job communicating that different types of people of different ages, occupations, and walks of life are participating in the survey. This feature led people to note that version 2 appeared more friendly and personal. Participants also liked the colors used for this brochure.

The only image that people had some trouble with was the map. Participants were not sure why this image was included and what the different shades of blue and colors signified. Some people believed that the map was communicating the fact that NSDUH is a national survey, but no one associated this image with the selection of sample units.

Version 1 of the brochure was preferred by a minority of the participants. A negative comment among 18 to 29 year olds suggested that this version looked like "something from the 80s." A common complaint among all participants was that version 1 contained too much information. People suggested this made the brochure somewhat overwhelming and, therefore, less compelling for them to read. At the same time, a minority of participants in each group indicated they liked the greater content in version 1. Some of these participants suggested that this version of the brochure might be more effective for describing the survey to another household member. These people suggested that dividing the information into more specific topics in version 1 was a better approach than the way the topics were organized than in version 2.

One section in version 1 of the brochure that was identified as being particularly effective by some participants was the section with the title "What If I Do Not Smoke, Drink, or Use Illegal Drugs?" One section that was considered unimportant by most people was "How Does the Government Conduct the Study?" Words that summarize a number of participants' reactions that SAMHSA uses a competitive bid process to select a vendor included "I don't care." In each of the Irvine groups, it was pointed out that the way in which version 1 addressed the question of

how the survey data would be used is very good. It was emphasized, particularly in the 50+ age group, that it is important to tell people how this information will be used.

Overall, participants felt that the information in the brochures is more understandable and complete, especially compared to the more limited information presented in the letter. The technical and administrative details of the survey seemed less relevant to participants than knowing the purpose and utility of the survey. The brochures also do a much better job explaining that not only drug and alcohol users need to participate in the survey. Some participants said this will make people more willing to participate, although they also acknowledged that this might discourage participation among those who have considerable substance use to report.

Other Specific Features of the Q&A Brochures

When asked if any of the information in either version of the brochure was "confusing," participants in the English groups generally indicated they did not have difficulty with most of the phrases used to describe the survey process, such as "randomly selected" and "chosen at random through scientific methods." One concept that some people did have difficulty with was the juxtaposition of "random" with "scientific" in the phrase "...chosen at random through scientific methods." It was suggested by some participants that "random" and "scientific" is a contradiction. In the Spanish groups, explanations of how participants are selected randomly and scientifically were not understood by participants with lower education levels. At the same time, these participants did not express much concern about why they would be asked to participate.

Although much the same information is contained in both versions of the brochures, participants seemed to have an easier time identifying the listing of relevant Web sites in version 1. Because the Web site is likely to be used by people to validate information about NSDUH, use of the format for the Web addresses in version 1 of the brochure should be considered.

The mention of computers in the brochure was only mentioned as a concern in the Durham group of 18 to 29 year olds. This concern was not expressed for them personally, but instead they suggested some older adults might be concerned about having to use a computer and therefore be less interested in participating. None of the older adults in the English or Spanish language groups expressed any such concern.

In the Spanish groups some participants mentioned that not using a computer would make them doubt the legitimacy of the survey because today everybody uses computers for everything. On the other hand, older participants in the Spanish groups who did not have much experience working with computers appreciated the information included in the brochures explaining that knowledge of computers is not necessary. These participants did not quite understand whether they would actually have to use the computer themselves or whether the interviewer would enter their responses for them.

Overall, participants felt that the brochures do a better job than the letters in explaining the role of RTI in the study. People noted that the brochures provide more detailed information and history about both NSDUH and the institutions involved. Some participants suggested that this information would cause them to be more favorably disposed toward participating in the survey.

Participants generally thought it is important to include the logos of SAMHSA and RTI in the way they are presented in version 2 of the brochure. Even though sample members may or may not be aware of these institutions, people indicated the logos would make them more comfortable by reinforcing the importance and legitimacy of the survey.

The 50+ participants in the English groups seemed sincerely motivated to participate in such a survey if it helped the government's health planning and related public policy initiatives. Messages focused in terms of how survey participation would support a worthy endeavor seem likely to be received favorably by older adults.

3.5 Special Concerns of Spanish-Speaking Participants

Overall, Spanish-speaking participants shared many of the same impressions of the materials as the English group. There were only some special concerns with the Spanish version of the materials. The most important concern was that the reading level of the letters was only appropriate for Spanish-speakers with at least a high school education or greater. During the focus groups, strong differences across participants were noticeable in terms of reading skills and ability to understand the letters text. There was one participant in Chicago who said she did not understand any of the letters, and others just repeated part of other people's comments. Only the more educated participants with a college education were able to talk about differences that seemed too subtle for the rest.

Like English group participants, the text on the envelopes that reads "OFFICIAL BUSINESS. PENALTY FOR PRIVATE USE \$300" was frequently misunderstood by most Spanish speakers. In addition, many Spanish group participants indicated that they also felt uncomfortable opening an envelope with this note. Some felt intimidated by it. Participants felt it meant that the envelope must only be opened by the person that it is addressed to, and no one else. This was considered to be confusing, particularly if the mail is addressed to "Resident" and the household receives its mail in a depository with other households. Many participants thought they would have to pay a fine of \$300 if they opened the envelope.

The use of acronyms in Spanish is not as common as in English, and it has always shown to be problematic for Spanish group participants who are unfamiliar with U.S. government agencies, associations or U.S. code. Many Spanish-speaking participants pointed out their unease with acronyms, and recommended avoiding them all together.

Explanations of how participants are selected randomly and scientifically were not really understood by those participants with lower education levels. And the Spanish term "al azar" (at random) was confusing and many did not understand what that meant.

Spanish group participants said their first impression of the picture on the identification badge was that it was either the individual who would "show up" at their home or the project director. When informed otherwise, some participants said they would feel distrustful if the field interviewer who showed up at their door was not the same person shown in the picture.

Letters addressed to "Resident" made people in the Spanish groups think that it was not necessarily sent to them. Many thought the letter was addressed to landlords, such as in cases where people live in rented homes.

3.6 Additional Suggestions

In addition to the discussion of the features of the envelopes, letters, and brochures already detailed, several further suggestions were identified by focus group participants:

- Participants suggested the use of a regular stamp to make the envelope look more official and distinguish it from junk mail. This recommendation is in sync with the Tailored Design Method for survey mailings, proposed by Dillman (2000).
- Many participants suggested putting the incentive amount on the envelope or somehow suggesting that the recipients can get paid for participation in an official government survey. Such a message would make sample persons more likely to open the envelope and read the letter.
- Generally, participants did not like the fact that the envelope might be addressed to "Resident." They preferred "Resident of _____ County" as this placed them in a group and suggested the letter contained something that applied to them. Several suggestions were made to better address this issue. Among the proposed addressees were "Head of household at [ADDRESS]", "Randomly selected resident at [ADDRESS]", and "Survey to resident at [ADDRESS]."
- In most groups, there was some misunderstanding about the statements in letter versions 2a and 3a regarding the interviewer visit. On first read, many participants believed the letters stated they would be given a \$40 incentive for answering a few questions (in version 2a) or a 5-minute interview (in version 3a). These statements caused some confusion about the survey protocol. During the discussions, participants eventually realized the letters were referring to the screening process that would determine their eligibility to participate in the survey interview.
- Several participants suggested mailing the brochure with the initial letter to make the mailing look more official overall.

4. Summary and Recommendations

The 17 focus groups conducted in various regions of the United States confirmed the importance of much of the content and formatting elements used in the contact materials, but also highlighted some key issues that might not be fully addressed in each type of contact materials. This section synthesizes the focus group reactions into specific recommendations for improving each type of contact materials. Recommendations accepted by SAMHSA will then be used in creating a new version of each type of materials for the NSDUH redesign scheduled for 2013.

4.1 Lead Letter Envelopes

A majority of focus group participants stated a preference for the larger 9x12 envelope. This majority was greater in the Spanish focus groups. At the same time, participants in the English groups did express concern about using large envelope for only a letter and no additional study materials. In addition, the overwhelming majority of participants indicated that they would open either envelope, primarily because the DHHS logo led them to believe that the mailing was important. The main benefit of the larger envelope appears to be that it will attract greater attention, at least in some households. One benefit for NSDUH interviewers is that they would not have to fold the letters to insert them into the envelopes, which would increase the likelihood that the address information is visible in the address window.

Based on these results, the recommendation would be to carefully consider the costs and benefits of using 9x12 envelopes versus the standard number 10 size. Using these larger envelopes would require additional material costs of about \$4,800 and additional postage costs of approximately \$116,000 annually, assuming 200,000 lead letters are mailed each year. Although focus group participants generally preferred the larger envelope, this preference was tempered by knowing that only a single letter would be included in the mailing. Given that the standard size envelope did not generate negative reactions, this size envelope with logo and return address presented in the focus groups may be equally effective as the larger envelope.

Including the endorsement "OFFICIAL BUSINESS. PENALTY FOR PRIVATE USE \$300" appears to have advantages and drawbacks. Focus group participants felt that this statement made the envelopes look more official, but almost no participants actually understood what this statement means. The phrase "PENALTY FOR PRIVATE USE \$300" was particularly confusing to many participants. These reactions suggest that it may be advisable to keep the phrase "OFFICIAL BUSINESS," but drop the second part of the statement if possible. U.S. Postal Service guidelines indicate that this full statement would have to be included on the envelope. The current envelope used for mailing the lead letters and frequently asked questions for the National Immunization Survey, a study sponsored by DHHS, includes only the "OFFICIAL BUSINESS" part of this statement. The potential for using only the first part of this statement should be investigated further, so that a final decision can be made on whether to include this statement. Given that most participants indicated they would open the envelope because of the DHHS logo, including this statement does not seem critical to the effectiveness of the lead letter envelope.

4.2 Lead Letter Text

A majority of participants in the English groups preferred version 1a of the lead letter text, but a plurality of Spanish group participants preferred version 3a. In most groups, participants made compelling arguments for either version. Version 2a was generally viewed as too lengthy and complicated, and participants therefore felt they could recommend few parts of the text in this letter as preferable.

Based on these results, the primary recommendation would be to create a hybrid of the text in version 1a and 3a that would combine the preferred text of each letter and avoid any text considered to be problematic. For example, many participants indicated version 1a was well-organized and covered the most important information about the study. Participants also thought it was useful that version 3a specifically mentions the topic of the survey and indicates (as in the Q&A brochure) both users and nonusers of drugs and other substances are needed to participate. These reactions can be used to update version 1a to include some of the content and phrasing of version 3a to produce a stronger letter overall.

One element of the version 2a letter text that could be used in the new letter was addressing the letter to "Resident of _____ County." Some participants did not feel this would significantly increase their likelihood of opening the letter, but many did feel this would indicate to them that the mailing is important for them and their local community. For this reason, it might be worthwhile to investigate the costs and logistics of adding the county, parish, or district for each addressee.

On the issue of two signatures (included in versions 1a and 2a) versus a single signature (used in version 3a), participants did not indicate a strong preference. Most felt including both signatures was the better approach, so recipients would more clearly understand both SAMHSA's and RTI's role in conducting the study. Given that there were really no negative reactions to including both signatures, it seems like the letter should continue to provide both the SAMHSA and RTI signatures.

4.3 Lead Letter Graphics

Focus group participants offered rather mixed preferences for which version of the lead letter graphics they preferred. None of the versions garnered majority approval in either the English or Spanish groups, but half of the participants in the Spanish groups preferred version 2b. In contrast, about 45 percent of English group participants preferred version 1b.

Specific elements of the lead letter graphics seemed to heavily influence participant preferences. The larger DHHS logo on version 1b was often cited as preferable to the smaller version displayed on versions 2b and 3b. Another key element was the use of a gray silhouette versus an actual picture in the image of the field interviewer's identification badge. Overall, participants preferred the actual picture on the identification badge, even when it was pointed out to them that the picture could not be tailored to show the actual field interviewer assigned to each selected household. One qualification on this point is that participants agreed that a watermark or other graphical feature should be used to indicate the identification badge is only a sample. Many participants were initially unclear that the picture was just a sample, and therefore they would have expected the person in the picture to be the actual field interviewer assigned the recipients'

household. One aspect of the graphics in version 1b that was not received favorably by participants was including the phrase "An Important Request from The U.S. Department of Health & Human Services" in the header. Most participants viewed this as superfluous.

These reactions suggest that the lead letter graphics should incorporate various elements used across the three versions, including:

- the larger DHHS logo used in version 1b;
- the sample picture on the identification badge used in version 2b, with a watermark indicating that the badge is just a sample; and
- the line for the interviewers' name under the identification badge used in all three versions.

Participants did not express strong preferences for how the return address was presented in the header. This feature of the header seems unlikely to have a significant impact on recipients' reaction to the letter.

4.4 Q&A Brochure

Although a majority of focus group participants preferred version 2 of the Q&A brochure, preferences did differ significantly between the English and Spanish group participants. Whereas over 80 percent of participants in the Spanish groups preferred version 2, 51 percent of English group participants preferred version 2. Participants in the English groups were also much more likely to decline to indicate a preference between the two versions compared with those in the Spanish groups.

The primary appeals of version 2 of the brochure appeared to be the use of colors and pictures, as well as the layout and amount of text presented. Participants who perceived version 1 as providing more detail overall than version 2 viewed this alternatively as either a positive or negative feature. Some felt the additional details were informative and useful, but others thought these details were overwhelming and would discourage people from reading the brochure.

Feedback on the Q&A brochures indicates development of version 2 should continue, but useful elements from version 1 should be incorporated into the brochure. For example, some participants suggested the way the topics were organized in version 1 was a better than in version 2. In addition, the brochure should retain sections viewed as particularly useful by participants and consider reducing or dropping sections viewed as less important. Participants felt the section "What If I Do Not Smoke, Drink, or Use Illegal Drugs?" in version 1 of the brochure was particularly effective. One section that was identified as less important by most people was "How Does the Government Conduct the Study?" Creating a new brochure should address these concerns.

Preliminary cost estimates gathered during the design phase for the contact materials indicated that version 2 of the Q&A brochure should not cost significantly more than version 1 to print. A final cost estimate can be determined once the brochure design is finalized.

5. References

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Appendix A:
Focus Group Moderator's Guide

MODERATOR: THIS IS A GUIDE TO HELP YOU LEAD THE DISCUSSION. YOU CAN MODIFY AND ADAPT THESE QUESTIONS TO MEET SITUATIONAL NEEDS DURING EACH SESSION.

SECTION I: INFORMED CONSENT (5 minutes)

MODERATOR: PARTICIPANTS SHOULD BE SITTING AROUND THE TABLE WITH THE SEAT AT THE HEAD OF THE TABLE RESERVED FOR THE MODERATOR. THE FIRST TASK WILL BE TO REVIEW THE INFORMED CONSENT FORM AND HAVE PARTICIPANTS SIGN THEM.

INTRODUCTION OF SELF: Hello, and thank you for attending this group discussion. My name is [Jim Leiman OR Arturo Obscura] with Morpace, a research company. We are working with RTI International, a not-for-profit research company, to improve the materials used for a large national survey.

Before we start, I would like you to read over the consent form in front of you. There are two copies. This consent form provides an overview of this research study and information about your rights as a study volunteer. Once you are done reading the form, please sign both copies. RTI will keep one and you will keep one. If you have any questions about the consent form, please do not hesitate to ask me.

ALLOW PARTICIPANTS TIME TO REVIEW THE INFORMED CONSENT AND ANSWER ANY QUESTIONS THEY HAVE. THE RTI NOTETAKER WILL CHECK THE SIGNATURE AND DATE ON THE COPIES THAT RTI WILL RETAIN.

AFTER COLLECTING THE SIGNED CONSENT FORMS, ASK PARTICIPANTS TO WRITE THEIR FIRST NAMES (OR THE NAME THEY PREFER TO BE CALLED) ON BOTH SIDES OF A "NAME TENT" AND PLACE IT SO IT CAN BE SEEN FROM THE FRONT OF THE ROOM.

SECTION II: INTRODUCTION (5 minutes)

This group discussion is in support of an ongoing national survey that examines health and health related behaviors. We want to improve the materials that we provide to people such as yourself to inform them about the survey. I will be leading today's discussion ,sharing some materials with you, and asking you some questions to guide the discussion.

We just have a few ground rules for our discussion:

- Most importantly, 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.
- We are video recording the session and also have a note taker so we don't miss anything that is said, but we will not link comments with anyone personally. We will only use first names during this discussion, and we won't ask questions that would identify where you live or other personal information. The video recording will be destroyed when we have completed the study.
- 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 a few times by the end of the session. If you'd rather not answer a particular question, you can just tell me that you would like to "pass."
- Please take a minute now to turn off your cell phones or pagers so we aren't interrupted.
- If you need to take a break or use the restroom, please leave the room quietly.
- At the end of the session, we will give you each \$75 cash as a token of our appreciation. We will also ask you to sign a receipt to document that you have received this incentive.

Are there any questions or comments? [ANSWER ANY QUESTIONS AT THIS POINT]

Before we begin, let's introduce ourselves. How about if we go in the order of the month you were born in? Let's start with January. Whose birthday is in January? When I call on you, please just give us your first name.

PARTICIPANTS RAISE THEIR HANDS AND INTRODUCE THEMSELVES, GIVING THEIR FIRST NAME ONLY. THE MODERATOR GOES THROUGH EACH MONTH UNTIL EVERYONE IN THE ROOM (INCLUDING MODERATOR AND NOTETAKER) HAS INTRODUCED THEMSELVES.

SECTION III: LEAD LETTER ENVELOPE (15 minutes)

Great. As I mentioned, we are discussing the materials that are used on a national survey, in order to improve them. Households that are selected for this national survey usually learn about the study by receiving a letter describing the survey. The letter also indicates that an interviewer will visit the household to ask a few questions about the members of the household and then may ask one or two members of the household to complete an interview.

I'd first like to ask you about the envelopes that would be used to send these letters to households selected for the survey. Think about the mail you receive each day.

1. What kinds of things do you consider in deciding whether to open a piece of mail?
2. What kinds of things do you look for on an envelope to determine whether you will open it?
3. What kinds of envelopes do you tend to throw out or recycle without opening?

Here are two different examples of envelopes that could be used for the letters sent to households selected for this survey. Please take one of each type of envelope.

[DISTRIBUTE STARTING AT BOTH ENDS OF THE TABLE AND GIVE PARTICIPANTS A MOMENT TO LOOK AT THE ENVELOPES. THE STANDARD SIZE ENVELOPE ADDRESSED TO "RESIDENT" WILL BE REFERRED TO AS VERSION 1 AND THE 9x12 ENVELOPE ADDRESSED TO "RESIDENT" WILL BE REFERRED TO AS VERSION 2.]

Imagine that you received either one of these envelopes in your mail, addressed to "Resident" at your home address, just like the example provided on these envelopes.

1. What are some of the first things you noticed about these envelopes? Are there any similarities or differences between the two versions that you noticed? [PROBE RESPONDENTS TO ELABORATE ON ANY DIFFERENCES THEY IDENTIFY BETWEEN THE ENVELOPES]
2. Which of these envelopes would you be most likely to open? Why do you think so?
3. What do you think could be changed to make it less likely that you would throw them out?

ASK THE FOLLOWING QUESTIONS ONLY IF THESE POINTS WERE NOT ALREADY MENTIONED IN THE DISCUSSION:

1. Notice there are two different envelope sizes. Would the size of the envelope have any impact on how likely you would be to open it?
2. The envelopes have the statement "Official Business, Penalty For Private Use \$300" printed on them. Does making a mailing look more official in this way make you more likely to open it? What impression does this statement give you about the purpose of the mailing and the contents of the envelope?
3. Does it make any difference to you if the envelope was addressed to "COUNTY/DISTRICT NAME Resident" instead of just "Resident?" How would this make a difference to you?
4. What do you think about the United States Department of Health and Human Services (DHHS) logo, which is on both versions of the envelope? Do you think this logo would make you more or less likely to open the envelope?

5. What do you think about the return address, which indicates the RTI project number and provides a Rockville, Maryland address? Does this look like the kind of address you would expect to see on a letter regarding a Federal government project?]

IF TIME PERMITS, PLEASE USE THE FOLLOWING SCRIPT TO ASK PARTICIPANTS TO INDICATE THEIR PREFERENCE BETWEEN THE TWO ENVELOPES AND PASS THEM TO YOU: Before we move on, could you indicate which envelope you prefer by writing the number one (1) in the upper right corner of the envelope that you like better and passing it to me? Also, if you would prefer to have the name of the county in which the resident lives included on the envelope, please write the word “county” by the address on your preferred envelope. Thank you.]

SECTION IV: LEAD LETTER (45 minutes)

Here are three different versions of the letter that households selected for the survey might receive, usually before an interviewer visits the homes. Please take a set of three and pass them along.

[DISTRIBUTE THE TEXT-ONLY VERSIONS OF THE LETTERS IN ORDER STARTING AT BOTH ENDS OF THE TABLE AND GIVE PARTICIPANTS A MOMENT TO READ THEM. THE UPDATED CURRENT LETTER WILL BE REFERRED TO AS VERSION 1a, THE DILLMAN/CIALDINI-INFLUENCED LETTER WILL BE REFERRED TO AS VERSION 2a, AND THE NSFG-INFLUENCED LETTER WILL BE REFERRED TO AS VERSION 3a.]

We are interested first in your initial reactions to the content of these letters, so these versions only have the text of each letter, without any graphics.

[ASK BEFORE PARTICIPANTS READ THE LETTERS] Just looking at the letters, do you think you would be more likely to read one more than the other two, if you received it in the mail? Why or why not?

Please take a few minutes to read the three letters all the way through. I will ask you some questions about the letters shortly. [GIVE PARTICIPANTS TIME TO READ THE LETTERS]

A. First, I have some questions about the content of these letters:

1. What are some of the first things you noticed about the content of these three letters? Are there any similarities or differences between the three versions that you noticed? [PROBE RESPONDENTS TO ELABORATE ON ANY DIFFERENCES THEY IDENTIFY AMONG THE CONTENT OF THE LETTERS]
2. Which letter would seem most likely to make you feel comfortable participating in this study? Why do you think so?
3. Is there information that you would like to know about the survey, but is not included in any of these letters?
4. Thinking about any of the three letters, do you think you would share the letter you received or information in the letter with anyone in your household? What would make you more likely to share the letter you received?
5. Thinking again about any of the three letters, do you think you would call the toll-free number or visit the web site provided in the letter for more information about the study?

ASK THE FOLLOWING QUESTIONS ONLY IF THESE POINTS WERE NOT ALREADY MENTIONED IN THE DISCUSSION:

1. Which letter seems to have the most professional approach? Why?
2. Which letter seems to have the most personal touch? Why?
3. Do you think any one of these letters is more informative to you than the other two? Please explain.
4. Do any of the letters make it seem particularly important that you should participate in the survey and make you willing to talk to an interviewer who visited your home?
5. Each of these letters describes RTI's role in conducting this study for SAMHSA using somewhat different language. For example:
 - The first letter states that "Research Triangle Institute (RTI) is the nonprofit organization assigned to carry out this important study."

- The second letter states that “RTI International is the nonprofit organization that is conducting interviews for this important study.”
- The third letter states that “We (MEANING SAMHSA) have asked Research Triangle Institute to do these interviews for us.”

Did you notice these differences? Which of these descriptions of RTI’s role seems most clear to you? Are any of the words/phrases used to describe RTI’s role unclear to you?

6. The first two versions of these letters are signed by two people, one from the sponsoring federal agency (SAMHSA) and one from the survey organization (RTI). The third version is only signed by the person representing the sponsoring federal agency. What impression do the signatures give you about the survey?
7. In addition to the two signatures, the letter also has a space for the survey interviewer assigned to the household to hand-print her or his name. How do you think having the interviewer’s name hand-printed on the letter would make you feel about the letter?

[REFER PARTICIPANTS TO THE VERSION OF THE LETTER WITH THE FI NAME PRINTED BELOW THE ID BADGE]

8. The second version of the letter (in the second paragraph) mentions that the survey is “required by Congress.” Does this statement make you feel that you would be required to do the survey if selected? Would the fact that the survey is required by Congress influence your decision to participate in the survey? Why?
9. The second version of the letter also indicates that different organizations may endorse this survey. What association or organization would make you more likely to participate? [IF NONE ARE OFFERED, OR TO REDIRECT THE DISCUSSION, SPECIFICALLY MENTION: (1) The American Medical Association (AMA) and (2) AARP.] How would you feel about endorsement by the AMA or the AARP? Would anyone have concerns about either of these organizations sponsoring this survey that might make you less likely to participate? [IF YES] Can you tell me what your concerns would be?
10. Letter 3 includes the name of the survey, the National Survey on Drug Use and Health. Do you think knowing the name of the survey would make you more or less likely to participate in the survey?

[DISTRIBUTE THE THREE VERSIONS OF THE LETTERS GRAPHICS ON TRANSPARENCIES IN ORDER, STARTING AT BOTH ENDS OF THE TABLE. GIVE PARTICIPANTS A MOMENT TO REVIEW THEM AND ENCOURAGE THEM TO PLACE THE TRANSPARENCIES OVER EACH VERSION OF THE LETTER TEXT TO SEE HOW THEY LOOK. THE UPDATED CURRENT LETTER WILL BE REFERRED TO AS VERSION 1b, THE DILLMAN/CIALDINI-INFLUENCED LETTER WILL BE REFERRED TO AS VERSION 2b, AND THE NSFG-INFLUENCED LETTER WILL BE REFERRED TO AS VERSION 3b.]

B. Now I have a few questions about the graphics that are included on these versions of the three letters:

1. What are some of the first things you noticed about the graphics on these three letters? Are there any similarities or differences between the three versions that you noticed? [PROBE RESPONDENTS TO ELABORATE ON ANY DIFFERENCES THEY IDENTIFY AMONG THE GRAPHICS]

ASK THE FOLLOWING QUESTIONS ONLY IF THESE POINTS WERE NOT ALREADY MENTIONED IN THE DISCUSSION:

1. All versions of the letter include the DHHS logo. Do you think this logo would make you more or less likely to read the letter?
2. The first letter indicates at the top that this is “an important request” from DHHS. Did you notice that? How do you think that feature might influence whether or not you would read the letter?
3. What do you think about the silhouette of the interviewer in letters 1 and 3? What do you think about the picture of the interviewer in letter 2? Which do you prefer?

IF TIME PERMITS, PLEASE USE THE FOLLOWING SCRIPT TO ASK PARTICIPANTS TO INDICATE THEIR PREFERENCES FOR TEXT AND GRAPHICS AMONG THE THREE LETTERS AND PASS THEM TO YOU:

Before we move on, could you indicate the version of the letter with *text only* (that is, without the graphics) you prefer? Please write the number one (1) in the upper right corner of the text-only letter that you like best and pass it to me.

Next, please indicate which version of the letter *graphics* (that is, the logos, pictures, and letterhead features) you prefer by writing the number one (1) in the upper right corner of the letter with the graphics that you like best and pass it to me.

SECTION V: Q&A BROCHURE (30 minutes)

Here are two versions of a brochure describing the study that will not be mailed with the letter, but will only be provided to individuals at households when they are contacted in person by the interviewer. Please take one of each version and pass them along.

[DISTRIBUTE THE TWO BROCHURES STARTING AT BOTH ENDS OF THE TABLE AND GIVE PARTICIPANTS A BRIEF MOMENT TO LOOK OVER THEM. THE UPDATED CURRENT BROCHURE WILL BE REFERRED TO AS VERSION 1 AND THE REDESIGNED BROCHURE WILL BE REFERRED TO AS VERSION 2.]

We are interested in your initial reactions as well as the content of each version of the brochure. Please take a moment to look at both brochures.

1. What are some of the first things you noticed about these brochures? Are there any similarities or differences between the two versions that you noticed? [PROBE RESPONDENTS TO ELABORATE ON ANY DIFFERENCES THEY IDENTIFY BETWEEN THE TWO BROCHURES]
2. In your own words, what are the main points that these brochures are telling you about the survey? Do the main points seem to be about the same, or somehow different, across the two brochures?
3. For both versions of the brochure, do you think too much, enough, or not enough information is provided about the survey?
4. Would you like to see more information added to either brochure? What kind of information would you add that might help people in deciding whether to participate in the survey?
5. Do you think any information should be removed from either of the brochures? If so, which information do you think should be removed?
6. Does any of the information on either version of the brochure seem confusing to you? Please explain.
7. In addition to the information provided in the letter, do you think seeing either version of the brochure would make you more or less likely to participate in the survey?

ASK THE FOLLOWING QUESTIONS ONLY IF THESE POINTS WERE NOT ALREADY MENTIONED IN THE DISCUSSION:

1. The brochures use a few different terms to describe the survey process used in this study. In your own words, what do each of the following terms mean to you? Also, please let me know if you're really not sure what any of these terms means. (The first one is ...)
 - (1) randomly selected
 - (2) chosen at random through scientific methods
 - (3) accurately represent the many different types of people in the United States
2. How do you feel about the colors used in each brochure? Are there other color(s) that you think would make the brochures more appealing to you?
3. Which pictures or graphics do you like best in each brochure? Are there any pictures or graphics you do or do not like in either brochure?
4. Does the mention of using a computer to complete the interview or the picture of a laptop computer on either version of the brochure worry you at all? (If so, why are you concerned about the use of a computer?)

5. Do you think it's important to include the DHHS logo, which is on both versions? Why or why not?
6. The second version also includes the SAMHSA and RTI logos. Do you think it's important to include these logos on the brochure? Do you think these logos should be on the front or on the back of the brochure, or both the front and back?
7. In the section "What Is the National Survey On Drug Use and Health?," the second version indicates that "SAMHSA is working with Research Triangle Institute (RTI), a nonprofit research organization, to complete the interviews." Also, in the section "How is the Study Conducted," the brochure indicates that "SAMHSA has selected Research Triangle Institute (RTI), a nonprofit research organization, to complete the interviews."

You may recall the three letters we looked at earlier all described RTI's role somewhat differently – "RTI is assigned to carry out this important study," "RTI is conducting interviews for this important study," and "We (SAMHSA) have asked Research Triangle Institute to do these interviews for us."

Do you think the language used in this brochure to describe RTI's role is clearer, about as clear, or less clear than the language you preferred from the three letters? Why?

IF TIME PERMITS, PLEASE USE THE FOLLOWING SCRIPT TO ASK PARTICIPANTS TO INDICATE THEIR PREFERENCE BETWEEN THE TWO BROCHURES AND PASS THEM TO YOU:

Before we move on, could you indicate which brochure you prefer by writing the number one (1) in the upper right corner of the brochure that you like better and passing it to me?

SECTION VI: CONCLUSION (5 minutes)

Are there any final comments or any questions?

I want to thank you all for your participation. We will now distribute the \$75 incentive we promised you and ask you to sign a receipt form verifying that you received it.

THE RTI NOTETAKER WILL NOW TURN OFF THE VIDEO CAMERA.

THE RTI NOTETAKER WILL THEN DISTRIBUTE THE CASH GIFTS IN ENVELOPES TO EACH PARTICIPANT AND COLLECT EACH PARTICIPANT'S SIGNATURE ON THE INCENTIVE RECEIPT FORM.

Appendix B:
Participant Informed Consent Form

Focus Group Participant Informed Consent Form

National Survey on Drug Use and Health (NSDUH)

The Substance Abuse and Mental Health Services Administration (SAMHSA) has contracted with RTI International to complete a large national survey conducted with about 70,000 people each year. In association with this project, RTI has been asked to conduct focus groups like this one with adults to evaluate the contact materials used on the survey.

Your participation in this focus group will involve answering questions and discussing issues about the content and design of contact materials, such as the letter sent to households and informational brochures. We will ask how we can improve these materials to increase survey participation. There will be up to 10 people participating in the group. You are one of approximately 170 people participating in a focus group on the improvement of these contact materials. There are no right or wrong answers; we just want your opinions.

Your participation in this group discussion is voluntary and you may withdraw at any time. Your participation and any comments you make will be kept confidential. Comments from all participants will be combined in a summary report that will not identify any individual. We ask that you show consideration for others and refrain from sharing information after leaving this focus group. This focus group will last two hours.

Your personal information will not be connected to your remarks in any way. We will be recording this focus group on audio and videotape, and transferring this recording to DVD, in order to more easily prepare our summary report. The tapes and DVD will be destroyed after they have been used. You will receive \$75 as a token of appreciation for your participation.

There are no physical risks to you from participating in this focus group other than those associated with everyday living. You do not have to answer any questions that you do not want to. There are no direct benefits to you from participating in this focus group.

If you have any questions about this focus group, please ask your group moderator. If you have any questions about your rights as a study participant, you can call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). For any other questions about the study, you can call Doug Currivan of RTI at 1-800-334-8571, extension 23334.

With my signature below, I confirm that this information has been explained to me and I give consent for my participation in this focus group and its audio and video recording.

Signature Participant

Date

Signature of Moderator

Date

**Appendix C:
Incentive Receipt**

Receipt Form for Focus Groups on Survey Participation
National Survey on Drug Use and Health (NSDUH)

We thank you for participating in our focus group. Your help with this research study sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and conducted by RTI International will help us plan strategies for the National Survey on Drug Use and Health (NSDUH). For your participation, we are pleased to provide you with this cash incentive as an expression of our gratitude.

By signing below, you confirm that you received \$75 in appreciation for your participation in this project.

Please initial here: _____

Date: _____

Witnessed by: _____

Appendix D:
Sample Focus Group Recruitment Advertisement

Participate in a Discussion Group for a Research Study

RTI International, a not-for-profit research organization with offices in Research Triangle Park, is looking for adults to take part in discussion groups scheduled for [INSERT DATES]. The purpose of these discussion groups is to get input from [INSERT AREA] residents like you to improve the materials used for a large national study. If you are eligible and participate in a discussion group, you will be given **\$75** in cash as a token of our appreciation. Each discussion group will take from about 1 ½ to 2 hours. We are looking for people who must be:

- 1) Age 18 and over
- 2) Not currently serving on active duty in the military
- 3) Not currently employed by RTI International
- 4) Not a family member of an RTI employee

To find out more about the study, call [TOLL FREE NUMBER] and ask for [NAME] or email her at [EMAIL]. All information you provide RTI prior to or during the discussion group will remain strictly confidential.

Appendix E:
Focus Group Recruitment and Screening Protocol

Date/Time of Call _____

Hello, this is [NAME] calling from RTI International. (Were you calling about the ad?)
Let me tell you a little about the study. The purpose of the study is to improve the contact materials, such as letters and brochures, which are used in a large national survey. The Substance Abuse and Mental Health Services Administration has hired us to conduct the survey and we are working with them to improve the existing contact materials. We are trying to find people who are interested in helping us by providing their opinions about the materials we want to test. If you are interested and eligible, we would like you to come to a small discussion group that will take about 1 ½ to 2 hours. At the end of the discussion, you will receive \$75 in cash in appreciation for your time. To make sure you are eligible for the study, I need to ask you some questions. This will only take about 5 minutes. (Is this a good time?)

[RECORD CANDIDATE'S RESPONSES ON PAPER SCREENING ROSTER.]

1. [RECORD GENDER.] (IF NECESSARY, ASK: Are you male or female?)

- 1 FEMALE
- 2 MALE

2. How did you hear about the study?

- 1 FROM CRAIG'S LIST
- 2 FROM THE NEWSPAPER
- 3 FROM A FLYER
- 4 FROM A FRIEND OR FAMILY MEMBER
- 5 COMMUNITY ORGANIZATION: _____
- 6 SOME OTHER METHOD _____

3. And how old are you?

[CHECKPOINT 1: IF CALLER IS UNDER 18, (S)HE IS INELIGIBLE. THANK R AND TERMINATE CALL.]

[CHECKPOINT 2: IF THE QUOTA FOR THIS AGE GROUP IS NOT FILLED, CONTINUE WITH Q4.]

[IF THE QUOTA FOR THE CALLER'S AGE GROUP IS FILLED, THANK AND TERMINATE CALL.]

[CODE AGE RANGE BELOW]

- 1 18-29
- 2 30-49
- 3 50+

4. Are you of Hispanic, Latino, or Spanish origin?
 - 1 YES → CONTINUE
 - 2 NO → GO TO Q6

5. Are you Mexican, Puerto Rican, Cuban, Central or South American, or some other Hispanic, Latino or Spanish origin?
 - 1 Mexican
 - 2 Puerto Rican
 - 3 Cuban, Central or South American
 - 4 Or some other Hispanic, Latino, or Spanish Origin

6. Are you White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, or Some other race?

[CAN SELECT MORE THAN 1 RESPONSE.]

 - 1 White
 - 2 Black or African American
 - 3 American Indian or Alaskan Native
 - 4 Asian
 - 5 Native Hawaiian or other Pacific Islander
 - 6 Other Race

7. What is the highest level of education you have completed?
 - 1 Less than high school
 - 2 High school graduate, including GED
 - 3 Technical or vocational school (attended or graduated) or some college
 - 4 College graduate, including postgraduate degree

8. What was your household's total income, from all sources, during the past 12 months?

Was it ...

 - 1 Less than \$50,000
 - 2 More than \$50,000 but less than \$100,000
 - 3 More than \$100,000

9. In what city or town do you live? _____ [TO ASSURE PERSON IS WITHIN DRIVING DISTANCE TO FACILITY]

10. Would you describe where you live as urban, suburban or rural?

- 1 URBAN
- 2 SUBURBAN
- 3 RURAL

11. What is your ZIP code? _____ [TO GET CENSUS INCOME DATA IF INCOME IS NOT PROVIDED]

[CHECKPOINT 3: IF SCREENER IS IN ENGLISH ASK Q12 AND Q13; IF SCREENER IS IN SPANISH, GO TO CHECKPOINT 4]

12. Do you speak English as your native (primary) language?

- 1 YES
- 2 NO [THANK AND TERMINATE]

13. Can you read English?

- 1 YES [GO TO CHECKPOINT 4]
- 2 NO [THANK AND TERMINATE]

[CHECKPOINT 4: IF SCREENER IS IN ENGLISH, GO TO CHECKPOINT 5] IF SCREENER IS IN SPANISH, CONTINUE WITH Q14-18]

14. Do you speak Spanish as your native (primary) language?

- 1 YES
- 2 NO [THANK AND TERMINATE]

15. Can you read Spanish?

- 1 YES
- 2 NO [THANK AND TERMINATE]

16. Do you speak English?

- 1 YES
- 2 NO [GO TO CHECKPOINT 5]

17. Would you say you speak English ...?

- 1 VERY WELL
- 2 WELL, OR
- 3 NOT WELL

18. Would you say you read Spanish...?

- 1 VERY WELL
- 2 WELL
- 3 NOT WELL, OR
- 4 NOT AT ALL

[CHECKPOINT 5: REFER TO RECRUITMENT GRID. IF THE LIMIT IS REACHED FOR THE CALLER'S AGE GROUP, THANK AND COLLECT PHONE NUMBER TO PUT ON THE WAITING LIST]

[IF ELIGIBLE FOR ONE OF THE GROUPS, CONTINUE]:

You are eligible to participate in our focus group! Taking part in the focus group is voluntary. It will be conducted at [our office/NAME OF FOCUS GROUP FACILITY] in [CITY]. Any remarks from the discussion will remain confidential. As such, we will not share information you give us with anyone other than project staff. We will audio and video record the focus group to help us write a summary report about the findings, but the recordings will be destroyed once we complete our report.

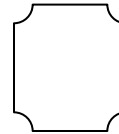
Would you like to take part in the focus group?

- 1 YES [SCHEDULE FOR GROUP, PROVIDE DATE, TIME, DIRECTIONS]
- 2 NO [THANK AND TERMINATE CALL]

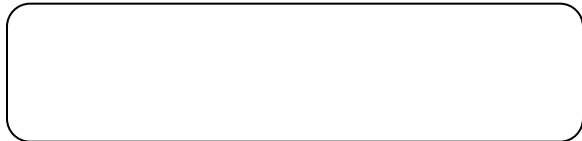
Appendix F:
Contact Materials – Lead Letter Envelope (Regular Size)



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
RTI Project 9009
6100 Executive Boulevard, Suite 902
Rockville, Maryland 20852-3907



OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

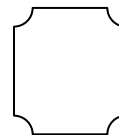


Standard size

Appendix G:
Contact Materials – Lead Letter Envelope (9 x 12)



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
RTI Project 9009
6110 Executive Boulevard, Suite 902
Rockville, Maryland 20852-3907



OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300



Appendix H:
Contact Materials – Lead Letter Version 1a (Text Only)

_____, 2009

Resident
1234 Main Street
Anywhere, XX 12345

Dear Resident:

The U.S. Department of Health and Human Services (DHHS) is conducting a national study on health-related issues. Your address was randomly chosen to participate along with more than 200,000 others. Research Triangle Institute (RTI) is the nonprofit organization assigned to carry out this important study. Soon, an RTI interviewer will be in your neighborhood to provide more information.

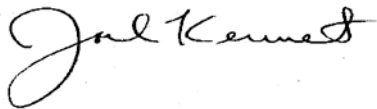
The interviewer will be carrying an identification card like the example shown below. The interviewer will ask you a few questions, and then may ask one or two members of your household to complete an interview. It is possible that no one from your household will be chosen to be interviewed. **Every person who is chosen and completes the full interview will receive \$40 in cash.**

All information collected is confidential and will be used only for statistical purposes. This is assured by federal law. This letter is addressed to "Resident" because your address was selected, and we do not know your name. Please share this information with any others in your household.

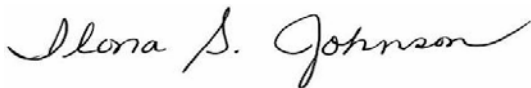
Feel free to ask the interviewer any questions you have about this study. More information is also available on the study website at: <http://nsduhweb.rti.org> or you may contact us at (800) 848-4079.

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

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. 0930-0110)

NC10010052

Version 1a

Appendix I:
Contact Materials – Lead Letter Version 2a (Text Only)

Household members at:
1234 Main Street
Anywhere, XX 12345

Dear [city/town/county] area resident:

You have received this letter because in the next few days, the interviewer named below will be coming to your household to request your participation in an important national study on health issues.

This annual national study is sponsored by The U.S. Department of Health and Human Services (DHHS) and required by Congress (U.S. Code 42 USC290aa4). The study has also been endorsed by the following organizations: _____. RTI International is the nonprofit organization that is conducting interviews for this important study.

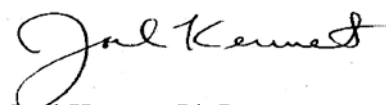
When the interviewer whose name appears below comes to your address, please ask to see their identification card. It will look like the one that appears below. The interviewer will ask you a few questions, and then may ask one or two members of your household to complete an interview. It is possible that no one from your household will be chosen to be interviewed. **Every person who is chosen and completes the full interview will receive \$40 in cash** in appreciation for their help.

This important national survey is the only one that provides much-needed national statistics on health and health-related behaviors of people throughout the United States. The privacy of all the information we collect is assured by federal law. Your answers are confidential, and can only be used for statistical purposes.

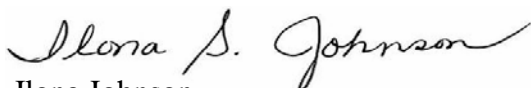
Feel free to ask our interviewer any questions you have about this study. If you have internet access you may also find out more at: <http://nsduhweb.rti.org> or you may contact us at (800) 848-4079.

Your help is very important to the success of this study and we thank you for your cooperation. Please share this information with any others in your household.

Sincerely,



Joel Kennet, Ph.D.
National Study Director, DHHS



Ilona Johnson
National Field Director, RTI

Appendix J:
Contact Materials – Lead Letter Version 3a (Text Only)

Resident
1234 Main Street
Anywhere, USA 12345

Dear Resident:

My agency, part of the U.S. Department of Health and Human Services (DHHS), needs your help. We are doing an important study called the National Survey on Drug Use and Health. The study asks questions about use of prescription and non-prescription drugs, alcohol and tobacco, and other aspects of health and mental health. The information is used for planning and providing health services in all 50 states and the District of Columbia.

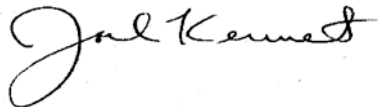
We are asking a scientific sample of households to take part in a short interview. We have asked Research Triangle Institute to do these interviews for us. In a few days, an interviewer will visit your home to ask you a few initial screening questions. The visit will only take about 5 minutes, and any adult who lives in the home can answer. After these initial questions, you or someone in your household may be asked to complete our main interview. At that time our interviewer will be able to answer any questions you might have.

The interviewer will be carrying an identification card like the example shown below. Every person who is chosen and completes the main interview will receive \$40 in cash.

By Federal law, the answers you give are confidential and will be used for research only.

If you have any questions before the interviewer visits, feel free to call the study information line at (800) 848-4079. We look forward to speaking with you soon. I thank you for your help with this important study. Please share this information with any others in your household.

Sincerely,



Joel Kennet, Ph.D.
National Study Director, DHHS

Confidentiality protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347)
Authorized by Section 505 of the Public Health Service Act (42 USC 290aa4)
Approved by Office of Management and Budget (OMB Approval No. 0930-0110)

NC10010052

Version 3a

Appendix K:
Contact Materials – Lead Letter Version 1b (Graphics Only)

**AN IMPORTANT REQUEST FROM
THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**



Sincerely,

Joel Kennet, Ph.D.
National Study Director, DHHS

	NATIONAL STUDY conducted for the U.S. Department of Health & Human Services
	Field Interviewer Name
	ID: 999999 Issue date: 1/1/2009 Expiration date: 12/31/2009
	Certified by: Ilona Johnson National Field Director, RTI

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. 0930-0110)

NC10010052

Version 1b

Appendix L:
Contact Materials – Lead Letter Version 2b (Graphics Only)



Sincerely,

Joel Kennet

Joel Kennet, Ph.D.
National Study Director, DHHS

Ilona S. Johnson

Ilona Johnson
National Field Director, RTI

	NATIONAL STUDY conducted for the U.S. Department of Health & Human Services
	Field Interviewer Name
	ID: 999999
	Issue date: 1/1/2009
	Expiration date: 12/31/2009
Certified by: Ilona Johnson National Field Director, RTI	
<i>Ilona S. Johnson</i>	

You will be contacted by: _____

Confidentiality protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347)
Authorized by Section 505 of the Public Health Service Act (42 USC 290aa4)
Approved by Office of Management and Budget (OMB Approval No. 0930-0110)

NC10010052

Version 2b

**Appendix M:
Contact Materials – Lead Letter Version 3b
(Graphics Only)**



UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES

Rockville, MD 20857

Sincerely,

Joel Kennet, Ph.D.
National Study Director, DHHS

	NATIONAL STUDY conducted for the U.S. Department of Health & Human Services
	Field Interviewer Name ID: 999999 Issue date: 1/1/2009 Expiration date: 12/31/2009 Certified by: Ilona Johnson National Field Director, RTI

You will be contacted by: _____

Confidentiality protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347)
Authorized by Section 505 of the Public Health Service Act (42 USC 290aa4)
Approved by Office of Management and Budget (OMB Approval No. 0930-0110)

NC10010052

Version 3b

Appendix N:
Contact Materials – Q&A Brochure Version 1

Why Should I Participate?

- NSDUH is the primary source of national data on the use of alcohol, tobacco, and illicit substances. By volunteering in this study, you are helping us gather this important information that is needed to make accurate policy decisions.
- Individual residents of selected households, who are randomly chosen and agree to participate, are given a cash payment of \$40 at the end of the interview.
- If selected to participate, you will represent over 4,500 other United States residents. Since our sample is selected based on scientific random sampling, no other household or person can be substituted.
- By participating in this study, you will be assisting with the formation of public policy.

Conducted by

Research Triangle Institute
3040 Cornwallis Road
Research Triangle Park, NC 27709

For more information on NSDUH or SAMHSA, contact:

NSDUH National Study Director
SAMHSA, Office of Applied Studies
1 Choke Cherry Road
Room 7-1009
Rockville, MD 20857

For more information on NSDUH or RTI, contact:

NSDUH National Field Director
Research Triangle Institute
3040 Cornwallis Road
Research Triangle Park, NC 27709
1-800-848-4079

Internet Users: You may access more information about SAMHSA on the World Wide Web at:

<http://www.samhsa.gov>

Additional information about RTI is available at:

<http://www.rti.org>

Additional information about the National Survey on Drug Use and Health is available at:

<http://nsduhweb.rti.org>

National Survey on Drug Use and Health

Answering Your Important Questions



What Is the National Survey on Drug Use and Health (NSDUH)?

The National Survey on Drug Use and Health (NSDUH) is the Federal Government's primary source of national data on the use of alcohol, tobacco, and illicit substances. The survey also contains questions on health, illegal behaviors, and other topics associated with substance use. The study was initiated in 1971 and currently is conducted on an annual basis. This year approximately 70,000 individuals, 12 years old and older, will be randomly selected and asked to voluntarily participate.

The primary objectives of NSDUH are:

- to collect timely data on the magnitude and patterns of alcohol, tobacco, and illegal substance use and abuse;
- to assess the consequences of substance use and abuse; and
- to identify those groups at high risk for substance use and abuse.

Sponsored by

Substance Abuse and Mental Health
Services Administration

U.S. Department of Health
and Human Services

Answering Your Important Questions about the 2009 National Survey on Drug Use and Health

What Is the Substance Abuse and Mental Health Services Administration (SAMHSA)?

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 in 1992 to provide leadership and a Federal focus for the Nation's mental health and substance abuse treatment and prevention programs. NSDUH is used to help facilitate this mission by monitoring the nature and extent of substance use in the United States, as well as the consequences of this use.

How Was I Selected?

A scientific random sample of households is selected throughout the United States. Once selected, no other residence can be substituted for any reason. A professional RTI interviewer makes a personal visit to each household to ask several initial questions. One or possibly two residents of your household may be asked to voluntarily participate in the survey. If you are selected, no other person can be substituted. Since the survey is based on a random sample, you will represent over 4,500 other United States residents.

What If I Do Not Smoke, Drink or Use Illegal Drugs?

In order to know the percentage of people who do use these substances, we also have to know how many people do not. Therefore, the responses of people who do not use drugs are just as important as those of people who do. You need not know anything about drugs to answer the questions. In addition, we ask a number of health-related questions that are relevant for all people.

What Happens to My Information?

Each computerized interview data file—which is identified only by a code number—is electronically transmitted to RTI on the same day the interview is conducted. The answers then are combined with all other participants' answers, and are coded, totaled, and turned into statistics for analysis. As a quality-control measure, you may receive a telephone call or a letter from RTI to verify that the interviewer did complete the survey with you.

How Does the Government Conduct the Study?

Under a competitive bidding process, SAMHSA selects a survey research organization to administer NSDUH. Currently, Research Triangle Institute (RTI) is under contract to conduct the 2009 NSDUH. RTI, which is located in Research Triangle Park, North Carolina, and closely associated with the University of North Carolina, Duke University, and North Carolina State University, is a large, experienced research organization that has conducted NSDUH since 1988.



How Is the Study Administered?

NSDUH data are collected in the privacy of the participant's home. A professional RTI interviewer personally visits each selected household to administer the NSDUH questionnaire using a laptop computer. For some items, the interviewer reads questions and enters the responses into the computer; however, the participant privately enters most responses directly into the computer. The survey takes approximately 60 minutes to complete.



How Will the Data Be Used?

Government agencies, private organizations, individual researchers, and the public at large use the data for a number of purposes. For example, the U.S. Public Health Service and state health agencies use data from NSDUH to estimate the need for drug treatment facilities. Other federal, state, and local agencies use the information to support their drug use prevention programs and to monitor drug control strategies.

CONFIDENTIAL

Will My Answers Be Kept Confidential?

Both SAMHSA and RTI are committed to assuring complete confidentiality of responses. Our interest is only in the combination of all responses nationwide—not anyone's individual answers. Your name is never recorded or associated with your answers. The information is only used for statistical purposes and cannot be used for any other purpose. Confidentiality of all answers to questions in this survey is assured under Federal law, the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.

Appendix O:
Contact Materials – Q&A Brochure Version 2

If you have more questions about NSDUH, please call **1-800-848-4079** or visit our Web site at **<http://nsduhweb.rti.org>**

The 2009 National Survey on Drug Use and Health

For more information on SAMHSA or RTI contact:

NSDUH National Study Director

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RTI International is a trade name of Research Triangle Institute.

Answers
to your questions



The 2009 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 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, substance use 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).

NSDUH began in 1971 and is conducted every year. This year almost 70,000 people from across the United States will be scientifically selected to 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.

SAMHSA has selected Research Triangle Institute (RTI) to complete the interviews. RTI, a nonprofit research organization, has been under contract with SAMHSA to conduct NSDUH since 1988.



Answers to Your Important Questions about the 2009 National Survey on Drug Use and Health

Why Should I Participate?

NSDUH is the primary source of national and state-level data on alcohol, tobacco, substance use and mental health in the United States.

You are important! Your household was one of only a few in this area randomly chosen for this study, and no other household or person can take your place.

Every person who is selected and completes the full interview will receive a cash payment of \$40 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.

Regardless of whether you have ever used drugs, your participation provides vital information that is used to design education, treatment, and prevention programs and obtain funding to support these efforts across the entire country.

How Was I Chosen?

Household addresses, not specific people, are chosen at random 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?

A professional RTI interviewer will visit each selected person to administer the interview 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 \$40 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 health and substance abuse disorders.



NSDUH is used to help this mission by gathering information on the kinds of substance abuse and mental health problems that exist in the United States and how many people they affect.

How is the Study Conducted?

SAMHSA selects a qualified survey research organization to administer NSDUH.

Research Triangle Institute (RTI), a nonprofit research organization, is under contract with SAMHSA to conduct the 2009 NSDUH. RTI



is based in Research Triangle Park, North Carolina and has conducted NSDUH on behalf of SAMHSA since 1988. RTI was founded in 1958 by Duke University, North Carolina State University, and the University of North Carolina at Chapel Hill.

Your household has been chosen at random, but no one else can take your place. Your participation matters!