

National Minority SA/HIV Prevention Initiative

Adult Questionnaire

TO BE FILLED OUT BY THE LOCAL GRANT SITE DATA COLLECTOR

Last Name \_\_\_\_\_, First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Participant ID #: \_\_\_\_\_

**RESPONDENT OR PARTICIPANT:** Before answering any of the questions, please make sure your name is correct. If incorrect, make the change in the box above. Do not write your name on any other page in this questionnaire. Thank you.

# National Minority SA/HIV Prevention Initiative

## Adult Questionnaire

Funding for data collection supported by the  
Center for Substance Abuse Prevention (CSAP),  
Substance Abuse and Mental Health Services Administration (SAMHSA),  
U.S. Department of Health and Human Services (HHS)

These questions are part of a data collection effort about how to prevent substance abuse and HIV infection. The questions are being asked of hundreds of other individuals throughout the United States. The data findings will be used to help prevention initiatives learn more about how to keep people from using drugs and getting infected with HIV.

Completing this questionnaire is voluntary. If you do not want to answer any of the questions, you do not have to. If you decide not to participate in this survey, it will have no effect on your participation in direct service programs. However, your answers are very important to us. Please answer the questions honestly—based on what you really do, think, and feel. Your answers will not be told to anyone in your family or community. **Do not write your name anywhere on this questionnaire.**

We would like you to work fairly quickly so that you can finish. Please work quietly by yourself. If you have any questions or don't understand something, let the data collector know.

We think you will find the questionnaire to be interesting and that you will like filling it out. Thank you very much for being an important part of this data collection effort!

Public Burden Statement: 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 0930-0298. Public reporting burden for this collection of information is estimated to average .30 hours per response. 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, 1 Choke Cherry Road, Room 2-1044, Rockville, MD 20857.

### INSTRUCTIONS

1. Answer each question by marking one of the answer circles. Some questions allow you to mark more than one answer. If you don't find an answer that fits exactly, choose the one that comes closest.
2. Mark your answers carefully so we can tell which answer circle you chose. Do not mark between the circles.
3. It is very important that you answer each question truthfully. Your responses will not be helpful unless you tell the truth.

### MARKING YOUR ANSWERS

- Use a No. 2 black lead pencil.
- Do not use an ink or ballpoint pen.
- Make heavy dark marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on this questionnaire.

### EXAMPLES

Correct Marks:



Incorrect Marks:



---

**Record Management Section: To Be Completed by Designated Staff**

---

**Grant ID**

S	P								
---	---	--	--	--	--	--	--	--	--

**Study Design Group (Select one)** Intervention       Comparison**Participant ID**

--	--	--	--	--	--	--	--

**Date of Survey Administration**

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Month		Day		Year

**Interview Type (Select one)** Baseline       Exit       Follow-up**Service Duration (Select one)** Single-session (1 day or less duration)  
 Multiple-session brief (2 – 29 days' duration)  
 Multiple-session long (30 days or longer duration)**Intervention Name(s)**

(If the participant is receiving direct services from more than one intervention, please list each intervention below.)

1. <input type="text"/>
2. <input type="text"/>
3. <input type="text"/>

## Section One: Facts About You

First, we'd like to ask some basic questions about you. Your answers will not be used to identify you in any way. Instead, your answers will help us understand how different groups (like men or women, or people of similar ages) feel about substance abuse and HIV prevention.

1.

2. **How would you describe yourself?** (Gender)

- Male
- Female
- Transgender
- Male to female
- Female to male

3. **In what year were you born?** (Enter all four digits of the year in the boxes below, and fill in corresponding circles)

1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
2 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>

4. **Are you of Hispanic, Latino/a, or Spanish origin?** (If yes, you may select one or more categories)

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin

5. **What is your race?** (Select one or more)

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

6. **How would you describe yourself?** (Sexual orientation)

- Straight or heterosexual
- Bisexual
- Gay or lesbian
- Unsure

7. **How well do you speak English?**

- Very well
- Well
- Not well
- Not at all

8. **What is your primary spoken language?**

- English
- Spanish
- Asian (Chinese, Japanese, or other)
- American Indian (Apache, Blackfoot, Navajo, or other)
- Other

9. **What is the highest level of education you have finished, whether or not you received a degree?** (Mark the highest grade you have completed.)

- Elementary school
- Middle school
- High school
- Community college or technical or trade school
- Four-year college
- Beyond four-year college

10. **Are you currently attending college?**

- No
- Yes, I live on campus
- Yes, I live off campus

11. **Which of the following best describes you?** (Mark the one that fits best)

- Employed full-time (35+ hours per week)
- Employed part-time
- Unemployed (full-time student)
- Unemployed (other reason)

12. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone—such as visiting a doctor’s office or shopping?

- Yes
- No

13. If you have ever been in juvenile/adult detention, jail, or prison for more than 3 days, how long has it been since you last got out?

- Never in juvenile/adult detention, jail, or prison for more than 3 days
- Less than two years
- Two years or more

14. Have you ever served in the Armed Forces, in the Reserves, or the National Guard [select all that apply]?

- No (Skip to #14)
- Yes, in the Armed Forces
- Yes, in the Reserves
- Yes, in the National Guard

13a. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard?

- Yes, in the Armed Forces
- Yes, in the Reserves
- Yes, in the National Guard
- No, separated or retired from Armed Forces, Reserves, or National Guard

13b. Have you ever been deployed to a combat zone [select all that apply]?

- Never deployed
- Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)
- Persian Gulf (Operation Desert Shield or Desert Storm)
- Vietnam/Southeast Asia
- Korea
- WWII
- Deployed to a combat zone not listed above (e.g., Somalia, Bosnia, Kosovo)

15. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves or the National Guard, or separated or retired from the Armed Forces, the Reserves, or the National Guard?

- No (Skip to #16)
- Yes, 1 person
- Yes, 2 people
- Yes, 3 people
- Yes, 4 people
- Yes, 5 people
- Yes, 6 or more people

16. If yes, answer the following questions for each person you marked in question 17 (up to six people).

	Service Member #1	Service Member #2	Service Member #3	Service Member #4	Service Member #5	Service Member #6
<b>Service member’s relationship to you:</b>						
Mother/father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother/sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**End of Section One**

---

## Section Two: Attitudes & Knowledge

---

Next, we'd like to ask you how you feel about substance use and sexual behavior, as well as what you know about HIV/AIDS. Again, your answers are private and will not be used to identify you.

17. How much do people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Don't know or can't say

18. How much do people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Don't know or can't say

19. How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Don't know or can't say

20. How many of your friends and acquaintances often have 5 or more drinks in one sitting?

- None of them
- A few of them
- Some of them
- Most of them
- All of them

21. How would you feel about your close friends frequently having 5 or more drinks in one sitting?

- I would strongly disapprove
- I would disapprove
- I would neither approve nor disapprove
- I would approve
- I would strongly approve

22. How would you feel about your close friends regularly engaging in unprotected sexual activity?

- I would strongly disapprove
- I would disapprove
- I would neither approve nor disapprove
- I would approve
- I would strongly approve

The next questions are about your beliefs and attitudes toward **SEX**.

Some of the questions ask about having sex. By sex or *sexual activity*, we mean a situation where two partners get sexually excited or aroused (turned on) by touching each other's genitals (penis or vagina) or anus (butt) with their own genitals, hands, or mouth.

When a male inserts his penis into his female partner's vagina, the partners are considered to be having *vaginal sex*.

When one partner's mouth is in contact with the other partner's genitals (penis or vagina) or anus during sex, the partners are considered to be having *oral sex*.

When a male's penis is inserted into his male or female partner's anus, the partners are considered to be having *anal sex*.

Some questions ask about *sexual partners*. A sexual partner is someone with whom you have sex, that is, engage in sexual activity.

Some questions refer to *protected sex* and *unprotected sex*. Protected sex is when a latex or polyurethane condom (rubber) is used to cover the penis; a female condom is used to cover the vagina; or a dental dam is used to cover the anus. By unprotected sex, we mean vaginal, oral, or anal sex without a barrier such as a condom or dental dam.

### How much do you think people risk harming

We start by asking you some questions about how risky you believe certain behaviors are.

### themselves physically...

**23. If they have sex (oral, vaginal, or anal) without a condom or dental dam?**

- No risk
- Slight risk
- Moderate risk
- Great risk

**24. If they have sex while high on drugs or under the influence of alcohol?**

- No risk
- Slight risk
- Moderate risk
- Great risk

**25. If they share unsanitized needles or works when using drugs?**

- No risk
- Slight risk
- Moderate risk
- Great risk

Now think about your relationship with your **PRIMARY (MAIN) partner**. How confident are you that you could...

**26. Refuse to have sex with your partner because you weren't in the mood?**

- Not at all
- A little
- Somewhat
- Very much

**27. Ask your partner to wait while you got a condom or dental dam?**

- Not at all
- A little
- Somewhat
- Very much

**28. Tell your partner how to treat you sexually?**

- Not at all
- A little
- Somewhat
- Very much

**29. Refuse to engage in sexual practices you didn't like?**

- Not at all
- A little
- Somewhat
- Very much

**30. Ask your partner to use a condom or dental dam?**

- Not at all
- A little
- Somewhat
- Very much

**31. Refuse to have sex because your partner did not want to use a condom or dental dam?**

- Not at all
- A little
- Somewhat
- Very much

---

## HIV/AIDS – What You Know

---

In Questions 31 – 35, please indicate whether you think each of the following two statements about HIV/AIDS is true or false or if you don't know.

32. Only people who look sick can spread HIV/AIDS?

- True
- False
- Don't know

33. Only people who have sexual intercourse with gay (homosexual) people get HIV/AIDS.

- True
- False
- Don't know

34. Birth control pills protect women from getting HIV/AIDS.

- True
- False
- Don't know

35. There are drugs available to treat HIV that can lengthen the life of a person infected with the virus.

- True
- False
- Don't know

36. There is no cure for AIDS.

- True
- False
- Don't know

37. Would you know where to go near where you live to see a health care professional regarding HIV/AIDS or other sexually transmitted health issues?

- Yes
- No

38. Would you know where to go near where you live to see a health care professional regarding a drug or alcohol problem?

- Yes
- No

39. When you need medical help, generally how difficult is it for you to get to a service provider? Would you say it is:

- Not at all difficult
- Not too difficult
- Somewhat difficult
- Very difficult

40. In your day-to-day life, do you ever feel that you are treated with less respect or receive poorer services than other people?

- No (Skip to #40)
- Yes

39a. What do you think is the main reason for these experiences? (Check all that apply to you. If none of the answers apply, check "None of the above.")

- Your race or ethnicity
- Your religion
- Your gender
- Your age
- Your sexual orientation
- A disability that you have
- Your mental health status
- Your HIV status
- None of the above

41. Have you ever been informed of your HIV status (that is, whether or not you are HIV-positive) based on the result of an HIV test?

- Yes
- No



42. Now we would like you to think about all the people you know. Are there certain people you could go to when you want to talk about personal matters that you wouldn't tell just anyone?

- Yes
- No

43. In general, how important are religious or spiritual beliefs in your day-to-day life?

- Not at all important
- Not too important
- Fairly important
- Very important

## End of Section Two

## Section Three: Behavior & Relationships

### Cigarettes, Alcohol, and Drugs

The next two questions are about **CIGARETTES and OTHER TOBACCO PRODUCTS**.

Think back over the past 30 days and record on how many days, if any, you used cigarettes, other tobacco products, or both.

**44. During the past 30 days, on how many days did you smoke part or all of a cigarette?** (Includes menthol and regular cigarettes and loose tobacco rolled into cigarettes)

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days                    |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days                    |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days                    |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days                    |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days                    |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days                    |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days                    |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know<br>or can't say |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days |   |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |   |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |   |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |   |

**45. During the past 30 days, on how many days did you use other tobacco products?** (Includes tobacco product other than cigarettes, such as dipping snuff, chewing tobacco, and smoking tobacco from a pipe)

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days                    |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days                    |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days                    |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days                    |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days                    |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days                    |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days                    |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know<br>or can't say |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days |   |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |   |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |   |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |   |

The next question asks about **ELECTRONIC VAPOR PRODUCTS**, such as blu, NJOY, or Starbuzz.

Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

**46. During the past 30 days, on how many days did you use electronic vapor products?**

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days                    |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days                    |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days                    |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days                    |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days                    |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days                    |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days                    |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know<br>or can't say |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days |   |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |   |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |   |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |   |

The next two questions are about **ALCOHOL**.

By alcohol, we mean BEER, WINE, WINE COOLERS, MALT BEVERAGES, or HARD LIQUOR.

Different groups of people in the United States may use alcohol for religious reasons. For example, some churches serve wine during a church service. If you drink wine at church or for some other religious reason, do not count these times in your answers to the questions below.

Think back over the past 30 days and record on how many days, if any, you consumed alcohol.

**47. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?**

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days                    |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days                    |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days                    |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days                    |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days                    |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days                    |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days                    |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know<br>or can't say |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days |   |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |   |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |   |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |   |

48. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion? [By "occasion," we mean at the same time or within a couple of hours of each other.]

- |                                  |                                  |                                       |
|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days      |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days      |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days      |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days      |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days      |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days      |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days      |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |                                       |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |                                       |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |                                       |

The next question is about **MARIJUANA or HASHISH**. Marijuana is sometimes called weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.

Think back over the past 30 days and record on how many days, if any, you used marijuana or hashish.

49. During the past 30 days, on how many days did you use **marijuana or hashish**?

- |                                  |                                  |                                       |
|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days      |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days      |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days      |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days      |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days      |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days      |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days      |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |                                       |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |                                       |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |                                       |

The next question is about **OTHER ILLEGAL DRUGS, excluding** marijuana or hashish.

These include substances like inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to feel good or get high); heroin, crack or cocaine, methamphetamine; hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (MDMA), PCP (sometimes called angel dust) or peyote and prescription drugs used without a doctor's orders, just to feel good or to get high.

Think back over the past 30 days and record on how many days, if any, you used other illegal drugs.

50. During the past 30 days, on how many days did you use any other **illegal drug**?

- |                                  |                                  |                                       |
|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days      |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days      |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days      |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days      |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days      |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days      |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days      |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |                                       |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |                                       |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |                                       |

51. During the past 30 days, on how many days

Now we would like to ask about your use of three **specific** drugs during the past 30 days.

**have you used prescription drugs without a doctor's orders, in order to feel good or to get high?**

- |                                  |                                  |                                       |
|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days      |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days      |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days      |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days      |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days      |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days      |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days      |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |                                       |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |                                       |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |                                       |

52. During the past 30 days, on how many days did you use **synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)**?

- |                                  |                                  |                                       |
|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days      |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days      |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days      |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days      |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days      |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days      |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days      |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |                                       |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |                                       |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |                                       |

53. This question is SPECIFICALLY ABOUT INJECTED DRUGS. During the past 30 days, on how many days have you injected any drugs? (Count only injections without a doctor's orders —ones you used to feel good or to get high.)

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days                    |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days                    |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days                    |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days                    |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days                    |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days                    |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days                    |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know<br>or can't say |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days |   |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |   |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |   |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |   |

54. Have you ever felt you should cut down on your

The next five questions are about your specific experiences with alcohol use. If you have never used alcohol, you should respond to these questions by marking "No."

**drinking?**

- Yes  
 No

55. Have people annoyed you by criticizing your drinking?

- Yes  
 No

56. Have you ever felt bad or guilty about your drinking?

- Yes  
 No

57. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

- Yes  
 No

58. During the past 30 days, has your use of alcohol or drugs caused you to have emotional problems?

- I have not used alcohol or drugs in the past 30 days  
 Not at all  
 Somewhat  
 Considerably  
 Extremely

59. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

Responses: IF "none," enter 0. Otherwise, enter number of days in past 30 days.

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days                    |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days                    |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days                    |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days                    |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days                    |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days                    |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days                    |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know<br>or can't say |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days |   |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |   |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |   |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |   |

---

## Sexual Behavior

---

Now we'd like to ask you about your experience with sex. If you cannot remember what we mean by sex, please refer to the definitions on page 7. Remember, your answers will be kept private.

60. Have you ever had sex (vaginal, oral, or anal)?

- Yes  
 No

61. Have you had sex (vaginal, oral, or anal) in the past 30 days?

- Yes  
 No

62. The last time you had sex (vaginal, oral, or anal), was it protected or unprotected?

- I have never had sex  
 Protected  
 Unprotected

63. Have you ever had sex with a man?

- Yes  
 No

64. Have you ever had sex with a woman?

- Yes  
 No

65. During the past 3 months, how many sexual partners have you had?

- None
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- 7 people
- 8 people
- 9 people
- 10 people or more

66. If you have ever had unprotected sex (vaginal, anal, or oral) with someone in exchange for money, drugs, or shelter, when was the last time you did?

- Never had unprotected sex in exchange for money, drugs, or shelter
- Within the past 3 months
- More than 3 months ago

67. If you have ever had unprotected sex (vaginal, anal, or oral) with a partner you knew had, or suspected of having, HIV/AIDS or another sexually transmitted disease (STD), when was the last time you did?

- Never had sex with someone known to have HIV/AIDS or another STD
- Within the past 3 months
- More than 3 months ago

68. If you have ever had unprotected sex (vaginal, anal, or oral) with someone who you knew was, or whom you suspected of being, an injected drug user, when was the last time you did?

- Never had sex with an injected drug user
- Within the past 3 months
- More than 3 months ago

69. If you have ever had sex while you were under the influence of drugs or alcohol, when was the last time you did?

- Never had sex while under the influence of drugs or alcohol
- Within the past 3 months
- Longer than 3 months ago

The next two questions ask about abuse you might have experienced.

**Emotional abuse** might include behaviors such as swearing, calling you negative names, or keeping you from seeing family and friends. **Physical abuse** might include behaviors such as slapping, beating, kicking, choking, or threatening you with a weapon. **Sexual abuse** might include behaviors such as forcing you to have unwanted sex or physically hurting the sexual parts of your body.

70. In the past 3 months, how often has anyone with whom you had an intimate relationship (sexual or not) abused you emotionally, physically, or sexually?

- Never
- Rarely
- Sometimes
- Often
- Very often

71. During the past 12 months, how many times have you had unwanted sex (vaginal, oral, or anal) either because someone physically forced you or because you were too drunk or out of it to know what was happening?

- Never
- Once
- Twice
- 3 or more times

---

## Family, Relationships, and Work

---

72. Describe your current relationship status.

- Never married and never permanently partnered
- Legally married or living with a permanent partner
- Separated, divorced (or broken up with a permanent partner), or widowed

73. With whom do you live?

(Mark the answer that describes you best)

- Alone
- With partner or spouse
- With parents
- With relatives other than spouse or parents
- With friends or roommates
- Other

74. Describe where you live.

- In my own home or apartment
- In a relative's home
- In a group home (not on a college campus)
- In campus housing
- In a foster home
- Homeless or in a shelter
- Other

**75. If you have children, during the past 12 months, how many times have you talked with your children about the dangers or problems associated with the use of tobacco, alcohol, or drugs?**

- I don't have any children
- 0 times
- 1 to 2 times
- A few times
- Many times
- Don't know or can't say

**76. Think about the household members who live with you right now. About how much income have you and your family members made in the last year before taxes?** (Include child support and cash payments from the government—for example, welfare [TANF], SSI, or unemployment compensation)

- \$0–\$10,000
- \$10,001–\$30,000
- \$30,001–\$50,000
- \$50,001–\$70,000
- More than \$70,000

**76. Do you have medical or health care insurance?**

The next question is about medical or health care insurance and where you obtained it. As you may know, new state and federal health insurance marketplaces can be used to shop for health insurance and compare prices and benefits. These marketplaces can also be used to enroll in Medicaid or Medical Assistance. You may know the marketplace as Healthcare.gov or "Obamacare," or your state may have a special name for its health insurance marketplace. If you have medical or health care insurance, we are interested in learning whether or not you obtained it from such a marketplace.

**77. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?** (Mark one)

- More likely
- Less likely

- Would make no difference
- Don't know or can't say

**78. How truthful were you when answering the questions?**

The last question asks about your experience with this survey.

- Very truthful
- Somewhat truthful
- Somewhat untruthful
- Very untruthful

**YOU ARE DONE!**

**Thank you for your help!**

