**National Survey on Drug Use and Health:**

**Specifications for Programming**

**for DSM-5 Cognitive Testing**

**Blaise Version 4.8**

# Introduction

**lang** INTERVIEWER: SELECT THE LANGUAGE TO BE USED FOR THIS INTERVIEW.

1 ENGLISH

2 SPANISH

NSDUH CAI Instrument Version: 22.XX

OMB Control #: 0930-0290

Expiration Date: 05/31/17

# Core Demographics

**note1** FI: DO NOT READ ALOUD UNLESS RESPONDENT QUESTIONS THE BURDEN (OR TIME) ASSOCIATED WITH THIS INTERVIEW.

NOTICE: Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0290); Room 2-1057; 1 Choke Cherry Road; Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0290 with an expiration date of 05/31/17.

PRESS [ENTER] TO CONTINUE.

**age1** What is your date of birth?

ENTER MM-DD-YYYY

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DK/REF

DEFINE CALCAGE:

CALCAGE = AGE CALCULATED BY "SUBTRACTING" DATE OF BIRTH FROM DATE OF INTERVIEW.

**confdob** [IF AGE1 NE DK OR REF] I have entered your date of birth as **[AGE1]**. Is this correct?

1 YES

2 NO

DK/REF

**HARD ERROR: [IF CONFDOB=2] INTERVIEWER: PRESS [ENTER] TO GO BACK AND CORRECT THE RESPONDENT’S DATE OF BIRTH.**

**[NOTE: DO NOT DEFINE CALCAGE UNTIL CONFDOB=YES]**

**confirm** [IF AGE1 NE DK/REF AND CONFDOB NE DK/REF] That would make you **[CALCAGE]** years old. Is this correct?

1 YES

2 NO

DK/REF

**HARD ERROR: [IF CONFIRM = 2] INTERVIEWER: PRESS [ENTER] TO GO BACK AND CORRECT THE RESPONDENT’S DATE OF BIRTH.**

**QD01** INTERVIEWER: RECORD RESPONDENT’S GENDER.

5 MALE

9 FEMALE

# Beginning ACASI Section

**IntroAcasi1** You will do an important part of this interview on your own, using the computer and headphones.

Before you start, we’ll go through a short practice session so you can learn how to use this computer and our interview program. Let me quickly point out the keys you will use. The computerized practice session that follows will go through what each key does in greater detail.

MOVE COMPUTER SO RESPONDENT CAN SEE THE KEYBOARD AND POINT OUT THE FOLLOWING:

[POINT TO THE ROW OF FUNCTION KEYS] First, these are the function keys. The function keys and what they do are labeled for you.

[POINT TO F3] If you don’t know the answer to a question, press F3.

[POINT TO F4] If you don’t want to answer a question, press F4.

PRESS [ENTER] TO CONTINUE.

**IntroAcasi3** These next items will help you enter your answers into the computer.

[POINT TO THE ROW OF NUMBER KEYS] These are the number keys.

[POINT TO THE ENTER KEY] The Enter key is here,

[POINT TO THE SPACE BAR] the space bar is here,

[POINT TO THE BACKSPACE KEY] and the Backspace key is here.

[POINT TO THE BOTTOM OF THE SCREEN] The answers that you enter will show up here at the bottom of the screen.

PRESS [ENTER] TO CONTINUE.

**IntroAcasi4** There are a couple of computer features that you will **not** use.

[POINT TO ON/OFF SWITCH] This button up here turns the machine on and off. Please do not press it! It will turn the machine off, and we’ll lose the interview.

[POINT TO TOUCHPAD] Also, please do not touch this pad. This might disrupt the interview.

PRESS [ENTER] TO CONTINUE.

**IntroAcasi2** [IF TTSMODE=0] These headphones will allow you to listen to the interview questions.

[IF TTSMODE = 1] These headphones will allow you to listen while the computer voice reads the interview questions.

HAND HEADPHONES TO RESPONDENT.

You can adjust the volume here [DEMONSTRATE VOLUME ADJUSTMENT ON THE HEADPHONE CORD].

Please put on your headphones. When you are ready, let me know.

MOVE COMPUTER SO RESPONDENT CAN USE IT.

ONCE RESPONDENT HAS HEADPHONES ON, PRESS “1" AND [ENTER] SO R CAN BEGIN PRACTICE SESSION.

**HeadPhone** This screen will play while you adjust the volume in your headphones. When you have adjusted the volume to a level that is comfortable to you, press the large [ENTER] key on the right side of the keyboard to continue with the practice session. The [ENTER] key is the one with the ↵ symbol on it.

# Tutorial

**INTRO1** Welcome to RTI’s self-interviewing system, which lets you control the interview and answer in complete privacy.

First, you will learn how to use the system and complete some practice questions. You will learn how to enter answers and how to back-up if you make a mistake and want to change an answer.

Press the large [ENTER] key on the right side of the keyboard to move to the next screen. The [ENTER] key is the one with the ↵ symbol on it.

**INTRO2** In this system you can read the questions on the computer screen and hear them read through the headphones. If you would like to just see the questions on the screen, you can turn down the voice.

Press [ENTER] to continue.

**GOTDOG** You answer questions by putting in the number that is shown next to your answer. The numbers are located in the second row of the keyboard.

To answer a question, you first press the correct number and then press [ENTER].

Practice Question #1: Do you have a dog?

1 Yes

2 No

DK/REF

**EYECOLOR** The last question was a Yes-No question. Other questions will have more answers to choose from, and you will pick your answer from a list.

Practice Question #2: What color are your eyes? Put in the number that best fits you and press the [ENTER] key.

1 Blue

2 Brown

3 Gray

4 Green

5 Some other color

DK/REF

**ALLAPPLY** Some questions will let you choose more than one answer. For these questions, you will use the space bar to separate the answers you type in. Practice this now.

Practice Question #3: What kinds of music do you listen to?

To select more than one kind of music from the list, press the space bar between each number you type. When you have finished, press [ENTER] to go to the next question.

1 Classical

2 Country

3 Hip Hop

4 Jazz

5 Latin American/Spanish

6 Folk/Traditional

7 Pop/Rock

8 Soul/R&B

9 Something Else

DK/REF

**NUMBER** Other questions will ask you to type in a number instead of choosing a number from a list.

Practice Question #4: In the past 30 days, on how many days did you eat breakfast? Type in the number of days you ate breakfast and press [ENTER].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [RANGE: 0 - 30]

DK/REF

**BACKUP** If you want to change or see your answer to a previous question, you can back up using the **[F9]** key. Each time you press the **[F9]** key, the computer will go back one question.

You can tell the computer to repeat a question by pressing **[F10].** Try this now.

When you are finished, press [ENTER] to continue.

**rangeerr** For some questions, the computer can only accept certain answers. For example, in the question below, the only numbers the computer will accept are 1 for YES or 2 for NO.

If you try to enter some other number, an instruction box will appear. To correct your answer, you must press **[ENTER]** to make the box disappear. You can then answer the question again.

Try this with the question below. Type a 3 as your answer. Press the **[ENTER]** key to remove the instruction box, then type in a valid answer.

Practice Question #6: Do you have a cat?

1 Yes

2 No

DK/REF

# Calendar

**calendar** Throughout the rest of this interview, the computer will ask you questions about three time periods, the past 30 days, the past 12 months, and your lifetime. To help you remember the first two time periods, the computer will record the beginning dates for each one of them.

PROGRAMMER: 30 DAY CALENDAR WILL DISPLAY

Now please think about the past 30 days. According to the calendar **[DATEFILL]** was 30 days ago. That will be your 30-day reference date, and can be found in blue on the calendar. The entire 30-day period is highlighted in yellow.

PROGRAMMER: Fill date on 30 day reference date field and highlight the 30-day reference date. CIRCLE DAY; HIGHLIGHT ENTIRE 30-DAY PERIOD. MAKE TEXT THAT SAYS ‘BLUE’ BLUE IN COLOR.

Press [ENTER] to continue.

**calendr2** A number of questions will ask about the past 12 months, that is since this date last year. According to the calendar **[DATEFILL]** was 12 months ago. That will be your 12-month reference date and can be found in red on the calendar. Today’s date can be found in green.

PROGRAMMER: Fill date on 12 month reference date field and highlight the 12 month reference date. CIRCLE DAY. MAKE TEXT THAT SAYS ‘RED’ RED IN COLOR AND THE SAME FOR GREEN TEXT.

Press [ENTER] to continue.

**calendr3** Please use the calendar as you go through the interview to help you remember when different things happened. The calendars will pop up to remind you to think about your 30-day reference date and your 12-month reference date when you answer questions. You can also look at the calendar at any time by pressing F1. Press F1 again to close the calendar.

Press [ENTER] to continue.

**ANYQUES** If you have any questions, please ask your interviewer now. If not, press [ENTER] to begin.

# Alcohol

**ALCINTR1** The next questions are about alcoholic beverages, such as beer, wine, brandy, and mixed drinks. Listed on the next screen are examples of the types of beverages we are interested in.

Please review this list carefully before you answer these questions.

Press [ENTER] to continue.

**CARD3a Types of Alcoholic Beverages**

**Beer**

Regular Beer Malt liquor Lager

Lite or light beer Ale

Low-alcohol (LA) beer Stout

**Wine**

Red, white, blush wine Sherry Fortified wines, such as Cisco

Wine coolers Homemade wines,

Champagne such as muscadine,

scuppernong, or fruit

wines

**Liquor**

Bourbon Scotch Homemade liquor, such as moonshine

Gin Tequila

Rum Vodka

**Liqueurs, Cordials, and Brandy**

Brandy Drambuie Schnapps

Cassis Grand Marnier Tia Maria

Cognac Kahlua Triple sec

Creme de menthe Port Vermouth

**Mixed Drinks and Cocktails**

Bloody Mary Manhattan Rob Roy

Bourbon and water Margarita Rum and cola

Daiquiri Martini Scotch and soda

Gin and tonic Piña colada Whiskey sour

**Press [ENTER] to continue.**

**ALCINTR2** These questions are about drinks of alcoholic beverages. Throughout these questions, by a “drink,” we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink.

Press [ENTER] to continue.

**AL01** 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.

1 Yes

2 No

DK/REF

**ALREF** [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.

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.

1 Yes

2 No

DK/REF

**ALLAST3** [IF AL01 = 1 OR ALREF = 1] How long has it been since you **last** drank an alcoholic beverage?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**ALRECDK** [IF ALLAST3 = DK] What is your **best guess** of how long it has been since you **last** drank an alcoholic beverage?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**ALRECRE** [IF ALLAST3 = 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.

Please think again about answering this question: How long has it been since you **last** drank an alcoholic beverage?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**ALFRAME3** [IF ALLAST3 = 1 OR 2 OR ALRECDK = 1 OR 2 OR ALRECRE = 1 OR 2] Now think about the past 12 months, from **[DATEFILL]** through today. We want to know how many days you’ve had a drink of an alcoholic beverage during the past 12 months.

What would be the easiest way for you to tell us how many days you drank alcoholic beverages?

1 Average number of **days per week** during the past 12 months

2 Average number of **days per month** during the past 12 months

3 Total number of days during the past 12 months

DK/REF

**ALYRAVE** [IF ALFRAME3 = 3 OR DK/REF] On how many days in the past 12 months did you drink an alcoholic beverage?

TOTAL # OF DAYS: [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**ALMONAVE** [IF ALFRAME3 = 2 OR ALYRAVE = DK/REF] On average, how many days did you drink an alcoholic beverage **each month** during the past 12 months?

AVG # OF DAYS PER MONTH: [RANGE: 1 - 31]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**ALWKAVE** [IF ALFRAME3 = 1 OR ALMONAVE = DK/REF] On average, how many days did you drink an alcoholic beverage **each week** during the past 12 months?

AVG # OF DAYS PER WEEK: [RANGE: 1 - 7]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DEFINE TOTDRINK:

IF ALYRAVE NOT (BLANK OR DK/REF) THEN TOTDRINK=ALYRAVE

ELSE IF ALMONAVE NOT(BLANK OR DK/REF) THEN TOTDRINK=ALMONAVE\*12

ELSE IF ALWKAVE NOT (BLANK OR DK/REF) THEN TOTDRINK = ALWKAVE\*52

ELSE TOTDRINK=DK/REF

**AL06** [IF ALLAST3 = 1 OR ALRECDK = 1 OR ALRECRE = 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 drink one or more drinks of an alcoholic beverage?

# OF DAYS: [RANGE: 0 - 30]

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

**AL06DKRE** [IF AL06 = DK/REF] What is your **best estimate** of the number of days you drank alcohol during the past 30 days?

1 1 or 2 days

2 3 to 5 days

3 6 to 9 days

4 10 to 19 days

5 20 to 29 days

6 All 30 days

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

# Marijuana

**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.

Press [ENTER] to continue.

**MJ01** Have you **ever**, even once, used marijuana or hashish?

1 Yes

2 No

DK/REF

**MJREF** [IF MJ01 = REF] The answers that people give us about their use of marijuana and hashish are important to this study’s success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, used marijuana or hashish?

1 Yes

2 No

DK/REF

**MJLAST3** [IF MJ01 = 1 OR MJREF = 1] How long has it been since you **last** used marijuana or hashish?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**MJRECDK** [IF MJLAST3 = DK] What is your **best guess** of how long it has been since you **last** used marijuana or hashish?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**MJRECRE** [IF MJLAST3 = REF] The answers that people give us about their use of marijuana and hashish are important to this study’s success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you **last** used marijuana or hashish?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**MJFRAME3** [IF MJLAST3 = 1 - 2 OR MJRECDK = 1 - 2 OR MJRECRE = 1 - 2] Now think about the past 12 months, from **[DATEFILL]** through today. We want to know how many days you’ve used marijuana or hashish during the past 12 months.

What would be the easiest way for you to tell us how many days you’ve used it?

1 Average number of **days per week** during the past 12 months

2 Average number of **days per month** during the past 12 months

3 Total number of days during the past 12 months

DK/REF

**MJYRAVE** [IF MJFRAME3 = 3 OR DK/REF] On how many days in the past 12 months did you use marijuana or hashish?

TOTAL # OF DAYS: [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**MJMONAVE** [IF MJFRAME3 = 2 OR MJYRAVE = DK/REF] On average, how many days did you use marijuana or hashish **each month** during the past 12 months?

AVERAGE # OF DAYS PER MONTH: [RANGE: 1 - 31]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**MJWKAVE** [IF MJFRAME3 = 1 OR MJMONAVE = DK/REF] On average, how many days did you use marijuana or hashish **each week** during the past 12 months?

AVERAGE # OF DAYS PER WEEK: [RANGE: 1 - 7]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**MJ06** [IF MJLAST3=1 OR MJRECDK = 1 OR MJRECRE = 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 marijuana or hashish?

NUMBER OF DAYS: [RANGE: 0 - 30]

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

**MJ06DKRE** [IF MJ06 = DK/REF] What is your **best estimate** of the number of days you used marijuana or hashish during the past 30 days?

1 1 or 2 days

2 3 to 5 days

3 6 to 9 days

4 10 to 19 days

5 20 to 29 days

6 All 30 days

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DEFINE TOTMJ:

IF MJYRAVE NOT(BLANK OR DK/REF) THEN TOTMJ = MJYRAVE

ELSE IF MJMONAVE NOT(BLANK OR DK/REF) THEN TOTMJ = MJMONAVE\*12

ELSE IF MJWKAVE NOT (BLANK OR DK/REF) THEN TOTMJ = MJWKAVE\*52

ELSE TOTMJ = DK/REF

IF TOTMJ = DK/REF, SKIP TO COCINTRO

# 

# Cocaine

**COCINTRO** These questions are about cocaine, including all the different forms of cocaine such as powder, ‘crack,’ free base, and coca paste.

Press [ENTER] to continue.

**CC01** Have you **ever**, even once, used any form of cocaine?

1 Yes

2 No

DK/REF

**CCREF** [IF CC01 = REF] The answers that people give us about their use of cocaine are important to this study’s success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, used any form of cocaine?

1 Yes

2 No

DK/REF

**CCLAST3** [IF CC01 = 1 OR CCREF = 1] How long has it been since you **last** used any form of cocaine?

1 Within the past 30 days -- that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**CCRECDK** [IF CCLAST3 = DK] What is your **best guess** of how long it has been since you **last** used cocaine?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**CCRECRE** [IF CCLAST3 = REF] The answers that people give us about their use of cocaine are important to this study’s success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you **last** used cocaine?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

# Heroin

**HEINTRO** These next questions are about heroin.

Press [ENTER] to continue.

**HE01** Have you **ever**, even once, used heroin?

1 Yes

2 No

DK/REF

**HEREF** [IF HE01 = REF] The answers that people give us about their use of heroin are important to this study’s success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, used heroin?

1 Yes

2 No

DK/REF

**HELAST3** [IF HE01 = 1 OR HEREF = 1] How long has it been since you **last** used heroin?

1 Within the past 30 days -- that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**HERECDK** [IF HELAST3 = DK] What is your **best guess** of how long it has been since you **last** used heroin?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**HERECRE** [IF HELAST3 = REF] The answers that people give us about their use of heroin are important to this study’s success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you **last** used heroin?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

# Methamphetamine

**METHINTRO** 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 injected.

Press [ENTER] to continue.

**ME01** Have you **ever**, even once, used methamphetamine?

1 Yes

2 No

DK/REF

**MEREF** [IF ME01 = REF] The answers that people give about their use of methamphetamine are important to this study’s success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, usedmethamphetamine?

1 Yes

2 No

DK/REF

**MELAST3** [IF ME01 = 1 OR MEREF = 1] How long has it been since you **last** used methamphetamine?

1 Within the past 30 days -- that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**MERECDK** [IF MELAST3 = DK] What is your **best guess** of how long it has been since you **last** used methamphetamine?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**MERECRE** [IF MELAST3 = REF] The answers that people give us about their use of methamphetamine are important to this study’s success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you **last** used methamphetamine?

1 Within the past 30 days — that is, since **[DATEFILL]**

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

|  |
| --- |
| IF NO SUBSTANCE USE, ASK PRESCRITIPN DRUG SECTIONS **ELSE GO TO SUBSTANCE ABUSE MODULE** |

# Pain Relievers Screener

**INTROPR** 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.

**PR01** 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, NORCO, ZOHYDRO ER, AND HYDROCODONE.

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].

1 Vicodin

2 Lortab

3 Norco

4 Zohydro ER

5 Hydrocodone (generic)

95 I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, 4, OR 5.

**PR02** Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR OXYCONTIN, PERCOCET, AND PERCODAN.

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].

1 OxyContin

2 Percocet

3 Percodan

95 I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

**PR03** Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR ROXICET, ROXICODONE, AND OXYCODONE.

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].

1 Roxicet

2 Roxicodone

3 Oxycodone (generic)

95 I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

**PR04** 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.

PROGRAMMER: DISPLAY PILLS HERE FOR ULTRAM, ULTRAM ER, ULTRACET, TRAMADOL, AND EXTENDED-RELEASE TRAMADOL.

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].

1 Ultram

2 Ultram ER

3 Ultracet

4 Tramadol (generic)

5 Extended-release tramadol (generic)

95 I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, 4, OR 5.

**PR05** Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR TYLENOL WITH CODEINE 3 OR 4 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].

1 Tylenol with codeine 3 or 4

2 Codeine pills (generic)

95 I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1 OR 2.

**PR06** 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.

PROGRAMMER: DISPLAY PILLS HERE FOR AVINZA, KADIAN, MS CONTIN, MORPHINE, AND EXTENDED-RELEASE MORPHINE.

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].

1 Avinza

2 Kadian

3 MS Contin

4 Morphine (generic)

5 Extended-release morphine (generic)

95 I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, 4, OR 5.

**PR07** 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.

PROGRAMMER: DISPLAY IMAGES HERE FOR ACTIQ, DURAGESIC, FENTORA, AND FENTANYL.

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].

1 Actiq

2 Duragesic

3 Fentora

4 Fentanyl (generic)

95 I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

**PR08** Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR SUBOXONE AND BUPRENORPHINE.

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].

1 Suboxone

2 Buprenorphine (generic)

95 I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, OR 2.

**PR09** Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR OPANA, OPANA ER, OXYMORPHONE, AND EXTENDED-RELEASE OXYMORPHONE.

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].

1 Opana

2 Opana ER

3 Oxymorphone (generic)

4 Extended-release oxymorphone (generic)

95 I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

**PR10** Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR DEMEROL, DILAUDID OR HYDROMORPHONE, EXALGO OR EXTENDED-RELEASE HYDROMORPHONE, AND METHADONE.

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].

1 Demerol

2 Dilaudid or hydromorphone

3 Exalgo or extended-release hydromorphone

4 Methadone

95 I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

**PRANYOTH** In the **past 12 months**, have you used any **other** prescription pain reliever?

Remember, do **not** include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve.

SHOW 12-MONTH CALENDAR ON SCREEN.

1 Yes

2 No

DK/REF

DEFINE PR12MON:

IF (PR01 NE 95 OR DK/REF) OR (PR02 NE 95 OR DK/REF) OR (PR03 NE 95 OR DK/REF) OR (PR04 NE 95 OR DK/REF) OR (PR05 NE 95 OR DK/REF) OR (PR06 NE 95 OR DK/REF) OR (PR07 NE 95 OR DK/REF) OR (PR08 NE 95 OR DK/REF) OR (PR09 NE 95 OR DK/REF) OR (PR10 NE 95 OR DK/REF) OR (PRANYOTH = 1) THEN PR12MON = 1.

ELSE PR12MON = 2.

DEFINE PRYRCOUNT:

INITIALIZE PRYRCOUNT TO 0.

ADD 1 TO PRYRCOUNT FOR EACH INDIVIDUAL DRUG SELECTED IN PR01-PRANYOTH.

# Tranquilizers Screener

**INTROTR** 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.”

Press [ENTER] to continue.

**TR01** Please look at the names and pictures of the tranquilizers shown below. Please note that some forms of these tranquilizers may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR XANAX, XANAX XR, ALPRAZOLAM, AND EXTENDED-RELEASE ALPRAZOLAM.

In the **past 12 months**, which, if any**,** of these tranquilizers 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].

1. Xanax
2. Xanax XR
3. Alprazolam (generic)

4 Extended-release alprazolam (generic)

95 I have not used any of these tranquilizers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

**TR02** Please look at the names and pictures of the tranquilizers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR ATIVAN, LORAZEPAM, KLONOPIN, AND CLONAZEPAM.

In the **past 12 months**, which, if any**,** of these tranquilizers 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].

1. Ativan
2. Klonopin
3. Lorazepam (generic)
4. Clonazepam (generic)

95 I have not used any of these tranquilizers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

**TR03** Please look at the names and pictures of the tranquilizers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR VALIUM AND DIAZPEPAM.

In the **past 12 months**, which, if any**,** of these tranquilizers 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].

1. Valium
2. Diazepam (generic)

95 I have not used any of these tranquilizers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1 OR 2.

**TR04** Please look at the names and pictures of the tranquilizers shown below. Remember, some forms of these tranquilizers may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR CYCLOBENZAPRINE AND SOMA.

In the **past 12 months**, which, if any**,** of these tranquilizers 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].

1 Cyclobenzaprine (generic), also known as Flexeril

2 Soma

95 I have not used any of these tranquilizers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1 OR 2.

**TR05** Please look at the names and pictures of the tranquilizers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR BUSPIRONE, HYDROXYZINE, AND MEPROBAMATE.

In the **past 12 months**, which, if any**,** of these tranquilizers 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].

1. Buspirone (generic), also known as BuSpar
2. Hydroxyzine (generic), also known as Atarax or Vistaril
3. Meprobamate (generic), also known as Equanil or Miltown

95 I have not used any of these tranquilizers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

**TRANYOTH** In the **past 12 months**, have you used any **other** prescription tranquilizer?

SHOW 12-MONTH CALENDAR ON SCREEN.

1 Yes

2 No

DK/REF

DEFINE TR12MON:

IF (TR01 NE 95 OR DK/REF) OR (TR02 NE 95 OR DK/REF) OR (TR03 NE 95 OR DK/REF) OR (TR04 NE 95 OR DK/REF) OR (TR05 NE 95 OR DK/REF) OR (TRANYOTH = 1) THEN TR12MON = 1.

ELSE TR12MON = 2.

DEFINE TRYRCOUNT:

INITIALIZE TRYRCOUNT TO 0.

ADD 1 TO TRYRCOUNT FOR EACH INDIVIDUAL DRUG SELECTED IN TR01- TRANYOTH.

# Stimulants Screener

**INTROST** 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.

**ST01** Please look at the names and pictures of the stimulants shown below. Please note that some forms of these stimulants may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR ADDERALL, ADDERALL XR, AND DEXEDRINE.

In the **past 12 months**, which, if any**,** of these stimulants 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].

1 Adderall

2 Adderall XR

3 Dexedrine

95 I have not used any of these stimulants in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

**ST02** Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR DEXTROAMPHETAMINE, AMPHETAMINE-DEXTROAMPHETAMINE MIX, AND EXTENDED-RELEASE AMPHETAMINE-DEXTROAMPHETAMINE MIX.

In the **past 12 months**, which, if any**,** of these stimulants 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].

1. Dextroamphetamine (generic)
2. Mixed amphetamine-dextroamphetamine pills other than Adderall (generic)
3. Extended-release amphetamine-dextroamphetamine pills other than Adderall XR (generic)

95 I have not used any of these stimulants in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

**ST03** Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY IMAGES FOR RITALIN, RITALIN SR/ RITALIN LA, CONCERTA, AND DAYTRANA. (DAYTRANA IS A PATCH.)

In the **past 12 months**, which, if any**,** of these stimulants 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].

1 Ritalin

2 Ritalin SR or Ritalin LA

3 Concerta

4 Daytrana

95 I have not used any of these stimulants in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

**ST04** Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY PILLS FOR METADATE CD, METADATE ER, METHYLPHENIDATE, AND EXTENDED-RELEASE METHYLPHENIDATE.

In the **past 12 months**, which, if any**,** of these stimulants 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].

1 Metadate CD

2 Metadate ER

3 Methylphenidate (generic)

4 Extended-release methylphenidate (generic)

95 I have not used any of these stimulants in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

**ST05** Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY PILLS FOR FOCALIN, FOCALIN XR, DEXMETHYLPHENIDATE, AND EXTENDED-RELEASE DEXMETHYLPHENIDATE.

In the **past 12 months**, which, if any**,** of these stimulants 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].

1 Focalin

2 Focalin XR

3 Dexmethylphenidate (generic)

4 Extended-release dexmethylphenidate (generic)

95 I have not used any of these stimulants in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

**ST06** Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY PILLS FOR BENZPHETAMINE, DIDREX, DIETHYLPROPION, PHENDIMETRAZINE, AND PHENTERMINE.

In the **past 12 months**, which, if any**,** of these stimulants 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].

1 Benzphetamine

2 Didrex

3 Diethylpropion

4 Phendimetrazine

5 Phentermine

95 I have not used any of these stimulants in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, 4, OR 5.

**ST07** Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY PILLS FOR PROVIGIL, TENUATE, AND VYVANSE.

In the **past 12 months**, which, if any**,** of these stimulants 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].

1 Provigil

2 Tenuate

3 Vyvanse

95 I have not used any of these stimulants in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

**STANYOTH** In the **past 12 months**, have you used any **other** prescription stimulant?

Remember, do **not** include “over-the-counter” stimulants such as Dexatrim, No-Doz, Hydroxycut, or 5-Hour Energy.

SHOW 12-MONTH CALENDAR ON SCREEN.

1 Yes

2 No

DK/REF

DEFINE ST12MON:

IF (ST01 NE 95 OR DK/REF) OR (ST02 NE 95 OR DK/REF) OR (ST03 NE 95 OR DK/REF) OR (ST04 NE 95 OR DK/REF) OR (ST05 NE 95 OR DK/REF) OR (ST06 NE 95 OR DK/REF) OR (ST07 NE 95 OR DK/REF) OR (STANYOTH = 1) THEN ST12MON = 1.

ELSE ST12MON = 2.

DEFINE STYRCOUNT:

INITIALIZE STYRCOUNT TO 0.

ADD 1 TO STYRCOUNT FOR EACH INDIVIDUAL DRUG SELECTED IN ST01- STANYOTH.

# Sedatives Screener

**INTROSV** These next questions ask about **any** use of **prescription** **sedatives or barbiturates.** These drugs are also called “downers” or “sleeping pills.” People take these drugs to help them relax or help them sleep. Please do **not** include “over-the-counter” sedatives such as Sominex, Unisom, Nytol, or Benadryl.

Press [ENTER] to continue.

**SV01** Please look at the names and pictures of the sedatives shown below. Please note that some forms of these sedatives may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR AMBIEN, AMBIEN CR, ZOLPIDEM, AND EXTENDED-RELEASE ZOLPIDEM.

In the **past 12 months**, which, if any**,** of these sedatives 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].

1. Ambien
2. Ambien CR
3. Zolpidem (generic)
4. Extended-release zolpidem (generic)

95 I have not used any of these sedatives in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

**SV02** Please look at the names and pictures of the sedatives shown below.

PROGRAMMER: DISPLAY IMAGES FOR LUNESTA, SONANTA, AND ZALEPLON.

In the **past 12 months**, which, if any**,** of these sedatives 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].

1. Lunesta or eszopiclone
2. Sonata or zaleplon

95 I have not used any of these sedatives in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1 OR 2.

**SV03** Please look at the names and pictures of the sedatives shown below.

PROGRAMMER: DISPLAY PILLS FOR HALCION, RESTORIL, FLURAZEPAM, TEMAZEPAM, AND TRIAZOLAM.

In the **past 12 months**, which, if any**,** of these sedatives 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].

1. Halcion
2. Restoril
3. Flurazepam (generic), also known as Dalmane
4. Temazepam (generic)
5. Triazolam (generic)

95 I have not used any of these sedatives in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, 4, OR 5.

**SV04** Please look at the names and pictures of the sedatives shown below.

PROGRAMMER: DISPLAY PILLS FOR BUTISOL, SECONAL, AND PHENOBARBITAL.

In the **past 12 months**, which, if any**,** of these sedatives 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].

1. Butisol
2. Seconal
3. Phenobarbital (generic)

95 I have not used any of these sedatives in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

**SVANYOTH** In the **past 12 months**, have you used any **other** prescription sedative?

Remember, do **not** include “over-the-counter” sedatives such as Sominex, Unisom, Nytol, or Benadryl.

SHOW 12-MONTH CALENDAR ON SCREEN.

1 Yes

2 No

DK/REF

DEFINE SV12MON:

IF (SV01 NE 95 OR DK/REF) OR (SV02 NE 95 OR DK/REF) OR (SV03 NE 95 OR DK/REF) OR (SV04 NE 95 OR DK/REF) OR (SVANYOTH = 1) THEN SV12MON = 1.

ELSE SV12MON = 2.

DEFINE SVYRCOUNT:

INITIALIZE SVYRCOUNT TO 0.

ADD 1 TO SVYRCOUNT FOR EACH INDIVIDUAL DRUG SELECTED IN SV01-SVANYOTH.

***If any 12 month use of prescription pain relievers:***

**PRINTROYR1** [IF PR12MON = 1] Earlier you reported having used certain **prescription pain relievers** during the past year.  Now please think about whether you used any of these pain relievers in any way **a doctor did not direct you to use them.**

When you answer these questions, please think only about your use of the drug in any way **a doctor did not direct you to use it,** including:

* Using it without a prescription of your own
* Using it in greater amounts, more often, or longer than you were told to take it
* Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

DEFINE PRFILL:

PRFILL LISTS ALL INDIVIDUAL DRUGS SELECTED IN PR01, PR02, PR03, PR04, PR05, PR06, PR07, PR08, PR09, AND PR10.

USE MULTIPLE COLUMNS AS NEEDED. PRECEDE LAST ITEM WITH “and”. IF PRANYOTH=1 AND PRYRCOUNT > 1, THEN ADD “another prescription pain reliever” TO THE FILL.

THE FOLLOWING DRUGS SHOULD **NOT** USE INITIAL CAPS WHEN FILLED IN SENTENCE FORMAT:

* hydrocodone
* oxycodone
* propoxyphene
* tramadol
* extended-release tramadol
* codeine pills
* morphine
* extended-release morphine
* fentanyl
* buprenorphine
* oxymorphone
* extended-release oxymorphone
* hydromorphone
* extended-release hydromorphone
* methadone

WHEN IMPLEMENTING PRFILL, IF 1, OR 2 DRUGS APPEAR IN LIST, FILL IN SENTENCE FORMAT, SEPARATED WITH AN “and” BEFORE THE LAST FILL.

IF >2 DRUGS APPEAR IN LIST, FILL IN LIST (IN COLUMNS IF NEEDED) BELOW THE PREVIOUS SENTENCE.

DEFINE PRFIRSTFLAG:

PRFIRSTFLAG IDENTIFIES THE FIRST PAIN RELIEVER USED NONMEDICALLY.

INITIALIZE PRFIRSTFLAG TO 0.

(PRFIRSTFLAG NEEDS TO BE DEFINED BEFORE THE ROUTING TO PRINTROYR2 OR PRYOTH.)

**PRINTROYR2** [IF PR12MON=1 AND (PRANYOTH NE 1 OR (PRANYOTH=1 AND PRYRCOUNT > 1))] Earlier, the computer recorded that, in the **past 12 months**, you used [PRFILL].

Press Enter to continue.

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE FOR THE INTRO SCREEN

NOTE TO PROGRAMMERS: LOOP THROUGH THE 12-MONTH MISUSE FOR EACH PRESCRIPTION PAIN RELIEVER REPORTED IN THE SCREENER FOR THE PAST 12 MONTHS.

**PRY01** [IF PR01=1] In the past 12 months, did you use Vicodin in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR VICODIN

1 Yes

2 No

DK/REF

**PRY02** [IF PR01=2] In the past 12 months, did you use Lortab in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR LORTAB

1 Yes

2 No

DK/REF

**PRY03** [IF PR01=3] In the past 12 months, did you use Norco in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR NORCO

1 Yes

2 No

DK/REF

**PRY04** [IF PR01=4] In the past 12 months, did you use Zohydro ER in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ZOHYDRO ER

1 Yes

2 No

DK/REF

**PRY05** [IF PR01=5] In the past 12 months, did you use hydrocodone in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**PRY06** [IF PR02=1] In the past 12 months, did you use OxyContin in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR OXYCONTIN

1 Yes

2 No

DK/REF

**PRY07** [IF PR02=2] In the past 12 months, did you use Percocet in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR PERCOCET

1 Yes

2 No

DK/REF

**PRY08** [IF PR02=3] In the past 12 months, did you use Percodan in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR PERCODAN

1 Yes

2 No

DK/REF

**PRY09** [IF PR03=1] In the past 12 months, did you use Roxicet in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ROXICET

1 Yes

2 No

DK/REF

**PRY10** [IF PR03=2] In the past 12 months, did you use Roxicodone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ROXICODONE

1 Yes

2 No

DK/REF

**PRY11** [IF PR03=] In the past 12 months, did you use oxycodone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR OXYCODONE

1 Yes

2 No

DK/REF

**PRY12** [IF PR04=1] In the past 12 months, did you use Ultram in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ULTRAM

1 Yes

2 No

DK/REF

**PRY13** [IF PR04=2] In the past 12 months, did you use Ultram ER in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ULTRAM ER

1 Yes

2 No

DK/REF

**PRY14** [IF PR04=3] In the past 12 months, did you use Ultracet in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ULTRACET

1 Yes

2 No

DK/REF

**PRY15** [IF PR04=4] In the past 12 months, did you use tramadol in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR TRAMADOL

1 Yes

2 No

DK/REF

**PRY16** [IF PR04=5] In the past 12 months, did you use extended-release tramadol in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR EXTENDED-RELEASE TRAMADOL (GENERIC)

1 Yes

2 No

DK/REF

**PRY17** [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**?

DISPLAY IMAGE FOR TYLENOL WITH CODEINE

1 Yes

2 No

DK/REF

**PRY18** [IF PR05=2] In the past 12 months, did you use codeine pills in any way **a doctor did not direct you to use them**?

DISPLAY IMAGE FOR CODEINE

1 Yes

2 No

DK/REF

**PRY19** [IF PR06=1] In the past 12 months, did you use Avinza in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR AVINZA

1 Yes

2 No

DK/REF

**PRY20** [IF PR06=2] In the past 12 months, did you use Kadian in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR KADIAN

1 Yes

2 No

DK/REF

**PRY21** [IF PR06=3] In the past 12 months, did you use MS Contin in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR MS CONTIN

1 Yes

2 No

DK/REF

**PRY22** [IF PR06=4] In the past 12 months, did you use morphine in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR MORPHINE

1 Yes

2 No

DK/REF

**PRY23** [IF PR06=5] In the past 12 months, did you use extended-release morphine in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR EXTENDED-RELEASE MORPHINE (GENERIC)

1 Yes

2 No

DK/REF

**PRY24** [IF PR07=1] In the past 12 months, did you use Actiq in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ACTIQ

1 Yes

2 No

DK/REF

**PRY25** [IF PR07=2] In the past 12 months, did you use Duragesic in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR DURAGESIC

1 Yes

2 No

DK/REF

**PRY26** [IF PR07=3] In the past 12 months, did you use Fentora in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR FENTORA

1 Yes

2 No

DK/REF

**PRY27** [IF PR07=4] In the past 12 months, did you use fentanyl in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR FENTANYL

1 Yes

2 No

DK/REF

**PRY28** [IF PR08=1] In the past 12 months, did you use Suboxone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR SUBOXONE

1 Yes

2 No

DK/REF

**PRY29** [IF PR08=2] In the past 12 months, did you use buprenorphine in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR BUPRENORPHINE

1 Yes

2 No

DK/REF

**PRY30** [IF PR09=1] In the past 12 months, did you use Opana in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR OPANA

1 Yes

2 No

DK/REF

**PRY31** [IF PR09=2] In the past 12 months, did you use Opana ER in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR OPANA ER

1 Yes

2 No

DK/REF

**PRY32** [IF PR09=3] In the past 12 months, did you use oxymorphone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR OXYMORPHONE (GENERIC)

1 Yes

2 No

DK/REF

**PRY33** [IF PR09=4] In the past 12 months, did you use extended-release oxymorphone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR EXTENDED-RELEASE OXYMORPHONE (GENERIC)

1 Yes

2 No

DK/REF

**PRY34** [IF PR10=1] In the past 12 months, did you use Demerol in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR DEMEROL

1 Yes

2 No

DK/REF

**PRY35** [IF PR10=2] In the past 12 months, did you use Dilaudid or hydromorphone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR DILAUDID OR HYDROMORPHONE

1 Yes

2 No

DK/REF

**PRY36** [IF PR10=3] In the past 12 months, did you use Exalgo or extended-release hydromorphone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR EXALGO OR EXTENDED-RELEASE HYDROMORPHONE

1 Yes

2 No

DK/REF

**PRY37** [IF PR10=4] In the past 12 months, did you use methadone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR METHADONE

1 Yes

2 No

DK/REF

**PRYOTH** [IF PRANYOTH=1] In the past 12 months, did you use **any** [IF PRANYOTH=1 AND PRYRCOUNT > 1 FILL “**other**”] prescription pain reliever in a way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE

**Tranquilizers Main Module**

***If any 12 month use of prescription tranquilizers:***

**TRINTROYR1** [IF TR12MON = 1] The next questions ask about using **prescription tranquilizers** in any way **a doctor did not direct you to use them**.

When you answer these questions, please think only about your use of the drug in any way **a doctor did not direct you to use it,** including:

* Using it without a prescription of your own
* Using it in greater amounts, more often, or longer than you were told to take it
* Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

DEFINE TRFILL:

TRFILL LISTS ALL INDIVIDUAL DRUGS SELECTED IN TR01, TR02, TR03, TR04, AND TR05.

USE MULTIPLE COLUMNS AS NEEDED. IF TRANYOTH =1 AND TRYRCOUNT > 1, THEN ADD “another prescription tranquilizer” TO THE FILL.

THE FOLLOWING DRUGS SHOULD **NOT** USE INITIAL CAPS WHEN FILLED IN SENTENCE FORMAT:

* alprazolam
* extended-release alprazolam
* lorazepam
* clonazepam
* diazepam
* cyclobenzaprine, also known as Flexeril
* buspirone also known as BuSpar
* hydroxyzine also known as Atarax or Vistaril
* meprobamate also known as Equanil or Miltown

WHEN IMPLEMENTING TRFILL, IF 1, OR 2 DRUGS APPEAR IN LIST, FILL IN SENTENCE FORMAT, SEPARATED WITH AN “and” BEFORE THE LAST FILL.

IF >2 DRUGS APPEAR IN LIST, FILL IN LIST (IN COLUMNS IF NEEDED) BELOW THE PREVIOUS SENTENCE.

DEFINE TRFIRSTFLAG:

TRFIRSTFLAG IDENTIFIES THE FIRST SEDATIVE USED NONMEDICALLY.

INITIALIZE TRFIRSTFLAG TO 0.

(TRFIRSTFLAG NEEDS TO BE DEFINED BEFORE THE ROUTING TO TRINTROYR2 OR TRY40.)

**TRINTROYR2** [IF TR12MON=1 AND (TRANYOTH NE 1 OR (TRANYOTH =1 AND TRYRCOUNT > 1))] Earlier, the computer recorded that, in the **past 12 months**, you used [TRFILL].

Press Enter to continue.

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE FOR THE INTRO SCREEN

NOTE TO PROGRAMMERS: LOOP THROUGH THE 12-MONTH MISUSE, AGE AT FIRST MISUSE, AND YEAR AND MONTH OF FIRST MISUSE (IF APPLICABLE) FOR EACH PRESCRIPTION TRANQUILIZER REPORTED IN THE SCREENER FOR THE PAST 12 MONTHS.

**TRY01** [IF TR01=1] In the past 12 months, did you use Xanax in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR XANAX

1 Yes

2 No

DK/REF

**TRY02** [IF TR01=2] In the past 12 months, did you use Xanax XR in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR XANAX XR

1 Yes

2 No

DK/REF

**TRY03** [IF TR01=3] In the past 12 months, did you use alprazolam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ALPRAZOLAM

1 Yes

2 No

DK/REF

**TRY04** [IF TR01=4] In the past 12 months, did you use extended-release alprazolam in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**TRY05** [IF TR02=1] In the past 12 months, did you use Ativan in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ATIVAN

1 Yes

2 No

DK/REF

**TRY06** [IF TR02=2] In the past 12 months, did you use Klonopin in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR KLONOPIN

1 Yes

2 No

DK/REF

**TRY07** [IF TR02=3] In the past 12 months, did you use lorazepam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR LORAZEPAM

1 Yes

2 No

DK/REF

**TRY08** [IF TR02=4] In the past 12 months, did you use clonazepam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR CLONAZEPAM

1 Yes

2 No

DK/REF

**TRY09** [IF TR03=1] In the past 12 months, did you use Valium in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR VALIUM

1 Yes

2 No

DK/REF

**TRY10** [IF TR03=2] In the past 12 months, did you use diazepam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR DIAZEPAM

1 Yes

2 No

DK/REF

**TRY11** [IF TR04=1] In the past 12 months, did you use cyclobenzaprine, also known as Flexeril, in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR CYCLOBENZAPRINE

1 Yes

2 No

DK/REF

**TRY12** [IF TR04=2] In the past 12 months, did you use Soma in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR SOMA

1 Yes

2 No

DK/REF

**TRY13** [IF TR05=1] In the past 12 months, did you use buspirone, also known as BuSpar, in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR BUSPIRONE, ALSO KNOWN AS BUSPAR,

1 Yes

2 No

DK/REF

UPDATE TRFIRSTFLAG:

IF TRFIRSTFLAG=0 AND TRY13=1 THEN TRFIRSTFLAG=13.

**TRY14** [IF TR05=2] In the past 12 months, did you use hydroxyzine, also known as Atarax or Vistaril, in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR HYDROXYZINE

1 Yes

2 No

DK/REF

**TRY15** [IF TR05=3] In the past 12 months, did you use meprobamate, also known as Equanil or Miltown, in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR MEPROBAMATE

1 Yes

2 No

DK/REF

**TRYOTH** [IF TRANYOTH =1] In the past 12 months, did you use **any** [IF TRANYOTH =1 AND TRYRCOUNT > 1 FILL “**other**”] prescription tranquilizer in a way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE

**Stimulants Main Module**

***If any 12 month use of prescription stimulants:***

**STINTROYR1** [IF ST12MON = 1] The next questions ask about using **prescription stimulants** in any way **a doctor did not direct you to use them**.

When you answer these questions, please think only about your use of the drug in any way **a doctor did not direct you to use it,** including:

* Using it without a prescription of your own
* Using it in greater amounts, more often, or longer than you were told to take it
* Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

DEFINE STFILL:

STFILL LISTS ALL INDIVIDUAL DRUGS SELECTED IN ST01, ST02, ST03, ST04, ST05, ST06, AND ST07.

USE MULTIPLE COLUMNS AS NEEDED. IF STANYOTH =1 AND STYRCOUNT > 1 THEN ADD “another prescription stimulant” TO THE FILL.

THE FOLLOWING DRUGS SHOULD **NOT** USE INITIAL CAPS WHEN FILLED IN SENTENCE FORMAT:

* dextroamphetamine
* mixed amphetamine-dextroamphetamine pills
* extended-release amphetamine-dextroamphetamine pills
* methylphenidate
* extended-release methylphenidate
* dexmethylphenidate
* extended-release dexmethylphenidate
* benzphetamine
* diethylpropion
* phendimetrazine
* phentermine

WHEN IMPLEMENTING STFILL, IF 1 OR 2 DRUGS APPEAR IN LIST, FILL IN SENTENCE FORMAT, SEPARATED BY AN “and” BEFORE THE LAST FILL.

IF >2 DRUGS APPEAR IN LIST, FILL IN LIST (IN COLUMNS IF NEEDED) BELOW THE PREVIOUS SENTENCE.

DEFINE STFIRSTFLAG:

STFIRSTFLAG IDENTIFIES THE FIRST STIMULANT USED NONMEDICALLY.

INITIALIZE STFIRSTFLAG TO 0.

**STINTROYR2** [IF ST12MON=1 AND STYRCOUNT > 0 AND (STANYOTH NE 1 OR (STANYOTH =1 AND STYRCOUNT > 1))] Earlier, the computer recorded that, in the **past 12 months**, you used [STFILL].

Press Enter to continue.

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE FOR THE INTRO SCREEN

NOTE TO PROGRAMMERS: LOOP THROUGH THE 12-MONTH MISUSE, AGE AT FIRST MISUSE, AND YEAR AND MONTH OF FIRST MISUSE (IF APPLICABLE) FOR EACH PRESCRIPTION STIMULANT REPORTED IN THE SCREENER FOR THE PAST 12 MONTHS.

**STY01** [IF ST01=1] In the past 12 months, did you use Adderall in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ADDERALL

1 Yes

2 No

DK/REF

**STY02** [IF ST01=2] In the past 12 months, did you use Adderall XR in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY03** [IF ST01=3] In the past 12 months, did you use Dexedrine in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY04** [IF ST02=1] In the past 12 months, did you use dextroamphetamine in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

UPDATE STFIRSTFLAG:

IF STFIRSTFLAG=0 AND STY04=1 THEN STFIRSTFLAG=4.

**STY04a** [IF STFIRSTFLAG=4] Please think about the **first** time you **ever** used dextroamphetamine in a way a doctor did not direct you to use it.

[IF STY04=1] How old were you when you first used dextroamphetamine in a way **a doctor did not direct you to use it**?

AGE: [(RANGE: 1 - 110)]

DK/REF

**STY06** [IF ST02=3] In the past 12 months, did you use extended-release amphetamine-dextroamphetamine pills in any way **a doctor did not direct you to use them**?

1 Yes

2 No

DK/REF

**STY07** [IF ST03=1] In the past 12 months, did you use Ritalin in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY08** [IF ST03=2] In the past 12 months, did you use Ritalin SR or Ritalin LA in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY09** [IF ST03=3] In the past 12 months, did you use Concerta in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY10** [IF ST03=4] In the past 12 months, did you use Daytrana in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY11** [IF ST04=1] In the past 12 months, did you use Metadate CD in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY12** [IF ST04=2] In the past 12 months, did you use Metadate ER in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY13** [IF ST04=3] In the past 12 months, did you use methylphenidate in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY14** [IF ST04=4] In the past 12 months, did you use extended-release methylphenidate in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY15** [IF ST05=1] In the past 12 months, did you use Focalin in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY16** [IF ST05=2] In the past 12 months, did you use Focalin XR in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY17** [IF ST05=3] In the past 12 months, did you use dexmethylphenidate in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY18** [IF ST05=4] In the past 12 months, did you use extended-release dexmethylphenidate in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY19** [IF ST06=1] In the past 12 months, did you use benzphetamine in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY20** [IF ST06=2] In the past 12 months, did you use Didrex in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY21** [IF ST06=3] In the past 12 months, did you use diethylpropion in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY22** [IF ST06=4] In the past 12 months, did you use phendimetrazine in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY23** [IF ST06=5] In the past 12 months, did you use phentermine in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY24** [IF ST07=1] In the past 12 months, did you use Provigil in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY25** [IF ST07=2] In the past 12 months, did you use Tenuate in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STY26** [IF ST07=3] In the past 12 months, did you use Vyvanse in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**STYOTH** [IF STANYOTH =1] In the past 12 months, did you use **any** [IF STANYOTH =1 AND STYRCOUNT > 1 FILL “**other**”] prescription stimulant in a way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE.

# Sedatives Main Module

***If any 12 month use of prescription sedatives:***

**SVINTROYR1** [IF SV12MON = 1] The next questions ask about using **prescription sedatives** in any way **a doctor did not direct you to use them**.

When you answer these questions, please think only about your use of the drug in any way **a doctor did not direct you to use it,** including:

* Using it without a prescription of your own
* Using it in greater amounts, more often, or longer than you were told to take it
* Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

DEFINE SVFILL:

SVFILL LISTS ALL INDIVIDUAL DRUGS SELECTED IN SV01, SV02, SV03, AND SV04.

USE MULTIPLE COLUMNS AS NEEDED. IF SVANYOTH =1 AND SVYRCOUNT > 1, THEN ADD “another prescription sedative” TO THE FILL.

THE FOLLOWING DRUGS SHOULD **NOT** USE INITIAL CAPS WHEN FILLED IN SENTENCE FORMAT:

* zolpidem
* extended-release zolpidem
* eszopiclone
* zaleplon
* flurazepam
* triazolam
* temazepam
* phenobarbital

WHEN IMPLEMENTING SVFILL, IF 1, OR 2 DRUGS APPEAR IN LIST, FILL IN SENTENCE FORMAT, SEPARATED WITH AN “and” BEFORE THE LAST FILL.

IF >2 DRUGS APPEAR IN LIST, FILL IN LIST (IN COLUMNS IF NEEDED) BELOW THE PREVIOUS SENTENCE.

DEFINE SVFIRSTFLAG:

SVFIRSTFLAG IDENTIFIES THE FIRST SEDATIVE USED NONMEDICALLY.

INITIALIZE SVFIRSTFLAG TO 0.

(SVFIRSTFLAG NEEDS TO BE DEFINED BEFORE THE ROUTING TO SVINTROYR2 OR SVYOTH.)

**SVINTROYR2** [IF SV12MON=1 AND (SVANYOTH NE 1 OR (SVANYOTH =1 AND SVYRCOUNT > 1))] Earlier, the computer recorded that, in the **past 12 months**, you used [SVFILL].

Press Enter to continue.

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE FOR THE INTRO SCREEN

NOTE TO PROGRAMMERS: LOOP THROUGH THE 12-MONTH MISUSE, AGE AT FIRST MISUSE, AND YEAR AND MONTH OF FIRST MISUSE (IF APPLICABLE) FOR EACH PRESCRIPTION SEDATIVE REPORTED IN THE SCREENER FOR THE PAST 12 MONTHS.

**SVY01** [IF SV01=1] In the past 12 months, did you use Ambien in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR AMBIEN

1 Yes

2 No

DK/REF

**SVY02** [IF SV01=2] In the past 12 months, did you use Ambien CR in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR AMBIEN CR

1 Yes

2 No

DK/REF

**SVY03** [IF SV01=3] In the past 12 months, did you use zolpidem in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ZOLPIDEM

1 Yes

2 No

DK/REF

**SVY04** [IF SV01=4] In the past 12 months, did you use extended-release zolpidem in any way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

**SVY05** [IF SV02=1] In the past 12 months, did you use Lunesta or eszopiclone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR LUNESTA OR ESZOPICLONE

1 Yes

2 No

DK/REF

**SVY06** [IF SV02=2] In the past 12 months, did you use Sonata or zaleplon in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR SONATA OR ZALEPLON

1 Yes

2 No

DK/REF

**SVY07** [IF SV03=1] In the past 12 months, did you use Halcion in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR HALCION

1 Yes

2 No

DK/REF

**SVY08** [IF SV03=2] In the past 12 months, did you use Restoril in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR RESTORIL

1 Yes

2 No

DK/REF

**SVY09** [IF SV03=3] In the past 12 months, did you use flurazepam, also known as Dalmane, in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR FLURAZEPAM

1 Yes

2 No

DK/REF

**SVY10** [IF SV03=4] In the past 12 months, did you use temazepam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR TEMAZEPAM

1 Yes

2 No

DK/REF

**SVY11** [IF SV03=5] In the past 12 months, did you use triazolam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR TRIAZOLAM

1 Yes

2 No

DK/REF

**SVY12** [IF SV04=1] In the past 12 months, did you use Butisol in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR BUTISOL

1 Yes

2 No

DK/REF

**SVY13** [IF SV04=2] In the past 12 months, did you use Seconal in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR SECONAL

1 Yes

2 No

DK/REF

**SVY14** [IF SV04=3] In the past 12 months, did you use phenobarbital in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR PHENOBARBITAL

1 Yes

2 No

DK/REF

**SVYOTH** [IF SVANYOTH =1] In the past 12 months, did you use **any** [IF SVANYOTH =1 AND SVYRCOUNT > 1 FILL “**other**”] prescription sedative in a way **a doctor did not direct you to use it**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE

# Definitions for Use in the Drugs Module

DEFINE CIG30DAY:

IF CG05 = 1 THEN CIG30DAY = 1

ELSE CIG30DAY = 2

DEFINE ALC12MON:

IF (ALLAST3 = 1 OR 2 OR ALRECDK = 1 OR 2 OR ALRECRE = 1 OR 2) AND TOTDRINK = DK/REF, THEN ALC12MON = 1

ELSE TOTDRINK > 5, THEN ALC12MON = 2

ELSE ALCC30 > 5 OR ALCC29b = 3 - 6 OR ALCC29a > 5 OR (AL08 >5 AND ALCC27 = 4) OR AL06 > 5 OR ESTIALC > 2, THEN ALC12MON = 3

ELSE, ALC12MON = 4

DEFINE MAR12MON:

IF (MJLAST3 = 1 OR 2 OR MJRECDK = 1 OR 2 OR MJRECRE = 1 OR 2) AND TOTMJ = DK/REF, THEN MAR12MON = 1

ELSE TOTMJ > 5, THEN MAR12MON = 2

ELSE MJCC16 > 5 OR MJCC13a > 5 OR MJC13b = 3 - 6 OR (ME06 > 5 AND MJCC07a = 4) OR (MJ06DKRE = 3 - 6 AND MJCC07b = 4), THEN MAR12MON = 3

ELSE MAR12MON = 4

DEFINE COC12MON:

IF CCLAST3 = 1 OR 2 OR CCRECDK = 1 OR 2 OR CCRECRE = 1 OR 2 OR SD06 = 1 OR 2, THEN COC12MON = 1

ELSE COC12MON = 2

DEFINE CRK12MON:

IF CKLAST3 = 1 OR 2 OR CKRECDK = 1 OR 2 OR CKRECRE = 1 OR 2, THEN CRK12MON = 1

ELSE CRK12MON = 2

DEFINE HER12MON:

IF HELAST3 = 1 OR 2 OR HERECDK = 1 OR 2 OR HERECRE = 1 OR 2 OR SD08 = 1 OR 2 OR SD10 = 1 OR 2 OR SD12 = 1 OR 2, THEN HER12MON = 1

ELSE HER12MON = 2

DEFINE HAL12MON:

IF HALLREC = 1 OR 2 OR LSDREC = 1 OR 2 OR PCPREC = 1 OR 2 OR ECSTREC = 1 OR 2, OR LS33 = 1 OR2, OR LS34 = 1 OR, 2 OR LS35 = 1 OR2, THEN HAL12MON = 1

ELSE HAL12MON = 2

DEFINE INH12MON:

IF INLAST = 1 OR 2 OR INRECDK = 1 OR 2 OR INRECRE = 1 OR 2, THEN INH12MON = 1

ELSE INH12MON = 2

DEFINE MET12MON:

IF MELAST3 = 1 OR 2 OR MERECDK = 1 OR 2 OR MERECRE = 1 OR 2 OR SD14=1 OR 2, THEN MET12MON = 1

ELSE MET12MON = 2

DEFINE PAI12MON:

IF PRY01 = 1 OR PRY02 = 1 OR PRY03 = 1 OR PRY04 = 1 OR PRY05 = 1 OR PRY06 = 1 OR PRY07 =1 OR PRY08 = 1 OR PRY09 = 1 OR PRY10 = 1 OR PRY11 = 1 OR PRY12 = 1 OR PRY13 = 1 OR PRY14 =1 OR PRY15 = 1 OR PRY16 = 1 OR PRY17 = 1 OR PRY18 = 1 OR PRY19 = 1 OR PRY20 = 1 OR PRY21 = 1 OR PRY22 = 1 OR PRY23 = 1 OR PRY24 = 1 OR PRY25 = 1 OR PRY26 = 1 OR PRY27 = 1 OR PRY28 = 1 OR PRY29 = 1 OR PRY30 = 1 OR PRY 31 = 1 OR PRY32 = 1 OR PRY33 = 1 OR PRY34 = 1 OR PRY 35 = 1 OR PRY36 = 1 OR PRY37 = 1 OR PRYOTH = 1, THEN PAI12MON = 1

ELSE PAI12MON = 2

DEFINE TRA12MON:

IF TRY01 = 1 OR TRY02 = 1 OR TRY03 = 1 OR TRY04 = 1 OR TRY05 = 1 OR TRY06 = 1 OR TRY07 = 1 OR TRY08 = 1 OR TRY09 = 1 OR TRY10 = 1 OR TRY11 = 1 OR TRY12 = 1 OR TRY13 = 1 OR TRY14 = 1 OR TRY15 = 1 OR TRYOTH = 1, THEN TRA12MON = 1

ELSE TRA12MON = 2

DEFINE STI12MON:

IF STY01 = 1 OR STY02 = 1 OR STY03 = 1 OR STY04 = 1 OR STY05 = 1 OR STY06 = 1 OR STY07 = 1 OR STY08 = 1 OR STY09 = 1 OR STY10 = 1 OR STY11 = 1 OR STY12 = 1 OR STY13 = 1 OR STY14 = 1 OR STY15 = 1 OR STY16 = 1 OR STY17 = 1 OR STY18 = 1 OR STY19 = 1 OR STY20 = 1 OR STY21 = 1 OR STY22 = 1 OR STY23 = 1 OR STY24 = 1 OR STY25 = 1 OR STY26 = 1 OR STYOTH = 1, THEN STI12MON= 1

ELSE STI12MON = 2

DEFINE SED12MON

IF SVY01 = 1 OR SVY02 = 1 OR SVY03 = 1 OR SVY04 = 1 OR SVY05 = 1 OR SVY06 = 1 OR SVY07 = 1 OR SVY08 = 1 OR SVY09 = 1 OR SVY10 = 1 OR SVY11 = 1 OR SVY12 = 1 OR SVY13 = 1 OR SVY14 = 1 OR SVYOTH = 1, THEN SED12MON = 1

ELSE SED12MON = 2

**Begin Cognitive Testing**

**COGINTRO** Please stop and let the interviewer know that you have completed this section. The interviewer will provide you with additional instructions.

Enter 3-digit code to continue.

# Substance Dependence and Abuse

**INTRODR** [IF ALC12MON = 1 OR 2 OR 3 OR MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR HER12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1] Now we’d like for you to tell us about your experiences with the

[ALC12MON =1 OR 2 OR 3 AND (MAR12MON = 4 AND COC12MON = 2 AND HER12MON = 2 AND MET12MON = 2 AND PAI12MON = 2 AND TRA12MON = 2 AND STI12MON = 2 AND SED12MON = 2)] alcohol you drank.

[ALC12MON = 1 OR 2 OR 3 OR AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR HER12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1)] alcohol you drank and the other drugs that you used.

[ALC12MON = 4 AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR HER12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1)]drugs that you used.

Press [ENTER] to continue.

**DRALC** [IF ALC12MON = 1 - 3] Think about your use of **alcohol** during the **past 12 months** as you answer these next questions.

Press [ENTER] to continue.

**DRALC01** [IF ALC12MON = 1 - 3] During the past 12 months, was there a month or more when you spent a lot of your time getting or drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC02** [IF DRALC01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of time getting over the effects of the **alcohol** you drank?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC04** [IF ALC12MON = 1 - 3] During the past 12 months, did you try to set limits on how often or how much **alcohol** you would drink?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC05** [IF DRALC04 = 1] Were you able to keep to the limits you set, or did you often drink more than you intended to?

1 Usually kept to the limits set

2 Often drank more than intended

DK/REF

**DRALC06** [IF ALC12MON = 1 - 3] During the past 12 months, did you need to drink more **alcohol** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC07** [IF DRALCO6=2 OR DK/REF] During the past 12 months, did you notice that drinking the same amount of **alcohol** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC08** [IF ALC12MON = 1 - 3] During the past 12 months, did you **want to** or **try to** cut down **or** stop drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC09** [IF DRALC08 = 1] During the past 12 months, were you **able to** cut down or stop drinking **alcohol** **every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC10** [IF DRALC08 = 2 OR DK/REF OR DRALC09 = 2 OR DK/REF] During the past 12 months, whether you wanted to or not, did you cut down or stop drinking **alcohol at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC11** [IF DRALC09 = 1 OR DRALC10 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptomsafter you cut down or stopped drinking **alcohol**?

• Sweating or feeling that your heart was beating fast

• Having your hands tremble

• Having trouble sleeping

• Vomiting or feeling nauseous

• Seeing, hearing, or feeling things that weren’t really there

• Feeling like you couldn’t sit still

• Feeling anxious

• Having seizures or fits

1 Yes

2 No

DK/REF

**DRALCXX** [IF DRALC11=1] You just mentioned that you experienced symptoms after you cut down or stopped drinking **alcohol**. During the past 12 months, did you drink alcohol, or use sedatives or tranquilizers or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

**DRALCXX:** [IF DRALC11=2 OR DK/REF] During the past 12 months, did you drink alcohol, or use sedatives or tranquilizers or any illegal substance to avoid these symptoms?

1 Yes

2 No

DK/REF

**DRALC13** [IF ALC12MON = 1 - 3] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC14** [IF DRALC13 = 1] Did you continue to drink **alcohol** even though you thought drinking was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

**DRALC15** [IF DRALC13 = 2 OR DK/REF OR DRALC14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC16** [IF DRALC15 = 1] Did you continue to drink **alcohol** even though you thought drinking was causing you to have physical problems?

1 Yes

2 No

DK/REF

**DRALC17** [IF ALC12MON = 1 - 3] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did drinking **alcohol** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC18** [IF ALC12MON = 1 - 3] Sometimes people who drink **alcohol** have serious problems at home, work or school — such as:

• neglecting their children

• missing work or school

• doing a poor job at work or school

• losing a job or dropping out of school

During the past 12 months, did drinking **alcohol** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

**DRALC19** [IF ALC12MON = 1 - 3] During the past 12 months, did you regularly drink **alcohol** and then do something where being drunk might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC20** [IF ALC12MON = 1 - 3] During the past 12 months, did drinking **alcohol** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC21** [IF ALC12MON = 1 - 3] During the past 12 months, did you have any problems with family or friends that were probably caused by your drinking?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRALC22** [IF DRALC21 = 1] Did you continue to drink **alcohol** even though you thought your drinking caused problems with family or friends?

1 Yes

2 No

DK/REF

**DRALC23a** During the past 12 months, was there ever a time when you wanted to drink **alcohol** so much that you couldn’t think of anything else?

1 Yes

2 No

DK/REF

**DRALC23b** [If DRALC23a=2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to drink **alcohol**?

1 Yes

2 No

DK/REF

**DRMJ** [IF MAR12MON = 1 - 3] Think about your use of **marijuana or hashish** during the past 12 months as you answer these next questions.

Press [ENTER] to continue.

**DRMJ01** [IF MAR12MON= 1 - 3] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **marijuana or hashish**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ02** [IF DRMJ01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **marijuana or hashish** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ04** [IF MAR12MON= 1 - 3] During the past 12 months, did you try to set limits on how often or how much **marijuana or hashish** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ05** [IF DRMJ04 = 1] Were you able to keep to the limits you set, or did you often use **marijuana or hashish** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

**DRMJ06** [IF MAR12MON = 1 - 3] During the past 12 months, did you need to use more **marijuana or hashish** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ07** [IF DRMJ06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **marijuana or hashish** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ08** [IF MAR12MON= 1 - 3] During the past 12 months, did you **want to** or **try to** cut down **or** stop using **marijuana or hashish**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ09** [IF DRMJ08 = 1] During the past 12 months, were you **able to** cut down or stop using **marijuana or hashish** **every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ10** [IF DRMJC08 = 2 OR DK/REF OR DRMJC09 = 2 OR DK/REF] During the past 12 months, whether you wanted to or not, did you cut down or stop using **marijuana or hashish** **at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ11a** [IF DRMJ09=1 OR DRMJ10=1] Please look at the symptoms listed below. During the past 12 months, did you have any of these symptoms after you cut down or stopped using **marijuana or hashish**?

* Pain in the stomach area
* Shaking or tremors
* Sweating
* Fever
* Chills
* Headache

1 Yes

2 No

DK/REF

**DRMJ11b** [IF DRMJ09=1 OR DRMJ10=1] During the past 12 months, did you have [IF DRMJ11a=1 then fill 2, IF DRMJ11a=2, DK/REF then fill 3] or more of these symptoms after you cut down or stopped using **marijuana or hashish**?

* Feeling irritable or angry
* Feeling anxious
* Having trouble sleeping
* Losing your appetite or losing weight without trying to
* Feeling like you couldn’t sit still
* Feeling depressed

1 Yes

2 No

DK/REF

**DRMJXX** [IF DRMJ11a=1 OR DRMJ11b=1] You just mentioned that you experienced symptoms after you cut down or stopped using **marijuana or hashish**. During the past 12 months, did you use marijuana or hashish, or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

**DRMJXX:** [IF (DRMJ11a=2 OR DK/REF) AND (DRMJ11b=2 OR DK/REF)] During the past 12 months, did you use **marijuana or hashish**, or any illegal substance to avoid these symptoms?

1 Yes

2 No

DK/REF

**DRMJ13** [IF MAR12MON= 1 - 3] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **marijuana or hashish**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ14** [IF DRMJ13 = 1] Did you continue to use **marijuana or hashish** even though you thought it was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

**DRMJ15** [IF DRMJ13 = 2 OR DK/REF OR DRMJ14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **marijuana or hashish**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ16** [IF DRMJ15 = 1] Did you continue to use **marijuana or hashish** even though you thought it was causing you to have physical problems?

1 Yes

2 No

DK/REF

**DRMJ17** [IF MAR12MON= 1 - 3] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **marijuana or hashish** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ18** [IF MAR12MON= 1 - 3] Sometimes people who use **marijuana or hashish** have serious problems at home, work or school — such as:

• neglecting their children

• missing work or school

• doing a poor job at work or school

• losing a job or dropping out of school

During the past 12 months, did using **marijuana or hashish** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

**DRMJ19** [IF MAR12MON= 1 - 3] During the past 12 months, did you regularly use **marijuana or hashish** and then do something where using **marijuana or hashish** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ20** [IF MAR12MON= 1 - 3] During the past 12 months, did using **marijuana or hashish** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ21** [IF MAR12MON= 1 - 3] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **marijuana or hashish**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRMJ22** [IF DRMJ21 = 1] Did you continue to use **marijuana or hashish** even though you thought it caused problems with family or friends?

1 Yes

2 No

DK/REF

**DRMJ23a** During the past 12 months, was there ever a time when you wanted to use **marijuana or hashish** so much that you couldn’t think of anything else?

1 Yes

2 No

DK/REF

**DRMJ23b** [IF DRMJ23a=2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to use **marijuana or hashish**?

1 Yes

2 No

DK/REF

**DRCC** [IF COC12MON = 1 OR CRK12MON = 1] Think about your use of **cocaine** [IF CRK12MON = 1] **, including the form of cocaine called ‘crack’** during the past 12 months as you answer these next questions.

Press [ENTER] to continue.

DEFINE COKEFILL:

IF COC12MON = 1 AND CRK12MON NE 1, THEN COKEFILL = ‘cocaine’

IF COC12MON = 1 AND CRK12MON = 1 THEN COKEFILL = ‘cocaine or ‘crack’

IF COC12MON NE 1 AND CRK12MON = 1 THEN COKEFILL = ‘crack’

ELSE COKEFILL = BLANK

**DRCC01** [IF COC12MON = 1 OR CRK12MON = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **[COKEFILL]**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC02** [IF DRCC01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **[COKEFILL]** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC04** [IF COC12MON = 1 OR CRK12MON = 1] During the past 12 months, did you try to set limits on how often or how much **[COKEFILL]** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC05** [IF DRCC04 = 1] Were you able to keep to the limits you set, or did you often use **[COKEFILL]** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

**DRCC06** [IF COC12MON = 1 OR CRK12MON = 1] During the past 12 months, did you need to use more **[COKEFILL]** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC07** [IF DRCC06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **[COKEFILL]** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC08** [IF COC12MON = 1 OR CRK12MON = 1] During the past 12 months, did you **want to** or **try to** cut down **or** stop using **[COKEFILL]**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC09** [IF DRCC08 = 1] During the past 12 months, were you **able to** cut down or stop using **[COKEFILL]** **every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC10** [IF DRCC8 = 2 OR DK/REF OR DRCC9 = 2 OR DK/REF] During the past 12 months, whether you wanted to or not, did you cut down or stop using **[COKEFILL]** **at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC10a** [IF DRCC09 = 1 OR DRCC10 = 1] During the past 12 months, have you felt kind of blue or down when you cut down or stopped using **[COKEFILL]**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC11** [IF DRCC10a = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptoms after you cut down or stopped using **[COKEFILL]**?

• Feeling tired or exhausted

• Having bad dreams

• Having trouble sleeping or sleeping more than you normally do

• Feeling hungry more often

• Feeling either very slowed down or like you couldn’t sit still

1 Yes

2 No

DK/REF

**DRCCXX** [IF DRCC11=1] You just mentioned that you experienced symptoms after you cut down or stopped using **[COKEFILL]**. During the past 12 months, did you use cocaine or crack, methamphetamine, stimulants, or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

**DRCCXX:** [IF DRCC11=2 OR DK/REF] During the past 12 months, did you use cocaine or crack, methamphetamine, stimulants, or any illegal substance to avoid these symptoms?

1 Yes

2 No

DK/REF

**DRCC13** [IF COC12MON = 1 OR CRK12MON = 1] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **[COKEFILL]**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC14** [IF DRCC13 = 1] Did you continue to use **[COKEFILL]** even though you thought it was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

**DRCC15** [IF DRCC13 = 2 OR DK/REF OR DRCC14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **[COKEFILL]**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC16** [IF DRCC15 = 1] Did you continue to use **[COKEFILL]** even though you thought it was causing you to have physical problems?

1 Yes

2 No

DK/REF

**DRCC17** [IF COC12MON = 1 OR CRK12MON = 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **[COKEFILL]** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC18** [IF COC12MON = 1 OR CRK12MON = 1] Sometimes people who use **[COKEFILL]** have serious problems at home, work or school — such as:

• neglecting their children

• missing work or school

• doing a poor job at work or school

• losing a job or dropping out of school

During the past 12 months, did using **[COKEFILL]** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

**DRCC19** [IF COC12MON = 1 OR CRK12MON = 1] During the past 12 months, did you regularly use **[COKEFILL]** and then do something where using **[COKEFILL]** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC20** [IF COC12MON = 1 OR CRK12MON = 1] During the past 12 months, did using **[COKEFILL]** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC21** [IF COC12MON = 1 OR CRK12MON = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **[COKEFILL]**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRCC22** [IF DRCC21 = 1] Did you continue to use **[COKEFILL]** even though you thought it caused problems with family or friends?

1 Yes

2 No

DK/REF

**DRCC23a** During the past 12 months, was there ever a time when you wanted to use **[COKEFILL]** so much that you couldn’t think of anything else?

1 Yes

2 No

DK/REF

**DRCC23b** [IF DRCC23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to use **[COKEFILL]?**

1 Yes

2 No

DK/REF

**DRHE** [IF HER12MON = 1] Think about your use of **heroin** during the past 12 months as you answer these next questions.

Press [ENTER] to continue.

**DRHE01** [IF HER12MON = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **heroin**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE02** [IF DRHE01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **heroin** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE04** [IF HER12MON = 1] During the past 12 months, did you try to set limits on how often or how much **heroin** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE05** [IF DRHE04 = 1] Were you able to keep to the limits you set, or did you often use **heroin** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

**DRHE06** [IF HER12MON = 1] During the past 12 months, did you need to use more **heroin** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE07** [IF DRHE06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **heroin** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE08** [IF HER12MON = 1] During the past 12 months, did you **want to** or **try to** cut down **or** stop using **heroin**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE09** [IF DRHE08 = 1] During the past 12 months, were you **able to** cut down or stop using **heroin** **every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE10** [IF DRHE08 = 2 OR DK/REF OR DRHE09 = 2 OR DK/REF] During the past 12 months, whether you wanted to or not, did you cut down or stop using **heroin at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE11** [IF DRHE09 = 1 OR DRHE10 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **3 or more** of these symptoms after you cut down or stopped using **heroin**?

• Feeling kind of blue or down

• Vomiting or feeling nauseous

• Having cramps or muscle aches

• Having teary eyes or a runny nose

• Feeling sweaty, having enlarged eye pupils, or having body hair standing up on your skin

• Having diarrhea

• Yawning

• Having a fever

• Having trouble sleeping

1 Yes

2 No

DK/REF

**DRHEXX** [IF DRHE11=1] You just mentioned that you experienced symptoms after you cut down or stopped using **heroin**. During the past 12 months, did you use heroin, prescription pain relievers, or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

**DRHEXX:** [IF DRHE11=2 OR DK/REF] During the past 12 months, did you use heroin, prescription pain relievers, or any illegal substance to avoid these symptoms?

1 Yes

2 No

DK/REF

**DRHE13** [IF HER12MON = 1] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **heroin**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE14** [IF DRHE13 = 1] Did you continue to use **heroin** even though you thought it was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

**DRHE15** [IF DRHE13 = 2 OR DK/REF OR DRHE14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **heroin**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE16** [IF DRHE15 = 1] Did you continue to use **heroin** even though you thought it was causing you to have physical problems?

1 Yes

2 No

DK/REF

**DRHE17** [IF HER12MON = 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **heroin** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE18** [IF HER12MON = 1] Sometimes people who use **heroin** have serious problems at home, work or school — such as:

• neglecting their children

• missing work or school

• doing a poor job at work or school

• losing a job or dropping out of school

During the past 12 months, did using **heroin** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

**DRHE19** [IF HER12MON = 1] During the past 12 months, did you regularly use **heroin** and then do something where using **heroin** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE20** [IF HER12MON = 1] During the past 12 months, did using **heroin** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE21** [IF HER12MON = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **heroin**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRHE22** [IF DRHE21 = 1] Did you continue to use **heroin** even though you thought it caused problems with family or friends?

1 Yes

2 No

DK/REF

**DRHE23a** During the past 12 months, was there ever a time when you wanted to use **heroin** so much that you couldn’t think of anything else?

1 Yes

2 No

DK/REF

**DRHE23b** [If DRHE23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to use **heroin**?

1 Yes

2 No

DK/REF

**DRME** [IF MET12MON = 1] Think about your use of **methamphetamine** during the past 12 months as you answer these next questions.

Press [ENTER] to continue.

**DRME01** [IF MET12MON = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **methamphetamine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME02** [IF DRME01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **methamphetamine** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME04** [IF MET12MON= 1] During the past 12 months, did you try to set limits on how often or how much **methamphetamine** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME05** [IF DRME04 = 1] Were you able to keep to the limits you set, or did you often use **methamphetamine** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

**DRME06** [IF MET12MON = 1] During the past 12 months, did you need to use more **methamphetamine** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME07** [IF DRME06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **methamphetamine** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME08** [IF MET12MON= 1] During the past 12 months, did you **want to** or **try to** cut down **or** stop using **methamphetamine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME09** [IF DRME08 = 1] During the past 12 months, were you **able to** cut down or stop using **methamphetamine every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME10** [IF DRME08 = 2 OR DK/REF OR DRME09 = 2 OR DK/REF] During the past 12 months, whether you wanted to or not, did you cut down or stop using **methamphetamine** **at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME10a** [IF DRME09 = 1 OR DRME10 = 1] During the past 12 months, have you felt kind of blue or down when you cut down or stopped using **methamphetamine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME11** [IF DRME10a = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptomsafter you cut down or stopped using **methamphetamine**?

• Feeling tired or exhausted

• Having bad dreams

• Having trouble sleeping or sleeping more than you normally do

• Feeling hungry more often

• Feeling either very slowed down or like you couldn’t sit still

1 Yes

2 No

DK/REF

**DRMEXX** [if DRME11=1] You just mentioned that you experienced symptoms after you cut down or stopped using **methamphetamine**. During the past 12 months, did you use methamphetamine, cocaine or crack, stimulants, or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

**DRMEXX:** [If DRME11=2 OR DK/REF] During the past 12 months, did you use methamphetamine, cocaine or crack, stimulants, or any illegal substance to avoid these symptoms?

1 Yes

2 No

DK/REF

**DRME13** [IF MET12MON= 1] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **methamphetamine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME14** [IF DRME13 = 1] Did you continue to use **methamphetamine** even though you thought it was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

**DRME15** [IF DRME13 = 2 OR DK/REF OR DRME14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **methamphetamine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME16** [IF DRME15 = 1] Did you continue to use **methamphetamine** even though you thought it was causing you to have physical problems?

1 Yes

2 No

DK/REF

**DRME17** [IF MET12MON= 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **methamphetamine** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME18** [IF MET12MON= 1] Sometimes people who use **methamphetamine** have serious problems at home, work or school — such as:

• neglecting their children

• missing work or school

• doing a poor job at work or school

• losing a job or dropping out of school

During the past 12 months, did using **methamphetamine** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

**DRME19** [IF MET12MON= 1] During the past 12 months, did you regularly use **methamphetamine** and then do something where using **methamphetamine** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME20** [IF MET12MON= 1] During the past 12 months, did using **methamphetamine** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME21** [IF MET12MON= 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **methamphetamine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRME22** [IF DRME21 = 1] Did you continue to use **methamphetamine** even though you thought it caused problems with family or friends?

1 Yes

2 No

DK/REF

**DRME23a** During the past 12 months, was there ever a time when you wanted to use **methamphetamine** so much that you couldn’t think of anything else?

1 Yes

2 No

DK/REF

**DRME23b** [If DRME23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to use **methamphetamine**

1 Yes

2 No

DK/REF

**DRPR** [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].**

[IF PRMISCOUNT>=2 FILL WITH DRUG NAMES FROM PRY01-PRY37 BELOW.  USE MULTIPLE COLUMNS AS NEEDED.  IF PRYOTH = 1, ADD "Some other prescription pain reliever".]

The next questions refer to [IF PRYOTH NE 1 AND PRMISCOUNT=1 FILL PRFILL2 as a prescription pain reliever; IF PRYOTH = 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.

**DRPR01** [IF PAI12MON = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **prescription pain relievers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR02** [IF DRPR01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **prescription pain relievers** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR04** [IF PAI12MON = 1] During the past 12 months, did you try to set limits on how often or how much **prescription pain relievers** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR05** [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?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

**DRPR06** [IF PAI12MON = 1] During the past 12 months, did you need to use more **prescription pain relievers** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR07** [IF DRPR06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **prescription pain relievers** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR08** [IF PAI12MON = 1] During the past 12 months, did you **want to** or **try to** cut down **or** stop using **prescription pain relievers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR09** [IF DRPR08 = 1] During the past 12 months, were you **able to** cut down or stop using **prescription pain relievers** **every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR10** [IF DRPR08 = 2 OR DK/REF OR DRPR09 = 2 OR DK/REF] During the past 12 months, whether you wanted to or not, did you cut down or stop using **prescription pain relievers** **at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR11** [IF DRPR09 = 1 OR DRPR10 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **3 or more** of these symptoms after you cut down or stopped using **prescription pain relievers**?

• Feeling kind of blue or down

• Vomiting or feeling nauseous

• Having cramps or muscle aches

• Having teary eyes or a runny nose

• Feeling sweaty, having enlarged eye pupils, or having body hair standing up on your skin

• Having diarrhea

• Yawning

• Having a fever

• Having trouble sleeping

1 Yes

2 No

DK/REF

**DRPRXX** [IF DRPR11=1] You just mentioned that you experienced symptoms after you cut down or stopped using **prescription pain relievers**. During the past 12 months, did you use prescription pain relievers, heroin, or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

**DRPRXX:** [IF DRPR11=2 OR DK/REF] During the past 12 months, did you use use prescription pain relievers, heroin, or any illegal substance to avoid these symptoms?

1 Yes

2 No

DK/REF

**DRPR13** [IF PAI12MON = 1] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **prescription pain relievers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR14** [IF DRPR13 = 1] Did you continue to use **prescription pain relievers** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

**DRPR15** [IF DRPR13 = 2 OR DK/REF OR DRPR14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **prescription pain relievers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR16** [IF DRPR15 = 1] Did you continue to use **prescription pain relievers** even though you thought this was causing you to have physical problems?

1 Yes

2 No

DK/REF

**DRPR17** [IF PAI12MON = 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **prescription pain relievers** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR18** [IF PAI12MON = 1] Sometimes people who use **prescription pain relievers** have serious problems at home, work or school — such as:

• neglecting their children

• missing work or school

• doing a poor job at work or school

• losing a job or dropping out of school

During the past 12 months, did using **prescription pain relievers** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

**DRPR19** [IF PAI12MON = 1] During the past 12 months, did you regularly use **prescription pain relievers** and then do something where using **prescription pain relievers** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR20** [IF PAI12MON = 1] During the past 12 months, did using **prescription pain relievers** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR21** [IF PAI12MON = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **prescription pain relievers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRPR22** [IF DRPR21 = 1] Did you continue to use **prescription pain relievers** even though you thought this caused problems with family or friends?

1 Yes

2 No

DK/REF

**DRPR23a** During the past 12 months, was there ever a time when you wanted to use **prescription pain relievers** so much that you couldn’t think of anything else?

1 Yes

2 No

DK/REF

**DRPR23b** [IF DRPR23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to use **prescription pain relievers**?

1 Yes

2 No

DK/REF

**DRTR** [IF TRA12MON = 1] Think about your use of **prescription tranquilizers** during the past 12 months as you answer these next questions.  Remember, we are only interested in **prescription tranquilizers** 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 TRMISCOUNT=1 FILL TRFILL2][IF TRMISCOUNT>=2 FILL WITH “the tranquilizers listed below” ] in a way **a doctor did not direct you to use [TRNUMFILL].**

[IF TRMISCOUNT >=2 FILL WITH DRUG NAMES FROM TRY01- TRY15 BELOW.  USE MULTIPLE COLUMNS AS NEEDED.  IF TRYOTH = 1, ADD "Some other prescription tranquilizer".]

The next questions refer to [IF TRYOTH NE 1 AND TRMISCOUNT =1 FILL TRFILL2 as a prescription tranquilizer; IF TRYOTH = 1 AND TRMISCOUNT =1 FILL WITH “this other prescription tranquilizer”; IF TRMISCOUNT >=2  FILL WITH  “these as prescription tranquilizers”].

Press [ENTER] to continue.

**DRTR01** [IF TRA12MON = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **prescription tranquilizers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR02** [IF DRTR01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **prescription tranquilizers** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR04** [IF TRA12MON = 1] During the past 12 months, did you try to set limits on how often or how much **prescription tranquilizers** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR05** [IF DRTR04 = 1] Were you able to keep to the limits you set, or did you often use **prescription tranquilizers** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

**DRTR06** [IF TRA12MON = 1] During the past 12 months, did you need to use more **prescription tranquilizers** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR07** [IF DRTR06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **prescription tranquilizers** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR08** [IF TRA12MON = 1] During the past 12 months, did you **want to** or **try to** cut down **or** stop using **prescription tranquilizers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR09** [IF DRTR08 = 1] During the past 12 months, were you **able to** cut down or stop using **prescription tranquilizers** **every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR10** [IF DRTR08 = 2 OR DK/REF OR DRTR09 = 2 OR DK/REF] During the past 12 months, whether you wanted to or not, did you cut down or stop using **prescription tranquilizers at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR11** [IF DRTR09 = 1 OR DRTR10 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptoms after you cut down or stopped using **prescription tranquilizers**?

• Sweating or feeling that your heart was beating fast

• Having your hands tremble

• Having trouble sleeping

• Vomiting or feeling nauseous

• Seeing, hearing, or feeling things that weren’t really there

• Feeling like you couldn’t sit still

• Feeling anxious

• Having seizures or fits

1 Yes

2 No

DK/REF

**DRTRXX** [IF DRTR11=1] You just mentioned that you experienced symptoms after you cut down or stopped using **prescription tranquilizers**. During the past 12 months, did you use prescription tranquilizers, drink alcohol, use sedatives, or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

**DRTRXX:** [IF DRTR11=2 OR DK/REF] During the past 12 months, did you use use prescription tranquilizers, drink alcohol, use sedatives, or any illegal substance to avoid these symptoms?

1 Yes

2 No

DK/REF

**DRTR13** [IF TRA12MON = 1] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **prescription tranquilizers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR14** [IF DRTR13 = 1] Did you continue to use **prescription tranquilizers** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

**DRTR15** [IF DRTR13 = 2 OR DK/REF OR DRTR14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **prescription tranquilizers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR16** [IF DRTR15 = 1] Did you continue to use **prescription tranquilizers** even though you thought this was causing you to have physical problems?

1 Yes

2 No

DK/REF

**DRTR17** [IF TRA12MON = 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **prescription tranquilizers** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR18** [IF TRA12MON = 1] Sometimes people who use **prescription tranquilizers** have serious problems at home, work or school — such as:

• neglecting their children

• missing work or school

• doing a poor job at work or school

• losing a job or dropping out of school

During the past 12 months, did using **prescription tranquilizers** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

**DRTR19** [IF TRA12MON = 1] During the past 12 months, did you regularly use **prescription tranquilizers** and then do something where using **prescription tranquilizers** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR20** [IF TRA12MON = 1] During the past 12 months, did using **prescription tranquilizers** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR21** [IF TRA12MON = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **prescription tranquilizers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRTR22** [IF DRTR21 = 1] Did you continue to use **prescription tranquilizers** even though you thought this caused problems with family or friends?

1 Yes

2 No

DK/REF

**DRTR23a** During the past 12 months, was there ever a time when you wanted to use **prescription tranquilizers** so much that you couldn’t think of anything else?

1 Yes

2 No

DK/REF

**DRTR23b** [If DRTR23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to use **prescription tranquilizers**?

1 Yes

2 No

DK/REF

**DRST** [IF ST12MON = 1] Think about your use of **prescription stimulants** during the past 12 months as you answer these next questions.  Remember, we are only interested in **prescription stimulants** 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 STMISCOUNT =1 FILL STFILL2][IF STMISCOUNT >=2 FILL WITH “the stimulants listed below” ] in a way **a doctor did not direct you to use [STNUMFILL].**

[IF STMISCOUNT >=2 FILL WITH DRUG NAMES FROM STY01-STY26 BELOW.  USE MULTIPLE COLUMNS AS NEEDED.  IF STYOTH = 1, ADD "Some other prescription stimulant".]

The next questions refer to [IF STYOTH NE 1 AND STMISCOUNT =1 FILL STFILL2 as a prescription stimulant; IF STYOTH = 1 AND STMISCOUNT =1 FILL WITH “this other prescription stimulant”; IF STMISCOUNT >=2  FILL WITH  “these as prescription stimulants”].

Press [ENTER] to continue.

**DRST01** [IF STI12MON = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST02** [IF DRST01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **prescription stimulants** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST04** [IF STI12MON = 1] During the past 12 months, did you try to set limits on how often or how much **prescription stimulants** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST05** [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?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

**DRST06** [IF STI12MON = 1] During the past 12 months, did you need to use more **prescription stimulants** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST07** [IF DRST06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **prescription stimulants** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST08** [IF STI12MON = 1] During the past 12 months, did you **want to** or **try to** cut down **or** stop using **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST09** [IF DRST08 = 1] During the past 12 months, were you **able to** cut down or stop using **prescription stimulants** **every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST10** [IF DRST08 = 2 OR DK/REF OR DRST09 = 2 OR DK/REF] During the past 12 months, whether you wanted to or not, did you cut down or stop using **prescription syimulants** **at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST10a** [IF DRST09 = 1 OR DRST10 = 1] During the past 12 months, have you felt kind of blue or down when you cut down or stopped using **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST11** [IF DRST10a = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptoms after you cut down or stopped using **prescription stimulants**?

• Feeling tired or exhausted

• Having bad dreams

• Having trouble sleeping or sleeping more than you normally do

• Feeling hungry more often

• Feeling either very slowed down or like you couldn’t sit still

1 Yes

2 No

DK/REF

**DRSTXX** [IF DRST11=1] You just mentioned that you experienced symptoms after you cut down or stopped using **prescription stimulants**. During the past 12 months, did you use prescription stimulants, methamphetamine, cocaine or crack, or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

**DRSTXX:** [IF DRST11=2 OR DK/REF] During the past 12 months, did you use use prescription stimulants, methamphetamine, cocaine or crack, or any illegal substance to avoid these symptoms?

1 Yes

2 No

DK/REF

**DRST13** [IF STI12MON = 1] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST14** [IF DRST13 = 1] Did you continue to use **prescription stimulants** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

**DRST15** [IF DRST13 = 2 OR DK/REF OR DRST14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST16** [IF DRST15 = 1] Did you continue to use **prescription stimulants** even though this was causing you to have physical problems?

1 Yes

2 No

DK/REF

**DRST17** [IF STI12MON = 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **prescription stimulants** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST18** [IF STI12MON = 1] Sometimes people who use **prescription stimulants** have serious problems at home, work or school — such as:

• neglecting their children

• missing work or school

• doing a poor job at work or school

• losing a job or dropping out of school

During the past 12 months, did using **prescription stimulants** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

**DRST19** [IF STI12MON = 1] During the past 12 months, did you regularly use **prescription stimulants** and then do something where using **prescription stimulants** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST20** [IF STI12MON = 1] During the past 12 months, did using **prescription stimulants** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST21** [IF STI12MON = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRST22** [IF DRST21 = 1] Did you continue to use **prescription stimulants** even though you thought this caused problems with family or friends?

1 Yes

2 No

DK/REF

**DRST23a** During the past 12 months, was there ever a time when you wanted to use **prescription stimulants** so much that you couldn’t think of anything else?

1 Yes

2 No

DK/REF

**DRST23b** [IF DRST23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to use **prescription stimulants**?

1 Yes

2 No

DK/REF

**DRSV** [IF SV12MON = 1] Think about your use of **prescription sedatives** during the past 12 months as you answer these next questions.  Remember, we are only interested in **prescription sedatives** 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 SVMISCOUNT =1 FILL SVFILL2][IF SVMISCOUNT >=2 FILL WITH “the sedatives listed below” ] in a way **a doctor did not direct you to use [SVNUMFILL].**

[IF SVMISCOUNT >= 2 FILL WITH DRUG NAMES FROM SVY01-SVY14 BELOW.  USE MULTIPLE COLUMNS AS NEEDED.  IF SVYOTH = 1, ADD "Some other prescription sedative".]

The next questions refer to [IF SVYOTH NE 1 AND SVMISCOUNT =1 FILL SVFILL2 as a prescription sedative; IF SVYOTH = 1 AND SVMISCOUNT =1 FILL WITH “this other prescription sedative”; IF SVMISCOUNT >=2  FILL WITH  “these as prescription sedatives”].

Press [ENTER] to continue.

**DRSV01** [IF SED12MON = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **prescription sedatives**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV02** [IF DRSV01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **prescription sedatives** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV04** [IF SED12MON = 1] During the past 12 months, did you try to set limits on how often or how much **prescription sedatives** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV05** [IF DRSV04 = 1] Were you able to keep to the limits you set, or did you often use **prescription sedatives** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

**DRSV06** [IF SED12MON = 1] During the past 12 months, did you need to use more **prescription sedatives** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV07** [IF DRSV06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **prescription sedatives** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV08** [IF SED12MON = 1] During the past 12 months, did you **want to** or **try to** cut down **or** stop using **prescription sedatives**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV09** [IF DRSV08 = 1] During the past 12 months, were you **able to** cut down or stop using **prescription sedatives** **every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV10** [IF DRSV08 = 2 OR DK/REF OR DRSV09 = 2 OR DK/REF] During the past 12 months, whether you wanted to or not, did you cut down or stop using **prescription sedatives** **at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV11** [IF DRSV09 = 1 OR DRSV10 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptoms after you cut down or stopped using **prescription sedatives**?

• Sweating or feeling that your heart was beating fast

• Having your hands tremble

• Having trouble sleeping

• Vomiting or feeling nauseous

• Seeing, hearing, or feeling things that weren’t really there

• Feeling like you couldn’t sit still

• Feeling anxious

• Having seizures or fits

1 Yes

2 No

DK/REF

**DRSVXX** [IF DRSV11=1] You just mentioned that you experienced symptoms after you cut down or stopped using **prescription sedatives**. During the past 12 months, did you use prescription sedatives, drink alcohol, use tranquilizers, or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

**DRSVXX:** [IF DRSV11=2 OR DK/REF] During the past 12 months, did you use use prescription sedatives, drink alcohol, use tranquilizers, or any illegal substance to avoid these symptoms?

1 Yes

2 No

DK/REF

**DRSV13** [IF SED12MON = 1] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **prescription sedatives**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV14** [IF DRSV13 = 1] Did you continue to use **prescription sedatives** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

**DRSV15** [IF DRSV13 = 2 OR DK/REF OR DRSV14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **prescription sedatives**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV16** [IF DRSV15 = 1] Did you continue to use **prescription sedatives** even though you thought this was causing you to have physical problems?

1 Yes

2 No

DK/REF

**DRSV17** [IF SED12MON = 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **prescription sedatives** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV18** [IF SED12MON = 1] Sometimes people who use **prescription sedatives** have serious problems at home, work or school — such as:

• neglecting their children

• missing work or school

• doing a poor job at work or school

• losing a job or dropping out of school

During the past 12 months, did using **prescription sedatives** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

**DRSV19** [IF SED12MON = 1] During the past 12 months, did you regularly use **prescription sedatives** and then do something where using **prescription sedatives** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV20** [IF SED12MON = 1] During the past 12 months, did using **prescription sedatives** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV21** [IF SED12MON = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **prescription sedatives**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

**DRSV22** [IF DRSV21 = 1] Did you continue to use **prescription sedatives** even though you thought this caused problems with family or friends?

1 Yes

2 No

DK/REF

**DRSV23a** During the past 12 months, was there ever a time when you wanted to use **prescription sedatives** so much that you couldn’t think of anything else?

1 Yes

2 No

DK/REF

**DRSV23b** [IF DRSV23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to use **prescription sedatives**?

1 Yes

2 No

DK/REF

**THANKR2** Thank you for your time.

[ALL CASES] BE SURE YOU HAVE YOUR SHOWCARD BOOKLET, QC ENVELOPE W/ FORM AND INCENTIVE RECEIPT COPIES.

[ALL CASES] PRESS [ENTER] TO CONTINUE.

**FIEXIT** End of interview reached.

PRESS 1 TO EXIT.