

Attachment 1: Questions to be cognitively tested

The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Information Collection Review Office; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0222).

Form Approved OMB #0920-0222; Expiration Date: 07/31/2018

Impaired Driving Proposed Questions for Cognitive Testing (2018 Module)

ALCDAY5: During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- _____ Number of days per week
or
_____ Number of days per month
- None (GO TO **1B**)

DRNKDRI2: During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- _____ Number of times
- None (GO TO **1B**)

1B: During the past 30 days, on how many days did you use marijuana?

- _____ Number of Days
- None (GO TO **PNPYN.A**)

2B: During the past 30 days, in what way did you use marijuana the most? Please select ONE. Did you...

- Smoke it, for example, in a joint, bong, pipe, or blunt
- Eat it, for example, in brownies, cakes, cookies, or candy
- Drink it, for example, in tea, cola, or alcohol
- Vaporize it, for example, in an e-cigarette-like vaporizer or another vaporizing device
- Dab it, for example, using waxes or concentrates
- Use it some other way

3C: Do you have a recommendation or prescription from a healthcare provider to use marijuana?

- Yes (GO TO **MARDRV1.B**)
- No (GO TO **3C.1**)

3C.1: When you used marijuana during the past 30 days, was it for medical reasons such as to treat or decrease symptoms of a health condition, or was it for non-medical reasons such as to get pleasure or satisfaction?

[INTERVIEWER NOTE: such as, excitement, to fit in with a group, increased awareness, to forget worries, for fun at a social gathering.]

- Only for medical reasons to treat or decrease symptoms of a health condition
- Only for non-medical purposes to get pleasure or satisfaction
- Both medical and non-medical reasons

MARDRV1.B: During the past 30 days, how many times have you driven within 2 hours of smoking or 4 hours of eating marijuana?

Number of times: _____

- None

MARDRVy.B: During the past 30 days, how many times have you driven while perhaps under the influence of alcohol AND marijuana?

Number of times: _____

- None

PNPYN.A: During the past 30 days, have you taken any prescription opioid pain medicine, either with or without a doctor's prescription? Count drugs such as codeine, Vicoden, OxyContin, hydrocodone, and Percocet. Please do not include over-the-counter pain medicine such as aspirin, Tylenol, or Advil.

- Yes
- No (GO TO **ILDUSE**)

PNPDRV1.A: During the past 30 days, how many times have you driven on the same day after taking prescription opioid pain medicine, either with or without a doctor's prescription?

Number of times: _____

- None

PNPDRV3.D: During the past 30 days, how many days have you driven while "high" or experiencing side effects (such as drowsiness, dizziness, or confusion) from a prescription opioid pain medicine?

Number of times: _____

- None

ILDUSE: During the past 30 days, have you used cocaine or methamphetamines?

- Yes
- No (GO TO **CODE**)

ILDDRV2.B: During the past 30 days, how many times have you driven while perhaps under the influence of cocaine or methamphetamines?

Number of times: _____

- None

CODE: In the past 30 days what substances, if any, did you use with other substances? [MARK ALL THAT APPLY]

- Alcohol alone, no other substances
- Marijuana alone, no other substances
- Prescription opioid pain medicine alone, no other substances
- Cocaine or methamphetamines alone, no other substances
- Other substance alone
- Alcohol and marijuana at the same time
- Alcohol and prescription opioid pain medicine at the same time
- Alcohol and cocaine or methamphetamines at the same time
- Alcohol, marijuana, and prescription opioid pain medicine at the same time
- Alcohol, marijuana, and cocaine or methamphetamines at the same time
- Alcohol, prescription opioid pain medicine and cocaine or methamphetamines at the same time
- Other combination
- None of the above, I didn't use any substances (**END INTERVIEW**)

MARDRVy.C: In the past 30 days what substances, if any, were you under the influence of, while driving? [MARK ALL THAT APPLY]

- Alcohol alone, no other substances
- Marijuana alone, no other substances
- Prescription opioid pain medicine alone, no other substances
- Cocaine or methamphetamines alone, no other substances
- Other substance alone
- Alcohol and marijuana at the same time
- Alcohol and prescription opioid pain medicine at the same time
- Alcohol and cocaine or methamphetamines at the same time
- Alcohol, marijuana, and prescription opioid pain medicine at the same time
- Alcohol, marijuana, and cocaine or methamphetamines at the same time
- Alcohol, prescription opioid pain medicine and cocaine or methamphetamines at the same time
- Other combination
- None of the above, I didn't drive under the influence of any substances