



Alcohol, Tobacco, & Substance Abuse (CASI)

Event Category:	Time-Based
Event:	36M
Administration:	N/A
Instrument Target:	Primary Caregiver
Instrument Respondent:	Primary Caregiver
Domain:	Neuro-Psychosocial
Document Category:	Scored Assessment
Method:	Self-Administered
Mode (for this instrument*):	In-Person, CAI
OMB Approved Modes:	In-person, CAI; Web, CAI
Estimated Administration Time:	8 minutes
Multiple Child/Sibling Consideration:	Per Event
Special Considerations:	N/A
Version:	1.0
MDES Release:	4.0

*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.

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Alcohol, Tobacco, & Substance Abuse (CASI)

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Alcohol, Tobacco, & Substance Abuse (CASI)

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

DATA ELEMENT FIELDS	MAXIMUM CHARACTER PERMITTED	DATA TYPE	PROGRAMMER INSTRUCTIONS
ADDRESS AND EMAIL FIELDS	100	CHARACTER	
UNIT AND PHONE FIELDS	10	CHARACTER	
_OTH AND COMMENT FIELDS	255	CHARACTER	Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	Limit text to 30 characters
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	NUMERIC	
ZIP CODE LAST FOUR	4	NUMERIC	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	- DISPLAY AS MM/DD/YYYY - STORE AS YYYY-MM-DD - HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59

Instrument Guidelines for Participant and Respondent IDs:

PRENATALLY, THE **P_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER.

THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R_P_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

A REMINDER:

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT_CONSENT AND LINK_PERSON_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

TRAINING SCREENS

(TIME_STAMP_TS_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD PARTICIPANT ID (**P_ID**) OR RESPONDENT ID (**R_P_ID**) FOR PARENT/CAREGIVER.
- PRELOAD PARTICIPANT/RESPONDENT AGE
- FOR SECTION TS, ALLOW PARTICIPANT/RESPONDENT TO PROGRESS THROUGH THE SECTION BY SELECTING “NEXT” EVEN IF THEY HAVE NOT SELECTED A RESPONSE TO THE QUESTION.

CASI FORMATTING INSTRUCTIONS:

- DISPLAY NCS CASI BANNER THROUGHOUT QUESTIONNAIRE.
- CONFIGURE QUESTIONNAIRE BASED ON CASI BEST PRACTICES AND GUIDELINES.
 - DISPLAY ONE QUESTION/ITEM PER SCREEN THROUGHOUT.
 - “NEXT” BUTTONS SHOULD BEGIN ON THE FIRST SCREEN AND SHOULD BE DISPLAYED AT THE BOTTOM RIGHTHAND CORNER OF THE SCREEN.
 - “BACK” BUTTONS SHOULD BEGIN ON THE SECOND SCREEN AND SHOULD BE DISPLAYED AT THE BOTTOM LEFTHAND CORNER OF THE SCREEN.
 - DISPLAY “LANGUAGE” AND “HELP” BUTTONS AT THE TOP OF EACH SCREEN.
 - RESPONSE OPTIONS SHOULD BE DISPLAYED WITHIN THE ANSWER FIELD AND SHADED TO DISTINGUISH FROM OTHER FIELDS.
 - ALL PARTICIPANT INSTRUCTIONS SHOULD BE DISPLAYED IN RED TEXT BETWEEN THE QUESTION FIELD AND ANSWER FIELD.
- USE FONT CALIBRI, SIZE 18, BOLD FOR ALL QUESTIONS, INSTRUCTIONS, AND ANSWERS
- EACH SCREEN SHOULD CONTAIN AT MINIMUM A QUESTION BOX AND AN ANSWER BOX. IF INDICATED, PLACE AN INSTRUCTIONS BOX BETWEEN THE QUESTION BOX AND ANSWER BOX.
- ANSWER BOXES SHOULD BE SHADED LIGHT PURPLE.
- “BACK” AND “NEXT” BUTTONS SHOULD HAVE A BLACK LINE BORDER AND BE LOCATED AT THE BOTTOM LEFT AND BOTTOM RIGHT (RESPECTIVELY) OF THE SCREEN.
- “HELP” BUTTON WITH BLACK LINE BORDER LOCATED AT TOP LEFT OF SCREEN.
- LANGUAGE TOGGLE “ENGLISH/ESPAÑOL” WITH BLACK LINE BORDER LOCATED AT TOP RIGHT OF SCREEN.
- EACH NEW ITEM NUMBER TRIGGERS A NEW SCREEN

TS01000/(TRAINING_1). Now we want to teach you how to use this computer. The interviewer will be here to answer any questions you have. The computer will ask you a series of

questions. Some people may consider some of the following questions to be personal. You will answer these questions on your own in complete privacy. Like all other questions that you have answered today, your responses will be kept confidential. If you are not sure about an answer, choose the best option. Answer each question by selecting your response on the screen. After you answer a question, go to the next question by touching the button marked NEXT in the lower right-hand corner of the screen. Try touching that button now to move on.

PARTICIPANT INSTRUCTIONS

- Select/touch the box beside your answer.
- Then select/touch the NEXT button to go to the next page.
- Select/touch the BACK button to go back to the previous page.
- Press the HELP button to get helpful tips for completing the questions.

SOURCE

New

TS02000/(TRAINING_2). If you want to go back and change your answer to an earlier question, touch the button marked BACK in the lower left-hand corner of the screen. Touch the BACK button now to return to the last screen. Then touch the NEXT button to return to this screen and again to move on.

SOURCE

New

TS03000/(TRAINING_3). These first questions are practice questions and are not part of the study. These practice questions will help you learn how to use the computer.

If you want to change your answer to a multiple choice question, you may simply select another option

What is your favorite season of the year?

Label	Code	Go To
Spring	1	
Summer	2	
Fall	3	
Winter	4	

SOURCE

New

TS04000/(TRAINING_4). Another type of question requires a number response. Answer by pressing the number buttons on the keypad.

If a question asks you to enter a number on the keypad, and you would like to change your answer after you have already entered a number, you can select the "CLEAR" button to erase the answer and enter your new response.

Answer the following question. Then try selecting "CLEAR" and entering your answer again.

How many hours did you sleep last night?

|_|_|
HOURS

SOURCE

New

TS05000/(TRAINING_5). If you skip a question for any reason, the computer will say you didn't answer the question, and will ask you whether you really meant to answer, would rather not answer, or don't know the answer. If you choose, "I really meant to answer," the screen will go back so you can answer the question."

PROGRAMMER INSTRUCTIONS

- | |
|--|
| <ul style="list-style-type: none">• INSERT SCREENSHOT OF REDO SCREEN |
|--|

TS06000/(TRAINING_6). Sometimes you will be asked a question that refers to a particular time period such as the last 30 days. Be sure to think only about the specific time period asked in that question.

TS07000/(TRAINING_7). If you answer a question with a response that is not valid, a message will appear on the screen. For example, the question below asks about your activities during the last 90 days. If your response was greater than 90, the following message would appear.

On how many days in the past 90 days did you ride the bus?

|_|_|
NUMBER OF DAYS

PROGRAMMER INSTRUCTIONS

- | |
|---|
| <ul style="list-style-type: none">• INSERT SCREENSHOT OF HARD EDIT: The number of days must be between 0 and 90. Please enter the number of days. |
|---|

TS08000/(TRAINING_8). If there is anything that you do not understand, or if you have any problems during the interview, please ask the interviewer to help you. If you are ready to begin the interview, press the NEXT button now.

(TIME_STAMP_TS_ET).

PROGRAMMER INSTRUCTIONS

INSERT DATE/TIME STAMP

ATS ABUSE QUESTIONNAIRE

(TIME_STAMP_AAQ_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- INSERT THE WORD "Question:" FOLLOWED BY A RETURN BEFORE QUESTION TEXT IN QUESTION FIELD.

INSTRUCTIONS FOR HARD EDITS

- HARD EDITS SHOULD BE PROGRAMMED AS POP-UP SCREENS.

AAQ01000. DISPLAY IN QUESTION FIELD: You did not select an answer to the question on the previous page {INSERT QUESTION BOX TEXT FROM PREVIOUS QUESTION}. Would you like to go back to the previous page and answer the question?

PROGRAMMER INSTRUCTIONS

INSTRUCTIONS FOR REDO/RF/DK SCREENS:

- CASI VARIABLE ANSWER OPTIONS SHOWN TO THE PARTICIPANT DO NOT INCLUDE "REFUSED" OR "DON'T KNOW."
- IF A PARTICIPANT ATTEMPTS TO MOVE ON TO THE NEXT ITEM (BY SELECTING THE "NEXT" BUTTON AT THE BOTTOM RIGHT OF SCREEN) WITHOUT ENTERING A VALID ANSWER, DISPLAY CASI REDO SCREEN.
- CASI REDO SCREENS FOLLOW THE FOLLOWING FORMAT:

Label	Code	Go To
Yes, I would like to go back and answer the question	1	
No, I do not want to answer the question	2	
No, I do not know the answer to that question	3	

PROGRAMMER INSTRUCTIONS

- IF = 1, ROUTE RESPONDENT BACK TO PREVIOUS SCREEN.
- IF = 2, SET ANSWER TO PREVIOUS QUESTION AS = -1 ("REFUSED").
- IF = 3, SET ANSWER TO PREVIOUS QUESTION AS = -2 ("DON'T KNOW").

INTERVIEWER INSTRUCTIONS

- LAUNCH CASI MODULE AND THEN SET UP PARTICIPANT SO THEY ARE SITTING DOWN IN FRONT OF THE COMPUTER SCREEN.
- AFTER CASI HAS STARTED, TURN THE TABLET TOWARDS THE PARTICIPANT AND ASSIST WITH PRACTICE QUESTIONS IF NEEDED.
- EXPLAIN CASI SAQ TO PARTICIPANT AND DEMONSTRATE HOW PARTICIPANT CAN RESPOND TO ITEMS USING THE COMPUTER.

AAQ02000. You have now completed the training screens and are ready to begin the interview questions. Let your interviewer know if you need help while answering the questions on your own.

SOURCE

New

AAQ03000. The next questions are about drinking alcohol. In your answers, count a can or bottle of beer; a wine cooler or glass of wine, champagne, or sherry; or a shot of liquor or mixed drink or cocktail as a drink.

AAQ04000/(ONE_DRINK). In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

National Institute on Alcohol Abuse and Alcoholism (NIAAA) National Epidemiologic Survey on Alcohol and Related Conditions. Wave 1 (NESARC - WAVE 1). Alcohol Use Disorder and Associated Disabilities Interview Schedule - Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition Version (AUDADIS-IV).

PROGRAMMER INSTRUCTIONS

- IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **AAQ09000**.

AAQ05000/(AGE_START_DRINKING). About how old were you when you first started drinking, not counting small tastes or sips of alcohol?

|_|_|
AGE

SOURCE

National Institute on Alcohol Abuse and Alcoholism (NIAAA) National Epidemiologic Survey on Alcohol and Related Conditions. Wave 1 (NESARC - WAVE 1). Alcohol Use Disorder and Associated Disabilities Interview Schedule - Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition Version (AUDADIS-IV).

PROGRAMMER INSTRUCTIONS

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ06000/(DRINKS_PAST_30DAYS). Think specifically about the past 30 days up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not had an alcoholic drink during the past 30 days, please enter "0".

SOURCE

2008 National Survey on Drug Use and Health

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days."
- IF RESPONSE IS EQUAL TO 0, -1, OR -2, SKIP TO **MOST_DRINKS_1DAY**.

AAQ07000/(NUM_DRINKS_30DAYS). On the days that you drank during the past 30 days, how many **drinks** did you **usually** have each day?

|_|_|

NUMBER OF DRINKS

SOURCE

2008 National Survey on Drug Use and Health.

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 1 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 1 and 30. Please enter the number of days."

AAQ08000/(MOST_DRINKS_1DAY). What was the **LARGEST** number of drinks that you ever drank in a single day?

|_|_|

NUMBER

SOURCE

National Institute on Alcohol Abuse and Alcoholism (NIAAA) National Epidemiologic Survey on Alcohol and Related Conditions. Wave 1 (NESARC - WAVE 1). Alcohol Use Disorder and Associated Disabilities Interview Schedule - Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition Version (AUDADIS-IV).

AAQ09000. Now I'd like to ask you about your experiences with medicines and other kinds of drugs that you may have used **ON YOUR OWN** – that is, either **WITHOUT** a doctor's prescription; in **GREATER** amounts, **MORE OFTEN**, or **LONGER** than prescribed; or for a reason other than a doctor said you should use them. People use these medicines and drugs **ON THEIR OWN** to feel more alert, to relax or quiet their nerves, to feel better, to enjoy themselves, to get high, or just to see how they would work.

AAQ10000/(USED_SEDATIVES). Have you **EVER** used sedatives, such as sleeping pills, barbiturates, Seconal®, Quaaludes, or Chloral Hydrate?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **USED_TRANQUILIZERS**.

AAQ11000/(AGE_USED_SEDATIVES). How old were you when you FIRST used sedatives?

|_|_|
AGE

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ12000/(SEDATIVES_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use sedatives?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used sedatives during the past 30 days, please enter "0".

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days."

AAQ13000/(USED_TRANQUILIZERS). Have you EVER used tranquilizers or anti-anxiety drugs, such as Valium®, Librium®, muscle relaxants, or Xanax®?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition
Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO USED_PAINKILLERS.

AAQ14000/(AGE_USED_TRANQUILIZERS). How old were you when you FIRST used tranquilizers or anti-anxiety drugs?

|_|_|
AGE

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition
Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ15000/(TRANQUILIZERS_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use tranquilizers or anti-anxiety drugs?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used tranquilizers during the last 30 days, please enter "0."

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days."

AAQ16000/(USED_PAINKILLERS). Have you EVER used painkillers, such as Codeine, Darvon®, Percodan®, OxyContin®, Dilaudid®, Demerol®, Celebrex®, or Vioxx®?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition
Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **USED_STIMULANTS**.

AAQ17000/(AGE_USED_PAINKILLERS). How old were you when you **FIRST** used painkillers?

|_|_|
AGE

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition
Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- **HARD EDIT:** PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ18000/(PAINKILLERS_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use painkillers?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used painkillers during the past 30 days, please enter "0".

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- **HARD EDIT:** THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days."

AAQ19000/(USED_STIMULANTS). Have you **EVER** used stimulants, such as Preludin®, Benzedrine®, Methedrine®, Ritalin®, uppers, or speed?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition

SOURCE

Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **USED_MARIJUANA**.

AAQ20000/(AGE_USED_STIMULANTS). How old were you when you FIRST used stimulants?

|_|_|
AGE?

SOURCEAlcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition
Version (AUDADIS-IV) (Modified)**PROGRAMMER INSTRUCTIONS**

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ21000/(STIMULANTS_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use stimulants?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used stimulants during the past 30 days, please enter "0".

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days."

AAQ22000/(USED_MARIJUANA). Have you EVER used marijuana, hash, THC, or grass?

Label	Code	Go To
Yes	1	
No	2	

SOURCEAlcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition
Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **USED_COCAINE_CRACK**.

AAQ23000/(AGE_USED_MARIJUANA). How old were you when you FIRST used marijuana, hash, THC, or grass?

|_|_|
AGE

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition
Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ24000/(MARIJUANA_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used marijuana during the past 30 days, please enter "0".

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days."

AAQ25000/(USED_COCAINE_CRACK). Have you EVER used cocaine or crack?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition
Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **USED_HALLUCINOGENS**.

AAQ26000/(AGE_USED_COCAINE_CRACK). How old were you when you FIRST used cocaine or crack?

|_|_|
AGE

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ27000/(COCAINE_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use cocaine?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used cocaine during the past 30 days, please enter "0".

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days."

AAQ28000/(CRACK_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use crack?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used crack during the past 30 days, please enter "0".

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be

PROGRAMMER INSTRUCTIONS

between 0 and 30. Please enter the number of days.”

AAQ29000/(USED_HALLUCINOGENS). Have you EVER used hallucinogens, such as Ecstasy/MDMA, LSD, mescaline, psilocybin, PCP, angel dust, or peyote?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **USED_INHALANTS**.

AAQ30000/(AGE_USED_HALLUCINOGENS). How old were you when you FIRST used hallucinogens?

|_|_|
AGE

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY “Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age.”

AAQ31000/(HALLUCINOGENS_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use hallucinogens?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used hallucinogens during the past 30 days, please enter “0”.

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY “The number of days must be between 0 and 30. Please enter the number of days.”

AAQ32000/(USED_INHALANTS). Have you EVER used inhalants or solvents, for example, amyl nitrite, nitrous oxide, glue, toluene, or gasoline?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **USED_HEROIN**.

AAQ33000/(AGE_USED_INHALANTS). How old were you when you FIRST used inhalants or solvents?

AGE

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ34000/(INHALANTS_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use any inhalant for kicks or to get high?

NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used inhalants during the past 30 days, please enter "0".

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days."

AAQ35000/(USED_HEROIN). Have you EVER used heroin?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **USED_OTH_SUBSTANCES**.

AAQ36000/(AGE_USED_HEROIN). How old were you when you FIRST used heroin?

|_|_|
AGE

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ37000/(HEROIN_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use heroin?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used heroin during the past 30 days, please enter "0".

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days."

AAQ38000/(USED_OTH_SUBSTANCES). Have you EVER used Any OTHER medicine, or drugs, or substances, for example, methadone, Elavil®, steroids, Thorazine®, or Haldol®?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **AGE_SMOKED_CIG**.

AAQ39000/(AGE_USED_OTH_SUBSTANCES). How old were you when you FIRST used any other medicines or drugs or substances?

|_|_|
AGE

SOURCE

Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS-IV) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ40000/(OTH_SUBSTANCES_PAST_30DAYS). Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use any other medicines or drugs or substances?

|_|_|
NUMBER OF DAYS

PARTICIPANT INSTRUCTIONS

- If you have not used other substances during the past 30 days, please enter "0".

SOURCE

National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days."

AAQ41000/(AGE_SMOKED_CIG). How old were you the first time you smoked part or all of a cigarette?

|_|_|

AGE

Label	Code	Go To
Never smoked a cigarette	1	

SOURCE

2008 National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."
- IF RESPONSE IS EQUAL TO 1, -1 OR -2, SKIP TO **AAQ47000**.

AAQ42000/(AGE_SMOKING_DAILY). How old were you when you first started smoking cigarettes every day?

AGE

Label	Code	Go To
Never started smoking cigarettes every day	1	

SOURCE

2008 National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- IF RESPONSE IS EQUAL TO 1, -1 OR -2, SKIP TO **AAQ47000**.
- HARD EDIT: PARTICIPANT RESPONSE MUST BE $\leq$ PARTICIPANT CURRENT AGE (FROM PRELOAD). IF A RESPONSE IS $>$ PARTICIPANT AGE, DISPLAY "Your answer must be less than or equal to your current age. Please enter a number less than or equal to your current age."

AAQ43000/(SMOKED_PAST_30DAYS). Now think about the past 30 days, up to and including today. During the past 30 days, have you smoked part or all of a cigarette?

Label	Code	Go To
Yes	1	
No	2	

SOURCE

2008 National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS

- IF RESPONSE IS EQUAL TO 2, -1 OR -2, SKIP TO **AAQ47000**.

AAQ44000/(NUM_DAYS_SMOKED_30DAYS). During the past 30 days, on how many days did you smoke part or all of a cigarette?

NUMBER OF DAYS

SOURCE
2008 National Survey on Drug Use and Health (NSDUH) (Modified)

PROGRAMMER INSTRUCTIONS
- HARD EDIT: THE POSSIBLE RANGE OF RESPONSES WILL BE FROM 0 TO 30. IF A RESPONSE IS OUTSIDE THAT RANGE, DISPLAY "The number of days must be between 0 and 30. Please enter the number of days." - IF RESPONSE IS EQUAL TO -1 OR -2, SKIP TO AAQ47000.

AAQ45000/(EST_NUM_DAYS_SMOKED_30DAYS). What is your best estimate of the number of days you smoked part of all of a cigarette during the past 30 days?

Label	Code	Go To
1 or 2 days	1	
3 to 5 days	2	
6 to 9 days	3	
10 to 19 days	4	
20 to 29 days	5	
All 30 days	6	

SOURCE
2008 National Survey on Drug Use and Health (NSDUH) (Modified)

AAQ46000/(NUM_CIG_SMOKED_PER_DAY). On the days you smoked cigarettes during the past 30 days, how many cigarettes did you smoke per day, on average?

Label	Code	Go To
Less than 1 cigarette per day	1	
1 cigarette per day	2	
2 to 5 cigarettes per day	3	
6 to 16 cigarettes per day (about 1/2 pack)	4	
16 to 25 cigarettes per day (about 1 pack)	5	
26 to 35 cigarettes per day (about 1 1/2 packs)	6	
More than 35 cigarettes per day (about 2 packs or more)	7	

SOURCE
2008 National Survey on Drug Use and Health (NSDUH) (Modified)

AAQ47000. Thank you for participating in the National Children’s Study and for taking the time to complete this interview.

(TIME_STAMP_AAQ_ET).

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP