

**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 CONFD0B=2] INTERVIEWER: PRESS [ENTER] TO GO
BACK AND CORRECT THE RESPONDENT'S DATE OF BIRTH.**

[NOTE: DO NOT DEFINE CALCAGE UNTIL CONFD0B=YES]

confirm [IF AGE1 NE DK/REF AND CONFD0B 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, such as muscadine,	
Champagne		

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, used methamphetamine?

- 1 Yes
- 2 No

DK/REF

MELAST3 [IF ME01 = 1 OR MERE01 = 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

MEREC01 [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 PRESCRIPTION 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 Somnex, 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 dexamethylphenidate 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 dexamethylphenidate 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 MJCC13b = 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 OR 2, OR LS34 = 1 OR 2 OR LS35 = 1
OR 2, 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 DRALC06=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 symptoms after 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 symptoms after 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 stimulants 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

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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

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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

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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 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

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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.