

2017-2020 NSDUH Methodological Field
Tests, Supporting Statement

Appendix A – 2015 National Survey on Drug
Use and Health: DSM-5 Final Report

2015 NATIONAL SURVEY ON DRUG USE AND HEALTH: DSM-5 FINAL REPORT

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
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2015 NATIONAL SURVEY ON DRUG USE AND HEALTH: DSM-5 DRAFT REPORT

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1. Introduction

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is a manual used to classify mental disorders, including substance use disorders (SUDs). It provides a classification system for clinicians, insurance providers, researchers, and policymakers to use in matters related to the diagnosis, research, and treatment of mental illness. In 2013, the DSM, 4th edition (DSM-IV), which had been used for over a decade, was replaced with the 5th edition (DSM-5) (American Psychological Association [APA], 1994, 2013). This revision contained changes in organization and numerous changes to the diagnostic criteria of nearly every DSM-IV disorder, including SUDs.

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) annual National Survey on Drug Use and Health (NSDUH¹) currently uses the DSM-IV criteria to develop questions from which national- and state-level data on SUDs are produced. The substances included are alcohol, cocaine (including crack), hallucinogens, heroin, inhalants, marijuana/hashish, methamphetamine, and (misuse of) prescription sedatives, stimulants, tranquilizers, and pain relievers. Each year, NSDUH collects substance use and SUD information from approximately 70,000 residents of households and non-institutional group quarters (e.g., shelters, rooming houses, dormitories) and from civilians living on military bases. NSDUH data provide the substance abuse prevention, treatment, and research communities with current, relevant information on the nation's SUD status. These data provide information to stakeholders and policymakers about disease burden, temporal trends, and consequences of substance use, and they are also used to help identify high-risk groups.

In response to the DSM-IV to DSM-5 revisions, SAMHSA initiated a project to develop and test revisions to the Substance Dependence and Abuse module in NSDUH to enable the production of DSM-5-based estimates of SUDs. Development and testing consisted of the following steps:

- review of diagnostic changes and development of draft English- and Spanish-language items;
- expert review of the English- and Spanish-language draft items; and
- iterative cognitive testing and revision of the English- and Spanish-language items.

The purpose of this report is to present the overarching findings and recommendations for potential modification of NSDUH to produce estimates of SUDs consistent with the DSM-5 criteria.

¹ NSDUH is sponsored by SAMHSA and supervised by SAMHSA's Center for Behavioral Health Statistics and Quality.

2. Review and Development of Draft Items

2.1 English-Language Items

Review of the revised diagnostic criteria resulted in an extensive report on the changes and implications for each substance (SAMHSA, in press). The report identified several areas for revision, three of which were the focus of this project: (1) marijuana/hashish withdrawal symptoms, (2) using a pharmacologically similar substance to prevent or avoid withdrawal symptoms, and (3) craving. Details regarding each of these areas and the questions affected are presented below.

2.1.1 Marijuana/Hashish Withdrawal Symptoms

Prior to DSM-5, marijuana/hashish abuse and dependence (also called cannabis use disorder) did not include withdrawal symptoms as a diagnostic criterion. Research conducted after the publication of DSM-IV has identified a cluster of symptoms associated with cannabis withdrawal, and this new information has been included in DSM-5 (APA, 2013). Cannabis withdrawal syndrome is defined by the presence of three or more symptoms developing within approximately 1 week of cessation of heavy and prolonged cannabis use. Symptoms can include (1) irritability, anger, or depression; (2) nervousness or anxiety; (3) sleep difficulties (e.g., insomnia or disturbing dreams); (4) decreased appetite or weight loss; (5) restlessness; (6) depressed mood; and (7) at least one physical symptom that causes significant discomfort (abdominal pain, shakiness/tremors, sweating, fever, chills, or headache).

New items were drafted for expert review to capture these revisions. The first draft of the questions (see Appendix A) is presented below. The items were based on existing NSDUH withdrawal questions for other substances.

DRMJ11a [IF DRMJ09 = Yes (i.e., endorsed being able to cut down or stop using marijuana or hashish every time they wanted to or tried to during the past 12 months) or DRMJ10 = Yes (i.e., endorsed cutting down or stopping use of marijuana or hashish at least one time during the past 12 months)] Please look at the symptoms listed below. During the past 12 months, did you have 1 or more of these symptoms after you cut down or stopped using marijuana or hashish?

- Abdominal pain
- Shakiness or tremors
- Sweating
- Fever
- Chills
- Headache

DRMJ11b [IF DRMJ09 = Yes or DRMJ10 = Yes] During the past 12 months, did you have [IF DRMJ11a = Yes (i.e., endorsed experiencing 1 or more of the listed symptoms after cutting down or stopping use of marijuana or hashish in the past 12 months) then fill 2, IF DRMJ11a = No, DK/REF (i.e., did not endorse experiencing any of the listed symptoms after cutting down or stopping use of marijuana or hashish in the past 12 months) then say 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
- Having a smaller appetite than usual or losing weight without trying to
- Feeling like you couldn't sit still
- Feeling depressed

2.1.2 Using a Pharmacologically Similar Substance to Prevent or Avoid Withdrawal Symptoms

Both the DSM-IV and the DSM-5 define substance withdrawal as either: A. Having the substance-specific withdrawal syndrome, or B. Taking the substance or a closely related substance to relieve or avoid the substance-specific withdrawal symptoms. These criteria have not changed between DSM-IV and DSM-5. However, NSDUH currently does not assess Part B of the withdrawal criteria. Therefore, additional questions were tested for possible inclusion in future NSDUHs.

New questions to address the additional component of withdrawal (B, above) were tested with all substances. The wording for the marijuana question was provided for expert review as an example.

DRMJX1: [IF DRMJ09 = Yes or DRMJ10 = Yes] During the past 12 months, when you cut down or stopped using [marijuana or hashish], did you start using [marijuana or hashish] again or use any illegal substance to get rid of or prevent any of these symptoms?

DRMJX2: [IF DRMJ09 = Yes or DRMJ10 = Yes] [*Fill if DRMJ11a or DRMJ11b = yes (i.e., endorsed having at least 3 of the listed symptoms from 11a and 11b after cutting down or stopping use of marijuana or hashish during the past 12 months):* You just mentioned that you experienced symptoms after cutting down or stopping marijuana or hashish.] During the past 12 months, did you use [marijuana or hashish] again or any illegal substance to avoid or get over these symptoms?

2.1.3 Craving

Craving is a new DSM-5 criterion added for all SUDs. There is some discrepancy in how the craving criterion is described in DSM-5. In the introduction to substance use disorders, craving is described as “an intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug was previously obtained or used. . . . Craving is queried by asking if there has ever been a time when they had such strong urges to

take the drug that they could not think of anything else” (APA, 2013, p. 483). Later in the chapter, the criteria tables for substance use disorder note the criterion as “craving, or a strong desire or urge to use [the drug]” (APA, 2013, p. 509).

Due to this discrepancy, three versions of new questions to assess craving were tested with all substances, with wording shown for marijuana/hashish. Versions 1 and 3a use phrasing directly from the DSM-5, whereas Versions 2 and 3b include the word "overwhelming." The word "overwhelming" was included due to concern over the imprecise connotation of the word "urge" and a desire to probe the expert reviewers’ opinions on alternative wordings.

Version 1. During the past 12 months, did you often have a strong desire or urge to use [marijuana or hashish]?
Version 2. During the past 12 months, did you often have a strong desire or overwhelming urge to use [marijuana or hashish]?
Version 3. This is a two-part question. If A is yes, B is not asked. If the respondent answers yes to A or B, then the craving criterion is met: A. During the past 12 months, did you want [marijuana or hashish] so badly you couldn't think of anything else? B. During the past 12 months, did you have a strong desire or overwhelming urge to use [marijuana or hashish]?

2.2 Spanish-Language Items

To efficiently draft both English- and Spanish-language items, Spanish translation was completed after the first round of cognitive testing revisions were made to the English-language items. Translation occurred in two steps. First, a language methodologist produced a forward translation and made pertinent revisions on the English items, making use of reference materials, glossaries, and existing translated materials related to the project for consistency. Then, a consulting American Translators Association–certified translator performed a review of the translated documents, making any adjustments, as needed. The goal of the translation was to convey the meaning of the original English versions with a translation that is easily understood by a native speaker of the target language. The Spanish translation is targeted to native Spanish speakers across the United States, using broadcast (or standard) language versus subgroup- or region-specific language. By broadcast (or standard) language, we mean the use of language that has a basic vocabulary, grammar, and syntax that cannot be attributed to a single region/country and is understood by the majority of speakers in the target language. Once the Spanish versions were developed, they were reviewed by two Spanish-language substance abuse experts with credentials in assessing substance use disorders in Hispanic or Latino populations, and they were then tested in cognitive interviews (described in more detail below).

3. Expert Review

3.1 English-Language Expert Review

After drafting initial English items, the items were reviewed by a panel of substance abuse experts and survey methodologists with experience in large-scale, household-based assessments. Reviewers included the following:

- Dr. Alan Budney, Professor at the Geisel School of Medicine at Dartmouth College, Board of Directors for the College on Problems of Drug Dependence, who was selected based on his work in marijuana abuse and dependence and his work on the DSM-5 Substance Use Disorder Work Group.
- Dr. Wilson Compton, Deputy Director, National Institute on Drug Abuse, was selected for his substantial experience in SUD research and SUD assessment.
- Dr. Paul Beatty, Chief, Center for Survey Measurement at the U.S. Census Bureau, was selected for his knowledge of large-scale survey design and implementation.
- Dr. Gordon Willis, Cognitive Psychologist, National Institutes of Health, was selected based on his expertise in cognitive interviewing and survey design.
- Dr. Prudence Fisher was also selected as a reviewer due to her experience in mental health and SUD assessment in children; however, she did not provide feedback.

Reviewers were asked to provide written responses to questions about the proposed survey items, their ability to capture the DSM-5 SUD criteria, and whether they would be understood correctly among a household sample of youths and adults aged 12 or older. For context, the full marijuana/hashish module was provided so that they could see the survey questions that preceded and followed the targeted draft questions.

Reviewers provided feedback on many of the items in the module, including items that were not targeted for revision. For example, Dr. Compton questioned the addition of the phrase "a month or more" to DRMJ01 (which asks, "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?"), as the DSM does not specify this timeframe. Additionally, the substance abuse experts recommended that the separate tranquilizer and sedative modules be combined because there was not a pharmacological reason to keep them separated, and this combination would save time. This report focuses only on the main questions being considered for revision (see Section 2). However, Appendix A includes the full set of questions in the SUD module and also the specific feedback provided by the reviewers.

Expert responses were used to revise items prior to cognitive interviewing. In addition to feedback on the three sets of items for testing (new withdrawal criteria for marijuana/hashish, assessing additional aspects of withdrawal for all substances, and craving criteria), expert reviewers noted a potential concern with an existing skip pattern within NSDUH. DR(DRUG)08 and DR(DRUG)09 ask about a DSM SUD criterion regarding people's ability to cut down or set limits on their drug use:

DRMJ08.	During the past 12 months, did you want to or try to cut down or stop using marijuana or hashish? [DSM-5 Criterion 2]
DRMJ09.	[IF DRMJ08 = Yes (i.e., endorsed wanting to or trying to cut down or stop using marijuana or hashish during the past 12 months)] 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? [DSM-5 Criterion 2]

These two items precede DR(DRUG)10, which is used as a skip into or out of the withdrawal items.

DRMJ10.	[IF DRMJ08 = No, DK/REF (i.e., did not endorse wanting to or trying to cut down or stop using marijuana or hashish during the past 12 months) or DRMJ09 = No, DK/REF (i.e., did not endorse being able to cut down or stop using marijuana or hashish every time they wanted to or tried to during the past 12 months)] During the past 12 months, did you cut down or stop using marijuana or hashish at least one time?
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People can only develop withdrawal symptoms if they have gone without a substance; therefore, this skip pattern is a logical addition. However, the phrasing of the DRMJ08 may cause respondents to consider only intentional times of cutting down or stopping use and may overlook unintentional times (e.g., if they were unable to buy more of the substance or were at work, jail, or in treatment and unable to use). As a result of these concerns, alternate wording for question DR(DRUG)10 was tested in cognitive interviewing.

The draft English version of the survey questions used for the first round of cognitive interviewing are presented below for marijuana/hashish.

DRMJ10	[IF DRMJ08 = No, DK/REF or DRMJ09 = No, 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 = Yes (i.e., endorsed being able to cut down or stop using marijuana or hashish every time they wanted to or tried to during the past 12 months) or DRMJ10 = Yes (i.e., endorsed cutting down or stopping use of marijuana or hashish at least one time during the past 12 months)] 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

	<ul style="list-style-type: none"> • Sweating • Fever • Chills • Headache <p>1 Yes 2 No DK/REF</p>
DRMJ11b	<p>[IF DRMJ09 = Yes or DRMJ10 = Yes] During the past 12 months, did you have [IF DRMJ11a = Yes (i.e., endorsed experiencing 1 or more of the listed symptoms after cutting down or stopping use of marijuana or hashish in the past 12 months), then fill 2; IF DRMJ11a = No, DK/REF (i.e., did not endorse that they experienced any of the listed symptoms after cutting down or stopping use of marijuana or hashish in the past 12 months), then fill 3] or more of these symptoms after you cut down or stopped using marijuana or hashish?</p> <ul style="list-style-type: none"> • 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 <p>1 Yes 2 No DK/REF</p>
DRMJX1	<p>[IF DRMJ11a = Yes or DRMJ11b = Yes (i.e., endorsed having at least 3 of the listed symptoms from 11a and 11b after cutting down or stopping use of marijuana or hashish during the past 12 months)] 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 again or any illegal substance to avoid or get over these symptoms?</p> <p>1 Yes 2 No DK/REF</p>
DRMJX2	<p>[IF (DRMJ11a = No, DK/REF) and (DRMJ11b = No, DK/REF (i.e., did not endorse at least 3 of the listed symptoms from 11a and 11b after cutting down or stopping use of marijuana or hashish during the past 12 months))] During the past 12 months, did you use marijuana or hashish again or any illegal substance to avoid these symptoms?</p> <p>1 Yes 2 No DK/REF</p>

DRMJ23a	<p>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?</p> <p>1 Yes 2 No DK/REF</p>
DRMJ23b	<p>[IF DRMJ23a = No, DK/REF (i.e., did not endorse there being a time during the past 12 months when they wanted to use marijuana or hashish so much that they couldn't think of anything else)] During the past 12 months, was there ever a time when you had a strong desire or urge to use marijuana or hashish?</p> <p>1 Yes 2 No DK/REF</p>

One additional point of feedback from the expert review of withdrawal items involved the DSM description of withdrawal symptoms resulting from cessation after “heavy and prolonged use.” Diagnostic Criterion A for withdrawal requires the cessation of substance use but also includes other descriptive text that varies by substance. For example, for alcohol withdrawal, Criterion A states “Cessation of (or reduction in) alcohol use that has been heavy and prolonged.” For Marijuana, it states “Cessation of cannabis use that has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months).” For opioids, the wording is “Cessation of (or reduction in) opioid use that has been heavy and prolonged (i.e., several weeks or longer).” For sedatives, the wording is “Cessation of (or reduction in) sedative, hypnotic, or anxiolytic use that has been prolonged.” Each wording varies slightly. Some provide a time period for defining prolonged use that varies by substance, and others omit this specification entirely. For sedatives, prolonged use is indicated for inducing withdrawal; heavy use is not.

The expert reviewers noted that NSDUH assesses withdrawal for everyone who endorsed cessation after a basic level of substance use in the past year and that assessment is not predicated on heavy or prolonged use. For alcohol and marijuana, respondents were routed to the substance dependence and abuse module if they used on more than 5 days in the past year, regardless of the quantity of use. For all other substances, a respondent was routed to the substance dependence and abuse module if he or she used illicit substances or misused prescription drugs at least once in the past year. This was noted as an important component for assessing withdrawal. However, the reviewers also noted that there was no strong research on specific quantities and amounts of time that would be considered heavy and prolonged for any of the substances and also that these thresholds would vary by substance and for individuals (due to biological variation). Dr. Willis argued that if withdrawal symptoms can only be experienced after prolonged and heavy use, then predicating the withdrawal questions on level of use is unnecessary because respondents with lower-level usage would answer no, provided that the question was understood.

3.2 Spanish-Language Expert Review

In addition to review of the English-language items, further expert review was conducted on the first draft of the Spanish-language items to ensure that the translations were culturally appropriate and that they correctly assessed the concepts in DSM-5. This was conducted after the first round of English cognitive interviewing, so recommendations for revision were implemented in Round 2. Spanish-language reviewers included the following:

- Dr. Margarita Alegría, Director of the Center for Multicultural Mental Health Research, Harvard Medical School; and
- Dr. Glorisa Canino, Professor and Director, University of Puerto Rico Behavioral Sciences Research Institute.

A brief summary of the feedback is provided here, and the draft questions and specific feedback provided by these reviewers are presented in Appendix A.

For the most part, changes recommended by the Spanish-language reviewers involved minor changes to translations, selecting words that were more appropriate to the NSDUH sampling frame (aged 12 or older), maintaining consistency across questions, and ensuring clarity.

Specific feedback on marijuana withdrawal included Dr. Canino noting that nervousness (DSM-5 states "anxious or nervous") and aggression (DSM-5 states "irritable, angry, or aggressive") were left out of the marijuana withdrawal symptom list. "Nervousness" was added to both the English and Spanish versions next to "aggression" in the symptom list. However, there was concern over including "aggression" because the negative connotation may lead individuals to disregard that symptom set and as to whether providing aggression with its own bullet would interfere with the appropriate counting of symptoms. Additionally, Dr. Alegría indicated an alternate phrasing for "cut down." This involves changing "usar menos," which means "using less," to "reducir el uso," which means "reduce the use." This variation may have implications to interpretation and be closer to the DSM-5 definition of cutting down; therefore, the question was modified to enable cognitive interview testing.

Feedback on DR(DRUG)X1 and DR(DRUG)X2 included several translational changes for these questions. First, that "get over" is better translated with "recuperarse de" ("recover from") instead of "superar" ("to beat") because it is also more easily understood by low-income people. She also noted that there are different ways of operationalizing relief of symptoms (which is what the criterion is about) and that it is better described with the wording "get over." In Spanish, the translation of "get over" versus "relieve" involves two different meanings. "Get over" is associated with "getting rid of," with "eliminating"; "relieve" is associated with "getting better," with "diminishing."

Spanish-language review of the craving items mirrored challenges for the English version in the subjective nature of the words used to describe craving and the multiple definitions provided by the DSM-5. Both reviewers provided two different translational suggestions. Dr. Canino provided an alternate translation for this item ("¿hubo alguna ocasión cuando usted tuvo un deseo fuerte o un deseo apremiante de usar marihuana o hachis?"), which she believes

captures better the intent of the question. However, like the English version, a proper translation of the word "urge" is crucial for this item because it is the translation of the crux of the criterion. Dr. Alegria's recommended alternate translation for "strong desire or urge" is "fuerte deseo o necesidad" ("strong desire or need"). However, it appears that the term "necesidad" ("need") may not closely convey the English version "urge."

4. Cognitive Interviews

4.1 Purpose

The general purpose of cognitive testing was to evaluate whether the survey questions accurately assess the DSM-5 criteria. To do this, we evaluated respondents' cognitive processing when answering the survey questions to detect problems related to comprehension, recall, decisions and judgment, and response processes.²

To better evaluate the effectiveness of the survey questions, we developed specific goals for determining whether the question addressed the DSM-5 criteria as intended or not. These goals are listed in Table 4.1.

Table 4.1 Cognitive Testing Goals by Survey Question

Survey Question	Goal of Testing
DRMJ10. 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?	<ul style="list-style-type: none"> • Withdrawal of a substance can only be assessed of those who have cut down or stopped using a substance. Verify that this question is capturing people who have cut down, stopped, or gone without the substance for a sufficient time to experience withdrawal. • Are respondents considering both intentional and unintentional times that they cut back or stopped using a substance?
DRMJ11a. 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?	<ul style="list-style-type: none"> • Are respondents thinking about any time they cut back or stopped, not just intentional times? • Do respondents understand the symptoms provided? • Are respondents attributing the symptoms to cutting down or stopping? • Do respondents understand that they only need 1 symptom to answer yes?
DRMJ11b. During the past 12 months, did you have [2 or 3] or more of these symptoms after you cut down or stopped using marijuana or hashish?	<ul style="list-style-type: none"> • Are respondents thinking about any time they cut back or stopped, not just intentional times? • Do respondents understand the symptoms provided? • Are respondents attributing the symptoms to cutting down or stopping? • Do respondents understand that they need 2 or 3 symptoms to answer yes? • Can respondents accurately recall what symptoms they had?

(continued)

² Based on the four-stage model of the survey response process as outlined by Tourangeau, Rips, and Rasinski (2000).

Table 4.1 Cognitive Testing Goals by Survey Question (continued)

Survey Question	Goal of Testing
DRMJX1. 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?	<ul style="list-style-type: none"> • Do respondents answer <i>yes specifically</i> to <i>avoid or get over</i> symptoms or for some other reason? • Do respondents remember the symptoms from the previous questions? • Are respondents thinking of the symptoms from <i>both</i> of the previous questions and not different symptoms? • Are respondents thinking of all symptoms, not just ones they had (because this question also asks about avoiding)? • Are respondents thinking about all times they cut down or stopped and not just intentional times?
DRMJX2. During the past 12 months, did you use marijuana or hashish or any illegal substance to avoid these symptoms?	<ul style="list-style-type: none"> • When respondents say yes, are they using substances specifically to avoid symptoms or for some other reason? • Do respondents remember the symptoms from the previous questions? • Are respondents thinking of the symptoms from <i>both</i> of the previous questions and not different symptoms? • Are respondents thinking of all symptoms, not just ones they had (because this question also asks about avoiding)?
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?	<ul style="list-style-type: none"> • Do respondents' understanding of this question match the DSM-5 craving criteria?
DRMJ23b. During the past 12 months, was there ever a time when you had a strong desire or urge to use marijuana or hashish?	<ul style="list-style-type: none"> • Do respondents' understanding of this question match the DSM-5 craving criteria?

DSM-5 = *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).

4.2 Methods

Once the survey instrument was updated based on the feedback from the survey methodologists and substantive experts, RTI conducted three rounds of cognitive testing between April and September 2015. Changes were made to the questionnaire based on the findings from each prior round. All three rounds were conducted with the English version of the questionnaire. The last two rounds of testing also were conducted with the Spanish version of the questionnaire. A copy of the protocol used in Round 3 is provided in Appendix B.

4.2.1 Recruitment and Participant Selection

The cognitive interviews were conducted with individuals who had used alcohol or marijuana/hashish at least six times in the past year; or cocaine, methamphetamine, or heroin at least once in the past year; or misused prescription pain relievers, tranquilizers, stimulants, or sedatives at least once in the past year. To test the new marijuana withdrawal questions as well as other revised SUD questions, RTI selected a majority of marijuana/hashish users. Since NSDUH

is designed to produce SUD estimates for the civilian population aged 12 or older, cognitive interviews were conducted with both adolescents (aged 12 to 17) and adults (aged 18 or older).

English-language participants aged 12 to 17 were recruited from outpatient drug treatment centers in Research Triangle Park, North Carolina; Washington, DC; and Chicago, Illinois. RTI staff contacted the treatment centers via e-mail, telephone, or in person. Staff explained the purpose of the study and provided any additional details about NSDUH or the cognitive interviews, as requested. RTI staff asked treatment center staff to identify adolescents who met the eligibility criteria (past 12 month use of alcohol, marijuana/hashish, or other drugs) and to provide these individuals with a copy of the study advertisement, which references the \$40 incentive. Interested adolescents then called the number provided and completed a brief telephone screener to verify eligibility. Prior to completing the telephone screener with the adolescents, recruiters obtained consent to complete the screener from a parent or guardian. Because adolescents are required to have parental consent to participate and must have used substances in the past 12 months, all adolescents were recruited from drug treatment facilities. This allowed us to access a population where parents were aware of youths' illicit substance use. All adolescent interviews were conducted in a private room at the facility. Adolescents were required to have a parent or guardian accompany them to the interview to provide consent, but parents were not allowed to observe the interview.

English-language adult participants were recruited from outpatient drug treatment centers in the relevant geographic areas and from advertisements posted in the classified sections of internet sites such as Craigslist (<https://www.craigslist.org/>). All recruitment advertisements referenced the \$40 incentive. Participants recruited from outpatient substance abuse treatment programs were interviewed onsite at their program or at a nearby RTI office.

Adult participants who were recruited using online advertisements completed a web recruitment screener, and adults recruited from other means completed a telephone screener to determine if they were eligible to participate in the study. This web screener was not available for respondents younger than 18. The web screener was programmed using SurveyGizmo (SurveyGizmo, 2015). SurveyGizmo allows surveys to be accessed by users via secure (https) share links, which keeps responses secure. It also has a Project Data Encryption feature that allows projects to encrypt all survey data that are received so that those data cannot be accessed without a password key.

Spanish-language participants were recruited from outpatient treatment centers and Hispanic community center organizations and via word of mouth. Spanish-language adults completed the screening over the telephone or in person. Eligible participants were interviewed in private locations such as a private room in a public library or community center.

Participant Selection Round 1

For Round 1, the survey recruited 10 adult participants through advertisements placed on Craigslist in three cities: Chicago, Illinois; Washington, DC; and Portland, Oregon. Three adolescent participants were recruited from treatment facilities in Durham, North Carolina. Participant characteristics are described below.

Table 4.2 shows the cognitive interview participants by demographics and the substance dependence modules received.

Table 4.2. Participant Characteristics

CaseID	Age Range	Gender	Race	Ethnicity	Education	Received Substance Dependence Modules for:
1000030	35-54	Female	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish, cocaine
1000093	55 or older	Female	Black or African American	Not Hispanic	Some college, but no degree	Alcohol
1000149	18-34	Male	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish
2000042	35-54	Female	White	Not Hispanic	Bachelor's degree (BA, BS)	Alcohol, marijuana/hashish, methamphetamine
2000053	18-34	Female	White	Not Hispanic	Bachelor's degree (BA, BS)	Alcohol, marijuana/hashish, cocaine
2000101	55 or older	Female	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish
3000027	55 or older	Female	Black or African American	Not Hispanic	High school diploma or GED	Alcohol
3000033	35-54	Male	Black or African American	Not Hispanic	High school diploma or GED	Alcohol, marijuana/hashish, cocaine, heroin
3000038	55 or older	Female	Black or African American	Not Hispanic	Some college, but no degree	Alcohol
3000055	55 or older	Male	Black or African American	Not Hispanic	Some college, but no degree	Alcohol, cocaine
4000001	12-17	Male	White	Not Hispanic	Less than high school	Alcohol, marijuana/hashish, cocaine
4000015	12-17	Female	White	Not Hispanic	Less than high school	Alcohol, marijuana/hashish
4000030	12-17	Male	White	Not Hispanic	Less than high school	Alcohol, marijuana/hashish, cocaine, methamphetamine

Participant Selection Round 2

For the Round 2 English-language cognitive interviews, nine adult participants were recruited in Chicago, Illinois; Research Triangle Park, North Carolina; and Portland, Oregon. Three of these adults were recruited from a treatment facility in Chicago, and the rest were recruited via Craigslist ads. Six adolescent participants were recruited from treatment facilities in Durham, North Carolina, and the Washington, DC, area. Table 4.3 presents a list of the English-language cognitive interview participants by demographics and the substance dependence modules received.

Table 4.3. English-Language Participant Characteristics

CaseID	Age Range	Gender	Race	Ethnicity	Education	Received Substance Dependence Modules for:
1000166	18-34	Male	White	Not Hispanic	High school diploma or GED	Alcohol, marijuana/hashish, illegal drugs, prescription drugs
1000175	18-34	Male	Other: Jewish	Not Hispanic	Some college, but no degree	Alcohol, illegal drugs, prescription drugs
1000185	18-34	Male	White	Not Hispanic	High school diploma or GED	Alcohol, marijuana/hashish, illegal drugs, prescription drugs
9878900	35-54	Male	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish, prescription drugs
2000221	55 or older	Female	White	Not Hispanic	Graduate degree	Alcohol, marijuana/hashish, illegal drugs, prescription drugs
4000401	12-17	Male	White	Not Hispanic	High school or less	Alcohol, marijuana/hashish, illegal drugs
2000270	55 or older	Male	Other	Hispanic	Associate's degree	Alcohol, marijuana/hashish
4000267	55 or older	Male	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish, illegal drugs
2000289	18-34	Female	White	Not Hispanic	Graduate degree	Alcohol, marijuana/hashish
3000102	12-17	Male	Black or African American	Not Hispanic	High school or less	Alcohol, marijuana/hashish
2000356	55 or older	Female	White	Not Hispanic	Bachelor's degree	Alcohol
3000101	12-17	Male	White	Hispanic	High school or less	Alcohol, marijuana/hashish, prescription drugs
3000103	12-17	Male	Black or African American	Not Hispanic	High school or less	Alcohol, marijuana/hashish, prescription drugs
3000104	12-17	Female	Black or African American	Not Hispanic	High school or less	Alcohol, marijuana/hashish, prescription drugs
4000402	12-17	Male	White	Not Hispanic	High school or less	Alcohol, marijuana/hashish, illegal drugs

For the Round 2 Spanish-language cognitive interviews, six adults were recruited in Research Triangle Park, North Carolina, by posting flyers in treatment centers and conducting in-person recruitment at local Hispanic organizations, such as community centers and Hispanic grocery stores. Participants were also recruited via word of mouth. Table 4.4 provides the same information for Spanish-language participants.

Table 4.4. Spanish-Language Participant Characteristics

CaseID	Age Range	Gender	Ethnicity	Country of Origin	Education	Received Substance Dependence Modules for:
5000001	55 or older	Male	Hispanic	Peru	High school	Alcohol
5000002	18-54	Male	Hispanic	El Salvador	Some college	Alcohol
5000003	18-54	Female	Hispanic	Mexico	Less than high school	Alcohol
5000004	18-54	Male	Hispanic	Mexico	Some college	Alcohol, marijuana/hashish, illegal drugs
5000005	18-54	Male	Hispanic	Mexico	Less than high school	Alcohol, marijuana/hashish
5000006	55 or older	Male	Hispanic	Mexico	Less than high school	Alcohol, marijuana/hashish

Participant Selection Round 3

For the Round 3 English-language cognitive interviews, 10 adult participants were recruited in Chicago, Illinois; Research Triangle Park, North Carolina; and Portland, Oregon. One of these adults was recruited from a treatment facility in Chicago, and the rest were recruited via Craigslist advertisements. Four adolescent participants were recruited from treatment facilities in Durham, North Carolina, and the Washington, DC, area. Table 4.5 presents a list of the English-language cognitive interview participants by demographics and the substance dependence modules received.

Table 4.5. English-Language Participant Characteristics

CaseID	Age Range	Gender	Race	Ethnicity	Education	Received Substance Dependence Modules for:
1000101	12-17	Male	White	Not Hispanic	High school or less	Alcohol, marijuana/hashish, prescription pain relievers
1000333	55 or older	Male	White	Not Hispanic	Bachelor's degree	Alcohol, marijuana
1000438	55 or older	Male	Black	Not Hispanic	Bachelor's degree	Alcohol, marijuana/hashish, prescription pain relievers
1000685	12-17	Male	White	Not Hispanic	High school or less	Alcohol, marijuana/hashish
1000721	12-17	Female	White	Not Hispanic	High school or less	Marijuana/hashish, cocaine, prescription pain relievers
2000391	55 or older	Male	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish, prescription pain relievers
2000425	35-54	Female	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish
2000512	55 or older	Female	White	Not Hispanic	Associate's degree	Alcohol
3000401	12-17	Male	Black	Not Hispanic	High school or less	Marijuana/hashish

(continued)

Table 4.5. English-Speaking Participant Characteristics (continued)

CaseID	Age Range	Gender	Race	Ethnicity	Education	Received Substance Dependence Modules for:
3000477	55 or older	Male	Black	Not Hispanic	High school or less	Alcohol, marijuana/hashish
3000499	18-34	Female	Black	Not Hispanic	High school or less	Alcohol
4000534	35-54	Male	Black	Not Hispanic	Associate's degree	Alcohol, marijuana/hashish, cocaine, heroin
4000542	18-34	Male	White	Not Hispanic	Some college, but no degree	Alcohol
4000553	35-54	Male	White	Hispanic	Associate's degree	Alcohol

For the Round 3 Spanish-language cognitive interviews, six adults were recruited in Research Triangle Park, North Carolina, by posting flyers in treatment centers and conducting in-person recruitment at local Hispanic organizations, such as community centers and Hispanic or Latino grocery stores. Participants were also recruited via word of mouth. Table 4.6 provides the same information for Spanish-language participants.

Table 4.6. Spanish-Language Participant Characteristics

CaseID	Age Range	Gender	Ethnicity	Country of Origin	Education	Received Substance Dependence Modules for:
5000007	35-54	Male	Hispanic	Mexico	Less than high school	Alcohol
5000008	18-34	Male	Hispanic	Mexico	Less than high school	Marijuana/hashish, alcohol
5000009	18-34	Male	Hispanic	Mexico	High school	Marijuana/hashish
5000010	35-54	Male	Hispanic	Mexico	Less than high school	Alcohol, cocaine
5000011	18-34	Male	Hispanic	Guatemala	High school	Marijuana/hashish, alcohol
5000012	18-34	Male	Hispanic	Honduras	High school	Alcohol

4.3 Approach

Before the interview began, the interviewer read to the participant the relevant Participant Informed Consent (adults) or Assent Form (adolescents) and asked if the participant agreed to participate in the study (see Appendix C). For adolescents, the interviewer required parents or guardians to provide consent, in person, allowing their child to participate in the study. The interview commenced after the participant (and parent or guardian, if applicable) gave his or her consent. The interviewer began by asking the participant for demographic information (to determine how the interview program should route the participant through questions in the interview) and then showed each participant how to navigate through the interview program. Participants then completed the NSDUH tutorial that taught participants how to complete the audio computer-assisted self-interviewing (ACASI) portion of the survey.

For all rounds, participants completed an abbreviated version of the core substance use modules—alcohol, marijuana/hashish, cocaine, heroin, methamphetamine and the four

prescription drug screening modules (with the corresponding main modules if any past year use of these prescription drugs). These modules included the same questions that were used in the 2015 NSDUH, except that certain questions that were not necessary for cognitive testing (age at first use) were removed. No new questions were added to these modules for cognitive testing. Answers that participants give to questions about use of substances determine whether they are asked more detailed questions about substance dependence and withdrawal.

For all rounds, participants completed the core drug screening modules via ACASI. However, for Rounds 2 and 3, instead of using the headphones, participants were asked to allow the questions to be played over the speakers so that the cognitive interviewer could follow along. For the SUD module, the cognitive interviewer gave participants the option of having the questions played over the computer's speakers or turning off the sound and reading the questions aloud. These procedures were required, compared with traditional ACASI administration, so that the cognitive interviewers could stop the participant after certain questions to ask cognitive interview probes. Providing participants with the option of hearing the questions or reading them allowed the cognitive interview process to mimic more closely an actual interview, where participants can turn down the volume and read the questions, if desired.

Cognitive interviewers followed a series of probes and questions that explored the quality of responses and whether these responses met the researchers' goals, as identified in Table 4.1. Interviewers used the probes as a guideline but were not required to use all of them, be limited by them, or to read them exactly as written. Interviewers probed based on the content of the interview and participant responses.

Both adult and adolescent participants were provided \$40 in cash at the completion of the interview. The cognitive interviews lasted, on average, 60 minutes for English interviews and 75 minutes for Spanish interviews.

4.4 Round 1 Findings

A summary of the Round 1 cognitive interview findings are presented below. The findings and recommendations for each item are noted first, followed by an overall summary of SAMHSA decisions regarding the recommendations and changes made for the subsequent round of cognitive interviewing. More detailed findings and recommendations are provided in the Appendix D Round 1 memo.

DR(DRUG)10

DR(Drug)10. [IF DRMJ08 = No, DK/REF (i.e., did not endorse wanting to or trying to cut down or stop using marijuana or hashish during the past 12 months) or DRMJ09 = No, DK/REF (i.e., did not endorse being able to cut down or stop using marijuana or hashish every time they wanted to or tried to during the past 12 months)] During the past 12 months, whether you wanted to or not, did you cut down or stop [using DRUG] at least one time?

Overall, this question did not work as intended because participants were thinking primarily about intentionally cutting down or stopping. This led to a high number of likely false

negatives, based on cognitive testing. Incorrectly answering “no” means that participants will not get subsequent questions about experiencing symptoms of substance withdrawal.

False negatives appeared to occur for three main reasons:

- Participants were thinking only about intentionally stopping and not just periods of time when they might have gone without the substance for other reasons.
- Participants thought this question was asking about successfully cutting down or stopping.
- Participants did not use the substance often enough to cut down. While participants should have answered “yes” to this question, these participants’ infrequent use would likely not have prompted withdrawal symptoms; therefore, no important diagnostic information on withdrawal would be missed.

When the participants above answered “no,” they were asked if there was ever a time they went without the substance for a while. Many of these participants indicated that they did go without the substance for periods of time because they had to work, could not get a hold of any, did not have any money, or just that they did not use the substance very often.

The phrase “whether you wanted to or not” was added prior to the first round of cognitive testing to encourage participants to think about both intentional and unintentional times that they might have cut down or stopped using. However, it does not appear that participants understood this phrase as intended and often caused additional confusion.

Recommendations made for possible testing in Round 2 included removing item DR(Drug)10 from all modules and eliminating the skip pattern for withdrawal items so all respondents in the substance abuse modules receive the withdrawal questions or testing two alternative versions of DR(Drug)10 to observe differences in responses:

- During the past 12 months, did you go without [using DRUG] at least one time, for any reason?
- During the past 12 months, did you go without [using DRUG] for at least [drug specific amount of time]?

DRMJ11a and DRMJ11b

DRMJ11a. [IF DRMJ09 = Yes (i.e., endorsed being able to cut down or stop using marijuana or hashish every time they wanted to or tried to during the past 12 months) or DRMJ10 = Yes (i.e., endorsed cutting down or stopping use of marijuana or hashish at least one time during the past 12 months)] 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

In general, this question appeared to work well, although several participants did not think these symptoms were likely to occur from marijuana/hashish withdrawal. Participants would then volunteer other symptoms that they thought were more likely to occur for marijuana like trouble sleeping or anxiety, which were asked about in DRMJ11b.

Although participants did not have many of the symptoms listed, they appeared to understand them for the most part. However, one participant said that “pain in the stomach area” sounded archaic and would recommend “stomach ache” instead.

DRMJ11b. [IF DRMJ09 = Yes or DRMJ10 = Yes] During the past 12 months, did you have [IF DRMJ11a = Yes (i.e., endorsed experiencing 1 or more of the listed symptoms after cutting down or stopping use of marijuana or hashish in the past 12 months), then fill 2; IF DRMJ11a = No, DK/REF (i.e., did not endorse that they experienced any of the listed symptoms after cutting down or stopping use of marijuana or hashish in the past 12 months), 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

The symptoms in question 11b resonated more with participants than the symptoms in question 11a. However, for some participants, it was difficult to tell if these symptoms were specifically a result of withdrawal because they indicated that they had some of these symptoms already and that using marijuana/hashish helped alleviate those symptoms.

All but one participant answered “yes” to this question. However, one of the participants who answered “yes” answered incorrectly because she only had one of the reported symptoms and did not notice that it said “3 or more symptoms.”

All participants seemed to understand the symptoms listed, although some participants had suggestions for how some of the questions regarding these symptoms could be improved.

We also asked participants what they thought of the word “symptom” as it was used in these questions. While some participants offered suggestions such as “consequence,” “feeling,” or “event,” only two participants had particular concerns with the word “symptoms,” but it did not appear to affect their understanding of the question.

Recommendations made for changes to DRMJ11a and DRMJ11b for Round 2 included revising “cut down or stopped” to “went without” for both questions; bolding the number of symptoms (as is done in other modules) to ensure that respondents notice them more easily; and using Round 2 to probe respondents further on the word "symptoms" and asking if they prefer alternatives such as “after you went without . . . , did you have any of these *feelings*?” or “after you went without . . . , did you *experience any of the following*?”

DR(DRUG)X1 and DR(DRUG)X2

DR(DRUG)X1. [IF DR(DRUG)11a = Yes (i.e., endorsed experiencing 1 or more of the listed symptoms after cutting down or stopping use of (DRUG) in the past 12 months) **or DR(DRUG)11b = Yes** (i.e., endorsed having endorse at least 3 of the listed symptoms from 11a and 11b after cutting down or stopping use of (DRUG) during the past 12 months)] You just mentioned that you experienced symptoms after you cut back or stopped [using DRUG]. During the past 12 months, did you use [DRUG LIST] or any illegal substance to avoid or get over these symptoms?

DR(DRUG)X1 is asked when respondents have endorsed withdrawal symptoms. There was a high number of false positives for this item based on the intended DSM-5 criteria with only one participant correctly answering “yes.” The reasons for false positives are summarized below:

- The respondent used a substance that was not pharmacologically similar.
- The respondent used another substance to continue to get high (as opposed to avoiding or getting over withdrawal symptoms).
- The respondent was thinking of symptoms that were not a result of withdrawal.

All participants but one thought that it might help to have the symptoms repeated on the screen. No participants mentioned the physical symptoms (from DRMJ11a) when asked what symptoms they were thinking about when hearing this question, but most participants did not experience physical symptoms.

We also asked participants if they preferred the phrase “to get rid of or prevent” to the wording “to avoid or get over.” Two preferred “to get rid of or prevent,” but four preferred “to avoid or get over”; one person thought “prevent or get over” sounded even better.

DR(Drug)X2. [IF DR(Drug)11a = No, DK/REF (i.e., did not endorse experiencing 1 or more of the listed symptoms after cutting down or stopping use of (DRUG) in the past 12 months)] During the past 12 months, did you use [DRUG LIST], or any illegal substance to avoid these symptoms?

DR(DRUG)X2 is asked when respondents have not endorsed withdrawal symptoms. All but one participant answered “no” to this question. The one participant who answered “yes” appeared to misunderstand the question. Her responses indicated that she used marijuana/hashish to self-medicate her anxiety rather than using it to avoid a symptom of marijuana/hashish withdrawal because she did not note that she had anxiety as a result of stopping or cutting down in DRMJ11b.

Several participants who answered “no” appeared to misunderstand the intent of the question or indicate that they found it confusing. However, their response of “no” did not appear to be incorrect. For alcohol, some participants seemed to be thinking about hangover symptoms instead of withdrawal symptoms

Similar to DRMJX1, when asked, participants thought it would be helpful to include the symptoms on this screen.

Recommendations for DR(DRUG)X1 and DR(DRUG)X2 revisions included showing the symptom list on the screen to ensure that respondents think about all of the symptoms from the previous one or two questions (depending on the substance); making the question clearly indicate that a respondent might use the same substance again or a substance with a similar effect—as opposed to any substance; specifically indicating that these symptoms occur as a result of not using the substance; and indicating that use of a similar substance is a result of “going without” as opposed to “cutting down or stopping” because many respondents were thinking only of intentionally cutting down or stopping and not just any time they went without the substance.

DR(DRUG)23a and DR(DRUG)23b

DR(Drug)23a. During the past 12 months, was there ever a time when you wanted to use [DRUG] so much that you couldn’t think of anything else?
DR(Drug)23b. [IF DR(Drug)23a = No, DK/REF (i.e., did not endorse there being a time during the past 12 months when they wanted to use (DRUG) so much that they couldn’t think of anything else)] During the past 12 months, was there ever a time when you had a strong desire or urge to use [DRUG]?

Overall, participants understood the language of the questions, but the subjective nature of the wording led to inconsistent responses. For example, several participants interpreted question 23a as slightly more severe than intended, interpreting it to mean strong urges to the point where the person could not *do* anything else rather than that they could not *think* of anything else.

The cognitive testing results suggested that there may be a slight risk of false negatives for the wording of question 23a and a high risk of false positives for question 23b. Interpreting these results, however, is complicated by the vague and slightly inconsistent description of craving in the DSM-5. False positives are a great concern for this item because it is part of the diagnostic algorithm for scoring substance abuse symptoms, and a respondent needs only to endorse two items to meet DSM-5 criteria for a substance use disorder.

Cognitive testing about the meaning and use of the term “craving” indicated that the word meant different levels of severity to different people and therefore should not be used in the question wording.

Recommendations for DR(DRUG)23a and DR(DRUG)23b were made after consulting with clinicians and reviewing the literature (specifically, *Alcohol: Science, Policy, and Public Health*, which notes that “craving is thus explained as pathologically amplified incentive salience in the presence of drug associated cues that leads to an exaggerated motivation for drugs and probably to compulsive drug taking” [Sommer, 2013, p. 88]) to replace the word “strong” with “intense” in question 23b.

Final Revisions Made for Round 2

DR(DRUG)10: Results from Round 1 revealed that the phrase “whether you wanted to or not” was confusing to participants (particularly, adolescents). For Round 2, the phrase was removed, and the original question wording was used. Because this item is an existing question and is not included in the SAMHSA management directive for NSDUH modification, it cannot be deleted at this time.

DRMJ11a and DRMJ11b: Changes for Round 2 included bolding the symptom number and changing "pain in the stomach area" to "stomach ache." No changes were made to address the concern over the phrase “cut down or stopped” due to concern that “went without” could create more false positives. Therefore, Round 2 cognitive interviewing specifically included more probing for misunderstanding of the questions and to try and determine whether the symptoms actually resulted from stopping or cutting down on the substance.

DR(DRUG)X1 and DR(DRUG)X2: The following changes were made to questions X1 and X2:

- for X1, changed “you experienced symptoms” to “you had symptoms”;
- for X1/X2, added the word “again” after the substance of interest (e.g., “During the past 12 months, did you use marijuana or hashish *again*, or . . .”);
- for X1/X2, bolded the phrase “avoid or get over” or “avoid”;
- for X1/X2, provided an F2 hot key so that they could see all symptoms again, if needed; and
- for X2, added the phrase “After you cut down or stopped using [substance].”

The Round 1 cognitive interviews also identified a skip pattern problem within the cognitive interview protocol with stimulant-type drugs (cocaine/crack, methamphetamine, and prescription stimulants). If respondents indicated that they did not “feel kind of blue or down” [question 10a]), they were skipped out of the remaining withdrawal questions and therefore were not asked the DR(DRUG)X1 and DR(DRUG)X2 questions. To address this problem, question 10b was added for stimulant substances only. Question 10b asked respondents who answered "no" to question 10a, “This question is also about the times during the past 12 months after you cut down or stopped [using DRUG]. During any of those times, did you use [DRUG]

again, methamphetamine, prescription stimulants, or any illegal substance to avoid feeling blue or down?”

DR(DRUG)23a and DR(DRUG)23b: No revisions were made to these questions for Round 2, but the probing strategy was revised to determine whether these questions suffered from false negatives or false positives.

4.5 Round 2 Findings

A summary of the Round 2 cognitive interview findings are presented below. More detailed findings and recommendations are provided in the Appendix E Round 2 memo.

DR(DRUG)10

DR(DRUG)10. [IF DRMJ08 = No, DK/REF (i.e., did not endorse wanting to or trying to cut down or stop using marijuana or hashish during the past 12 months) or DRMJ09 = No, DK/REF (i.e., did not endorse being able to cut down or stop using marijuana or hashish every time they wanted to or tried to during the past 12 months)] During the past 12 months, did you cut down or stop [using DRUG] at least one time?

DR(DRUG)10 English-Language Findings

In general, people understood the wording of the DR(DRUG)10 question. This is an improvement compared with Round 1, in which some participants found the “whether you wanted to or not” clause to be confusing. However, the majority of participants reported that they were thinking only of intentional times of cutting down or quitting when they answered this question.

Notably, when participants with polysubstance use were probed a second time on the wording of this question, most recognized the actual intent of this question and also considered times that they went without using the drug for any reason. Their understanding was likely an artefact of the cognitive interview process because interviewers specifically probed people on whether they went without using the substance for any reason.

Furthermore, several participants did not think to include visits to rehabilitation as times they cut back or stopped using a substance. This pattern was also seen in Round 1.

There are two concerns regarding the misinterpretation of the question. The first concern is that a respondent who does not endorse this item but should do so is not asked the withdrawal question(s), which *may* lead to a false negative (technically, a lost endorsement) for withdrawal symptoms. However, if casual users who do not have a history of heavy or prolonged use endorse this item and then misunderstand and misreport withdrawal symptoms (the 11 series of questions), they may have a false positive for withdrawal symptoms that could have been avoided if they had not endorsed DR(DRUG)10.

Most participants who answered “no” to this question indicated that they had gone without the drug at some point. However, it was usually due to infrequent or sporadic use of the

substance, suggesting that they did not have heavy or prolonged use and would not meet the level required to induce withdrawal.

In summary, although most participants interpreted the question as asking about cutting back or stopping use of the substance intentionally, only one participant provided a false negative for withdrawal, although it was for three substances.

DR(DRUG)10 Spanish-Language Findings

Spanish-language participants did not appear to have difficulty with the question, and there was no evidence of false negatives for withdrawal.

DRMJ11a. [IF DRMJ09 = Yes (i.e., endorsed being able to cut down or stop using marijuana or hashish every time they wanted to or tried to during the past 12 months) or DRMJ10 = Yes (i.e., endorsed cutting down or stopping use of marijuana or hashish at least one time during the past 12 months)] 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?

- Stomach ache
- Shaking or tremors
- Sweating
- Fever
- Chills
- Headache

1 Yes
2 No
DK/REF

DRMJ11b. [IF DRMJ09 = Yes or DRMJ10 = Yes] During the past 12 months, did you have [IF DRMJ11a = Yes (i.e., endorsed experiencing 1 or more of the listed symptoms after cutting down or stopping use of marijuana or hashish in the past 12 months), then fill 2; IF DRMJ11a = No, DK/REF (i.e., did not endorse that they experienced any of the listed symptoms after cutting down or stopping use of marijuana or hashish in the past 12 months), then fill 3] or more of these symptoms after you cut down or stopped using marijuana or hashish?

- Feeling irritable or angry
- Feeling anxious or nervous
- 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

DRMJ11a and DRMJ11b

DRMJ11a and DRMJ11b English-Language Findings

All participants appeared to understand both question 11a and question 11b as intended.

Interviewers were asked to verify that participants were counting the correct number of symptoms to endorse question 11b because incorrect responses emerged as a problem in the first round of cognitive interviewing. This time, participants appeared to be indicating the correct number of symptoms, probably as a result of the bolding added to the number of symptoms in the question text.

DRMJ11a and DRMJ11b Spanish-Language Findings

Spanish-language participants had no difficulty with these items.

DR(DRUG)X1 (STIMULANTS AND NONSTIMULANTS). [IF DR(DRUG)11a = Yes (i.e., endorsed experiencing some of the listed symptoms after cutting down or stopping use of (DRUG) in the past 12 months)] You just mentioned that you had symptoms after you cut down or stopped [using DRUG]. During the past 12 months, did you use [DRUG] again, methamphetamine, prescription stimulants, or any illegal substance to avoid or get over these symptoms?

DR(DRUG)X2 (STIMULANTS). [IF DR(DRUG)11a = No, DK/REF (i.e., did not endorse experiencing some of the listed symptoms after cutting down or stopping use of (DRUG) in the past 12 months)] This question is also about the times during the past 12 months after you cut down or stopped [using DRUG].

During any of those times, did you use [DRUG] again, methamphetamine, prescription stimulants, or any illegal substance to avoid these symptoms?

DR(DRUG)X2 (NONSTIMULANTS). [IF (DR(DRUG)11a = No, DK/REF) AND (DR(DRUG)11b = No, DK/REF (i.e., did not endorse having endorsed at least 3 of the listed symptoms from 11a and 11b after cutting down or stopping use of (DRUG) during the past 12 months))] After you cut down or stopped [using DRUG] during the past 12 months, did you use [DRUG] again or any illegal substance to avoid these symptoms?

DR(DRUG)10b (STIMULANTS ONLY). [IF DR(DRUG)10a = No, DK/REF (i.e., did not endorse feeling blue or down when they cut down or stopped using (DRUG) during the past 12 months)] This question is also about the times during the past 12 months after you cut down or stopped [using DRUG].

During any of those times, did you use [DRUG] again, methamphetamine, prescription stimulants, or any illegal substance to avoid feeling blue or down?

DR(DRUG)X1 and DR(DRUG)X2

DR(DRUG)X1 English-Language Findings (Stimulants and Nonstimulants)

When respondents answered “yes” to this question, most appeared to answer the question correctly. They used another substance to avoid or get over the withdrawal symptoms they indicated having, and the substance used was pharmacologically similar. One exception to the pharmacologically similar rule is that one respondent who reported “trouble sleeping” as an alcohol withdrawal symptom reported using marijuana/hashish to help him sleep. Although these substances are not pharmacologically similar, trouble sleeping is a withdrawal symptom for both, so it seems reasonable that one would use either substance to get over or avoid that symptom.

However, there were a few participants who answered “yes” for whom it was hard for them to determine if they used another substance specifically to get over withdrawal symptoms or simply to get high again. Often, it was for both reasons: when they were high, they did not have withdrawal symptoms.

Participants who answered “no” appeared to understand the question. They noted that their symptoms were not bad enough to use another substance or that they suffered through the symptoms.

None of the participants who received this question pressed F2 to see the symptoms. When asked what symptoms they were thinking of, most participants responded with the specific symptoms they had indicated having or indicated that they were thinking of “general withdrawal symptoms.” A couple of participants mentioned symptoms that were not specifically listed for the substance or that were general feelings, such as “feeling sideways,” “feeling heavy,” or “flu-like symptoms.” Some participants who used multiple substances seemed to think of all the withdrawal symptoms they might have experienced and not just ones associated with the specific substances being mentioned.

DR(DRUG)X2 English-Language Findings (Stimulants and Nonstimulants)

One participant answered “yes” but clarified that he was on marijuana/hashish or opiates every day, so he would not know whether he had symptoms. Therefore, this response seems to be a false positive because he did not take other substances specifically to avoid withdrawal, although that might have been an outcome of continual substance use.

The remaining participants answered “no” to this question, but some appeared to misunderstand the question. For example, they based their answers on whether they used the substances mentioned and not on the use of these substances to avoid symptoms.

None of the participants pressed F2 when answering the question.

Two versions of this question were tested in Round 2: one for stimulants, and one for nonstimulants. The stimulants version includes the extra sentence, “This question is also about the times during the past 12 months after you cut down or stopped using [substance].” There did not appear to be a difference in understanding between these two versions.

DR(DRUG)10b English-Language Findings (Stimulants Only)

Only four participants answered this question about four total substances. Three participants answered “yes,” and one answered “no.”

All participants who answered “yes” answered incorrectly, according to the DSM-5 criteria for this question. Mostly, participants indicated taking additional drugs but not specifically doing so to prevent withdrawal.

None of the participants pressed F2 when answering the question.

DR(DRUG)X1, DR(DRUG)X2, and DR(DRUG)10b Spanish-Language Findings

None of the Spanish-language participants had difficulty with this question. However, some participants received the question in error because they indicated that they had alcohol withdrawal symptoms when actually the symptoms were not due to withdrawal but were just a side effect of drinking (e.g., hangover feelings).

DR(DRUG)23a and DR(DRUG)23b

<p>DR(DRUG)23a. During the past 12 months, was there ever a time when you wanted to use [DRUG] so much that you couldn’t think of anything else?</p>
<p>DR(DRUG)23b. [IF DR(DRUG)23a = No, DK/REF (i.e., did not endorse there being a time during the past 12 months when they wanted to use (DRUG) so much that they couldn’t think of anything else)] During the past 12 months, was there ever a time when you had a strong desire or urge to use [DRUG]?</p>

DR(DRUG)23a and DR(DRUG)23b English-Language Findings

Overall, participants appeared to understand question 23a without a problem. In Round 1, there was some concern that participants interpreted the question slightly more severely than intended. In Round 2, cognitive interviewers were instructed to probe on these comments further. Further probing revealed that participants understood the question as intended. For example, one participant said that the question meant, “you couldn’t think about nothing else or do nothing else besides getting drunk.” The interviewer probed on this response, and the respondent said, “I think people can have alcohol on their mind and still do stuff.” The participant understood that the question was asking about both (or either) of those situations (cannot think of anything else or cannot do anything else).

For question 23b, participants seemed to differ in their view of the intensity of the question. When participants answered “yes,” they tended to indicate that it was because they “really wanted to do it,” “look forward to it,” or “really enjoyed it.” When participants answered “no,” they tended to indicate that they did not use the substance that much, were not an addict, or were not obsessed. One participant said “no,” meaning that the question was asking about needing to use the drug “right away.”

Interviewers asked participants what they thought about the phrase “very strong desire or urge” to drink alcohol. Regardless of how they answered question 23b, about half of the participants indicated that this wording was more or less the same as “strong desire or urge” and would not change their answer. Other participants said that it sounded stronger.

DR(DRUG)23a and DR(DRUG)23b Spanish-Language Findings

All six participants received question 23a for alcohol, and three participants received it for marijuana/hashish. All participants appeared to understand question 23a without difficulty.

Five participants received question 23b for alcohol, and two received it for marijuana/hashish. None of the participants who received the question understood “deseo apremiante” (“pressing desire”), which was the translation recommended for “urge.” Participants recommended alternate wording such as “necesidad urgente” (“urgent need”), “deseo immediate” (“immediate desire”), “deseo intenso” (“intense desire”), and “deseo urgente” (“urgent desire”). All participants understood “deseo fuerte” (“strong desire”) as intended.

Final Revisions Made for Round 3

DR(DRUG)10: No changes to the question were made for Round 3.

DRMJ11a and DRMJ11b: No changes to the question were made for Round 3.

DR(DRUG)X1 and DR(DRUG)X2 and DR(DRUG)10b: All three questions were revised for Round 3 by removing the clause “during the past 12 months” to make the question shorter and easier for respondents to understand. In DR(DRUG)X2 and DR(DRUG)10b, the word “avoid” was replaced with “prevent” to increase clarity. Spanish-language versions were similarly revised.

DR(DRUG)23a and DR(DRUG)23b: In Round 3, the English version of DR(DRUG)23b was revised to ask about a “strong urge” instead of a “strong desire or urge.” This change was made because participants’ understanding of the word “desire” did not appear to match the DSM-5 criteria for craving. The Spanish version was revised from “deseo apremiante” (“pressing desire”) to “deseo fuerte or la necesidad” (“strong desire or the need to”).

4.6 Round 3 Findings

A summary of the Round 3 cognitive interview findings is presented below. More detailed findings and recommendations are provided in the Appendix F Round 3 memo.

DR(DRUG)10

DR(DRUG)10. [IF DRMJ08 = No, DK/REF (i.e., did not endorse wanting to or trying to cut down or stop using marijuana or hashish during the past 12 months) or DRMJ09 = No, DK/REF (i.e., did not endorse being able to cut down or stop using marijuana or hashish every time they wanted to or tried to during the past 12 months)] During the past 12 months, did you cut down or stop [using DRUG] at least one time?

DR(DRUG)10 English-Language Findings

There were no changes to the wording of this question between Rounds 2 and 3, and participants' comprehension was similar to that in Round 2.

The primary concern with this question is that respondents tend to understand the questions as asking about intentional times they cut down, such as when the participants thought their usage was getting out of control, when they wanted to save money, or when they had to get schoolwork done. When the participants stopped using for other reasons, such as running out of money or because a family member made them go into treatment, they were less likely to include those situations.

There were three instances of possible false negatives for withdrawal in Round 3.

DR(DRUG)10 Spanish-Language Findings

Most Spanish-language participants appeared to understand this question, and there was no evidence of any false negatives.

DRMJ11a. [IF DRMJ09 = Yes (i.e., endorsed being able to cut down or stop using marijuana or hashish every time they wanted to or tried to during the past 12 months) or DRMJ10 = Yes (i.e., endorsed cutting down or stopping use of marijuana or hashish at least one time during the past 12 months)] 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?

- Stomach ache
- Shaking or tremors
- Sweating
- Fever
- Chills
- Headache

1 Yes
2 No
DK/REF

DRMJ11b. [IF DRMJ09 = Yes or DRMJ10 = Yes] During the past 12 months, did you have [IF DRMJ11a = Yes (i.e., endorsed experiencing 1 or more of the listed symptoms after cutting down or stopping use of marijuana or hashish in the past 12 months), then fill 2; IF DRMJ11a = No, DK/REF (i.e., did not endorse that they experienced any of the listed symptoms after cutting down or stopping use of marijuana or hashish in the past 12 months), then fill 3] or more of these symptoms after you cut down or stopped using marijuana or hashish?

- Feeling irritable or angry
- Feeling anxious or nervous
- 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

DRMJ11a and DRMJ11b

DRMJ11a and DRMJ11b English-Language Findings

There was no wording change between Rounds 2 and 3 for either question. These questions were generally well understood in both rounds of cognitive interviewing.

One participant reported a false positive for question DRMJ11b because he had only two of the psychological symptoms and needed three to correctly answer “yes” to this question.

Those who said “yes” to question DRMJ11a were easily able to recognize these as withdrawal symptoms, and all of the participants answering “yes” agreed that “withdrawal” was the correct term for these feelings or experiences. The respondents who indicated “yes” for question DRMJ11b all also agreed that the psychological symptoms are withdrawal symptoms. There were no recommendations on what else these could be called in either question.

DRMJ11a and DRMJ11b Spanish-Language Findings

Overall, Spanish-language participants appeared to understand the question.

DR(DRUG)X1. [IF DR(DRUG)11a = Yes (i.e., endorsed experiencing some of the listed symptoms after cutting down or stopping use of (DRUG) in the past 12 months)] You just mentioned that you had symptoms after you cut down or stopped [using DRUG]. Did you use [DRUG] again, methamphetamine, prescription stimulants, or any illegal substance to avoid or get over these symptoms?

DR(DRUG)X2. [IF (DR(DRUG)11a = No, DK/REF (i.e., did not endorse experiencing some of the listed symptoms after cutting down or stopping use of (DRUG) in the past 12 months)) **AND (DR(DRUG)11b = No, DK/REF** (i.e., did not endorse at least 3 of the listed symptoms from 11a and 11b after cutting down or stopping use of (DRUG) during the past 12 months)))] After you cut down or stopped [using DRUG], did you use [DRUG] again or any illegal substance to prevent these symptoms?

DR(DRUG)10b. [IF DR(DRUG)10a = No, DK/REF (i.e., did not endorse feeling blue or down when they cut down or stopped using (DRUG) during the past 12 months)] This question is also about the times after you cut down or stopped [using DRUG].

During any of those times, did you use [DRUG] again, methamphetamine, prescription stimulants, or any illegal substance to prevent feeling blue or down?

DR(DRUG)X1 and DR(DRUG)X2

DR(DRUG)X1 English-Language Findings

This question was problematic for four respondents because it was not specifically clear that they used a substance to “get over or avoid” withdrawal symptoms. Participants did not consciously decide to use again to get over or avoid a symptom, but this may have contributed to their wanting to get high or use the substance again.

For Round 3, this question was revised so that the reference period was removed to make the question shorter. We probed participants on what time period they were thinking about. One participant indicated a time period that started over 12 months ago but continued into the reference period of the past 12 months. All of the other participants provided a specific period within the past 12 months, but none specifically said that he or she was thinking about the full 12 months. However, this did not appear to affect how the participants would answer because they were thinking about the times they experienced withdrawal, which were usually brief periods of time.

Participants did appear to notice the instruction to press F2. Participants were split about whether it would be better for the symptoms to appear on the screen or not.

DR(DRUG)X2 and DR(DRUG)10b English-Language Findings

Most participants answered “no” to this question. Yet the two participants who answered “yes” answered incorrectly, leading to false positives for withdrawal. One participant thought the question was asking if he had experienced any of the symptoms listed. Another participant answered “yes” because he had used the substance again.

Similar to DR(DRUG)X1, participants were asked what time period they were thinking of when they answered. Participants answered “the past 12 months” in six instances. For the remaining cases, participants provided a specific period that was within the past 12 months, such as “summertime” or “past 3 months.”

All but one participant indicated that he or she saw the F2 instruction, but only one participant pressed it. Most participants said that providing the instruction on-screen was fine, but some thought it would be better if the symptoms appeared on-screen. However, the one participant (1000438) who did press F2 incorrectly answered the question because he thought it was asking if he had those symptoms.

DR(DRUG)X1, DR(DRUG)X2, and DR(DRUG)10b Spanish-Language Findings

Spanish-language participants appeared to have some difficulty with these questions, finding them confusing.

All participants said the instruction on the screen to see the symptoms was fine, despite sometimes mentioning the wrong symptoms (e.g., alcohol symptoms when on the marijuana/hashish question). However, these participants did not actually experience any withdrawal symptoms.

All participants who received these questions said they were thinking about the past 12 months.

DR(DRUG)23a and DR(DRUG)23b

DR(DRUG)23a. During the past 12 months, was there ever a time when you wanted to use [DRUG] so much that you couldn't think of anything else?

DR(DRUG)23b. [IF DR(DRUG)23a = No, DK/REF (i.e., did not endorse there being a time during the past 12 months when they wanted to use (DRUG) so much that they couldn't think of anything else)] During the past 12 months, was there ever a time when you had a strong urge to use [DRUG]?

DR(DRUG)23a and DR(DRUG)23b English-Language Findings

The revised language “strong urge” improved the reporting on this question. When participants explained why they answered “yes,” it appeared to fit the definition of craving.

When participants answered “no,” their responses seemed consistent with having a desire but not a strong desire or strong urge.

We also asked participants if they would have answered differently if we asked about a “strong desire or urge.” Only one participant who answered “no” said he would have answered “yes.” Two other participants struggled somewhat with the question by saying they had a desire to use but not a strong desire to do so. None of the participants who answered “yes” said it would have changed their answer.

Overall, the findings suggest that “strong urge” was clearer to respondents than “strong desire or urge” and did not appear to lead to any false positives.

DR(DRUG)23a and DR(DRUG)23b Spanish-Language Findings

All but one participant appeared to understand DR(DRUG)23a correctly. One participant answered “yes” to alcohol, indicating that he had an urge to drink. His response did not indicate that he wanted to drink so much he could not think of anything else. However, his indication that he had an urge to drink is consistent with the criteria for DR(DRUG)23b. As such, it should probably not be considered a false negative.

Five participants received DR(DRUG)23b for at least one substance, and all appeared to correctly understand the phrase “deseo fuerte or la necesidad” (“strong desire or the need to”) in DR(DRUG)23b.

Participants were then asked about the difference between “ganas fuertes” (“strong cravings”) and “deseo fuerte” (“strong desire”). Three participants thought that “ganas fuertes” meant the same thing as “deseo fuerte.” Two participants thought that the terms were different. One participant could not elaborate on the difference but said that “ganas fuertes” meant having less desire than “deseo fuerte.”

Participants were also asked about the difference between “deseo intenso” (“intense desire”) and “deseo fuerte.” All four participants who answered “no” to DR(DRUG)23b thought the two terms were the same and would not have changed their answer. The one participant who answered “yes” thought that “deseo intenso” was stronger than “deseo fuerte.” This participant said he would have answered “no” for marijuana/hashish if the question said “deseo intenso.”

4.7 Conclusions

The revised SUD survey questions were reviewed by survey methodologists, substantive experts, and language methodologists. Following this review, the survey questions were cognitively tested with a total of 42 English-language participants (including 13 adolescents) and 12 Spanish-language participants over three rounds. Based on these findings, SAMHSA decided that the survey questions tested in Round 3 were the most effective versions. However, due to continuing problems with these questions, SAMHSA decided to delay instrumentation of a new SUD module until additional research and testing can be completed. A copy of the full proposed SUD module in English is provided in Appendix G. The Spanish-language version is provided in Appendix H.

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Appendix A: Substantive Reviewer Feedback

Marijuana/Hashish Use Disorder Assessment

DRMJ Think about your use of marijuana or hashish during the past 12 months as you answer these next questions.

DRMJ01 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? *[DSM-5 Criterion 3]*

Dr. Compton: Why specify a “month or more”? The DSM does not specify this timeframe. Change this item to “...was there a period when you spent...” or “...did you spend....”

DRMJ02 [IF DRMJ01 = No 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? *[DSM-5 Criterion 3]*

Dr. Compton: Same comment as DRMJ01, why specify a “month or more”? The DSM does not specify this timeframe. Change this item to “...was there a period when you spent...” or “...did you spend....”

DRMJ04 During the past 12 months, did you try to set limits on how often or how much marijuana or hashish you would use? *[DSM-5 Criterion 1]*

DRMJ05 [IF DRMJ04 = Yes] Were you able to keep to the limits you set, or did you often use marijuana or hashish more than you intended to? *[DSM-5 Criterion 1]*

Dr. Compton: DRMJ05 is impossible to answer. It has two questions that are phrased in opposite directions. Also, the phrasing is not consistent with the DSM criterion which specifies “often taken in larger amounts or over a longer period than was intended”. As an alternative, I suggest a single combined question for DRMJ04 and DRMJ05: “During the past 12 months, did you often use marijuana or hashish in larger amounts or over a much longer period of time than you planned?”

DRMJ06 During the past 12 months, did you need to use much more marijuana or hashish than you once did in order to get the effect you wanted? *[DSM-5 Criterion 10a]*

Dr. Compton: The DSM specifies a “markedly increased” use.

DRMJ07 [IF DRMJ06 = No OR DK/REF] During the past 12 months, did you notice that using the same amount of marijuana or hashish had much less effect on you than it once did? *[DSM-5 Criterion 10b]*

Dr. Compton: Similarly, the DSM specifies a “markedly decreased” use.

DRMJ08 During the past 12 months, did you more than once want to or try to cut down or stop using marijuana or hashish? *[DSM-5 Criterion 2]*

Dr. Compton: The DSM specifies “persistent” attempts to cut down or stop use.

DRMJ09 [IF DRMJ08 = Yes] 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? *[DSM-5 Criterion 2]*

Dr. Compton: The DSM specifies a “persistent desire or unsuccessful efforts”. Persistent desire is covered in DRMJ08, but unsuccessful efforts needs revision. I suggest: “During the past 12 months, did you more than once want to or try to cut down or stop using marijuana or hashish but found you couldn’t?”

DSM-5 Withdrawal Criteria Part 1: Criteria A & B

DRMJ10 [if DRMJ08 = No, DK/RF or DRMJ09 = No, DK/RF] During the past 12 months, did you cut down or stop using marijuana or hashish at least one time?

Dr. Compton: This question isn’t needed. This can be incorporated into the questions below.

Reviewer Question 1: DSM-5 specifies that withdrawal occur after ceasing heavy and prolonged cannabis use. The current question does not specify heavy or prolonged use. Is this a substantial oversight? If so, how might we incorporate this information into the question (keeping in mind that the population covered is aged 12 or older)?

Dr. Budney: This could be a skip out item based on previous responses to frequency of cannabis use; you could only ask if they state that they used at least 15 days per month for at least 6 months.

I think it is important if you are trying to capture prevalence of withdrawal. If someone was using only once or twice per week, but was trying not to use at all, they would be included, and not likely show withdrawal...this would underestimate the prevalence of withdrawal among those who are heavy users by lumping them in with all users who tried to cut down.

Dr. Compton: Could only ask withdrawal in persons who use cannabis on a daily or near daily basis—i.e. 20 or more days per month or 180 or more days out of the previous 365.

Additional feedback from experts at NIDA: ICD-10-CM code indicates that the cannabis withdrawal could be present only in the presence of a moderate and severe cannabis use disorder. After collecting the NSDUH data, if collecting withdrawal questions for all substance users, it will be possible to assess if this statement is correct. If it is, then the

following iteration of NSDUH could change and assess for withdrawal only those participants, that will have moderate or severe cannabis use disorder (or whatever other outcomes the data shows) based on the previous SUD questions or other frequency/amount of marijuana use.

Question 2: DSM-5 text for withdrawal criterion A differs for several of the substances regarding heavy and prolonged use. Specifically:

Alcohol – Heavy and prolonged use is undefined.

Opioids – Heavy use is undefined, prolonged use is defined as several weeks or longer.

Sedatives/Hypnotics/Anxiolytics – Criterion A only mandates prolonged, not heavy, use. Prolonged use is undefined.

Stimulants – Criterion A only mandates prolonged, not heavy, use. Prolonged use is undefined.

None of the NSDUH questions (for any substance) specify heavy or prolonged use. Similar to the prior question, is this a substantial oversight for any of these substances? If so, do you have any suggestions for incorporating this information?

Dr. Budney: No, it is a limitation of the science that we do not know precisely how to define in relation to probability of developing dependence that would be followed by withdrawal. My previous comment would hold for all substances, experts from the other substance areas might have an idea for a cut off?

Dr. Compton: Yes. Require daily or near daily use at some point during the year to qualify.

Other NIDA comments: This should be incorporated into the questions for other substances as well. I believe that several weeks were indicated specifically for the withdrawal from opioids to emphasize that the withdrawal could happen even after a short period of time after using opioids, compared to other substances, where it is usually necessary to use a substance longer than few weeks in order to have a withdrawal after its cessation of use. But, it is possible to look at the data from previous NSDUH and see, if it is possible to establish some “cut off” of amount/frequency or length of use for each substance in order to go forward with the withdrawal questions. I am little skeptical here as I would expect high inter-individual variability (but I could be wrong).

Question 3: DSM-5 wording does not specify that cessation after heavy/prolonged use has to be intentional (e.g. an individual may be unable to obtain the substance or be in a situation where use is restricted). Does the phrase “cut down or stop using” imply intent? Consider that this question occurs immediately after questions about “trying to cut down”. This consideration would apply to all substances.

Dr. Budney: [Going without] does not have to be intentional. Perhaps reword, and add: either because you wanted to or because it wasn't available.

Other NIDA comments: No [the phrase does not imply intent] and I think that's fine. This could be one of the questions asked during cognitive interviewing with substance using respondents.

Question 4: Two alternate wording options have been considered for question 10:

- During the past 12 months, whether you wanted to or not, did you cut back or stop using marijuana or hashish at least one time?
- During the past 12 months, did you go without using marijuana or hashish for any period of time"

Are either of these (or combination of these) preferable to the current wording? Or is there another option that we should consider?

Dr. Budney: Option one would seem preferable, as indicated above....substantial reductions can produce withdrawal for many substances.

Other NIDA feedback: Option 1 wording seems clear to me. It distinguishes that we are not asking about "control", we are asking about the pharmacological criteria.

Additionally, how consistent is this with how the questions have been asked in the past? [I'm] Ok with the wording of question 10 if consistent with prior iterations.

DRMJ11a [IF DRMJ09 = Yes or DRMJ10 = Yes] Please look at the symptoms listed below. During the past 12 months, did you have any of these symptoms in the first day or two after you cut back or stopped using marijuana or hashish?

- Abdominal pain
- Shakiness or tremors
- Sweating
- Fever
- Chills
- Headache

Other NIDA feedback: Could change "in the first day or two" to "in the first few days"

Question 5: DRMJ09 or DRMJ10 act as a gate question for the rest of the withdrawal items. Given the considerations about intent and that withdrawal can occur after any period of non-use (e.g. Alcoholics can awaken from a long sleep experiencing withdrawal); is it appropriate to have a gate question of nonuse in order to ask about withdrawal questions or should all respondents with past year use be asked the 11a question? If all respondents with past year use should be asked the 11a question, do you have a suggestion for how the wording should be altered to reflect those who had not cut down or stopped? Please consider this question for all substances.

Dr. Budney: This is a doozy! You could state have not used for 24 hours or more (but your alcohol example worries me; caffeine withdrawal onset also can occur more quickly). Doesn't this go back to how you are going to ask #10...that would seem to be the decision point for moving to 11. If you were to ask of all heavy users, then you don't need item 10. Most people have probably stopped for some period where withdrawal could possibly occur, but did not because of individual differences in time of onset. Could you just add an alternative response to #11: (I did not cut back or stop) ...which would loop them out of the rest of the symptom questions?

Dr. Compton: ALL RESPONDENTS WHO USE MJ REGULARLY SHOULD BE ASKED.

Other NIDA feedback: For most of the substances, these questions were asked in the previous years (for example for alcohol: DRALC 09, DRALC 10). Is it possible to look at the previous data to answer this question?

Question 6: Do you have any concerns about the wording/interpretation of this item of the marijuana withdrawal assessment?

Dr. Budney: These seem OK, [but it would be] preferable to ask each item [separately]; we simply "guessed" at how many items to require for this criterion, so more data on symptom count would be nice. FYI this comment refers to 11b

Other NIDA Feedback: No. But, I understand that this question will go through a cognitive interviewing with substance-using respondents that could compare the wording from the DSMV with the suggested wording for the NSDUH

DRMJ11b Please look at the list below, during the past 12 months, have any of these symptoms started in the first day or two after you stopped or cut down using marijuana or hashish?

- Feeling irritable or angry Yes/No
- Feeling anxious Yes/No
- Having trouble sleeping Yes/No
- Having a smaller appetite than usual or losing weight without trying to Yes/No
- Feeling like you couldn't sit still Yes/No
- Feeling depressed Yes/No

Question 7: Do you have any concerns about the wording/interpretation of this item of the marijuana withdrawal assessment?

Other NIDA Feedback: As noted in the comments above

Question 8: Items 11a and 11b do not specify that the marijuana withdrawal symptoms develop within a week of cessation. Is this a substantial oversight? If so, how might we incorporate this into the question given our audience of children and adults aged 12 or older?

Dr. Budney: I think you should put this qualifier in somehow: “within the first week that you cut down or stopped”

Other NIDA Feedback: I think it is most important that the participant understand that these symptoms are withdrawal symptoms and they developed after he/she stopped using marijuana. What terms are substance-using respondents using when they talk about “withdrawal”. This could be a part of the planned formative research.

Question 9: DSM-5 text for withdrawal criterion B differs for several of the substances regarding the time of onset for withdrawal symptoms. Specifically:

Alcohol – Symptoms develop within several hours to a few days.

Opioids – Symptoms develop within minutes to several days.

Sedatives/Hypnotics/Anxiolytics – Symptoms develop within several hours to a few days.

Stimulants – Symptoms develop within a few hours to several days.

None of the NSDUH withdrawal questions (for any substance) specify the time of onset for withdrawal symptoms. Similar to the prior question, is this a substantial oversight for any of these substances? If so, do you have any suggestions for incorporating this information?

Dr. Budney: As in comment 9, I think it is good to put it in.

Other NIDA Feedback: Potentially, if you get too many false positives, piloting it both ways would be helpful if possible. It’s not a major oversight but consider adding the phrase “within the first day or two after you stopped or cut down using.”

Question 10: Does the series of questions 10 through 11b adequately capture the concept of DSM-5 Cannabis Withdrawal Part 1 Criteria A and B?

Dr. Budney: Yes, but see my comment above.

Other NIDA Feedback: No, recommend adding a question like “have you used marijuana or hashish to avoid these uncomfortable symptoms

Question 11: Do you have any additional concerns or suggestions regarding items 10 through 11b?

No additional feedback

DSM-5 Withdrawal Criteria Part 2:

Cannabis (or a closely related substance) is taken to relieve or avoid withdrawal symptoms

Question 12: NSDUH does not currently assess this part of the withdrawal criteria for any substances. Is this a substantial oversight?

Dr. Budney: This question is part of use disorder criteria, not withdrawal disorder? It should be asked as part of use disorder diagnosis.

Dr. Compton: Yes, I would add.

DRMJXX: [IF DRMJ09 = Yes or DRMJ10 = Yes] During the past 12 months, when you cut down or stopped using marijuana, did you start using marijuana again, drink alcohol, take prescription drugs or any illegal substance to get rid of or prevent any of those symptoms?

Alternate versions for other substances:

Alcohol: [IF DRALC09 = Yes or DRALC10 = Yes] During the past 12 months, when you cut down or stopped drinking alcohol, did you start drinking alcohol again, use marijuana, prescription drugs, or any illegal substance to get rid of or prevent any of those symptoms?

Other Drugs: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] During the past 12 months, when you cut down or stopped using X, did you use alcohol, marijuana, prescription drugs, or any illegal substance to get rid of or prevent any of those symptoms?

Question 13: DSM-5 specifically mentions use of *the* substance or a *similar* substance to prevent or stop withdrawal symptoms. Is the proposed wording too broad? If so, how much of a problem is it considering that we would need to tailor each question for the substance being assessed?

Dr. Budney: I would think that you could mention the specific substance, then go broad as stated above for all substances

Dr. Compton: The substances must be matched pharmacologically to the substance in question. For alcohol, alcohol or prescription sedatives. For opioids or heroin, prescription opioids or heroin. For marijuana, marijuana or hashish (including edible forms of marijuana). Etc. Each should be tailored

Question 14: The wording of this question does not list the withdrawal symptoms previously reported. Should it? How important is this (please consider this question for all substances)?

Dr. Budney: Not necessary, but maybe state “those withdrawal symptoms.”

Dr. Compton: The phrasing could be: “You just mentioned that you experienced symptoms after stopping or cutting down on marijuana or hashish. During the past year, did you use marijuana or hashish or marijuana extracts to avoid or get over these symptoms.” This question could be asked during the planned formative research with substance-using respondents.

Question 15: Does this question adequately capture the DSM-5 concept of withdrawal Part 2 (both for cannabis and other substances)?

Dr. Budney: Yes

Question 16: Do you have any other concerns or suggestions regarding this item (for marijuana or any other substance)?

No additional feedback.

Question 17: Do you have any other comments or suggestions regarding the assessment of withdrawal in general and cannabis withdrawal in particular?

Dr. Budney: No, just that if possible, asking each symptom separately would provide great data for future analyses to determine reliability and validity of items

DRMJ13 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? *[DSM-5 Criterion 9]*

DRMJ14 [IF DRMJ13 = Yes] 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? *[DSM-5 Criterion 9]*

DRMJ15 [IF DRMJ13 = No OR DK/REF OR DRMJ14 = No 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? *[DSM-5 Criterion 9]*

DRMJ16 [IF DRMJ15 = Yes] Did you continue to use marijuana or hashish even though you thought it was causing you to have physical problems? *[DSM-5 Criterion 9]*

DRMJ17 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 you give up or spend less time doing these types of important activities in order to use marijuana or hashish? *[DSM-5 Criterion 7]*

DRMJ18 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? *[DSM-5 Criterion 5]*

DRMJ19 During the past 12 months, did you accidentally injure yourself while under the influence of marijuana or hashish, for example have a bad fall, cut yourself badly, get hurt in a traffic accident, or anything like that? YES/NO

During the past 12 months, did you find yourself under the influence of marijuana or hashish in situations that increased your chances of getting hurt, like swimming, using machinery, walking in a dangerous area or driving a car, motorcycle, truck, boat or other vehicle? YES/NO *[DSM-5 Criterion 8]*

DRMJ20 During the past 12 months, did using marijuana or hashish cause you to do things that repeatedly got you in trouble with the law?

Note to Expert Reviewers: We recognize that this Criterion has been removed from DSM-5

DRMJ21 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? *[DSM-5 Criterion 6]*

DRMJ22 [IF DRMJ21 = Yes] Did you continue to use marijuana or hashish even though you thought it caused problems with family or friends? *[DSM-5 Criterion 6]*

DRMJ23 *Options for Craving [DSM-5 Criterion 4]*

Below we present several options for assessing the new DSM-5 craving criterion. The DSM-5 describes craving in two ways. In the criteria table, the DSM-5 defines craving as “a strong desire or urge to use alcohol.” In the text description, the DSM-5 explains craving as “indicated by a strong desire to *[use substance]* that makes it difficult to think of anything else and that often results in the onset of *[substance use]*. These items would be asked of all past year users for all substances.

Option A. During the past 12 months, did you ever have a strong desire or overwhelming urge to use marijuana or hashish?

Question 18: How well does this question capture the definition of craving? Is “ever” too inclusive?? FINE

Dr. Budney: Yes, it's too inclusive. I would rather see some qualifier of frequency...maybe “often” experience desires or urges...

Dr. Compton: Needs to be more severe.

Additional NIDA feedback: In structured interviews, the craving is usually measured by two questions:

1. Wanted the substance so badly, couldn't think of anything else
2. Strong desire or urge to use substance

Recommend testing these two options and the options in this document with the drug-using respondents and decide, which option captures craving the best way. Also, it is possible to test the word "craving" by itself as well to see, what "word" are drug using respondents using, when they talk about "craving"

Question 19: Can you foresee any confusion with regard to item wording??

No additional feedback.

Question 20: Do you have any other concerns regarding this option?

No additional feedback.

Option B. During the past 12 months, did you often have a strong desire or urge to use marijuana or hashish?

Question 21: The word "often" has been added to this version because some of the text in DSM-5 suggests a more stringent criterion (difficult to think of anything else) than that presented in option A. Is this too stringent?

Dr. Budney: No, I like it.

Additional NIDA feedback: Yes, it may be too stringent

Question 22: Can you foresee any confusion with regard to item wording?

No additional feedback.

Question 23: Do you have any other concerns regarding this option?

No additional feedback.

Option C. During the past 12 months, after you didn't use marijuana for a while, did you start to crave it?

Question 24: This question takes a slightly different approach, indicating that craving occurs after not having used for a while. What do you think about this variation?

Dr. Budney: I'm not sure I like it....cravings occur sometimes while using, which contributes to meeting other criteria such as using more and longer than intended.

Additional NIDA feedback: Cutting back or quitting is not required for craving

Question 25: This version uses the actual word "crave" without defining it, is there any concern about this? Please consider that the age range of the survey is 12 or older.

Dr. Budney: I don't like it.

Additional NIDA feedback: This would need to go through a formative testing.

Question 26: Do you have any concerns about stipulating that craving occurs after a period of non-use?

Additional NIDA feedback: Yes, because it is difficult to define what is non-use. Is it the period of a time when the blood level of the drug decreases or is zero? How would the drug user know?

Question 27: Do you have any other concerns regarding this option?

No additional feedback.

Option D. During the past 12 months, after you cut down or stopped using marijuana, did you feel a strong urge to use it?

Question 28: This version specifies that craving occurs after the respondents has cut down or stopped using. Do you have any concerns about the wording of "cut down or stopped using"? For example, does that wording inadvertently imply an intentional effort to cut down or stop?

Dr. Budney: See prior comments.

Additional NIDA feedback: This isn't required in the DSM so wouldn't include this version.

Question 29: Options A through C are designed to be asked of all past year substance users. In this option, we ask about times after a respondent cut down or stopped using—if we were to go with this option would we only administer this question if they had indicated an attempt to cut down or stop ([IF DRMJ09 = Yes or DRMJ10 = Yes])?

Dr. Budney: yes, and this would be problematic

Question 30: Do you have any other concerns regarding this option?

No additional feedback.

Question 31: Which of these items or combination of items does the best job of assessing craving as intended by the DSM-5 among our population of respondents aged 12 or older?

Dr. Budney: I like B.

NIDA: A

Question 32: Do you have any other comments or suggestions regarding the assessment of craving?

Additional NIDA feedback: Options should go through a formative testing with the target population.

END

Methodologist Review Feedback

DRMJ Think about your use of marijuana or hashish during the past 12 months as you answer these next questions.

DRMJ01 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?

DRMJ02 [IF DRMJ01 = No 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?

DRMJ04 During the past 12 months, did you try to set limits on how often or how much marijuana or hashish you would use?

DRMJ05 [IF DRMJ04 = Yes] 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

DRMJ06 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?

DRMJ07 [IF DRMJ06 = No 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?

DRMJ08 During the past 12 months, did you want to or try to cut down or stop using marijuana or hashish?

DRMJ09 [IF DRMJ08 = Yes] 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?

The following set of items (DRMJ10 – DRMJXX) assesses the DSM-5 criteria for withdrawal, some of the questions have been revised and some are new. We would appreciate your feedback regarding these items.

The DSM-5 defines cannabis withdrawal as a person who endorses **either** Part 1 (**both A and B**) or Part 2 of the following:

Part 1. (assessed by items DRMJ10 – DRMJ11b)

- **Criterion A:** Cessation of cannabis use that has been heavy and prolonged (i.e., usually daily or almost daily use of a period of at least a few months)
- **Criterion B:** 3 or more of the physical symptoms develop within approximately 1 week after Criterion A
 1. Irritability, anger, or aggression
 2. Nervousness or anxiety
 3. Sleep difficulty (e.g. insomnia or disturbing dreams)
 4. Decreased appetite or weight loss
 5. Restlessness
 6. Depressed mood
 7. At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache

Part 2. (assessed by DRMJXX)

Cannabis (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

DSM-5 Withdrawal Criteria Part 1:

DRMJ10 [if DRMJ08 = No, DK/RF or DRMJ09 = No, DK/RF] 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?

Question 1: The intent of DRMJ10 is to identify those who ceased using cannabis (a component of Part 1, Criterion A). Cessation of a substance is required for the development of withdrawal symptoms; therefore individuals who never went without the substance would not be at risk for developing withdrawal and are skipped out of the next few questions. This item, while not new to NSDUH for other substances, is being revised.

The DSM-5 does not specify that going without a substance has to be intentional (e.g. an individual may be unable to obtain the substance, they may be in a situation where use is restricted, or they may simply awaken from a long sleep and experience withdrawal symptoms). To address this, we have added the phrase “whether you wanted to or not” to the original item. Is this sufficient? This change would apply to all substances asked about in the substance dependence and abuse section that have withdrawal criteria: alcohol, marijuana/hashish, cocaine/crack, heroin,

methamphetamine, prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives.

Dr. Beatty: I think there is potential for confusion with the proposed approach—not entirely because of the phrase “whether you wanted to or not,” but due to how this could build upon other ambiguities. One general problem is uncertainty regarding the meaning of “cut down or stop... at least one time.” Is the expectation that a respondent should answer yes if literally on one occasion, they decided to use less than usual? It’s unclear what the threshold for deciding yes should be for cutting down at least one time. I think that ambiguity makes it harder to understand the intent of “whether you wanted to or not.” I wonder if a better approach would be to ask first whether the respondent had reduced usage for any reason, rather than trying to separate “intended to cut down” (08) from “cut down regardless of whether you intended to” (10). If that’s not possible, since they’re already addressed the issue of intentionally cutting back, could you limit this question to asking about times that they unintentionally cut back?

Dr. Willis: Reference period: I find it strange that the DSM-5 criteria don’t include a reference period for the activity (are they including events of 20 years ago...?). So, use of a 12-month reference period for NSDUH seems like a good idea. ‘Whether you wanted to or not.’ I like the wording (although with the caveat that any change would benefit from cognitive testing). The alternative I grappled with is breaking up the question to first ask if they cut down or stopped, and then following up with whether it was voluntary. But, I doubt that would work, as I think the ‘cut down’ item without ‘whether you wanted to or not’ wouldn’t be very well understood, so you need that element in the question.

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

- Abdominal pain
- Shakiness or tremors
- Sweating
- Fever
- Chills
- Headache

Dr. Willis: I think that referring to the DRMJ11a adverse health effects as ‘symptoms’ may be excess baggage that is unnecessary. Also, a few of the symptoms can be simplified (e.g., many people don’t know where their abdomen is; consider ‘shaking’ rather than ‘shakiness’).

I suggest: During the past 12 months, did ANY of the following happen to you after you cut down or stopped using marijuana or hashish?

- Pain in the stomach or chest areas
- Shaking or tremors
- Sweating
- Fever
- Chills
- Headaches

If the question is simplified as above, then it may be ok to add the one-week element 'happen to you within a week after you cut down...' However, as you note below this period isn't consistent across substances, and given that it's classically a bad idea to constantly change reference periods, I would opt for simplicity and go with the prior reviewers' recommendation to forego this element.

DRMJ11b [IF DRMJ09 = Yes or DRMJ10 = Yes] During the past 12 months, did you have [IF DRMJ11a = Yes then fill 2, IF DRMJ11a = No then say 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
- Having a smaller appetite than usual or losing weight without trying to
- Feeling like you couldn't sit still
- Feeling depressed

Dr. Willis:

1) Below I suggest a simpler approach involving getting Y or N to each, so you can just count up and see if it's 3 or more

2) Also, to adhere to the DSM, I added in a few more symptoms ('nervous'; 'bad dreams') and altered the appetite item:

During the past 12 months, did you have experience the following after you cut down or stopped using marijuana or hashish?

Yes No

- Feeling irritable or angry
- Feeling nervous or anxious
- Having trouble sleeping or bad dreams
- Losing your appetite, or losing weight without trying to
- Feeling like you couldn't sit still
- Feeling depressed

Question 2: DSM-5 specifies that withdrawal symptoms occur after ceasing heavy and prolonged substance use. The current questions (for each substance module, 11a and 11b above) do not specify heavy or prolonged use. Moreover, the DSM-5 text for withdrawal criterion A differs for several of the substances regarding heavy and prolonged use. Specifically:

Alcohol – Heavy and prolonged use is undefined.

Marijuana - Heavy and prolonged use is undefined.

Opioids – Heavy use is undefined, prolonged use is defined as several weeks or longer.

Sedatives/Hypnotics/Anxiolytics – Criterion A only mandates prolonged, not heavy, use. Prolonged use is undefined.

Stimulants – Criterion A only mandates prolonged, not heavy, use. Prolonged use is undefined

Do you have any suggestions for incorporating these criteria into questions 11a and 11b, given the **NSDUH target population of respondents** aged 12 or older?

Dr. Beatty: It would be quite awkward to try to assess intensity and longevity of use at the same time as trying to determine symptoms. You really need to ascertain the extent and duration of use in prior, separate questions.

Dr. Willis:

“Heavy and prolonged use.” As noted below, the DSM-5 criteria include ‘heavy and prolonged use’ of cannabis, which is an element not included in DRMJ10. But, I can see why you would choose to omit this from the question itself, as it (a) adds yet another conceptual element to the question; and (b) is vague if undefined, and too long/complex if it IS defined. Will there be a way to satisfy the ‘heavy and prolonged’ element, such as by making use of other items that measure use over the past 12 months (that is, to set a criterion for ‘heavy and prolonged use’ that can be used to subset cases for analysis)? Or, perhaps another way of looking at this is that IF, in the end, the respondent satisfies Criterion B (3 or more symptoms), then the analyst can assume that the use reported in DRMJ10 must have been heavy and prolonged (if one assumes that it is unlikely that use that was not heavy/prolonged would have produced such symptoms). Bottom line: Assuming my logic above is reasonable, it seems ok to word as is (i.e., without heavy/prolonged).

Question 3: Items 11a and 11b do not specify that the marijuana withdrawal symptoms develop within a week of cessation. The substantive reviewers indicated that the main consideration is that the symptoms are linked to the cutting down or stopping the use of the substance rather than the specific time period. Does the current question adequately capture this intent?

If not, consider that the DSM-5 text for withdrawal criterion B differs for several of the substances regarding the time of onset for withdrawal symptoms.

Specifically:

Alcohol – Symptoms develop within several hours to a few days.

Marijuana – Symptoms develop within one week.

Opioids – Symptoms develop within minutes to several days.

Sedatives/Hypnotics/Anxiolytics – Symptoms develop within several hours to a few days.

Stimulants – Symptoms develop within a few hours to several days.

Since none of the NSDUH withdrawal questions (for any substance) specify the time of onset for withdrawal symptoms, any changes would need to be made across all the modules. Do you have any suggestions for incorporating this information into the items?

Dr. Beatty: In most cases, it seems likely that respondents would answer based on symptoms that they directly attributed to cutting down or stopping. It's possible that someone taking the questions very literally could report that they had these symptoms "after" cutting back, even though there was no clear relationship (e.g. "after I cut back I came down with the flu"). But on the whole, it seems dicey to ask directly about whether respondents attribute symptoms to cutting back, and asking about whether the symptoms simply followed is probably a safer approach. However, I don't see a down side to being more specific about time frame (e.g. "within a week").

There are a lot of fairly complicated and subjective ideas in these questions, and potential for interpretations of questions to be influenced by context of previous ones. I'd think that the best way to evaluate your concerns would be through cognitive testing of the whole module.

Question 4: Do you have any additional concerns or suggestions regarding items DRMJ10 through 11b?

Dr. Willis: See above comments.

DSM-5 Withdrawal Criteria Part 2:
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Version 1: DRMJXX: Marijuana: [IF DRALC09 = Yes or DRALC10 = Yes] During the past 12 months, when you cut down or stopped using [marijuana or hashish], did you start using [marijuana or hashish again] or use any illegal substance to get rid of or prevent any of these symptoms?

Version 1 for other substances:

Alcohol: [IF DRALC09 = Yes or DRALC10 = Yes] During the past 12 months, when you cut down or stopped [drinking alcohol], did you start using [alcohol again, or use sedatives or tranquilizers,] or any other illegal substance to get rid of or prevent any of these symptoms?

Prescription Sedatives: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] During the past 12 months, when you cut down or stopped using [sedatives], did you start using [sedatives again, drink alcohol, use tranquilizers,] or use any other illegal substance to get rid of or prevent any of these symptoms?

Prescription Tranquilizers: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] During the past 12 months, when you cut down or stopped using [tranquilizers], did you start using [tranquilizers again, drink alcohol, use sedatives,] or use any other illegal substance to get rid of or prevent any of these symptoms?

Prescription Stimulants: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] During the past 12 months, when you cut down or stopped using [stimulants], did you start using [stimulants again, use methamphetamines or, cocaine or crack,] or use any other illegal substance to get rid of or prevent any of these symptoms?

Methamphetamines: [IF DRME11 is Yes] During the past 12 months, when you cut down or stopped using [methamphetamines], did you start using [methamphetamines again, use stimulants, or cocaine or crack,] or use any other illegal substance to get rid of or prevent any of these symptoms?

Cocaine: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] During the past 12 months, when you cut down or stopped using [cocaine or crack], did you start using [cocaine or crack again, use stimulants or methamphetamines,] or use any other illegal substance to get rid of or prevent any of these symptoms?

Heroin: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] During the past 12 months, when you cut down or stopped using [heroin], did you start using [heroin again, or use prescription pain relievers,] or any other illegal substance to get rid of or prevent any of these symptoms?

Prescription Pain Relievers: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] During the past 12 months, when you cut down or stopped using [prescription pain relievers], did you start using [prescription pain relievers again, or use heroin, or any other illegal substance] to get rid of or prevent any of these symptoms?

Dr. Willis: Yuck, confusing

Version 2:

DRMJXX: Marijuana [IF DRMJ09 = Yes or DRMJ10 = Yes] [Fill if 11a or 11b = Yes: You just mentioned that you experienced symptoms after cutting down or stopping 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?

Version 2 for other substances:

Alcohol: [IF DRALC09 = Yes or DRALC10 = Yes] [Fill if 11a or 11b = Yes: You just mentioned that you experienced symptoms after cutting down or stopping alcohol.] During the past 12 months, did you use [alcohol, or use sedatives or tranquilizers,] or any other illegal substance to avoid or get over these symptoms?

Prescription Sedatives: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] [Fill if 11a or 11b = Yes: You just mentioned that you experienced symptoms after cutting down or stopping sedatives.] During the past 12 months, did you use [sedatives, drink alcohol, use tranquilizers,] or use any other illegal substance to avoid or get over these symptoms?

Prescription Tranquilizers: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] [Fill if 11a or 11b = Yes: You just mentioned that you experienced symptoms after cutting down or stopping tranquilizers.] During the past 12 months, did you use [tranquilizers, drink alcohol, use sedatives,] or use any other illegal substance to avoid or get over these symptoms?

Prescription Stimulants: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] [Fill if 11a or 11b = Yes: You just mentioned that you experienced symptoms after cutting down or stopping stimulants.] During the past 12 months, did you use [stimulants, methamphetamine, cocaine or crack,] or use any other illegal substance to avoid or get over these symptoms?

Cocaine: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] [Fill if 11a or 11b = Yes: You just mentioned that you experienced symptoms after cutting down or stopping cocaine or crack.] During the past 12 months, did you use [cocaine or crack, methamphetamine, stimulants], or use any other illegal substance to avoid or get over these symptoms?

Methamphetamine: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] [Fill if 11a or 11b = Yes: You just mentioned that you experienced symptoms after cutting down or

stopping methamphetamine.] During the past 12 months, did you use [methamphetamine, cocaine or crack, stimulants], or use any other illegal substance to avoid or get over these symptoms?

Heroin: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] [Fill if 11a or 11b = Yes: You just mentioned that you experienced symptoms after cutting down or stopping heroin]. During the past 12 months, did you use [heroin, prescription pain relievers,] or any other illegal substance to avoid or get over these symptoms?

Prescription Pain Relievers: [IF DR(DRUG)09 = Yes or DR(DRUG)10 = Yes] [Fill if 11a or 11b = Yes: You just mentioned that you experienced symptoms after cutting down or stopping prescription pain relievers]. During the past 12 months, did you use [prescription pain relievers, use heroin,] or any other illegal substance to avoid or get over these symptoms?

Question 5: What do you think about the phrasing “to get rid of or prevent” and “to avoid or get over”? Is there a better way to phrase this?

Dr. Beatty: Both wordings seem clear to me, and get at similar ideas. I think they work.

Dr. Willis: See my comments above: I think ‘to get rid of or prevent’ sounds ok, but ‘to avoid or get over’ also seems ok. No strong preference.

Question 6: Which of the two version sets above (or combination thereof) do you prefer (and why)?

Dr. Beatty: I might slightly prefer “get rid of or prevent” rather than “to avoid or get over” because it seems slightly more straightforward. I think the optimal structure of the question would be “During the past 12 months, did you start using [] again, or use any other illegal substance, to get rid of or prevent these symptoms?” If the question immediately follows the item on symptoms, I’m not sure it’s necessary to refer back to the fact that they experienced symptoms after cutting back. The introductory sentence in Version 2 seems particularly repetitive, although cognitive testing might indicate whether it’s really needed.

Dr. Willis:

1) I vote for some variant of Version 2, which I believe is much clearer than Version 1 above.

2) Concerning wording, instead of referring to ‘symptoms’, if you went with my suggestion above to ‘mark all that apply’, would there be a way to have the system list those the respondent has just marked YES to, and then ask “During the past 12 months, did you use ‘marijuana or hashish] or any illegal substance to avoid or get over [any of] these?”

Question 7: Do you have any concerns or suggestions regarding the preferred version (for marijuana or any other substance)?

No further feedback.

Question 8: Do you have any other comments or suggestions regarding the assessment of withdrawal in general and cannabis withdrawal in particular?

Dr. Beatty: If there were multiple instances of withdrawal, would you want the respondent to say “yes” if it they ever used substances to escape symptoms (but not always)?

DRMJ13 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?

DRMJ14 [IF DRMJ13 = Yes] 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?

DRMJ15 [IF DRMJ13 = No OR DK/REF OR DRMJ14 = No 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?

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

DRMJ17 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?

DRMJ18 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?

DRMJ19 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?

DRMJ20 During the past 12 months, did using marijuana or hashish cause you to do things that repeatedly got you in trouble with the law?

Note to Expert Reviewers: The criterion seen in DRMJ20, legal issues, has been removed from DSM-5 but will be retained for historical purposes.

DRMJ21 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?

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

Craving

The DSM-5 has added an additional criterion for substance use disorder diagnosis, called “craving”. Three options (the third option contains two parts) are presented below for assessing the new DSM-5 craving criterion. The DSM-5 describes craving in two ways. First, the DSM-5 defines craving as “a strong desire or urge to use alcohol.” Additionally, the DSM-5 explains craving as “indicated by a strong desire to [use substance] that makes it difficult to think of anything else and that often results in the onset of [substance use]. This is a new criterion applicable to all substances, therefore these items would be asked of all past year users for all substances.

DRMJ23 Option A. During the past 12 months, did you often have a strong desire or urge to use marijuana or hashish?

Question 9: How well does this question capture the general definition of craving and its severity? Is the word “often” too stringent?

Dr. Willis: Seems to me that this doesn’t match the DSM5, as ‘often’ is not a criterion.

Question 10: Do you have any concerns regarding this option?

Dr. Beatty: One issue is that “often” is quite subjective. If it happened once a month for 12 months, would that be often? Also, I’m not sure the wording captures the full intensity of craving if you are really trying to capture urges so strong that they “make it difficult to think of anything else.” You could consider something like “have an urge to use [] that was so strong, it was difficult for you to think of anything else?” On the other hand, such wording is more complicated, and might be setting the threshold higher than is needed.

Dr. Willis: The DSM appears to be concerned with intensity, rather than frequency, of the use of ‘often’ doesn’t seem right, so I don’t favor Option A.

DRMJ23 Option B.

During the past 12 months, did you often have a strong desire or overwhelming urge to use marijuana or hashish?

Question 11: How well does this capture the general definition of craving? Given the addition of the word “overwhelming,” does the word “often” make this option too stringent? If so, would you suggest dropping the word “often” altogether, or replacing it with “ever”?

Dr. Beatty: Again, I’m concerned about the inherent subjectivity of “often.” The word “overwhelming” seems to get at the intensity reasonably well, although it would be useful to test it.

Dr. Willis: Again, as the DSM doesn’t include ‘often’, or frequency generally, I would delete ‘often.’

Question 12: Do you have any concerns or suggestions regarding this option?

Dr. Willis: The inclusion of strong design matches the DSM—the addition of ‘desire’ makes sense, but is described in DSM as ‘strong’ rather than ‘overwhelming’—so Option B still doesn’t seem too good a match.

DRMJ23 Option C. This would be two-part question. If A is yes, B is not asked. If the respondent answers yes to A or B, then the withdrawal criterion is met:

- A. During the past 12 months, did you want marijuana or hashish so badly you couldn't think of anything else?
- B. During the past 12 months, did you have a strong desire or overwhelming urge to use marijuana or hashish?

Question 13: This question takes a slightly different approach, breaking the question into two parts. If a respondent indicated yes to either option, then they would be considered to have met the craving criteria. What do you think about this variation?

Dr. Beatty: I think the 2-pronged approach is interesting and might help to tease out the level of intensity. However, if you only want to know whether either of these apply, then it seems unnecessary—you could simply ask the “B” question. The only reason you would ask them as presented is if you assumed a sort of “contrast effect,” i.e. respondents are willing to endorse “B” after rejecting “A” as too strong. But as a general principle of questionnaire design, I would probably put the questions in a different order: first asking about a strong urge, and then asking the respondent whether it was overwhelmingly strong. As currently presented, I’d be concerned that having answered no to the first part, they would be unlikely to indicate that they had an “overwhelming” urge, just not so overwhelming as in the previous question.

Dr. Willis: I like breaking up complex concepts, so this variation seems good.

Question 14: Do you have any other concerns or suggestions regarding this option?

Dr. Beatty: The absence of any guidance on frequency (often, ever?) could make this difficult. It’s unclear whether you’re asking if this was a constant problem, or whether this happened at least once.

Dr. Willis: The implied reference period still seems pretty unspecified – do we mean all the time, just once...? I interpret the intention to mean something less than continuously over the whole year – maybe better to specify this as a ‘time’ or ‘period.’ So, consider changes to wording:

A. During the past 12 months, was there ever a time when you wanted marijuana or hashish so much that you couldn't think of anything else?

IF YES -> SKIP B

IF NO, ASK B

B. During the past 12 months, was there ever a time when you had a strong desire or strong urge to use marijuana or hashish?

Finally, another way to think about this is to conclude that the DSM-5 is itself inconsistent, in having two definitions having different intensity criteria. It might make sense to go with the more stringent one, and rely only on Part A—that is, to retain the 'couldn't think of anything else' element as defining craving. Avoiding the definition incorporated into Part B is attractive because that is such a vague metric (seems like something intended for a therapist to make a judgment call on—not really amenable to a self-report national survey).

Question 15: Which of these three options (or combination of options) does the best job of assessing craving as intended by the DSM-5 among the NSDUH target population of respondents aged 12 or older?

Dr. Beatty: A two-question approach would make it possible to distinguish between strong and overwhelming cravings—if that's a useful distinction, then two questions would probably be the best way to go about it. If you're really only concerned about capturing "strong desire" then I think you could probably just ask that in a straightforward way.

Dr. Willis: C, in some form.

Question 16: Do you have any other comments or suggestions regarding the assessment of craving?

Dr. Beatty: As with other comments, my reactions are pretty speculative. It would be really useful to test alternate versions and evaluate how people actually interpret and answer them.

END

Cannabis Use Disorder Assessment

DRMJ [IF MAR12MON = 1 - 3] Piense en su uso de marihuana o hachís en los últimos 12 meses, al responder las siguientes preguntas.

DRMJ01 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar marihuana o hachís?

DRMJ02 [IF DRMJ01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de la marihuana o hachís que había usado?

DRMJ04 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o cantidad de marihuana o hachís que usaría?

DRMJ05 [IF DRMJ04 = 1] ¿Logró mantener los límites que estableció, o usó con frecuencia más marihuana o hachís de lo que había planeado?

- 1 Por lo general mantuvo los límites establecidos
- 2 Por lo general usó más de lo planeado

DRMJ06 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿tuvo que usar más marihuana o hachís de lo que acostumbraba usar, para poder conseguir el efecto que deseaba?

DRMJ07 [IF DRMJ06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma cantidad de marihuana o hachís le causaba menos efecto que antes?

DRMJ08 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿quiso o trató de usar menos marihuana o hachís o de dejar de usarlo?

Dr. Canino: , ¿ quiso o trató de usar menos o dejó de usar marihuana o hachís?

This is a better translation, easier to understand and is consistent with the translation your people did for DRMJ10.

DRMJ09 [IF DRMJ08 = 1] En los últimos 12 meses, ¿logró usar menos marihuana o hachís o dejar de usarlo todas las veces que quiso o trató de hacerlo?

Dr. Canino: I know this is not one of the items you wanted me to review. However, if you notice, the next question is worded the same way I changed this one which is a better translation and more easily understood. I suggest you change it.

En los últimos 12 meses, ¿logró usar menos o dejó de usar marihuana o hachís todas las veces que quiso o trató de hacerlo?

DRMJ10 [IF DRMJC08 = 2 OR DK/REF OR DRMJC09 = 2 OR DK/REF] En los últimos 12 meses, ¿usó menos o dejó de usar marihuana o hachís por lo menos una vez?

The following set of items (DRMJ10 – DRMJXX) assesses the DSM-5 criteria for withdrawal, some of the questions have been revised and some are new. We would appreciate your feedback regarding these items.

The DSM-5 defines cannabis withdrawal as a person who endorses **either** Part 1 (**both A and B**) **or** Part 2 of the following:

Part 1. (assessed by items DRMJ10 – DRMJ11b)

- **Criterion A:** Cessation of cannabis use that has been heavy and prolonged (i.e., usually daily or almost daily use of a period of at least a few months)
- **Criterion B:** 3 or more of the physical symptoms develop within approximately 1 week after Criterion A
 1. Irritability, anger, or aggression
 2. Nervousness or anxiety
 3. Sleep difficulty (e.g. insomnia or disturbing dreams)
 4. Decreased appetite or weight loss
 5. Restlessness
 6. Depressed mood
 7. At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache

Part 2. (assessed by DRMJXX)

Cannabis (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

DSM-5 Withdrawal Criteria Part 1:

DRMJ11a [IF DRMJ09 = 1 OR DRMJ10 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo alguno de estos síntomas después de usar menos o dejar de usar **marihuana o hachís**?

- Dolor de estómago
- Agitación o temblores en el cuerpo
- Sudor
- Fiebre
- Escalofríos
- Dolor de cabeza

1 Sí

2 No

DK/REF

DRMJ11b [IF DRMJ0 = 1 OR DRMJ10 = 1] En los últimos 12 meses, ¿tuvo [IF DRMJ11a = 1 then fill 2, IF DRMJ11a = 2, DK/REF then fill 3] **o más** de estos síntomas después que usó menos o dejó de usar **marihuana o hachís**?

- Se sintió irritable o molesto
- Se sintió ansioso
- Tuvo problemas para dormir
- Perdió el apetito o bajó de peso sin tratar de hacerlo
- Se sintió inquieto
- Se sintió deprimido

- 1 Sí
- 2 No
- DK/REF

English Versions

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**?

- Stomach ache
- 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

Question 1: Items 11a and 11b do not specify that the marijuana withdrawal symptoms develop within a week of cessation. The main consideration is that the symptoms are linked to the cutting down or stopping the use of the substance rather than the specific time period. Does the current question adequately capture this intent?

If not, consider that the DSM-5 text for withdrawal criterion B differs for several of the substances regarding the time of onset for withdrawal symptoms.

Specifically:

Alcohol – Symptoms develop within several hours to a few days.

Marijuana – Symptoms develop within one week.

Opioids – Symptoms develop within minutes to several days.

Sedatives/Hypnotics/Anxiolytics – Symptoms develop within several hours to a few days.

Stimulants – Symptoms develop within a few hours to several days.

Since none of the NSDUH withdrawal questions (for any substance) specify the time of onset for withdrawal symptoms, any changes would need to be made across all the modules. Do you have any suggestions for incorporating this information into the items?

Dr. Algeria: See the following changes also consider asking age of first symptoms.

DRMJ11a [IF DRMJ09 = 1 OR DRMJ10 = 1] Por favor mire la siguiente lista de síntomas. Quisiera que pensara ahora en los últimos doce meses. ¿Tuvo alguno de estos síntomas a la semana de dejar de usar o reducir el uso de **marihuana o hachís**?

- Dolor de estómago
- Agitación o temblores en el cuerpo
- Sudor
- Fiebre
- Escalofríos
- Dolor de cabeza

1 Sí

2 No

DK/REF

DRMJ11b [IF DRMJ09 = 1 OR DRMJ10 = 1] Volvamos hablar sobre los últimos 12 meses. ¿Tuvo [IF DRMJ11a = 1 then fill **2**, IF DRMJ11a = 2, DK/REF then fill **3**] **o más** de estos síntomas a la semana de dejar de usar o reducir su uso de **marihuana o hachís**?

- Se sintió irritable o molesto
- Se sintió ansioso
- Tuvo problemas para dormir
- Perdió el apetito o bajó de peso cuando no trataba de hacerlo
- Se sintió inquieto
- Se sintió deprimido

1 Sí

2 No

DK/REF

Dr. Canino: The questions certainly address the main consideration of the symptoms occurring after cutting down or stopping use of the drug. However, if you want to add the time element, the alternative you have is to have another question asked to those who said yes to question 11 a and 11 b. The question would inquire whether the symptoms endorsed occurred within approximately one week (this would have to change according to the drug) after cessation or cutting down of the drug. I do not think

you need age of onset since criterion B states that the symptoms should start (one week, or whatever time frame depending on drug) after cessation or cutting down of the drug independent on when was the first time they tried to stop or diminish the use of the drug.

Question 2: Does the current wording of 11a and 11b adequately capture the symptoms described in the DSM-5?

Dr. Algeria: Yes, with the added modifications.

Dr. Canino: Almost all, nervousness and aggression were left out.

DRMJ11b [IF DRMJ09 = 1 OR DRMJ10 = 1] En los últimos 12 meses, ¿tuvo [IF DRMJ11a = 1 then fill 2, IF DRMJ11a = 2, DK/REF then fill 3] o más de estos síntomas después que usó menos o dejó de usar **marihuana o hachís**?

- Se sintió irritable o molesto/a (enojado/a)
- Se sintió ansioso/a o nervioso/a
- Tuvo problemas para dormir
- Perdió el apetito o bajó de peso sin tratar de hacerlo
- Se sintió inquieto/a
- Se sintió deprimido/a

1 Sí
2 No
DK/REF

Also Molesto is usually used for upset, but not for angry. A better translation for angry would be enojado/a which would be understood for most Latino groups. In Spanish you have masculine (o) and feminine (a) so every time you use an adjective referring to a person you have to put a slash and an “a” or an “o” if the word before was feminine.

Question 3: Do you have any additional concerns or suggestions regarding items DRMJ11a and 11b?

No additional feedback

DSM-5 Withdrawal Criteria Part 2:

[Cannabis or a closely related substance is taken to relieve or avoid withdrawal symptoms]

Note: This is a new item for almost all substances and there is variation in the wording based upon prior survey skip pattern responses, therefore we have provided two sets of the questions.

For alcohol, marijuana, heroin, prescription sedatives and tranquilizers, and prescription pain relievers, there are two versions of this question. We present the marijuana version as an example. The ‘similar substance’ list is customized for each question but always ends with ‘or any illegal substance.’

DRMJXXa: [This version is asked if respondents endorsed withdrawal symptoms]

[IF DRMJ11a = 1 OR DRMJ11b = 1] Usted acaba de mencionar que tuvo síntomas después de usar menos o dejar de usar **marihuana o hachís**. En los últimos 12 meses, ¿usó marihuana o hachís otra vez, o alguna sustancia ilícita para evitar o superar estos síntomas?

- 1 Sí
- 2 No
- DK/REF

Presione F2 para ver estos síntomas otra vez

English version

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

DRMJXXb: [This version is asked if the respondents does not report withdrawal symptoms]

DRMJXXb: [IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] Después que usted usó menos o dejó de usar marihuana o hachís en los últimos 12 meses, ¿usó **marihuana o hachís** otra vez, o alguna sustancia ilícita para evitar estos síntomas?

- 1 Sí
- 2 No
- DK/REF

Presione F2 para ver estos síntomas otra vez

English version

DRMJXXb: [IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] After you cut down or stopped using marijuana or hashish during the past 12 months, did you use **marijuana or hashish** again, or any illegal substance to **avoid** these symptoms?

For stimulant-type substances, respondents are asked if they experienced dysphoric mood symptoms, which are a required part of stimulant withdrawal. If they say no to this criterion then they are skipped out of the other withdrawal questions. Therefore, there are 3 versions for stimulant-type substances.

Cocaine/Crack version A: [This version is asked if the respondents reports dysphoric mood and other withdrawal symptoms]

DRCCXXa [IF DRCC11 = 1] Usted acaba de mencionar que tuvo síntomas después de usar menos o dejar de usar [COKEFILL]*. En los últimos 12 meses, ¿usó usted cocaína o “crack”, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **evitar o superar** estos síntomas?

- 1 Sí
- 2 No
- DK/REF

Presione F2 para ver los síntomas otra vez

* [COKEFILL] is placeholder for the form of cocaine a respondent reported using earlier in the survey.

English version:

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

Cocaine/Crack version B: [This version is asked if the respondent reports dysphoric mood but no other withdrawal symptoms]

DRCCXXb: [IF DRCC11 = 2 OR DK/REF] Esta pregunta es también acerca de las ocasiones en los últimos 12 meses **después** que usted usó menos o dejó de usar [COKEFILL].

Durante alguna de esas ocasiones, ¿usó [COKEFILL] otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **evitar esos síntomas**?

- 1 Sí
- 2 No
- DK/REF

Presione F2 para ver estos síntomas otra vez

English version:

DRCCXXb: [IF DRCC11 = 2 OR DK/REF] This question is also about the times during the past 12 months **after** you cut down or stopped using [COKEFILL].

During any of those times, did you use [COKEFILL] again, methamphetamine, prescription stimulants, or any illegal substance to **avoid** these symptoms?

Cocaine/Crack version C: [This version is asked if the respondent does not report dysphoric mood symptoms]

DRCCXXc: [IF DRCC10a = 2] Esta pregunta es también acerca de las ocasiones en los últimos 12 meses **después** que usted usó menos o dejó de usar [COKEFILL].

Durante alguna de esas ocasiones, ¿usó [COKEFILL] otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **evitar** sentirse deprimido o decaído?

- 1 Sí
- 2 No
- DK/REF

English version:

DRCCXXc: [IF DRCC10a = 2] This question is also about the times during the past 12 months **after** you cut down or stopped using [COKEFILL].

During any of those times, did you use [COKEFILL] again, methamphetamine, prescription stimulants, or any illegal substance to **avoid** feeling blue or down?

Question 4: How well do you think these items capture the intent of DSM-5 withdrawal criteria, part 2?

Dr. Algeria: Well, with the following modifications:

DRMJXXa:

[IF DRMJ11a = 1 OR DRMJ11b = 1] Usted acaba de mencionar que tuvo síntomas después de dejar de usar o reducir el uso de **marihuana o hachís**. En los últimos 12 meses, ¿volvió a usar marihuana o hachís o alguna sustancia ilícita para no tener estos síntomas?

- 1 Sí
- 2 No
- DK/REF

Presione F2 para ver estos síntomas otra vez

DRMJXXb: [IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] Volvamos hablar sobre los últimos doce meses. Después que dejó de usar o redujo el uso de marihuana o hachís, usó **marihuana o hachís** otra vez, o alguna sustancia ilícita para no tener estos síntomas?

- 1 Sí
- 2 No
- DK/REF

Presione F2 para ver estos síntomas otra vez

Question 5: Do you have any concerns about how Spanish-speaking respondents will interpret any of these items?

Dr. Algeria: No, but you have to separate the time frames so that respondents can focus on the questions. Remind them of the time frame and then ask the question.

Dr. Canino: If you want a translation of “get over” superar is not the best one, it would be “recuperarse de”. However, I think that the criterion is to relieve not get over, in which case the translation would be “mejorarse de”

Question 6: Do you have any other comments or suggestions regarding the assessment of withdrawal in general and cannabis withdrawal in particular?

No additional feedback.

DRMJ13 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por usar marihuana o hachís?

Dr. Canino: En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de salud mental que pudo haber sido causado o empeorado por usar marihuana o hachís?

DRMJ14 [IF DRMJ13 = 1] ¿Continuó usando marihuana o hachís aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

Dr. Canino: ¿Continuó usando marihuana o hachís aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de salud mental?

DRMJ15 [IF DRMJ13 = 2 OR DK/REF OR DRMJ14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por usar marihuana o hachís?

Dr. Canino: En los últimos 12 meses, ¿tuvo algún problema de salud física que pudo haber sido causado o empeorado por usar marihuana o hachís?

DRMJ16 [IF DRMJ15 = 1] ¿Continuó usando marihuana o hachís aún cuando pensaba que le estaba causando problemas de salud física?

DRMJ17 [IF MAR12MON = 1 - 3] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar tiempo con los amigos y la familia.

En los últimos 12 meses, ¿el usar marihuana o hachís le hizo abandonar o dedicar menos tiempo a hacer estos tipos de actividades importantes?.

Dr. Canino: Esta pregunta se trata de actividades importantes como trabajar, estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar tiempo con los amigos y la familia.

DRMJ18 [IF MAR12MON = 1 - 3] A veces las personas que usan marihuana o hachís tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿su uso de marihuana o hachís le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

Dr. Canino: A veces las personas que usan marihuana o hachís tienen problemas serios en su hogar, en el trabajo o en la escuela, tales como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿su uso de marihuana o hachís, ¿ le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

DRMJ19 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿usaba marihuana o hachís en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque estaba usando marihuana o hachís?

Dr. Canino: En los últimos 12 meses, ¿usaba marihuana o hachís en forma regular y luego hacía algo que lo hubiera expuesto a algún peligro físico porque estaba usando marihuana o hachís?

DRMJ20 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿el usar marihuana o hachís le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

DRMJ21 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿tuvo algún problema con la familia o los amigos que probablemente fue causado por su uso de marihuana o hachís?

DRMJ22 [IF DRMJ21 = 1] ¿Continuó usando marihuana o hachís aún cuando usted pensaba que le causaba problemas con la familia o los amigos?

Craving

The DSM-5 has added an additional criterion for substance use disorder diagnosis, called "craving". Three options (the third option contains two parts) are presented below for assessing the new DSM-5 craving criterion. The DSM-5 describes craving in two ways. First, the DSM-5 defines craving as "a strong desire or urge to use

alcohol.” Additionally, the DSM-5 explains craving as “indicated by a strong desire to [use substance] that makes it difficult to think of anything else and that often results in the onset of [substance use]. This is a new criterion applicable to all substances, therefore these items would be asked of all past year users for all substances.

DRMJ23. This is a two-part question. If A is yes, B is not asked. If the respondent answers yes to A or B, then the withdrawal criterion is met:

DRMJ23a En los últimos 12 meses, ¿hubo alguna ocasión cuando usted tenía tantas ganas de usar **marihuana o hachís** que no podía pensar en nada más?

- 1 Sí
- 2 No
- DK/REF

Dr. Canino: It is more colloquial to say “” hubo alguna vez instead of ocasion

DRMJ23b [IF DRMJ23a = 2, DK/REF] En los últimos 12 meses, ¿hubo alguna ocasión cuando usted tuvo un fuerte deseo o urgencia de usar **marihuana o hachís**?

- 1 Sí
- 2 No
- DK/REF

Dr. Canino: Could also be: ¿hubo alguna ocasión cuando usted tuvo un deseo fuerte o un deseo apremiante de usar marihuana o hachís?

English versions:

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?

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**?

Question 7: Prior cognitive testing of the English language versions of these items noted that craving assessment is very sensitive to wording (i.e. individuals may change their endorsement of these questions when the question has only slight wording differences). Do you have any concerns regarding the wording or interpretation of these questions for Spanish speaking respondents?

Dr. Algeria: See the following modifications

DRMJ23a Alguna vez eEn los últimos 12 meses, ¿hubo alguna ocasión cuando usted tuvoenía tantas ganas de usar marihuana o hachís que no podía pensar en nada más?

- 1 Sí
- 2 No
- DK/REF

DRMJ23b [IF DRMJ23a = 2, DK/REF] Alguna vez eEn los últimos 12 meses, ¿hubo alguna ocasión cuando usted tuvo un fuerte deseo o necesidad urgencia de usar marihuana o hachís?

- 1 Sí
- 2 No
- DK/REF

Dr. Canino: I think these are good translations. However, the ideal would be that you pilot these two items. I thought a lot about the translation of the word urge which was translated as “urgencia”. I thought about “deseo apremiante” which is a better translation but I truly think you should try this item out and the other translation I offered which captures better the intent of the question. A proper translation of the word urge is crucial for this item because it is the translation of the crux of the criterion. Given the importance of this item, I would try both translations with some subjects, do cognitive debriefing.

Question 8: How well do these questions assess craving as intended by the DSM-5, considering the NSDUH target population of respondents aged 12 or older?

Dr. Canino: The English items do measure the criterion of craving. Not sure about the Spanish translation

Question 9: Do you have any other comments or suggestions regarding the assessment of craving?

No further feedback.

END

Appendix B: DSM-5 Cognitive Testing R3 Protocol

**National Survey on Drug Use and Health:
DSM-5 Cognitive Testing Round 3 Protocol**

CASEID	__ - ____ - ____
DATE:	__ / __ / ____
INTERVIEWER:	_____

Introduction

[PROVIDE INFORMED CONSENT TO PARTICIPANTS AND TO PARENTS OR GUARDIANS, IF APPLICABLE]

[IF OBSERVERS ARE PRESENT, MENTION HOW MANY OBSERVERS AND WHETHER THEY ARE FROM RTI OR SAMHSA]

Thank you for participating in our study. In the first half of the interview, I will show you how to use our project laptop and you will enter your answers to questions about use of alcohol and certain drugs into the computer. Although normally you would listen to the questions privately using headphones, for the purpose of this study the questions will be read out loud by the computer. Before you enter your response into the computer, please tell me your answer out loud so that I can follow along.

After you complete the first half of the interview, you will receive a notice asking you to enter a 3-letter code, which I will give you, to continue.

The second half of the interview will work a little differently. After some of the survey questions, I will ask you follow-up questions about the question. For example, I might ask “Can you tell me in your own words what this question is asking” or “How did you come up with your answer to that question?” There are no right or wrong answers to the questions I ask. My main goal is to make sure that the questions make sense and that people can answer them easily. You can help me by pointing out anything you find confusing or unclear. If something doesn’t make sense, tell me that. Or if you’re not sure about your response, tell me that too. When we’re done you’ll receive \$40 as a token of our appreciation.

I’ll provide reminders about this, but as you answer the rest of the questions, please do not mention your name, anyone else’s name, or anything that might identify another person. If you do talk about another person, you can say things like “somebody I know,” or “this person.” Do not say things like, “my mom,” or “my friend Joe.”

READ FOR ADOLESCENTS ONLY: If you name an adult that has provided you with any drugs or non-prescribed medications, I, or my supervisors may need to report it to the

agency in this state that investigates abuse. Once we make a report, we have no control over what will be done with the information.

Do you have any questions? ANSWER ANY QUESTIONS. HAVE R COMPLETE THE DRUG SCREENING MODULES

Substance Dependence and Abuse

THE RESPONDENT SHOULD ALERT YOU WHEN HE OR SHE HAS COMPLETED THE DRUG SCREENING MODULES. AT THIS POINT READ THIS INTRODUCCION:

As I mentioned before, this next section will work a little differently. After some of the survey questions, I will ask you follow-up questions. For this section, you can either read the questions out loud or let the computer read them for you. Either choice is fine. Would you rather read the questions out loud yourself or listen to the computer voice?

[IF R WANTS TO READ: For each of the questions, please read the question aloud and then tell me your answer. You do not have to read all of the answer categories aloud.]

[IF SPEAKERS: Just as a reminder, before entering your response into the computer, tell me your answer out loud so that I can follow along.]

As you are answering this next set of questions, feel free to think aloud and tell me anything that comes to mind as you answer these questions. This helps us determine if everyone understands our questions in the same way. After some of the questions, I will stop you and ask you some follow up questions such as “Can you tell me in your own words what this question is asking?” You don’t have to repeat the question word for word, I just want to know what it meant to you.

There are no right or wrong answers to the questions I ask. Our main goal is to make sure that the questions make sense and that people can answer them easily. My job is to take a lot of notes and to figure out how potential respondents think about these questions.

GIVE R 3-DIGIT CODE TO CONTINUE.

ALCOHOL

DRALC10 [IF DRALC08 = 2 OR DK/REF OR DRALC09 = 2 OR DK/REF] During the past 12 months, did you cut down or stop drinking **at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_AL01 You answered [Yes/No]. How did you come up with your answer to this question? [IF ANSWERED YES, PROBE FOR HOW LONG THEY CUT DOWN IF NOT MENTIONED]

P_AL02 What does “cut down or stop drinking” mean to you as it’s used in this question? [IF NEEDED: What came to mind?]

P_AL03 [IF ANSWERED NO] Was there at least one time in the past 12 months that you cut down or stopped because you had to work, could not get a hold of any, were in rehab or some other reason? [IF YES TO PROBE: Can you tell me why you didn’t consider that to be cutting down or stopping when you answered this question?]

P_AL04 [NOTE WHETHER R DID GO WITHOUT SUBSTANCE. IF SO, INSTRUCT R TO RESPOND ‘YES’ TO THIS QUESTION.]

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

DRALCX1 [IF DRALC11=1] You just mentioned that you had symptoms **after** you cut down or stopped drinking **alcohol**. Did you drink alcohol again, use prescription sedatives or tranquilizers, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_AL13 You answered [yes/no]. How did you come up with your answer to this question? [IF YES: In what way did drinking again or using another drug help you avoid or get over your symptoms?]

P_AL14 IF YES: What did you use to avoid or get over these symptoms? [IF NEEDED: Was it alcohol, prescription sedatives, tranquilizers, or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_AL15 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, “During the past 12 months,” would you have answered differently? How so?]

P_AL16 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

DRALCX2 [IF DRALC11=2 OR DK/REF] After you cut down or stopped drinking **alcohol**, did you drink alcohol again, use prescription sedatives or tranquilizers, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_AL17 In your own words, what is this question asking?

P_AL18 IF YES: How did you come up with your answer to this question? In what way did drinking again or using another drug help you prevent these symptoms?

P_AL19 IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it alcohol, sedatives, tranquilizers, or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_AL20 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]

P_AL21 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_AL22 Can you tell me in your own words what this question is asking?

P_AL23 You answered [Yes/No]. How did you come up with your answer to this question?

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_AL24 You answered [Yes/No]. How did you come up with your answer to this question?

P_AL25 What does the phrase “strong urge to drink alcohol” mean to you as it’s used in this question?

P_AL26 If I asked, “During the past 12 months, was there ever a time when you had a strong desire or urge to drink alcohol?” would you have answered differently? How so?

MARIJUANA

DRMJ10 [IF DRMJC08 = 2 OR DK/REF OR DRMJC09 = 2 OR DK/REF] During the past 12 months, 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

P_MJ01 You answered [Yes/No]. How did you come up with your answer to this question? [IF ANSWERED YES, PROBE FOR HOW LONG THEY CUT DOWN IF NOT MENTIONED]

P_MJ02 What does “cut down or stop using” mean to you as it’s used in this question? [IF NEEDED: What came to mind?]

P_MJ03 [IF ANSWERED NO] Was there at least one time in the past 12 months that you cut down or stopped because you had to work, could not get a hold of any, were in rehab or some other reason? [IF YES TO PROBE: Can you tell me why you didn’t consider that to be cutting down or stopping when you answered this question?]

P_MJ04 [NOTE WHETHER R DID GO WITOUT SUBSTANCE. IF SO, INSTRUCT R TO RESPOND ‘YES’ TO THIS QUESTION]

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**?

- Stomach ache
- Shaking or tremors
- Sweating
- Fever
- Chills
- Headache

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_MJ05 You answered [Yes/No]. How did you come up with your answer to this question?

P_MJ06 [IF YES:] Did you get these symptoms **as a result of** cutting down or stopping or do you think it was unrelated?

P_MJ07 [IF YES] How soon after stopping or cutting back did you get these symptoms? [Within a day, a week, a month?]

P_MJ08 Do you consider these symptoms to be withdrawal symptoms or something else? How so?

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 or nervous
- 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

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_MJ09 You answered [Yes/No]. How did you come up with your answer to this question? [VERIFY NUMBER OF SYMPTOMS.]

P_MJ10 [IF YES:] Did you get these symptoms **as a result of** cutting down or stopping or do you think it was unrelated?

P_MJ11 [IF YES] How soon after stopping or cutting back did you get these symptoms? [Within a day, a week, a month?]

P_MJ12 And for these symptoms, do you consider these symptoms to be withdrawal symptoms or something else?

DRMJX1 [IF DRMJ11a=1 OR DRMJ11b=1] You just mentioned that you had symptoms after you cut down or stopped using **marijuana or hashish**. Did you use marijuana or hashish again, or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

Press F2 to see these symptoms again.

P_MJ13 You answered [yes/no]. How did you come up with your answer to this question? [IF YES: In what way did using marijuana/hashish again or using another drug help you avoid or get over your symptoms?]

P_MJ14 IF YES: What did you use to avoid or get over these symptoms? [IF NEEDED: Was it marijuana or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_MJ15 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, “During the past 12 months,” would you have answered differently? How so?]

P_MJ16 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

DRMJX2 [IF (DRMJ11a=2 OR DK/REF) AND (DRMJ11b=2 OR DK/REF)] After you cut down or stopped using **marijuana or hashish**, did you use marijuana or hashish again, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again.

P_MJ17 In your own words, what is this question asking?

P_MJ18 IFYES: How did you come up with your answer to this question? In what way did using marijuana/hashish again or using another drug help you prevent these symptoms?

P_MJ19 IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it marijuana or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_MJ20 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]

P_MJ21 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_MJ22 Can you tell me in your own words what this question is asking?

P_MJ23 You answered [Yes/No]. How did you come up with your answer to this question?

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_MJ24 You answered [Yes/No]. How did you come up with your answer to this question?

P_MJ25 What does the phrase “strong urge to use marijuana or hashish” mean to you as it’s used in this question?

P_MJ26 If I asked, “During the past 12 months, was there ever a time when you had a strong desire or urge to use marijuana or hashish?” would you have answered differently? How so?

COCAINE

DRCC10 [IF DRCC8 = 2 OR DK/REF OR DRCC9 = 2 OR DK/REF] During the past 12 months, did you cut down or stop using [**COKEFILL**] **at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_CC01 You answered [Yes/No]. How did you come up with your answer to this question? [IF ANSWERED YES, PROBE FOR HOW LONG THEY CUT DOWN IF NOT MENTIONED]

P_CC02 IF FIRST DRUG: What does “cut down or stop using” mean to you as it’s used in this question? [IF NEEDED: What came to mind?]

P_CC03 [IF ANSWERED NO] Was there at least one time in the past 12 months that you cut down or stopped because you had to work, could not get a hold of any, were in rehab or some other reason? [IF YES TO PROBE: Can you tell me why you didn’t consider that to be cutting down or stopping when you answered this question?]

P_CC04 [IF R DID GO WITHOUT SUBSTANCE, INSTRUCT R TO RESPOND ‘YES’ TO THIS QUESTION]

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

DRCC10b: [IF DRCC10a=2] This question is also about the times **after** you cut down or stopped using [COKEFILL].

During any of those times, did you use cocaine or ‘crack’ again, methamphetamine, prescription stimulants, or any illegal substance to **prevent** feeling blue or down?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_CC17	In your own words, what is this question asking?
P_CC18	IF YES: How did you come up with your answer to this question? In what way did using cocaine again or using another drug help you prevent these symptoms?
P_CC19	IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it 'crack,' methamphetamine, stimulants, or something else? PROBE FOR SPECIFIC SUBSTANCE.]
P_CC20	What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]

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

DRCCX1 [IF DRCC11=1] You just mentioned that you had symptoms after you cut down or stopped using [COKEFILL]. Did you use cocaine or 'crack' again, methamphetamine, prescription stimulants, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_CC13 You answered [yes/no]. How did you come up with your answer to this question? [IF YES: In what way did using cocaine again or using another drug help you avoid or get over your symptoms?]

P_CC14 IF YES: What did you use to avoid or get over these symptoms? [IF NEEDED: Was it [COKEFILL] or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_CC15 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]

P_CC16 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

DRCCX2 [IF DRCC11=2 OR DK/REF] After you cut down or stopped using [COKEFILL], did you use cocaine or ‘crack’ again, methamphetamine, prescription stimulants, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_CC17 IF FIRST DRUG: In your own words, what is this question asking?

P_CC18 IF YES: How did you come up with your answer to this question? In what way did using cocaine again or using another drug help you prevent these symptoms?

P_CC19 IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it ‘crack,’ methamphetamine, stimulants, or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_CC20 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, “During the past 12 months,” would you have answered differently? How so?]

P_CC21 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_CC22 [IF FIRST DRUG] Can you tell me in your own words what this question is asking?

P_CC23 You answered [Yes/No]. How did you come up with your answer to this question?

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_CC24 You answered [Yes/No]. How did you come up with your answer to this question?

P_CC25 What does the phrase "strong urge to use [COKEFILL]" mean to you as it's used in this question?

P_CC26 If I asked, “During the past 12 months, was there ever a time when you had a strong desire or urge to use [COKEFILL]?” would you have answered differently? How so?

HEROIN

DRHE10 [IF DRHE08 = 2 OR DK/REF OR DRHE09 = 2 OR DK/REF] During the past 12 months, did you cut down or stop using **heroin at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_HE01 You answered [Yes/No]. How did you come up with your answer to this question? [IF ANSWERED YES, PROBE FOR HOW LONG THEY CUT DOWN IF NOT MENTIONED]

P_HE02 IF FIRST DRUG: What does “cut down or stop using” mean to you as it’s used in this question? [IF NEEDED: What came to mind?]

P_HE03 [IF ANSWERED NO] Was there at least one time in the past 12 months that you cut down or stopped because you had to work, could not get a hold of any, were in rehab or some other reason? [IF YES TO PROBE: Can you tell me why you didn’t consider that to be cutting down or stopping when you answered this question?]

P_HE04 [IF R DID GO WITOUT SUBSTANCE, INSTRUCT R TO RESPOND 'YES' TO THIS QUESTION]

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

DRHEX1 [IF DRHE11=1] You just mentioned that you had symptoms **after** you cut down or stopped using **heroin**. Did you use heroin again, prescription pain relievers, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_HE13 You answered [yes/no]. How did you come up with your answer to this question? [IF YES: In what way did using heroin again or using another drug help you avoid or get over your symptoms?]

P_ HE14 IF YES: What did you use to avoid or get over these symptoms? [IF NEEDED: Was it heroin or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_ HE15 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]

P_ HE16 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

DRHEX2 [IF DRHE11=2 OR DK/REF] After you cut down or stopped using **heroin**, did you use heroin again, prescription pain relievers, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_ HE17 IF FIRST DRUG: In your own words, what is this question asking?

P_ HE18 IF YES: How did you come up with your answer to this question? In what way did using heroin again or another drug help you prevent these symptoms?

P_HE19 IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it heroin or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_HE20 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, “During the past 12 months,” would you have answered differently? How so?]

P_HE21 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_HE22 [IF FIRST DRUG] Can you tell me in your own words what this question is asking?

P_HE23 You answered [Yes/No]. How did you come up with your answer to this question?

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_HE24 You answered [Yes/No]. How did you come up with your answer to this question?

P_HE25 What does the phrase “strong urge to use heroin” mean to you as it’s used in this question?

P_HE26 If I asked, “During the past 12 months, was there ever a time when you had a strong desire or urge to use heroin?” would you have answered differently? How so?

METHAMPHETAMINE

DRME10 [IF DRME08 = 2 OR DK/REF OR DRME09 = 2 OR DK/REF] During the past 12 months, did you cut down or stop using **methamphetamine at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_ME01 You answered [Yes/No]. How did you come up with your answer to this question? [IF ANSWERED YES, PROBE FOR HOW LONG THEY CUT DOWN IF NOT MENTIONED]

P_ME02 IF FIRST DRUG: What does “cut down or stopped using” mean to you as it’s used in this question? [IF NEEDED: What came to mind?]

P_ME03 [IF ANSWERED NO] Was there at least one time in the past 12 months that you cut down or stopped because you had to work, could not get a hold of any, were in rehab or some other reason? [IF YES TO PROBE: Can you tell me why you didn’t consider that to be cutting down or stopping when you answered this question?]

P_ME04 [IF R DID GO WITOUT SUBSTANCE, INSTRUCT R TO RESPOND ‘YES’ TO THIS QUESTION]

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

DRME10b: [IF DRME10a=2] This question is also about the times **after** you cut down or stopped using **methamphetamine**.

During any of those times, did you use **methamphetamine** again, cocaine or ‘crack,’ prescription stimulants, or any illegal substance to **prevent** feeling blue or down?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_ME17	In your own words, what is this question asking?
P_ME18	IF YES: How did you come up with your answer to this question? In what way did using methamphetamine again or using another drug help you prevent these symptoms?
P_ME19	IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it methamphetamine, cocaine or 'crack,' stimulants or something else? PROBE FOR SPECIFIC SUBSTANCE.]
P_ME20	What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]

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

DRMEX1 [IF DRME11=1] You just mentioned that you had symptoms **after** you cut down or stopped using **methamphetamine**. Did you use methamphetamine again, cocaine or ‘crack,’ prescription stimulants, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again.

P_ME13 You answered [yes/no]. How did you come up with your answer to this question? [IF YES: In what way did using methamphetamine or using another drug help you avoid or get over your symptoms?]

P_ME14 What did you use to avoid or get over these symptoms? [IF NEEDED: Was it methamphetamine or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_ME15 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, “During the past 12 months,” would you have answered differently? How so?]

P_ME16 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED: Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?]

DRMEX2 [If DRME11=2 OR DK/REF] After you cut down or stopped using **methamphetamine** did you use methamphetamine again, cocaine or 'crack,' prescription stimulants, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_ME17 IF FIRST DRUG: In your own words, what is this question asking?

P_ME18 IF YES: How did you come up with your answer to this question? In what way did using methamphetamine again or using another drug help you prevent these symptoms?

P_ME19 IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it methamphetamine, cocaine or 'crack,' stimulants or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_ME20 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]

P_ME21 What symptoms were you thinking of when you read (or heard) this questions? [IF F2 NOT PRESSED:] Did you notice the instructions to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_ME22 [IF FIRST DRUG] Can you tell me in your own words what this question is asking?

P_ME23 You answered [Yes/No]. How did you come up with your answer to this question?

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_ME24 You answered [Yes/No]. How did you come up with your answer to this question?

P_ME25 What does the phrase “strong urge to use methamphetamine” mean to you as it’s used in this question?

P_ME26 If I asked, “During the past 12 months, was there ever a time when you had a strong desire or urge to use methamphetamine?” would you have answered differently? How so?

PRESCRIPTION PAIN RELIEVERS

DRPR10 [IF DRPR08 = 2 OR DK/REF OR DRPR09 = 2 OR DK/REF] During the past 12 months, 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

P_PR01 You answered [Yes/No]. How did you come up with your answer to this question? [IF ANSWERED YES, PROBE FOR HOW LONG THEY CUT DOWN IF NOT MENTIONED]

P_PR02 What does “cut down or stop using” mean to you as it’s used in this question? [IF NEEDED: What came to mind?]

P_PR03 [IF ANSWERED NO] Was there at least one time in the past 12 months that you cut down or stopped because you had to work, could not get a hold of any, were in rehab or some other reason? [IF YES TO PROBE: Can you tell me why you didn’t consider that to be cutting down or stopping when you answered this question?]

P_PR04 [IF R DID GO WITOUT SUBSTANCE, INSTRUCT R TO RESPOND ‘YES’ TO THIS QUESTION]

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

DRPRX1 [IF DRPR11=1] You just mentioned that you had symptoms after you cut down or stopped using **prescription pain relievers**. Did you use prescription pain relievers, heroin, or any illegal substance to avoid or get over these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_PR13 You answered [yes/no]. How did you come up with your answer to this question? [IF YES: In what way did using prescription pain relievers again or using another drug help you avoid or get over your symptoms?]

P_PR14 IF YES: What did you use to avoid or get over these symptoms? [IF NEEDED: Was it a prescription pain reliever or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_PR15 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, “During the past 12 months,” would you have answered differently? How so?]

P_PR16 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

DRPRX2 [IF DRPR11=2 OR DK/REF] After you cut down or stopped using **prescription pain relievers**, did you use prescription pain relievers again, heroin, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_PR17 In your own words, what is this question asking?

P_PR18 IF YES: How did you come up with your answer to this question? In what way did using prescription pain relievers again or using another drug help you prevent these symptoms?

P_PR19 IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it prescription pain relievers, heroin, or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_PR20 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, “During the past 12 months,” would you have answered differently? How so?]

P_PR21 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_PR22 [IF FIRST DRUG] Can you tell me in your own words what this question is asking?

P_PR23 You answered [Yes/No]. How did you come up with your answer to this question?

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_PR24 You answered [Yes/No]. How did you come up with your answer to this question?

P_PR25 What does the phrase “strong urge to use prescription pain relievers” mean to you as it’s used in this question?

P_PR26 If I asked, “During the past 12 months, was there ever a time when you had a strong desire or urge to use prescription pain relievers?” would you have answered differently? How so?

PRESCRIPTION TRANQUILIZERS

DRTR10 [IF DRTR08 = 2 OR DK/REF OR DRTR09 = 2 OR DK/REF] During the past 12 months, did you cut down or stop using **prescription tranquilizers at least one time**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_TR01 [IF FIRST DRUG] You answered [Yes/No]. How did you come up with your answer to this question? [IF ANSWERED YES, PROBE FOR HOW LONG THEY CUT DOWN IF NOT MENTIONED]

P_TR02 What does “cut down or stop using” mean to you as it’s used in this question? [IF NEEDED: What came to mind?]

P_TR03 [IF ANSWERED NO] Was there at least one time in the past 12 months that you cut down or stopped because you had to work, could not get a hold of any, were in rehab or some other reason? [IF YES TO PROBE: Can you tell me why you didn’t consider that to be cutting down or stopping when you answered this question?]

P_TR04 [IF R DID GO WITOUT SUBSTANCE, INSTRUCT R TO RESPOND ‘YES’ TO THIS QUESTION]

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTRX1 [IF DRTR11=1] You just mentioned that you had symptoms **after** you cut down or stopped using **prescription tranquilizers**. Did you use prescription tranquilizers again, drink alcohol, use prescription sedatives, or any illegal substance **to avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_TR13 You answered [yes/no]. How did you come up with your answer to this question? [IF YES: In what way did using prescription tranquilizers again or using another drug help you avoid or get over your symptoms?

P_TR14 IF YES: What did you use to avoid or get over these symptoms? [IF NEEDED: Was it a prescription tranquilizer or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_TR15 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]

P_TR16 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

DRTRX2 [IF DRTR11=2 OR DK/REF] After you cut down or stopped using **prescription tranquilizers**, did you use prescription tranquilizers again, drink alcohol, use prescription sedatives, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALEDAR

Press F2 to see these symptoms again

P_TR17 In your own words, what is this question asking?

P_TR18 IF YES: How did you come up with your answer to this question? In what way did using prescription tranquilizers again or using another drug help you prevent these symptoms?

P_TR19 IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it a prescription tranquilizer or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_TR20 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]

P_TR21 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

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

PROGRAMMER: SHOW 12 MONTH CALEDAR

P_TR22 [IF FIRST DRUG] Can you tell me in your own words what this question is asking?

P_TR23 You answered [Yes/No]. How did you come up with your answer to this question?

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALEDAR

P_TR24 [IF FIRST DRUG] You answered [Yes/No]. How did you come up with your answer to this question?

P_TR25 What does the phrase "strong urge to use prescription tranquilizers" mean to you as it's used in this question?

P_TR26 If I asked, “During the past 12 months, was there ever a time when you had a strong desire or urge to use prescription tranquilizers?” would you have answered differently? How so?

PRESCRIPTION STIMULANTS

DRST10 [IF DRST08 = 2 OR DK/REF OR DRST09 = 2 OR DK/REF] During the past 12 months, did you cut down or stop using **prescription stimulants at least one time?**

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_ST01 You answered [Yes/No]. How did you come up with your answer to this question? [IF ANSWERED YES, PROBE FOR HOW LONG THEY CUT DOWN IF NOT MENTIONED]

P_ST02 What does “cut down or stop using” mean to you as it’s used in this question? [IF NEEDED: What came to mind?]

P_ST03 [IF ANSWERED NO] Was there at least one time in the past 12 months that you cut down or stopped because you had to work, could not get a hold of any, were in rehab or some other reason? [IF YES TO PROBE: Can you tell me why you didn’t consider that to be cutting down or stopping when you answered this question?]

P_ST04 [IF R DID GO WITOUT SUBSTANCE, INSTRUCT R TO RESPOND ‘YES’ TO THIS QUESTION]

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

DRST10b: [IF DRST10a=2] This question is also about the times **after** you cut down or stopped using **prescription stimulants**.

During any of those times, did you use prescription stimulants again, methamphetamine, cocaine or 'crack,' or any illegal substance to **prevent** feeling blue or down?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_ST17 In your own words, what is this question asking?

P_ST18 IF YES: How did you come up with your answer to this question? In what way did using prescription tranquilizers again or using another drug help you prevent these symptoms?

P_ST19 IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it a prescription stimulant or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_ST20 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]

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

DRSTX1 [IF DRST11=1] You just mentioned that you had symptoms **after** you cut down or stopped using **prescription stimulants**. Did you use prescription stimulants again, methamphetamine, cocaine or 'crack,' or any illegal substance to **avoid or get over** these symptoms?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_ST13 You answered [yes/no]. How did you come up with your answer to this question? [IF YES: In what way did using prescription stimulants again or using another drug help you avoid or get over your symptoms?]

P_ST14 IF YES: What did you use to avoid or get over these symptoms? [IF NEEDED: Was it a prescription stimulant or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_ST15 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had asked "During the past 12 months," would you have answered differently? How so?]

P_ST16 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

DRSTX2 [IF DRST11=2 OR DK/REF] After you cut down or stopped using **prescription stimulants**, did you use prescription stimulants again, methamphetamine, cocaine or 'crack,' or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_ST17 IF FIRST DRUG: In your own words, what is this question asking?

P_ST18 IF YES: How did you come up with your answer to this question? In what way did using prescription stimulants again or using another drug help you prevent these symptoms?

P_ST19 IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it a prescription stimulant or something else? PROBE FOR SPECIFIC SUBSTANCE.]

P_ST20 What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, “During the past 12 months,” would you have answered differently? How so?]

P_ST21 What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_ST22 Can you tell me in your own words what this question is asking?

P_ST23 You answered [Yes/No]. How did you come up with your answer to this question?

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_ST24 You answered [Yes/No]. How did you come up with your answer to this question?

P_ST25 What does the phrase “strong urge to use prescription stimulants” mean to you as it’s used in this question?

P_ST26 If I asked, “During the past 12 months, was there ever a time when you had a strong desire or urge to use prescription stimulants?” would you have answered differently? How so?

PRESCRIPTION SEDATIVES

DRSV10 [IF DRSV08 = 2 OR DK/REF OR DRSV09 = 2 OR DK/REF] During the past 12 months, did you cut down or stop using **prescription sedatives at least one time?**

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_SV01 [IF FIRST DRUG] You answered [Yes/No]. How did you come up with your answer to this question? [IF ANSWERED YES, PROBE FOR HOW LONG THEY CUT DOWN IF NOT MENTIONED]

P_SV02 What does “cut down or stop using” mean to you as it’s used in this question? [IF NEEDED: What came to mind?]

P_SV03 [IF ANSWERED NO] Was there at least one time in the past 12 months that you cut down or stopped because you had to work, could not get a hold of any, were in rehab or some other reason? [IF YES TO PROBE: Can you tell me why you didn't consider that to be cutting down or stopping when you answered this question?]

P_SV04 [IF R DID GO WITOUT SUBSTANCE, INSTRUCT R TO RESPOND 'YES' TO THIS QUESTION]

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

DRSVX1 [IF DRSV11=1] You just mentioned that you had symptoms after you cut down or stopped using **prescription sedatives**. Did you use prescription sedatives again, drink alcohol, use prescription tranquilizers, or any illegal substance **to avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_SV13	You answered [yes/no]. How did you come up with your answer to this question? [IF YES: In what way did using prescription sedatives again or using another drug help you avoid or get over these symptoms?]
P_SV14	IF YES: What did you use to avoid or get over these symptoms? [IF NEEDED: Was it a prescription sedative or something else? PROBE FOR SPECIFIC SUBSTANCE.]
P_SV15	What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]
P_SV16	What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

DRSVX2 [IF DRSV11=2 OR DK/REF] After you cut down or stopped using **prescription sedatives**, did you use prescription sedatives again, drink alcohol, use prescription tranquilizers, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Press F2 to see these symptoms again

P_SV17	In your own words, what is this question asking?
P_SV18	IF YES: How did you come up with your answer to this question? In what way did using prescription stimulants again or using another drug help you prevent these symptoms?
P_SV19	IF YES: What did you use to prevent these symptoms? [IF NEEDED: Was it a prescription sedative or something else? PROBE FOR SPECIFIC SUBSTANCE.]
P_SV20	What time period were you thinking about when you answered this question? [IF NOT 12 MONTHS: If this question had said, "During the past 12 months," would you have answered differently? How so?]
P_SV21	What symptoms were you thinking of when you read (or heard) this question? [IF F2 NOT PRESSED:] Did you notice the instruction to Press F2 to see the symptoms? Is that instruction ok or would you prefer to see the symptoms listed on the screen?

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, PROGRAMMER: SHOW 12 MONTH CALENDAR

P_SV22 [IF FIRST DRUG] Can you tell me in your own words what this question is asking?

P_SV23 You answered [Yes/No]. How did you come up with your answer to this question?

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

P_SV24 [IF FIRST DRUG] You answered [Yes/No]. How did you come up with your answer to this question?

P_SV25 What does the phrase “strong urge to use prescription sedatives” mean to you as it’s used in this question?

P_SV26 If I asked, “During the past 12 months, was there ever a time when you had a strong desire or urge to use prescription sedatives?” would you have answered differently? How so?

END Those are all of the questions that I have. Do you have any additional thoughts or comments on these survey questions that you would like to share?

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.

**Appendix C: DSM-5 Testing Adult Cognitive Interview
Participant Informed Consent Form and Parental
Permission and Informed Consent Form**

DSM-5 Testing
Adult Cognitive Interview Participant Informed Consent Form
National Survey on Drug Use and Health (NSDUH)

Introduction

I am going to explain this study to you. You can stop me at any time if you have questions about anything I tell you.

The purpose of this study is to test some questions that will be used in the National Survey on Drug Use and Health, or NSDUH. The NSDUH is a large survey given to about 70,000 people across the country each year. It collects information on many health-related issues. Right now, we're interested in evaluating some questions about your experience with past drug and alcohol use. We want to see how well people understand these questions and how they might go about answering them. RTI is carrying out this research study for the Substance Abuse and Mental Health Services Administration, or SAMHSA, which is part of the US Department of Health and Human Services. You are one of 51 participants at least 12 years old (including about 39 adults) who will review the survey questions for this study.

Description of the Interview

Your participation in this interview will involve answering questions about your experiences with past drug and alcohol use. In addition to answering these questions, I will ask you follow up questions to determine how you decided on an answer for these survey questions and if they were clear and easy for you to understand. For some questions, I may ask you to put the questions in your own words. The interview will last approximately 60 minutes. Your participation in this study will end after you finish the interview.

We also would like to audio record what you say during the interview. Only the people who work on this study will hear the recording. It will help us make sure we have understood your answers. If you don't want us to audio record you, that's okay.

Confidentiality/Your Rights

Taking part in the interview is completely voluntary. You can skip any interview questions you do not wish to answer. Your personal information will not be connected to your answers in any way. Federal law requires us to keep your answers confidential and to use these answers only for statistical purposes (the Confidential Information Protection and Statistical Efficiency Act of 2002).

With your agreement, we will audio record your interview. You can ask us to pause or stop the recording at any time. Only RTI and SAMHSA research team members will be able to listen to the recordings. The recordings will be destroyed within 60 days of the end of this study. Comments from all interviews will be combined in a report that will not identify who made the comments.

[Read only if observer is present: Member of the RTI research team or representatives of SAMHSA are here with us today and would like to observe this interview from a separate observation room. If you do not want anyone else to observe your interview, we will simply ask these people to leave the observation room and then do the interview.]

Possible Risks and Benefits

You can ask me to stop the interview at any time. If you want to take a break at any time during the interview, please tell me. It is possible some of the survey questions may make you feel uncomfortable or upset. If this happens, I can tell you how to contact a counselor.

There are no direct benefits to you from participating in this interview. However, the answers you give will help us to improve the quality of questions for the NSDUH.

Payment for Participation

You will be given \$40 in cash for completing the interview.

Your Questions

If you have any other questions about the study, you can call Ms. Emily Geisen at 1-800-334-8571 ext. 26566.

If you have any questions about your rights as a study participant, you can call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number).

I will sign my name here to indicate that I have explained this information to you and that you have agreed to be interviewed.

Signature of Interviewer

Date

Read only if observer is present: I also will sign my name here to indicate that you have given your consent for members of the RTI research team or representatives of SAMHSA to observe the interview. [INTERVIEWER, PLEASE WRITE "NA" ON THE SIGNATURE LINE IF THE INTERVIEW IS NOT BEING OBSERVED.]

Signature of Interviewer

Date

Finally, I will sign my name here to indicate that you have agreed for the interview to be audio recorded.

Signature of Interviewer

Date

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, expiration date 5/31/17.

Parental Permission and Informed Consent

Introduction

The National Survey on Drug Use and Health (NSDUH) is a large survey given to about 70,000 people across the country every year. RTI International conducts the NSDUH. It collects information on many health-related issues. Right now we're testing some new questions about past drug and alcohol use to learn how well people understand these questions and how they might go about answering them. We are under contract with the Substance Abuse and Mental Health Services Administration to carry out this survey. You or your child responded to an advertisement that we placed for research subjects. At present, we are seeking the help of young people like your child to see how our new questions work.

Confidentiality

Your child is one of 12 adolescent respondents in Washington, DC, Chicago, IL, Portland, OR, and Research Triangle Park, NC who are participating in this study. Taking part in the interview is strictly voluntary. Your child can skip any portion of the interview he/she does not wish to be involved with. There is no penalty if he/she chooses to skip any part of the interview. The interview will be conducted in private to ensure nobody else overhears his/her answers. All answers will be kept private and confidential. We will not share the information given to us with any person outside the project staff, and your child's name will never be connected to the answers he/she provides. Federal law requires us to keep your child's answers confidential and to use his/her answers only for statistical purposes (the Confidential Information Protection and Statistical Efficiency Act of 2002). The only exception to this promise of confidentiality is if your child tells me that (he/she) intends to seriously harm him/herself or someone else or if (he/she) tells me (he/she) has been abused, or if your child identifies a person who has given (him/her) drugs. In this situation I may need to notify a mental health professional or other authorities.

Possible Risks and Benefits

Some of the questions we ask may make your child feel uncomfortable or upset. If this happens, we can either take a break or I can give your child information about talking with a counselor.

There are no direct benefits to you or your child from doing this interview. Your child's involvement in this study will help us improve the questions for the NSDUH.

Description of the Interview

The interview will take about one hour. During the interview, your child will be asked survey questions about past drug and alcohol use. The survey includes questions about the use of alcohol and drugs such as marijuana. In addition to these questions, we will ask follow up items about the survey questions to determine how your child decided on an answer for these questions and if they were clear and easy for your child to understand. For example, we may ask your child to repeat the question in his or her own words.

(He/She) will receive \$40 in cash in appreciation for the interview.

We would like to audio record the interactions between your child and the interviewer. The recording will be heard only by members of the research team to help us make sure we have all the information from your child about how these questions work. To protect (his/her) privacy, the recording will remain on the laptop computer, which will be protected by a password. The recording will be destroyed soon after the study ends. However, having the interactions recorded is voluntary and you can decline for your child.

[Read only if observer is present: Members of the RTI research team or representatives of SAMHSA are here with us today and would like to observe this interview from a separate observation room. If you do not want anyone else to observe your interview, we will simply ask these people to leave the observation room and then do the interview.]

If you have any questions about this study, you can contact Emily Geisen at RTI at 1-800-334-8571 X. 26566). If you have any questions about your rights as a parent or legal guardian or your child's rights as a study participant, you can call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number).

Do we have your permission for [CHILD'S NAME] to participate?

As Parent/Guardian, I give my permission for my child to participate in this interview.

Yes **No**

As Parent/Guardian, I give my permission for my child's interview to be audio recorded:

Yes **No**

As Parent/Guardian, I give my permission for members of the RTI research team or representative of SAMHSA to observe the interview:

Yes **No**

Signature of Interviewer: _____

Date: _____

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, expiration date 5/31/17.

Participant Informed Assent (ADOLESCENT)

Introduction

I am going to explain this study to you. You can stop me at any time if you have questions about anything I tell you.

The purpose of this study is to test some questions that will be used in the National Survey on Drug Use and Health, or NSDUH. The NSDUH is a large survey given to about 70,000 people across the country each year. It collects information on many health-related issues. We're interested in evaluating some questions about your experience with past drug and alcohol use. We want to see how well people understand these questions. We also want to know how people go about answering the questions. RTI is doing this study for the Substance Abuse and Mental Health Services Administration, or SAMHSA. You are one of 12 participants between the ages of 12 to 17 who will help us test these questions.

Description of the Interview

Your participation in this interview will involve answering questions about your experiences with past drug and alcohol use. In addition to answering these questions, I will ask you follow up questions to determine how you decided on an answer for these survey questions and if they were clear and easy for you to understand. For some questions, I may ask you to put the questions in your own words. The interview will last approximately 60 minutes. Your participation in this study will end after you finish the interview.

We also would like to audio record what you say during the interview. Only the people who work on this study will hear the recording. It will help us make sure we have understood your answers. If you don't want us to audio record you, that's okay.

Confidentiality/Your Rights

You don't have to answer a question if you don't want to. If you want to take a break at any time, just tell me. Your name will be kept private. Only people working on or with the study will see your answers to these questions. Your parents will not find out about your answers to questions. The only exceptions to this promise of confidentiality are if you tell me that you intend to seriously harm yourself or someone else or if you have been abused or if you identify an adult who has given you drugs; in these situations I may need to notify a mental health professional or other authorities.

Possible Risks and Benefits

Some of the questions we ask may make you feel uncomfortable or upset. If this happens, let me know right away, and we can either take a break or I can give you information about talking with a counselor.

We are required by law to keep your answers private. The law also requires the study to use your answers only to learn how the questions work. The name of this law is the Confidential Information Protection and Statistical Efficiency Act of 2002.

There are no direct benefits to you from doing this interview. Your involvement in this study will help us improve the questions for the NSDUH.

When we finish, I will give you \$40 in cash to thank you for taking time to talk to me.

If you or your parent/guardian have any other questions about the study, you can call Ms. Emily Geisen at 1-800-334-8571 ext. 26566. If you or your parent/guardian have any questions about your rights as a participant in this study, you can call RTI's Office of Research Protection at 1-866-214-2043.

I will sign my name here to indicate that I have explained this information to you and that you have agreed to be interviewed. You will be given a copy of this form.

Signature of Interviewer

Date

I will sign my name here to indicate that you have agreed for the interview to be audio recorded.

Signature of Interviewer

Date

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, expiration date 5/31/17.

Participant Assent to Be Observed (ADOLESCENT)

[Another person who works on the study/A person or people who work(s) with the sponsor of this study] also is here with us today. This person (These people) would like to watch your interview in a separate observation room. We have already talked with your parent or guardian about this, and they have said it is okay to have this person (these people) watch the interview. What you say will still be kept private. It's okay if you don't want this person (these people) to watch your interview. We will simply ask that person(them) to leave the observation room.

Is it OK for this person (them) to watch your interview?

CHECK ONE OF THE BOXES BELOW. SIGN AND DATE FORM

Other study team member or sponsor representative may observe the interview.

Other study team member or sponsor representative may not observe the interview.

Signature of Interviewer

Date

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, expiration date 5/31/17.

Appendix D: DSM-5 R1 Memo

Memo

To: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality

From: Emily Geisen, Cristie Glasheen, Gretchen McHenry, Patty LeBaron, Jeanne Snodgrass, Mark Edlund, Rhonda Karg, Doug Curriuan

Date: May 6, 2015

Re: DSM-5 Round 1 Cognitive Interviewing Summary and Recommendations

Purpose

The purpose of the DSM-5 project was to evaluate the diagnostic changes in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* from the fourth edition (DSM-IV) to the fifth edition (DSM-5) and to develop revisions to the substance abuse modules of the National Survey on Drug Use and Health (NSDUH) to produce estimates of DSM-5-based substance use disorders (SUDs) (American Psychological Association [APA], 1994, 2013).

After completing a review of diagnostic changes, the DSM-5 project revised and developed NSDUH items to reflect DSM-5 criteria for SUDs. The revisions and new items were reviewed by substantive and methodological experts and further changes were made. Following these changes, draft items were tested in the first round of cognitive interviewing, which was completed on April 23, 2015. This memo provides a summary of the findings of the first round of cognitive interviewing and recommendations for item revision for the second round of cognitive interviewing, which will be conducted in English and Spanish. The second round of cognitive interviewing is scheduled to occur after Spanish translation and expert review.

SAMHSA Background

At the direction of Substance Abuse and Mental Health Services Administration (SAMHSA) management, DSM-5 changes are limited to the addition of a craving question for all drugs and withdrawal questions for marijuana. Final marijuana withdrawal symptom questions may require minor changes to symptom questions for other substances for consistency. Any additional findings and recommendations should continue to be included for documentation purposes. However, SAMHSA resolutions for Round 2 are limited to these items.

Participants

Ten adult participants were recruited from advertisements placed on www.craigslist.com in three cities: Chicago, Illinois; Washington, DC; and Portland, Oregon. Three adolescent participants were recruited from treatment facilities in Durham, North Carolina. Participant characteristics are described below.

To be eligible, participants had to report using alcohol or marijuana at least six times in the past year, or using cocaine, heroin, or methamphetamine at least once in the past year, or misusing prescription drugs in the past year. To test new marijuana withdrawal questions as well as the other revised substance use dependence questions, RTI selected a majority of marijuana users. Although participants self-reported certain drug use during the screener, they may not have received the substance dependence module for that substance if they did not use the substance frequently enough (alcohol or marijuana).

In Table 1, RTI provides a list of the cognitive interview participants by demographics and the substance dependence modules received. Throughout the findings, participants are referred to by their CaseIDs to provide a better understanding for how participants interpreted the questions.

Table 1. Participant Characteristics

CaseID	Age Range	Sex	Race	Ethnicity	Education	Received Substance Dependence Modules for:
1000030	35-54	Female	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana, cocaine
1000093	55 or older	Female	Black or African American	Not Hispanic	Some college, but no degree	Alcohol
1000149	18-34	Male	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana
2000042	35-54	Female	White	Not Hispanic	Bachelor's Degree (B.A., B.S.)	Alcohol, marijuana, methamphetamine
2000053	18-34	Female	White	Not Hispanic	Bachelor's Degree (B.A., B.S.)	Alcohol, marijuana, cocaine
2000101	55 or older	Female	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana
3000027	55 or older	Female	Black or African American	Not Hispanic	High school diploma or GED	Alcohol
3000033	35-54	Male	Black or African American	Not Hispanic	High school diploma or GED	Alcohol, marijuana, cocaine, heroin
3000038	55 or older	Female	Black or African American	Not Hispanic	Some college, but no degree	Alcohol
3000055	55 or older	Male	Black or African American	Not Hispanic	Some college, but no degree	Alcohol, cocaine
4000001	12-17	Male	White	Not Hispanic	Less than High School	Alcohol, marijuana, cocaine
4000015	12-17	Female	White	Not Hispanic	Less than High School	Alcohol, marijuana
4000030	12-17	Male	White	Not Hispanic	Less than High School	Alcohol, marijuana, cocaine, methamphetamine

Organization

The findings of the cognitive interviewing are organized as follows:

- question text,
- brief background of the revision/addition,
- cognitive interview findings,
- recommendations,

- resolutions from SAMHSA,
- Spanish-language expert review findings, and
- recommendations.

Overall Changes for Round 2

The entire substance abuse module will be reproduced to facilitate observers following along with the cognitive interviews without seeing all the questions. Similarly, headphones will not be used in the cognitive testing. Participants will read the question aloud or listen to the computer audio and then say their responses as they are entering them. Some participants in Round 1 apparently denied using substances for which they were recruited and therefore did not get the appropriate follow-up questions.

Round 2 will include specific recruitment of a few prescription drug misusers.

DR(Drug)10

During the past 12 months, whether you wanted to or not, did you cut down or stop [using Drug] at least one time?

History

This question is a revised version of the existing NSDUH question DR(DRUG)10: “During the past 12 months did you cut down or stop [using Drug] at least one time?” This item is used as part of the skip pattern to determine who will receive the withdrawal symptom questions. During review of the NSDUH items, concern was raised that the items immediately preceding this question may create a context effect where people are only considering times that they intentionally cut down and not times that they went without for other reasons (e.g., they ran out of money or they had to work). The phrase “whether you wanted to or not” was added to try to prompt individuals to think about these other times.

Findings

Only one participant (3000038) did not receive this question for any substances due to the skip pattern of previous questions.

Overall, this question did not work as intended, and participants were thinking primarily about intentionally cutting down or stopping. This led to a high number of likely false negatives, based on cognitive testing. Incorrectly answering “no” means that participants will not get following questions about experiencing symptoms of substance withdrawal.

False negatives were probable in four cases for alcohol (1000149, 2000042, 3000027, and 4000015), three cases for marijuana (1000149, 2000053, and 4000001), and two cases for cocaine (1000030 and 3000055). Participants answered “no” incorrectly for three main reasons as summarized below:

- Participants were thinking only about intentionally stopping and not just periods of time when they might have gone without the substance for other reasons:

- 1000149 on alcohol: “I am thinking about stopping drinking and not drinking for a given night as two different things. I might not drink if I have to work in the morning, but I don’t consider that cutting down or stopping.”
 - 2000053 said that she cut down her marijuana use twice over the past year, for about a month each, but she was not thinking of that when she answered. She said, “I didn’t not use because I consciously chose not to, I just didn’t have it and didn’t care.”
 - When asked if he ever went without alcohol, 2000042 responded, “Not when I was younger, but now, yes, because of work.”
 - 4000001 said that he went without marijuana for a week because of a church trip. When asked why he answered “no” even though he went without marijuana, he replied, “I didn’t *not* want to go on the church retreat so I didn’t think it included that. I was fine with going on the church retreat so not smoking didn’t really affect my decision.”
- Participants thought this question was asking about successfully cutting down or stopping:
 - 4000015 said that question was confusing. She thought the question was asking, “Am I able to stop when I want to at least once?” She said she answered “no” because “It’s only been recently that I have been trying not to but I haven’t been able to.”
 - 3000055 said about alcohol that “It seems to me that they’re asking if you are attempting to cut down or stop drinking at least once over the past year. I’m thinking it’s asking you to get information about whether or not you were able to do it at least once.”
 - 3000055 answered “no” for cocaine for similar reasons: “In the past 12 months, I’ve wanted to not quite binge as much as I did but I wasn’t able. I wasn’t very successful at it.” She then acknowledged that she had gone without cocaine for as long as a week due to unavailability.
 - Participants did not use the substance often enough to “cut down.” While this question should have been answered “yes,” these participants’ infrequent use would likely not have prompted withdrawal symptoms; therefore, no important diagnostic information on withdrawal would be missed:
 - 1000030 on cocaine: “This is not something I use regularly. Just did it not too much.”
 - 1000149 noted that he used to use marijuana “extremely heavily” more than 12 months ago but that now, “No, I just use at concerts.”
 - 3000027 commented, “I am not an alcohol person,” and implied that she answered “no” because she did not drink that much and did not want to cut down.

When the participants above answered “no,” they were asked if there was ever a time they went without the substance for a while. Many of these participants indicated that they went without the substance for periods of time because of work, because they could not get a hold of any, because they did not have any money, or just because they did not do it very often.

The phrase “whether you wanted to or not” was added to encourage participants to think about both intentional and unintentional times that they might have cut down or stopped drinking. However, it does not appear that participants understood this phrase as intended:

- Several participants (2000053, 4000001, 4000015) said they found the phrase confusing.
- As noted above, several participants interpreted it as asking about success in stopping.

- Others thought it was asking about the times they cut back or stopped due to external forces. For example, participant 1000149 said, “I’m thinking it means if you were compelled to by some reason, perhaps your health or law enforcement has gotten involved and you’re taking some sort of sobriety test that are necessary as opposed to wanting to do it, the word I want to use is ‘more organically.’”

Three participants (4000030 for alcohol, 2000101 for marijuana, and 2000053 for cocaine) answered “yes” to this question and reported thinking about times they unintentionally went without when they answered this question (e.g., when they ran out or did not have money). However, 2000101’s and 2000053’s “yes” responses are likely due to the effect of cognitive probing because these participants incorrectly answered “no” for previous substances.

Other participants answered “yes” correctly reported cutting back or stopping for the following reasons:

- deliberately cutting back for a personal reason, such as to use a prescription medication (1000093 for alcohol) or improve swimming performance (3000033 for marijuana);
- not using the substance frequently, so that there were periods of time they went without (3000033 for cocaine and heroin, 4000001 for alcohol and cocaine, 4000030 for methamphetamine);
- 2000101 said there were times when she went without drinking for “a day or a week,” but she did not explain why;
- deliberately cutting back to fight addiction (3000055 for alcohol); and
- entering of a rehab program (4000015 and 4000030 for marijuana) or desire to cut down (3000055).

Possible Revisions

- Remove item DR(Drug)10 from all modules and eliminate the skip pattern for withdrawal items so all respondents in the substance abuse modules receive the withdrawal questions. This would eliminate the possibility of people who should be answering the withdrawal question not receiving them.
- Test an alternate version:
 - During the past 12 months did you cut down or stop [using Drug] at least one time, for any reason?
 - During the past 12 months did you cut down or stop [using Drug] for any reason?
 - During the past 12 months did you go without [using Drug] at least one time?
 - During the past 12 months did you go without [using Drug] at least one time, for any reason?
 - During the past 12 months did you go without [using Drug] at any time?
 - During the past 12 months did you go without [using Drug] for any reason?
 - During the past 12 months did you go without [using Drug] for at least [drug specific amount of time]?

Recommendations

- Our recommendation is to remove DR(Drug)10 and eliminate the skip pattern for withdrawal items and to use cognitive interviewing in Round 2 to determine whether this results in an inflated false-positive rate for withdrawal items. As evidenced in the cognitive interviewing, almost everyone went without the substance at some point in the past year.

- If an alternate version is preferred, then RTI recommends testing two versions of this question simultaneously. This may provide valuable information because the answers could be contrasted with each other. Based on the respondents who indicated they were specifically not thinking of times they went without unintentionally, there is some indication that “cutting down or stopping” is partially responsible for excluding those times, suggesting that a different wording, such as “going without,” may be helpful. Adding a specific amount of time may also assist in reframing the question away from intentional versus unintentional and avoiding judgments of “success,” but because withdrawal can occur at varying times after stopping use, it would need to be tailored to each substance or set to the minimum amount of time for any substance.
- If this question is to be included, RTI recommends testing the following two versions in Round 2. Use of these two questions will allow us to compare going without for any reason versus going without for a specified period of time:
 - During the past 12 months did you go without [using Drug] at least one time, for any reason?
 - During the past 12 months did you go without [using Drug] for at least [drug specific amount of time]?

Resolutions from SAMHSA

DR10 is an existing question and not included in the SAMHSA management directive, so we cannot delete it. We agree that the phrase “whether you wanted to or not” should be dropped. Instead of including the phrase “for any reason,” please use the existing (2015) question wording and routing in Round 2, probing for the reason, intent, and length of time participants cut down or stopped using the substance. Substituting the phrase “go without using” could result in even more false positives. We do not agree with inserting the drug-specific amount of time in the questions because even the SUD experts could not agree on this.

Spanish-Language Review Findings

There were no comments from the reviewers for this item.

Final Recommendation

Complete cognitive testing on the original NSDUH wording of DR10.

<p>DRMJ11a</p>	<p>[IF DRMJ09 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?</p> <ul style="list-style-type: none"> • Pain in the stomach area • Shaking or tremors • Sweating • Fever • Chills • Headache <p>1 Yes 2 No DK/REF</p>
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DRMJ11b [IF DRMJ09 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

History

DSM-5 has added a withdrawal syndrome to the Marijuana Use Disorder criteria. Symptoms are broken into two groups (physical and psychological). Respondents must have three or more symptoms, one of which can be from the physical symptom list. Even if a respondent has all of the physical symptoms, it only counts as one of the three needed to meet marijuana syndrome criteria. The complexity of this required the use of two questions to assess this criteria. If they endorse 11a, then the fill for 11b is 2, otherwise the 11b question requires 3.

DRMJ11a Findings

Six participants (1000030, 2000042, 2000101, 3000033, 4000015, and 4000030) received this question based on their use of marijuana and their responses to prior questions.

In general, this question appeared to work well, although several participants did not think these symptoms were likely to occur from marijuana withdrawal. Participants 2000042 and 3000033 specifically commented that they had never heard of these symptoms occurring for marijuana. One of these participants noted that she associated these symptoms with heroin withdrawal rather than marijuana withdrawal. Participant 1000030 said that she did not think that people would have these symptoms (except for headaches) and noted that people would have anxiety or depression. Participants would then volunteer other symptoms that they thought more likely to occur for marijuana, like trouble sleeping or anxiety, which were asked about in DRMJ11b.

Only one participant (4000015) answered "yes" to this question, reporting headaches. Another participant (1000030) initially answered "no," but then considered changing her answer to "yes" during cognitive probing because she did have headaches. She did not report those initially because she was not sure if the headaches "were connected," that is, a result of cutting down marijuana use. However, this person endorsed all of the symptoms in DRMJ11b, so she still would have met the criteria for withdrawal. Both of these participants reported getting headaches within 1 or 2 days of stopping.

Although participants did not have many of the symptoms listed, they appeared to understand them for the most part. One of the adolescent participants (4000015) was uncertain what "chills" meant but was able to describe it as "when the hair on your arms are standing up." Although this is not a precise

understanding of chills, it appears that she has a general understanding of the symptom. Participant 2000102 said that “pain in the stomach area” sounded archaic and would recommend “stomach ache” instead.

DRMJ11b Findings

The symptoms in 11b resonated more with participants than the symptoms in 11a. However, for some participants, it was difficult to tell if these symptoms were a result of withdrawal because they indicated that they had some of these symptoms already and using marijuana helped alleviate those symptoms. For example, participant 2000042 answered “yes” but said that it is “hard to tell because I have some of these symptoms anyways—I always feel anxious.” Participant 2000101 noted that she was using marijuana last year because of an illness that took away her appetite. So when she stopped using, she would have loss of appetite. Participant 4000030 said that “I was definitely irritable and angry. Smoking kind of calmed me down.” Therefore, it is possible that this will generate some false positives if respondents endorse symptoms that were not actually a result of withdrawal.

All but one participant (2000101) answered “yes” to this question. Although she had some symptoms, she noted that she did not have three and answered “no.” One of the participants who answered “yes” (2000042) answered incorrectly because she only had one of the reported symptoms and did not notice that it said “3 or more symptoms.” RTI recommends bolding the number of symptoms in the question to make this clearer.

All participants seemed to understand the symptoms listed, although some participants had suggestions for how some of the symptoms could be approved. One participant (2000042) suggested using “upset” instead of “angry.” Instead of “trouble sleeping,” she recommended using “sleeping too much or sleeping too little.” However, DSM criteria also include disturbing dreams, which would not be captured by that change. That respondent also thought that gaining weight should be added; however, that is not a DSM symptom. Another participant (4000015) suggested changing “feeling anxious” to “having anxiety.” None of these suggestions seem to be an improvement over the original wording and may introduce other concerns.

We also asked participants what they thought of the word “symptom” as it was used in these questions. While some participants offered suggestions such as “consequences, feelings, or events,” only two participants had particular concerns with the word “symptom.” Participant 2000042 said, “It sounds very medical. Most people will probably go to any medical symptoms they are having.” However, none of the participants appeared to include any symptoms that were not listed on this question. Participant 2000101 said, “I think of being sick. Feels like it could be a judgment. Something a little more neutral could be used, like ‘characteristics,’ something less clinical.”

Recommendations

Overall, these questions appear to be working well for respondents who received them. However, based on the responses from DR[DRUG]10, RTI is concerned that respondents associate “cutting down or stopping” as intentional. Therefore RTI recommends revising “cut down or stopped” to “went without.” The number of symptoms is bolded in the withdrawal questions for other substances, and RTI recommends doing the same for the marijuana withdrawal questions to ensure that respondents notice them more easily.

Although RTI does not recommend revising the word “symptom” in Round 2, RTI recommends probing respondents further on the word symptoms and asking if they prefer alternatives such as “after you went without . . . , did you have any of these *feelings*?” or “after you went without . . . , did you *experience any of the following*?”

An example of the revised question for marijuana is shown below. If the option to use a specific amount of time is chosen for DR(DRUG)10, then a similar clause can be added to the end of each question. Otherwise, it can be excluded. If DR(Drug)10 is asked and the skip logic removed, it may be necessary to add a third response option allowing the respondent to indicate that he or she never went without the substance.

<p>DRMJ11a</p>	<p>[IF DRMJ09 = 1 OR DRMJ10 = 1] Please look at the symptoms listed below. During the past 12 months, after you went without using marijuana or hashish [for at least [drug specific amount of time]], did you have any of these symptoms?</p> <ul style="list-style-type: none"> • Pain in the stomach area • Shaking or tremors • Sweating • Fever • Chills • Headache <p>1 Yes 2 No DK/REF</p>
<p>DRMJ11b</p>	<p>[IF DRMJ09 = 1 OR DRMJ10 = 1] During the past 12 months, after you went without using marijuana or hashish [for at least [drug specific amount of time]], did you have [IF DRMJ11a = 1 then fill 2, IF DRMJ11a = 2, DK/REF then fill 3] or more of these symptoms?</p> <ul style="list-style-type: none"> • 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 <p>1 Yes 2 No DK/REF</p>

Resolutions from SAMHSA

Please keep these questions as they now exist for Round 2. While we understand that there were issues with the phrase “cut down or stopped,” we are concerned that “went without” could create more false positives (without the addition of a specific time, which is not a viable alternative). Again, probe for misunderstanding of the questions to try and determine whether the symptoms actually resulted from stopping or cutting down on the substance. Please bold the number of symptoms in DR11b so it is consistent with other substance withdrawal questions and bold the word “after” in both DR11a and DR11b.

There is no need to continue to probe on the word “symptom” because no clear alternative emerged in Round 1.

While this was not one of the recommendations, please change “pain in the stomach area” to “stomach ache” as recommended by one of the participants. This change will help to further simplify the DSM-5 symptom of “abdominal pain.”

Spanish-Language Review Findings

Dr. Canino had no comments on 11a and noted that 11b did not have nervousness or aggression in the English or Spanish versions. She also recommends using the term “enojado” for “angry,” which she feels is more applicable than “molesto.” She is also suggesting to add the translation “nervioso” for “nervous.”

Dr. Alegría recommends including additional text on both questions, as follows:

- “Me gustaría que piense en los últimos 12 meses” (“I would like for you to think about the past 12 months”) for “During the past 12 months” on DRM11Ja, and “Volvamos hablar sobre los últimos 12 meses” (“Let’s talk about the past 12 months again”) for “During the past 12 months” on DRMJ11b. However, this change would affect the consistency of what is currently used throughout the NSDUH.
- “A la semana de dejar de usar o reducir” (“A week after stop using or reducing”) for “After you cut down or stopped using,” which is also reversing the terms “cut down” and “stopped using.” However, the added time period has not been approved by SAMHSA at this time.
- She also recommends revising the translation “Perdió el apetito o bajó de peso sin tratar de hacerlo” to “Perdió el apetito o bajó de peso cuando no trataba de hacerlo” for “Losing your appetite or losing weight without trying to.” The phrase being changed is for “without trying to.” It currently reads “sin tratar de hacerlo” (without trying to), and her recommendation reads “when not trying to.” However, the message is conveyed accurately both ways; therefore, the current translation is unaltered, but if cognitive interviewing suggests this is confusing, the alternate translation can be tested in Round 3.
- Finally, Dr. Alegría indicated an alternate phrasing for “cut down.” This involves changing “usar menos,” which means “using less” to “reducir el uso,” which means “reduce the use.” This variation may have implications to interpretation and be closer to the DSM-5 definition of cutting down; therefore, the question was modified to enable testing for the second round of cognitive interviewing.

Final Recommendation

Although consistent with the DSM-5, the word “aggressive” has negative connotations and may reduce endorsement of relevant symptoms. If this were added to 11b, it may need a separate bulleted line so that the concept of aggressiveness does not prevent respondents from endorsing feeling irritable or angry. However, this would negatively impact calculating the number of symptoms and would therefore require an additional question just asking about irritability, anger, or aggression. There is likely overlap in the concept of aggression with anger and irritability; therefore, this question may still capture the concept of aggression. Cognitive probing may be beneficial to verify that there is not a high rate of false negatives resulting from omitting aggression. Revising the second bullet to “feeling anxious or nervous” to address the fact that nervousness is in the DSM-5 criteria is a minor change that would benefit from cognitive testing in the second round.

Consider testing the following:

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**?

- Stomach ache
- Shaking or tremors
- Sweating
- Fever
- Chills
- Headache

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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 or nervous
- 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

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ11a [IF DRMJ09 = 1 OR DRMJ10 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo alguno de estos síntomas después de reducir el uso o dejar de usar **marihuana o hachís**?

- Dolor de estómago
- Agitación o temblores en el cuerpo
- Sudor
- Fiebre
- Escalofríos
- Dolor de cabeza

1 Sí

2 No

DK/REF

<p>DRMJ11b [IF DRMJ09 = 1 OR DRMJ10 = 1] En los últimos 12 meses, ¿tuvo [IF DRMJ11a = 1 then fill 2, IF DRMJ11a = 2, DK/REF then fill 3] o más de estos síntomas después que reducir el uso o dejó de usar marihuana o hachís?</p> <ul style="list-style-type: none"> • Se sintió irritable o enojado • Se sintió ansioso o nervioso • Tuvo problemas para dormir • Perdió el apetito o bajó de peso sin tratar de hacerlo • Se sintió inquieto • Se sintió deprimido <p>1 Sí 2 No DK/REF</p>
<p>DR(Drug)XXa [IF DR(Drug)11 = 1 OR DRMJ11b = 1] You just mentioned that you experienced symptoms after you cut back or stopped using [Drug]. During the past 12 months, did you use [Drug list], or any illegal substance to avoid or get over these symptoms?</p> <p>1 Yes 2 No DK/REF</p>
<p>DR(Drug)XXb [IF (DR(Drug)11 = 2 OR DK/REF) During the past 12 months, did you use [Drug list], or any illegal substance to avoid these symptoms?</p> <p>1 Yes 2 No DK/REF</p>

History

DSM-5 criteria indicate that a person can meet criteria for withdrawal by either having the symptoms of withdrawal syndrome (assessed in the DR(DRUG)11 questions) or using the substance or a pharmacologically similar substance to avoid, prevent, or get over the symptoms of withdrawal syndrome. This has never been assessed in NSDUH. Two versions were proposed: one for if they endorsed symptoms (a), and one for if they did not (b). This question is vital to (1) identify people who never experienced withdrawal because they prevented it by using a replacement substance, and (2) identify people who may not have had enough symptoms to meet the criteria for withdrawal syndrome because they went back to using the substance to avoid them (e.g., someone only has two of three required symptoms because they started using again before they developed a third symptom).

DR(Drug)XXa Findings

Six participants (1000030, 3000033, 3000038, 4000001, 4000015, and 4000030) received these questions based on their responses to prior questions. Some participants received this question for more than one substance. Three participants answered about alcohol, four about marijuana, and one about cocaine.

There was a high number for false positives for this item based on the intended DSM5 criteria. Four participants (1000030, 3000033, 40000001, and 4000030) incorrectly answered “yes” for at least one substance. The reasons for false positives are summarized below:

- Participants used a substance that was not pharmacologically similar:
 - Participant 1000030 reported using ecstasy to cope with marijuana withdrawal symptoms.
 - Participant 4000001 reported using marijuana to get over alcohol withdrawal symptoms as well as cocaine withdrawal symptoms.
 - Participant 4000030 reported using alcohol to get over marijuana withdrawal.

- Participants used another substance to continue to get high as opposed to avoid or get over symptoms:
 - Participant 4000001 said, “If I wasn’t drinking, I would probably smoke weed or smoke [cigarettes]. My drug of choice is weed, not alcohol.” When answering for cocaine, he said, “If I was doing a lot of coke in a night, a couple of grams with some friends, we would definitely save some weed because when we got the blues, and you know you’re always going to get the blues, we would either have some alcohol or weed, so that you could smoke and relax yourself or drink and not feel the effects of the blues.”
 - Participant 4000030 said, “When I stopped smoking back in November, it was just a shift to alcohol. . . . It was just something I could do that wouldn’t show up on a drug test.”

- Participants were thinking of symptoms that were not a result of withdrawal:
 - Participant 3000033 said he used marijuana to “resolve” the symptoms he gets when he does not smoke. However, he later implied that he uses marijuana to self-medicate for anxiety, “I’m dealing with some other issues to help me get over that anxiety, but I was using marijuana, too.”
 - Participant 4000001 reported using weed to get over the effects of hangover, “If I got pretty drunk the night before I would get a hangover. I would then smoke a bowl to feel better.”

Only participant 4000015 correctly answered “yes” to this question. She commented, “Yeah, I would stop [smoking weed], and I couldn’t sleep or I’d have trouble eating so I’d just smoke more [weed].”

Two participants (3000033, 3000038) correctly answered “no,” indicating that they did not use any other substances to avoid or get over the symptoms. Participant 3000033 notes, “I did use [other substances], but it wasn’t for alcohol symptoms. I would have to say no.” However, participant 3000033 appeared to misunderstand the reference period and said, “It gives you a year time frame to avoid or get over.” Instead of thinking of whether this occurred in the past year, he was thinking of a year time period to use another substance to get over symptoms.

All participants but one thought that it might help to have the symptoms repeated on the screen. Participant 3000030 said that she did not think it was necessary because “If they’ve had it, it will immediately jump in their mind when they see it.” No participants mentioned the physical symptoms when asked what symptoms they were thinking about when hearing this question, but most participants did not experience physical symptoms. However, participant 4000015 specifically said that she did not think the physical symptoms she had (headaches) were to be considered for this question.

We asked participants if they preferred “to get rid of or prevent” over “to avoid or get over.” Two preferred “to get rid of prevent,” but four preferred “to avoid or get over.” Although one person thought “prevent or get over” sounded even better.

DR(Drug)XXb Findings

All but one participant answered “no” to this question. Participant 2000101 answered “yes,” saying that she used marijuana again to help with anxiety. However, based on her responses during the cognitive interview, it is more likely that she used marijuana to self-medicate her anxiety rather than use it get over a symptom of marijuana withdrawal because she did not note that she had anxiety as a result of stopping or cutting down in DRMJ11b.

Two participants correctly answered No, but seemed to misunderstand the intent of the question:

- Participant 1000093 misunderstood the question to be asking about combining drugs and alcohol—“I didn’t mix alcohol with medication.”
- Participant 2000053 said, “I don’t use sedatives or tranqs. If I have a headache, I’d use over the counter Ibuprofen or Advil.”

Other participants (1000030, 2000101, 2000042, 30000033, 3000055, 4000015, and 4000030) answered “no” for at least one substance and appeared to understand the question. For example, participant 1000030 reported, “I didn’t take these to get over or stop any symptoms of alcoholism.” Participant 2000042 commented, “symptoms weren’t intense enough to require me to fix it with anything else.”

For alcohol, though, some participants seemed to be thinking about hangover symptoms instead of withdrawal symptoms. Participant 4000015 specifically asked if the symptom list was for “withdrawals or a hangover.” She assumed withdrawal, but said it was not clear. Participant 3000055 said, “I’ve certainly had periods where I’ve woken up shaky, woken up hung over, . . . and I’ve had those experiences, but they haven’t been current.”

Participant 4000030 said, “It’s a little confusing on this one.” He wondered why someone would use alcohol again if they were on a “period of cutting down.” This stems from confusion over item 10 and indicates that he was thinking only about intentionally cutting down and not about other periods of time when you might go without a substance.

We probed participants on what symptoms they were thinking of when they answered this question. People tended to answer based on the symptoms they generally associated with the substances or symptoms they had experienced before. For example, participant 1000030 said, “Having the shakes, physical symptoms, anxiety, symptoms from being an alcoholic.” She acknowledged that she could not remember all of the things on the list from the previous question. Participant 1000093 said she thought the question was asking about “pain.” The participant did not realize it was about the symptoms listed on the previous screen. Participant 3000033 had to go back to the previous screen to look at the symptoms. He then verified that she did not use a substance to avoid or get over those symptoms.

Similar to DRMJX1, when asked, all but one participant thought it would be helpful to include the symptoms on this screen. Participant 3000055 said, “I think it should. My attention span isn’t as great as it should be. I was thinking about the actual directions and if there was a little guide to the side with the F controls for people.” The respondent was referencing the F2 help command that was mentioned during the tutorial. Only participant 4000015 said it should not be repeated in reference to alcohol. However, when asked DRMJX1 for marijuana, she changed her mind and said she did think the symptoms should be listed on the screen.

Recommendations

We recommend a number of changes to these two questions to address the issues described above. At a minimum, RTI recommends that the question shows the symptoms on the screen to ensure that respondents think about all of the symptoms from the previous one or two questions (depending on the substance). Second, RTI recommends that the question more clearly indicate that a respondent might use the same substance again or a substance with a similar effect—as opposed to any substance. RTI also recommends specifically indicating that these symptoms occur as a result of not using the substance. Third, RTI recommends indicating that use of a similar substance is a result of “going without” as opposed to “cutting down or stopping” because many respondents were thinking only of intentionally cutting down or stopping and not just any time they went without the substance.

<p>DRMJX1</p>	<p>[IF DRMJ11a = 1 OR DRMJ11b = 1] During the past 12 months, did you use marijuana or hashish again or a substance with a similar effect to avoid or get over any symptoms that might happen as a result of going without using marijuana? These symptoms include:</p> <ul style="list-style-type: none"> • Pain in the stomach area, shaking or tremors, sweating, fever, chills, headache • Feeling irritable or angry • Feeling anxious • ... <p>1 Yes 2 No DK/REF</p>
<p>DRMJX2</p>	<p>[IF DRMJ11a = 1 OR DRMJ11b = 1] During the past 12 months, did you use marijuana or hashish again or a substance with a similar effect to avoid any symptoms that might happen as a result of going without using marijuana? These symptoms include:</p> <ul style="list-style-type: none"> • Pain in the stomach area, shaking or tremors, sweating, fever, chills, or headache • Feeling irritable or angry • Feeling anxious • ... <p>1 Yes 2 No DK/REF</p>

During cognitive testing for Round 2, cognitive testing can evaluate the following:

1. Whether it is acceptable to group physical symptoms together in one bullet or whether the symptoms should be listed individually.
2. Whether respondents are more likely to report using similar substances compared with Round 1.
3. Whether respondents are less likely to report using substances to “self-medicate” or to get high rather than to avoid or get over withdrawal symptoms.
4. How respondents interpret “going without” the substance, and whether they are thinking of both intentional and unintentional times. Also, whether they are thinking of going without the substance for long enough periods to reasonably get withdrawal symptoms.

Resolutions from SAMHSA

We agree participants need to see the symptoms again. However, the symptom list is long, especially for marijuana, so we would like to have the list(s) in a help (F2) screen with an instruction for respondents to press F2 to see the symptoms again. Please keep the current wording for both questions (with the exceptions noted), and for DRMJX1, the help screen should show the list or lists the participant endorsed in 11a/b, and the lists should be separated visually by space so that it is clear that these are two different sets of symptoms. For DRMJX2, the help screen should include both lists of symptoms.

While we understand there are additional issues with these questions, we are concerned that the recommended changes will increase cognitive burden and reporting error. The only changes to the question wording that should be made include changing “experience” to “had” in DRMJX1 and adding “again” after the substance in question as suggested in the recommendations.

We agree with items 2 and 3 from the list of issues to evaluate in Round 2, that is, probe for substances used and probe to learn if they are reporting use to “self-medicate” or get high rather than to avoid or get over withdrawal symptoms.

Additional Follow-up

During cognitive testing, it was noted that there was a problem in the skip patterns of these questions for the stimulant-type drugs, which have an additional withdrawal requirement of feeling sad, blue, or depressed. Alternate versions of these questions, which involve three versions to address the skip pattern have been developed.

Spanish-Language Review Findings

Dr. Canino noted several translational changes for these questions. First, that “get over” is better translated with “recuperarse de” (recover from) instead of “superar” (to beat) as it is also more easily understood by low-income people. She also noted that there are different ways of operationalizing relief of symptoms (which is what the criterion is about), and it is better described with the wording “get over.” In Spanish, the translation of “get over” versus “relieve” involves two different meanings. “Get over” is associated with “getting rid of,” with “eliminating”; “relieve” is associated with “getting better,” with “diminishing.”

Dr. Alegría recommends revising the translation for “avoid or get over” to read “para no tener . . .” (“in order not to have . . .”). However, Dr. Canino’s suggestion is closer to the English version.

Final Recommendation

English

For marijuana and nonstimulant types, test the following:

DRMJX1	[IF DRMJ11a = 1 OR DRMJ11b = 1] You just mentioned that you had symptoms after you cut down or stopped using marijuana or hashish . During the past 12 months, did you use marijuana or hashish again, or any illegal substance to avoid or get over these symptoms? 1 Yes 2 No DK/REF Press F2 to see these symptoms again
DRMJX2:	[IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] After you cut down or stopped using marijuana or hashish during the past 12 months, did you use marijuana or hashish again, or any illegal substance to avoid these symptoms? 1 Yes 2 No DK/REF Press F2 to see these symptoms again

For stimulant types:

DRCC10b:	[IF DRCC10a = 2] This question is also about the times during the past 12 months after you cut down or stopped using [COKEFILL]. During any of those times, did you use [COKEFILL] again, methamphetamine, prescription stimulants, or any illegal substance to avoid feeling blue or down? 1 Yes 2 No DK/REF
DRCCX1	[IF DRCC11 = 1] You just mentioned that you had symptoms after you cut down or stopped using [COKEFILL]. During the past 12 months, did you use cocaine or crack again, methamphetamine, prescription stimulants, or any illegal substance to avoid or get over these symptoms? 1 Yes 2 No DK/REF Press F2 to see these symptoms again
DRCCX2:	[IF DRCC11 = 2 OR DK/REF] This question is also about the times during the past 12 months after you cut down or stopped using [COKEFILL]. During any of those times, did you use [COKEFILL] again, methamphetamine, prescription stimulants, or any illegal substance to avoid these symptoms? 1 Yes 2 No DK/REF Press F2 to see these symptoms again

For Spanish

Regarding deciding between “to get over” versus to “relieve,” from a pharmacological perspective, the DSM requirement that the substance be “similar” points toward using the Spanish wording for “get over” rather than “relieve,” which could imply using nonsimilar substances to relieve a symptom. As Dr. Canino notes, “get over” is associated with getting rid of or eliminating. Using the same or a similar substance would stop withdrawal symptoms by filling the physiological deficit caused by not having that substance rather than reduce them or improve them. For this reason, “get over” may be a more accurate operationalization. Dr. Canino’s recommendation to change “superar” to “recuperarse de” is reasonable for “get over.” Therefore, this change has been made on all pertinent questions.

Testing versions:

DRMJXXa	[IF DRMJ11a = 1 OR DRMJ11b = 1] Usted acaba de mencionar que tuvo síntomas después de usar menos o dejar de usar marihuana o hachís . En los últimos 12 meses, ¿usó marihuana o hachís otra vez, o alguna sustancia ilícita para evitar o recuperarse de estos síntomas? 1 Sí 2 No DK/REF Presione F2 para ver estos síntomas otra vez
DRMJXXb	[IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] Después que usted usó menos o dejó de usar marihuana o hachís en los últimos 12 meses, ¿usó marihuana o hachís otra vez, o alguna sustancia ilícita para evitar de estos síntomas? 1 Sí 2 No DK/REF Presione F2 para ver estos síntomas otra vez
DRCCXXa	[IF DRCC11 = 1] Usted acaba de mencionar que tuvo síntomas después de usar menos o dejar de usar [COKEFILL]* . En los últimos 12 meses, ¿usó usted cocaína o “crack” otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para evitar o recuperarse de estos síntomas? 1 Sí 2 No DK/REF Presione F2 para ver los síntomas otra vez
DRCCXXb:	[IF DRCC11 = 2 OR DK/REF] Esta pregunta es también acerca de las ocasiones en los últimos 12 meses después que usted usó menos o dejó de usar [COKEFILL] . Durante alguna de esas ocasiones, ¿usó [COKEFILL] otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para evitar o recuperarse de esos síntomas? 1 Sí 2 No DK/REF Presione F2 para ver estos síntomas otra vez

<p>DRCCXXc: [IF DRCC10a = 2] Esta pregunta es también acerca de las ocasiones en los últimos 12 meses después que usted usó menos o dejó de usar [COKEFILL].</p> <p>Durante alguna de esas ocasiones, ¿usó [COKEFILL] otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para evitar sentirse deprimido o decaído?</p> <p>1 Sí 2 No DK/REF</p>
<p>DR(Drug)23a During the past 12 months, was there ever a time when you wanted to use [drug] so much that you couldn't think of anything else?</p> <p>1 Yes 2 No DK/REF</p>
<p>DR(Drug)23b [IF DR(Drug)23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to use [drug]?</p> <p>1 Yes 2 No DK/REF</p>

History

DSM-5 has added a new criterion to SUDs, called “craving.” There is some discrepancy in how the craving criterion is described in the DSM-5. In the section introduction to SUDs, craving is described as “an intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug was previously obtained or used. . . . Craving is queried by asking if there has ever been a time when they had such strong urges to take the drug that they could not think of anything else” (APA, 2013, p. 483). Later in the chapter, the criteria tables for SUD note the criterion as “Craving, or a strong desire or urge to use [the drug]” (APA, 2013, p. 491). Based on these two slightly different descriptions, two versions of a “craving item” were drafted, with the second version being asked if the respondent did not endorse the first version. The craving criterion would be met if the respondent endorsed either. Both question wordings mirrored text used in the DSM.

Findings

All participants answered either 23a or 23a and 23b.

Overall, participants understood the language of the questions but the subjective nature of the wording led to inconsistent responses.

For alcohol, three out of the thirteen participants endorsed 23a and most participants seemed to interpret 23a as intended (4000001, 4000030, 3000027, 1000093, 1000030, 4000015, 3000055, 2000101, and 2000042).

However, several participants (2000053, 3000038, and 3000033) interpreted 23a as being slightly more severe than intended, interpreting it to mean strong urges to the point where the person couldn't *do* anything else rather than they couldn't *think* of anything else. For example, 2000053 responded “You're

so consumed by the thought that you just couldn't do anything else, you'd go search for it, find a way to pay for it. I just picture isolating and keeping yourself at home until you can get alcohol in some way." However, it is likely that these feelings, "couldn't *think* of anything else" and "couldn't *do* anything else," often occur together. For example, participant 3000033 said, "Basically, it's saying that you had to drink alcohol because it was all you could think about. You couldn't get nothing else done until you had a drink." For one respondent (participant 300038), this interpretation that the question is asking about not being able to do anything else may have caused a false negative. She understood this question as asking "That I wanted to drink so bad I couldn't do nothing else." She answered "no," explaining that she did so "Because it didn't stop me from doing anything. I don't work, but there's a lot to do at home."

For alcohol, 23b was endorsed by ten participants and not endorsed by only one person (3000027). For 3000027, it was clear that this was a true negative. However, responses to cognitive probing for other participants were less clear. For example, participant 2000101 answered "Yes" to 23b, but when asked, "What does the phrase 'strong desire or urge to drink alcohol' mean to you as it's used in this question?" she answered, "Immediate or small thing. For a minute or two I thought 'I'd like to go out for a drink, then it goes away.'" Similarly, only one participant who received 23b for marijuana responded "no" to this question (2000101), and only one person who received 23b for cocaine said "no" to this question (1000030).

For 23b, one participant (1000093) seemed to link "strong" with desire but not with urge. When asked how they came up with their answer, they said "Because of stress I prefer to have a glass of wine. I definitely have urges to drink."

These results suggest that there may be a slight risk of false negatives for the wording of 23a and a high risk of false positives for 23b. However, interpreting these results is complicated by the vague and slightly inconsistent description of craving in the DSM-5. False positives are a great concern for this item because it is part of the diagnostic algorithm for scoring substance abuse symptoms, and a respondent needs only to endorse two items to meet DSM-5 criteria for an SUD.

Cognitive testing about the meaning and use of the term "craving" indicated that the word craving meant different levels of severity to different people and therefore should not be used in the question wording.

Recommendations

In consultation with our clinicians (Dr. Edlund and Dr. Karg) and after reviewing the literature (specifically "Alcohol: Science, Policy, and Public Health" by Oxford University Press which notes that: "Craving is thus explained as pathologically amplified incentive salience in the presence of drug associated cues that leads to an exaggerated motivation for drugs and probably to compulsive drug taking" [Sommer, 2013, p. 88]), RTI recommends replacing the word "strong" with "intense" in 23b as shown below:

During the past 12 months, was there ever a time when you had an intense desire or urge to use [drug]?
--

Additionally, do not conduct further testing on the alternate version that used the word "crave" because there is too much variation in meaning.

SAMHSA Resolution

Keep both DR23a and DR23b as worded for Round 2. While both “intense” and “strong” are used in the DSM-5 definition of craving, we suggest keeping the word “strong” in the question (because it is a simpler word), but probing about the word “intense.” We agree the word “crave” should not be used in the questions.

Spanish-Language Review Findings

DRMJ23a	En los últimos 12 meses, ¿hubo alguna ocasión cuando usted tenía tantas ganas de usar marihuana o hachís que no podía pensar en nada más?
1	Sí
2	No
	DK/REF

Dr. Canino recommended a more colloquial translation for ocasión: “hubo alguna vez”; however, this is like saying “was there an ever when . . .” and may sound awkward.

Dr. Algeria proposes a simplified change. She recommends saying “Alguna vez en los últimos 12 meses, ¿tuvo . . . , which is saying “At any time in the past 12 months, did you. . . .?”

DRMJ23b	[IF DRMJ23a = 2, DK/REF] En los últimos 12 meses, ¿hubo alguna ocasión cuando usted tuvo un fuerte deseo o urgencia de usar marihuana o hachís ?
1	Sí
2	No
	DK/REF

Dr. Canino provided an alternate translation for this item (¿hubo alguna ocasión cuando usted tuvo un deseo fuerte o un deseo apremiante de usar marihuana o hachís?), which she believes captures better the intent of the question. However, like the English version a proper translation of the word urge is crucial for this item because it is the translation of the crux of the criterion.

Dr. Alegria’s recommended alternate translation for “strong desire or urge” is “fuerte deseo o necesidad” (strong desire or need.” However, it appears that the term “necesidad” (need) may not closely convey the English version “urge.”

Final Recommendation

Based on the cognitive interviewing findings, SAMHSA instruction, and feedback from the Spanish-language expert reviewers, the English items will not be changed in Round 2 of the cognitive interviewing. Probing for 23b will test the word intense (e.g., “During the past 12 months, was there ever a time when you had an *intense* desire or urge to use [drug]?”) for the first substance endorsed. If an additional substance is endorsed, probing will be done on a variant used in the National Longitudinal Alcohol Epidemiology Survey, which asked respondents “During the past 12 months, was there ever a time when you had a *very strong* desire or urge to use [drug]?”

Spanish-language cognitive interviewing will test a version that combines Dr. Canino and Dr. Alegría's suggestions by changing the first part of DR23a and DR23b to read "At any time in the past 12 months, did you . . ." and revising the phrasing for "strong desire or urge" from the Spanish for "strong desire or urgency" for DR23b to the Spanish for "strong desire or urgent desire." The testing versions are noted below.

DRMJ23a	Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar marihuana o hachís que no podía pensar en nada más? 1 Sí 2 No DK/REF
DRMJ23b	[IF DRMJ23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o un deseo apremiante de usar marihuana o hachís ? 1 Sí 2 No DK/REF

Additional Documentation

Spanish language and content review produced the following suggestions for items not currently slated for modification. These revisions are more consistent with the translation for DRMJ10, and Dr. Canino suggested that they would be more understandable by respondents. These changes may be explored if future revisions of NSDUH are undertaken.

DRMJ08	[IF MAR12MON = 1-3] En los últimos 12 meses, ¿quiso o trató de usar menos marihuana o hachís o de dejar de usarlo? , ¿quiso o trató de usar menos o dejó de usar marihuana o hachís?
DRMJ09	[IF DRMJ08 = 1] En los últimos 12 meses, ¿logró usar menos o dejó de usar menos marihuana o hachís o dejar de usarlo todas las veces que quiso o trató de hacerlo?
DRMJ13	[IF MAR12MON = 1-3] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya pudo haber sido causado o empeorado por usar marihuana o hachís?
DRMJ14	[IF DRMJ13 = 1] ¿Continuó usando marihuana o hachís aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?
DRMJ15	[IF DRMJ13 = 2 OR DK/REF OR DRMJ14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya pudo haber sido causado o empeorado por usar marihuana o hachís?
DRMJ17	[IF MAR12MON = 1-3] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar tiempo con los amigos y la familia.

En los últimos 12 meses, ¿el usar marihuana o hachís le hizo abandonar o dedicar menos tiempo a hacer estos tipos de actividades importantes?

- DRMJ18** [IF MAR12MON = 1-3] A veces las personas que usan marihuana o hachís tienen problemas serios en su hogar, en el trabajo o en la escuela, tales como:
- descuidar de sus hijos
 - faltar al trabajo o a la escuela
 - desempeñarse mal en el trabajo o en los estudios
 - perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿su uso de marihuana o hachís, ¿ le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

- DRMJ19** [IF MAR12MON = 1-3] En los últimos 12 meses, ¿usaba marihuana o hachís en forma regular y luego hacía algo que lo hubiera expuesto al algún peligro físico porque estaba usando marihuana o hachís?

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Appendix E: DSM-5 R2 Memo

Memo

To: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

From: Emily Geisen, Cristie Glasheen, Gretchen McHenry, Patty LeBaron, Jeanne Snodgrass, Rosanna Quiroz, Mark Edlund, Rhonda Karg, Doug Currivan

Date: August 18, 2015

Re: DSM-5 Round 2 Cognitive Interviewing Summary and Recommendations

Purpose

The purpose of this project is to evaluate the diagnostic changes between the fourth (DSM-IV) and fifth (DSM-5) editions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and to develop and test revisions to the substance abuse modules of the National Survey on Drug Use and Health (NSDUH) to produce estimates of DSM-5-based substance use disorders (American Psychological Association, 1994, 2013).

After completing a review of diagnostic changes, the DSM-5 project staff revised and developed new NSDUH items to reflect DSM-5 criteria for substance use disorders. The revisions and new items were reviewed by substantive and methodological experts, and further changes were made. Following these changes, draft items were tested in the first round of cognitive interviewing, which was completed on April 23, 2015. Following that round of testing, revisions were made to the survey questions, including obtaining Spanish translations, and a second round of English and Spanish testing was completed on August 4, 2015. This memo provides a summary of the findings of the second round of cognitive interviewing and recommendations for item revisions for the third round of cognitive interviewing.

Background

At the direction of SAMHSA management, DSM-5 changes are limited to the addition of a craving question for all drugs and withdrawal questions for marijuana/hashish. For consistency, final marijuana/hashish withdrawal symptom questions may require minor changes to symptom questions for other substances. Any additional findings and recommendations will continue to be included for documentation purposes. However, SAMHSA resolutions for Round 2 were limited to withdrawal and craving assessment.

Participants

For the Round 2 English cognitive interviews, nine adult participants were recruited in Chicago, Illinois; Research Triangle Park, North Carolina; and Portland, Oregon. Three of these adults were recruited from

a treatment facility in Chicago, and the rest were recruited via Craigslist ads. Six adolescent participants were recruited from treatment facilities in Durham, North Carolina, and the Washington, DC, area. For the Round 2 Spanish cognitive interviews, six adults were recruited in Research Triangle Park, North Carolina, by posting flyers in treatment centers and conducting in-person recruitment at local Hispanic or Latino organizations, such as community centers and Spanish grocery stores. Participants were also recruited via word of mouth. To be eligible, participants had to report using alcohol or marijuana/hashish at least six times in the past year; using cocaine, heroin, or methamphetamine at least once in the past year; or misusing prescription drugs in the past year. To test new marijuana/hashish withdrawal questions, as well as the other revised substance use dependence questions, RTI selected a majority of marijuana/hashish users. Although participants self-reported certain drug use during the screener, they may not have received the substance dependence module for that substance if they did not use the substance frequently enough (alcohol or marijuana/hashish).

Table 1 presents a list of the English-speaking cognitive interview participants by demographics and the substance dependence modules received. Throughout the findings, participants are referred to by their CaseIDs to provide a better understanding of how participants interpreted the questions. Table 2 provides the same information for Spanish-speaking participants.

Table 1. English Participant Characteristics

CaseID	Age Range	Sex	Race	Ethnicity	Education	Received Substance Dependence Modules for:
1000166	18-34	Male	White	Not Hispanic	High school diploma or GED	Alcohol, marijuana/hashish, illegal drugs, and prescription drugs
1000175	18-34	Male	Other: Jewish	Not Hispanic	Some college, but no degree	Alcohol, illegal drugs, and prescription drugs
1000185	18-34	Male	White	Not Hispanic	High school diploma or GED	Alcohol, marijuana/hashish, illegal drugs, and prescription drugs
9878900	35-54	Male	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish, and prescription drugs
2000221	55 or older	Female	White	Not Hispanic	Graduate degree	Alcohol, marijuana/hashish, illegal drugs, and prescription drugs
4000401	12-17	Male	White	Not Hispanic	High school or less	Alcohol, marijuana/hashish, and illegal drugs
2000270	55 or older	Male	Other	Hispanic	Associate's degree	Alcohol and marijuana/hashish
4000267	55 or older	Male	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish, and illegal drugs
2000289	18-34	Female	White	Not Hispanic	Graduate degree	Alcohol and marijuana/hashish
3000102	12-17	Male	Black or African American	Not Hispanic	High school or less	Alcohol and marijuana/hashish
2000356	55 or older	Female	White	Not Hispanic	Bachelor's degree	Alcohol
3000101	12-17	Male	White	Hispanic	High school or less	Alcohol, marijuana/hashish, and prescription drugs
3000103	12-17	Male	Black or African American	Not Hispanic	High school or less	Alcohol, marijuana/hashish, and prescription drugs
3000104	12-17	Female	Black or African American	Not Hispanic	High school or less	Alcohol, marijuana/hashish, and prescription drugs
4000402	12-17	Male	White	Not Hispanic	High school or less	Alcohol, marijuana/hashish, and illegal drugs

Table 2. Spanish Participant Characteristics

CaseID	Age Range	Sex	Ethnicity	Country of Origin	Education	Received Substance Dependence Modules for:
5000001	55 or older	Male	Hispanic	Peru	High school	Alcohol
5000002	18-54	Male	Hispanic	El Salvador	Some college	Alcohol
5000003	18-54	Female	Hispanic	Mexico	Less than high school	Alcohol
5000004	18-54	Male	Hispanic	Mexico	Some college	Alcohol, marijuana/hashish, and illegal drugs
5000005	18-54	Male	Hispanic	Mexico	Less than high school	Alcohol and marijuana/hashish
5000006	55 or older	Male	Hispanic	Mexico	Less than high school	Alcohol and marijuana/hashish

Organization

The findings of Round 2 cognitive interviewing are organized as follows:

- question text,
- brief background of the revision/addition,
- English and Spanish cognitive interview findings, and
- recommendations.

DR(DRUG)10

During the past 12 months did you cut down or stop [using Drug] at least one time?

History

This question is a revised version of the existing NSDUH question DR(DRUG)10: “During the past 12 months did you cut down or stop [using Drug] at least one time?” This item is used as part of the skip pattern to determine who will receive the withdrawal symptom questions. During review of the NSDUH items, concern was raised that the items immediately preceding this question may create a context effect, in which people are considering only times that they intentionally cut down on using a substance and not times that they went without for other reasons (e.g., they ran out of money or had to work). The phrase “whether you wanted to or not” was added in Round 1 to try to prompt individuals to think about these other times.

However, results from Round 1 revealed that the phrase “whether you wanted to or not” was confusing to participants, particularly adolescents. For Round 2, the phrase was removed and the original question wording was used.

English Findings

Overall, 10 participants answered this question for alcohol, 9 for marijuana/hashish, 5 for cocaine, 1 for heroin, 2 for prescription pain relievers, 1 for prescription tranquilizers, and 1 for prescription sedatives.

In general, people understood the wording of the DR(DRUG)10 question. This is an improvement compared with Round 1, in which some participants found the “whether you wanted to or not” clause to be confusing. However, the majority of participants reported that they were thinking only of intentional times of cutting down or quitting when they answered this question. For example:

- 1000166 reported the clause to mean “Did I try [to cut down/quit] and was I successful?”
- 1000175 said that the question meant “consciously stop or lessen.”
- 3000104 said “It means basically did you try to stop drinking, like not use it anymore.”
- 2000270 said “It’s asking me if I tried to smoke less weed in the past year.”

The 15 participants in Round 2 were probed on this item for 29 substances. In 12 instances, participants provided information indicating that they were thinking only about times they went without intentionally. Notably, when participants with polysubstance use were probed a second time on the wording of this question, most recognized the actual intent of this question and also considered times that they went without for any reason. Their understanding was likely an artefact of the cognitive interview process, as interviewers specifically probed people on whether they went without using the substance for any reason. For the majority of participants, alcohol was the first substance discussed, and of the 10 alcohol responses, 6 respondents reported thinking only about intentional times.

Furthermore, several participants did not think to include visits to rehabilitation as times they cut back or stopped using a substance. This pattern was also seen in Round 1. For example, 4000401 answered “no” to DRALC10 but then reported having been in rehabilitation for 2 months and not being able to drink at all during that time. The participant did not recall that time because he was thinking only about his behavior “normally.” A similar response was noted for the same participant on DRMJ10, for which he did not report the 2 months of rehabilitation as a time of cutting down or stopping.

There are two concerns regarding the misinterpretation of the question. The first concern is that a respondent who does not endorse this item but should do so is not asked the withdrawal question(s), which *may* lead to a false negative (technically, a lost endorsement) for withdrawal symptoms. However, if casual users who do not have a history of heavy or prolonged use endorse this item and then misunderstand and misreport withdrawal symptoms (the 11 questions), they may have a false positive for withdrawal symptoms that could have been avoided if they had not endorsed DR(DRUG)10.

Of the 12 “no” responses to the DR(DRUG)10 question, participants indicated in each case that they had gone without the drug at some point. For 9 out of the 12 instances, participants indicated infrequent or sporadic use, suggesting that they did not have heavy or prolonged use and would not meet the level to induce withdrawal.

Despite these participants’ answer of “no” to the question, cognitive interviewers instructed them to change their answer to “yes” in order to receive the withdrawal questions. Of these nine cases, no participants reported withdrawal symptoms, indicating that if these participants had answered “yes” to DR(drug)10 initially, the response would not have led to false positives.

The three instances in which infrequent intensity was not reported were for the same adolescent participant, who reported withdrawal for all three substance (4000401 for alcohol, marijuana/hashish, cocaine). Moreover, the participant noted that he was an “addict” or “pothead” or volunteered the word “withdrawal” when being asked about symptoms.

A modified version of DR(DRUG)10 was also probed. The probe asked, "If this question had asked, 'During the past 12 months, did you go without drinking alcohol at least one time, for any reason?' how would you have answered? Why?" Although the interpretation of this question must be tempered because of potential context effects from the prior probing, some responses were promising.

For example, one participant (4000267) who interpreted the initial DR(DRUG)10 question to mean asking about intentional times of stopping quitting responded, "If you said, 'Go without for any reason' the question would be pointless." Further probing indicated that he thought it would be pointless because "you're no longer asking about the decision, the conscious choice, not to drink," which is exactly the purpose of the rewording.

However, one respondent noted that the alternate version of DR(DRUG)10 did not ask about cutting back, a limitation that would need to be addressed.

In summary, although most participants interpreted the question to be asking about cutting back or stopping use of the substance intentionally, only one participant provided a false negative for withdrawal, and it was for three substances.

Spanish Findings

Of the six Spanish-speaking participants, only two received question 10. They received the question for both alcohol and marijuana/hashish.

For alcohol, both participants answered "yes," indicating that they tried to stop drinking briefly. Participant 5000004 said, "I tried doing it [cutting down/stopping] once. I normally drink beer after work, when I'm stressed. But when I have free time and I'm not stressed, I stop drinking." Participant 5000005 said, "Because I took a break from drinking a couple of days."

For marijuana/hashish, participant 5000004 said "no," indicating that "the question is more about if I were an addict, but I'm not. I use it three times per week." Therefore, because he considered himself an infrequent user without a need to cut down or stop, he answered "no." However, it is unlikely that this person suffered withdrawal symptoms due to his infrequent use.

Participant 5000005 answered "yes" and said, "I wasn't smoking the same amount because I couldn't get it. . . . I didn't have any money. I couldn't afford it." Interestingly though, when interviewers asked if the question was asking about any time he went without using marijuana/hashish for a while or just the times he wanted to cut down or stop, he said it was asking about the times he wanted to stop smoking.

When asked how they would answer the alternate question about going "without the substance for at least one time," the participants said that their answers would be the same in all four instances.

Recommendations

The third round of cognitive interviewing will be the last opportunity to test potential variants. Although only one participant provided a false negative, the fact that most people interpreted the question to ask about intentionally cutting back or stopping remains a concern.

One possibility is to keep item DR(DRUG)10, because it is an existing item, but eliminate the skip pattern for withdrawal items so that all respondents in the substance abuse modules receive the withdrawal questions. On the basis of results from Round 2, it does not appear that having infrequent users receive the withdrawal questions leads to false positives. Round 3 can be used to verify whether this change results in any false positives for the withdrawal symptom questions. Although two or three additional questions would be asked per respondent per substance, the change might improve overall reporting.

SAMHSA decision: Keep DR(Drug)10 as is, with current skip pattern.

<p>DRMJ11a [IF DRMJ09 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?</p> <ul style="list-style-type: none"> • Stomach ache • Shaking or tremors • Sweating • Fever • Chills • Headache <p>1 Yes 2 No DK/REF</p>
<p>DRMJ11b [IF DRMJ09 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?</p> <ul style="list-style-type: none"> • Feeling irritable or angry • Feeling anxious or nervous • Having trouble sleeping • Losing your appetite or losing weight without trying to • Feeling like you couldn't sit still • Feeling depressed <p>1 Yes 2 No DK/REF</p>

History

DSM-5 added a withdrawal syndrome to the marijuana use disorder criteria. Symptoms are broken into two groups (physical and psychological). Respondents must have three or more symptoms, one of which can be from the physical symptom list. Even if a respondent has all of the physical symptoms, the response counts as only one of the three symptoms needed to meet the marijuana syndrome criteria. This complexity required the use of two questions to assess this criteria. If respondents endorse 11a, the fill for 11b is 2; otherwise, the 11b question requires a 3.

Overall these questions worked well in Round 1, and only minor revisions were recommended for Round 2:

- DRMJ11a: Changed “pain in the stomach area” to “stomach ache.”
- DRMJ11b: Changed “feeling anxious” to “feeling anxious or nervous,” which more accurately represents the DSM-5 criteria.
- Bolded the number of symptoms to better emphasize to respondents how many are required.

DRMJ11a and DRMJ11b English Findings

Nine participants were asked about marijuana/hashish withdrawal symptoms in 11a and 11b. Three people endorsed the physical symptoms of withdrawal in 11a, and five endorsed the psychological symptoms in 11b.

All participants reported understanding both 11a and 11b, although one participant (3000103) reported that he was thinking about anxiety when answering 11a, which was not a symptom listed until 11b. However, this participant did experience other marijuana/hashish withdrawal symptoms listed in 11a, so the response did not result in a false positive for marijuana/hashish withdrawal.

In addition, interviewers were asked to verify that participants were counting the correct number of symptoms to endorse 11b, because incorrect responses emerged as a problem in the first round of cognitive interviewing. This time, participants appeared to be indicating the correct number of symptoms, probably as a result of the bolding added to the number of symptoms in the question text.

Although withdrawal questions for other substances were not specifically tested, one participant (4000401) answered “yes” to the withdrawal question for alcohol, although he had only one symptom and not two. This did not appear to be an issue for any other substances.

When asked about the use of the word “symptom” as opposed to a feeling or experience, most participants said that they would respond the same way to either wording. However, participant 1000166 indicated that “symptom” better linked the list to the act of cutting down or quitting, and participant 9878900 reported, “An ‘experience’? That doesn’t sound like something that happened continuously; it is a shortened episode, not constant. ‘Feelings’ is not a good word for it.”

Conversely, participant 4000401 said, “Maybe the second one [experience]. ‘Symptoms’ sounds like you have a problem. Maybe by ‘experiences,’ it’s less like you’re putting a label on it.” Another participant (3000101) expressed a similar sentiment: “‘Did you experience’ is better. ‘Symptoms’ doesn’t sound like the correct terminology to use. Why? When I think of symptoms, it’s like a serious disease. Are these feelings or experiences themselves not very serious or is cutting down using marijuana/hashish not very serious? ‘Cutting down’ isn’t serious.”

Regarding the use of the term “feelings,” participant 3000101 said, “I don’t consider those feelings.” Among those who expressed a preference, “symptoms” and “experiences” were unanimously preferred over “feelings.”

DRMJ11a and DRMJ11b Spanish Findings

Only two Spanish participants (5000005 and 5000006) received this question for marijuana/hashish. One participant answered “no” to both symptom questions, and the other participant answered “yes” to both symptom questions.

The participant (5000005) who answered “no” thought that the language for the symptoms was clear and preferred the term “síntomas” (symptoms) rather than “algunas de estas cosas” (any of these things). When probed about whether the symptoms were “síntomas abstinencia” (abstinence or withdrawal symptoms), he did not know the word “abstinencia” and was not able to answer even with additional probing. However, the word “abstinencia” was used only in probing, not in the actual question.

The participant (5000006) who answered “yes” thought that the language for the symptoms was clear but noted that “dolor de cuerpo” (body aches) was not listed as a symptom, although he experienced them because of withdrawal.

Recommendations

The recommendation for these items is to keep the wording the same. Although some participants preferred the word “experience,” no participants volunteered that “symptoms” was problematic. Changing the term could lead to false positives if participants interpret experiences more loosely than symptoms.

SAMHSA decision: Keep the wording as is for these items.

DR(DRUG)X1 (STIMULANTS AND NONSTIMULANTS)

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

- 1 Yes
- 2 No
- DK/REF

DR(DRUG)X2 (STIMULANTS)

[IF DRCC11 = 2 OR DK/REF] This question is also about the times during the past 12 months after you cut down or stopped using [COKEFILL].

During any of those times, did you use [COKEFILL] again, methamphetamine, prescription stimulants, or any illegal substance to avoid these symptoms?

- 1 Yes
- 2 No
- DK/REF

DR(DRUG)X2 (NONSTIMULANTS)

[IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] After you cut down or stopped using marijuana or hashish during the past 12 months, did you use marijuana or hashish again, or any illegal substance to avoid these symptoms?

- 1 Yes
- 2 No
- DK/REF

DR(DRUG)10b (STIMULANTS ONLY)

[IF DRCC10a = 2] This question is also about the times during the past 12 months after you cut down or stopped using [COKEFILL].

During any of those times, did you use [COKEFILL] again, methamphetamine, prescription stimulants, or any illegal substance to avoid feeling blue or down?

- 1 Yes
- 2 No
- DK/REF

History

DSM-5 criteria indicate that people can meet criteria for withdrawal by either having the symptoms of withdrawal syndrome (assessed in the DR(DRUG)11 questions) or using the substance or a pharmacologically similar substance to avoid, prevent, or get over the symptoms of withdrawal syndrome. This question has never been assessed in NSDUH. Two versions were proposed: (a) one for those who endorsed symptoms, and (b) one for those who did not. This question is vital to (1) identify people who never experienced withdrawal because they prevented it by using a replacement substance, and (2) identify people who may not have had enough symptoms to meet the criteria for withdrawal syndrome because they went back to using the substance to avoid the symptoms (e.g., someone has only two of three required symptoms because they started using again before they developed a third symptom).

Results from Round 1 revealed that respondents did not understand the question consistently to mean using a similar substance pharmacologically to get over or avoid symptoms. Many respondents provided responses indicating that they used a substance to get high (e.g., if they could not get their substance of choice, they would use an alternate substance) or to self-medicate. To address this confusion, the following changes were made to X1 and X2:

- X1: Changed “you experienced symptoms” to “you had symptoms.”
- X1/X2: Added the word “again” after the substance of interest; for example, “During the past 12 months, did you use marijuana or hashish **again**, or. . . .”
- X1/X2: Bolded the phrase “avoid or get over” or “avoid”
- X1/X2: Provided an F2 hot key so that they could see all symptoms again, if needed.
- X2: Added the phrase “After you cut down or stopped using [substance].”

The Round 2 cognitive interviews also identified a skip pattern problem with stimulant-type drugs (cocaine/crack, methamphetamine, and prescription stimulants). If respondents indicated that they did not have sadness or depression (e.g., “yes” to question 10a), they were skipped out of the withdrawal questions. To address this problem, question 10b was added for stimulant substances only.

DR(DRUG)X1 Findings (Stimulants and Nonstimulants)

Thirteen participants (1000166, 1000175, 1000185, 2000221, 2000270, 2000356, 3000101, 3000102, 30000103, 30000104, 4000401, 4000402, and 9878900) answered question DR(DRUG)X1 for a total of 21 substances. In 13 instances, respondents answered “yes,” and in the remaining 8 instances, respondents answered “no.”

Of the 13 “yes” responses, most respondents appeared to answer the question correctly. They used another substance to avoid or get over the withdrawal symptoms they indicated having, and the substance used was pharmacologically similar. One exception to the “pharmacologically similar” rule is that one respondent who reported “trouble sleeping” as an alcohol withdrawal symptom reported using marijuana/hashish to help him sleep. Although these substances are not pharmacologically similar, trouble sleeping is a withdrawal symptom for both, so it seems reasonable that one would use either substance to get over or avoid that symptom.

For three participants (1000166 for alcohol, 3000103 for marijuana/hashish, 3000104 for marijuana/hashish) who answered “yes,” it was hard for them to determine if they used another substance specifically to get over withdrawal symptoms or simply to get high again. Often it was for both reasons: when they were high, they did not have withdrawal symptoms.

One participant (4000401 for alcohol) indicated that he has severe anxiety and often uses substances to help with the anxiety. When he stops using the substance, he has anxiety, but it is unclear to him whether the anxiety is a withdrawal symptom. He answered “yes” to the question indicating that he takes other substances to help with the anxiety when he is not drinking alcohol.

Only two participants (3000101 for marijuana/hashish and 2000221 for methamphetamine) answered “yes” who clearly should not have done so. In both cases, the participants indicated that they used another substance only after stopping, not to get over or avoid symptoms. Although these participants answered incorrectly, the responses would not lead to false positives for withdrawal because they already answered “yes” to the withdrawal symptom questions.

Participants who answered “no” appeared to understand the question. They noted that their symptoms were not bad enough to use another substance or they suffered through the symptoms. For example, 2000356 said, “I just sat around and was anxious. I didn’t drink alcohol or take the sedatives or pain killers or whatever.”

None of the participants who received this question pressed F2 to see the symptoms. When asked what symptoms they were thinking of, most participants responded with the specific symptoms they had indicating having or indicated that they were thinking of “general withdrawal symptoms.” A couple of participants mentioned symptoms that were not specifically listed for the substance or general feelings, such as “feeling sideways,” “feeling heavy,” or “flu-like symptoms.” Some participants who used multiple substances seemed to think of all the withdrawal symptoms they might have experienced, not just ones associated with the specific substances being mentioned.

DR(DRUG)X2 Findings (Stimulants and Nonstimulants)

Eight participants (1000166, 1000175, 2000270, 2000289, 3000101, 3000102, 4000267, and 4000402) answered question DR(DRUG)X2 for a total of 14 substances. Only one participant answered “yes” for one substance. All other responses were “no.”

One participant (1000166 for marijuana/hashish) answered “yes,” but clarified that he was on marijuana/hashish or opiates every day, so he would not know whether he had symptoms. Therefore, this response seems to be a false positive, because he did not take other substances specifically to avoid withdrawal, although that might have been an outcome of continual substance use.

The remaining participants answered “no.” However, some participants (1000175, 4000267) seemed confused by the question, noting that they did not have any symptoms. Participant 4000267 said, “If you said ‘no’ on the previous question, it would follow that this would be ‘no.’” He did not understand how you could say “yes” to avoid symptoms if you did not have any symptoms.

Two participants (2000270, 4000402) seemed to base their answers on whether they used the substances mentioned, not on the use of these substances to avoid symptoms. When asked why he answered “no,” participant 2000270 said, “I don’t use prescription sedatives or tranquilizers.” During probing he noticed the “illegal substances” clause and commented that he smoked cannabis (which is not considered a pharmacological substance), but that he was living in Washington state and it was not illegal there. Participant 4000402 said, “I’ve never used prescription sedatives or tranquilizers.” He thought the question was asking, “Did you use prescription sedatives or tranquilizers to cut down or stop drinking alcohol in the past 12 months?”

None of the participants pressed F2 when answering the question.

Two versions of this question were tested: one for stimulants and one for non-stimulants. The stimulants version includes the extra sentence, “This question is also about the times during the past 12 months after you cut down or stopped using [substance].” There did not appear to be a difference in understanding between these two versions.

DR(DRUG)10b Findings (Stimulants Only)

Only four participants (1000175, 4000402, 4000166, 4000267) answered this question about four total substances. Three participants answered “yes,” and one answered “no.”

All participants who answered “yes” answered incorrectly, according to the DSM-5 criteria for this question. Participant 1000175 answered “yes” and said, “I used other drugs but that was unrelated to stimulants. I did not use them in the same time frame.” Participant 4000402 answered “yes” because he had smoked marijuana/hashish 20 minutes after using cocaine to lower his heart rate, so that his heart would not beat too fast while using cocaine. Participant 1000166 initially answered “no,” but changed his answer to “yes.” He indicated that he took heroin to avoid wanting to take cocaine. These cases would be considered false positives for withdrawal.

Participant 4000267 appeared to understand the question. He noted that he did not have symptoms when he used cocaine in the past 12 months but that he had these symptoms when he used cocaine frequently in his youth. He referred to this as a “hair of the dog” question—using a bit of the substance taken initially to help one feel better.

None of the participants pressed F2 when answering the question.

Spanish Findings

Five of the Spanish-speaking participants received DRALCX1 for alcohol. All but one participant (5000005) answered “no.” Participant 5000005 answered “yes,” correctly indicating that when he cut back, he experienced nervousness and anxiety and that he drank again soon after stopping and did not have the symptoms. Of the four participants who answered “no,” three (5000006, 5000004, and 5000001) received the question by error because they answered “yes” to DRALC11, thinking of symptoms from

drinking too much rather than symptoms of withdrawal. As a result, they did not fully understand the intent of DRALCX1. The fourth participant (5000002) understood the question but answered “no” because he “didn’t get to that point” of needing to drink again to get over his symptoms of hand trembling and anxiety.

One participant received DRALCX2 and indicated “no” because he had those symptoms (vomiting, headache, feeling sleepy) whether he drank or not. This response suggests that he did not understand DRALCX1 to be asking about symptoms of withdrawal.

One participant received DRMJX1, and one participant received DRMJX2 for marijuana/hashish. Neither participants had difficulty with these questions for marijuana/hashish. One participant (5000006) did not remember the marijuana/hashish symptoms, but this participant indicated not having any symptoms and not smoking again when he stopped.

Recommendations

There were six instances in which English-speaking participants provided false positives to DR(DRUG)X1, DR(DRUG)X2, or DR(DRUG)10b. Most of these false positives were likely due to the length and complexity of the question. Participants likely formed their answer before fully reading/hearing the entire question. The question is complex in that it asks respondents to (1) think about when they stopped or cut back in the past 12 months, (2) whether they used the substance again or another substance, and (3) whether they used that substance to avoid or get over symptoms.

One possible solution is to revise the question text so that avoiding or getting over symptoms is mentioned before use of other substances. For example, “In order to avoid or get over these symptoms, did you use marijuana/hashish or hashish again, or any illegal substance?”

Another recommendation is to remove the extra sentence that was used for the stimulants version of the question to reduce the overall length of the question.

For DR(DRUG)X2 and DR(DRUG)10b only, the recommendation is to revise “avoid” to “prevent.” This change may help with participants’ confusion about never having had the symptoms. “Avoid” implies having the symptoms at some point, which many respondents did not. “Prevent,” on the other hand, implies that the symptoms are a possibility but does not imply having had them. The phrase “to get rid of or prevent” was tested for DR(DRUG)X1, but the use of “prevent” on DR(DRUG)X2 was not tested. Given that X2 is for respondents who do not have symptoms, the use of “prevent” might make more sense on this question. For DR(DRUG)X1, the recommendation is to keep “avoid or get over” because this wording was not problematic.

SAMHSA decision: Agree with using “prevent” rather than “avoid” for X2 and 10b. Please keep all other wording as is, but recommend testing these changes to X1 and X2: for X1 and X2, test dropping “During the past 12 months” in the second sentence of X1 and the first sentence of X2, and probe to find out if participants are still thinking about that time frame. Show the 12-month calendar on the screen, if possible, as a reminder.

For example:

DRMJX1	[IF DRMJ11a = 1 OR DRMJ11b = 1] You just mentioned that you had symptoms after you cut down or stopped using marijuana or hashish in the past 12 months. In order to avoid or get over these symptoms, did you use marijuana or hashish again, or any illegal substance? 1 Yes 2 No DK/REF Press F2 to see these symptoms again
DRMJX2	[IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] In order to prevent having any of these symptoms after you cut down or stopped using marijuana or hashish in the past 12 months, did you use marijuana or hashish again, or any illegal substance? 1 Yes 2 No DK/REF Press F2 to see these symptoms again
DRST10b	[IF DRCC10a = 2] In order to prevent feeling blue or down after you cut down or stopped using [COKEFILL] in the past 12 months, did you use [COKEFILL] again, methamphetamine, prescription stimulants, or any illegal substance? 1 Yes 2 No DK/REF Press F2 to see these symptoms again

Furthermore, although participants did not tend to press the F2 button, this button should be kept for now. In Round 3, we recommend probing participants more specifically on whether they noticed the button and whether they would prefer that the symptoms be listed on the screen.

SAMHSA decision: Agree to keep the F2 key, and if RTI has other ideas for probing/reminding participants about the specific symptoms, please include these.

Although the Spanish-speaking participants seemed to have difficulty with these questions for alcohol, the problem appeared to be due to an issue with DRALC11, which asks about alcohol withdrawal symptoms. Participants misunderstood the question to be asking about symptoms of drinking too much or symptoms they get when they drink. A similar problem was noted with English-speaking adolescents in Round 1. Because DRALC11 is not listed under the current directive, no recommendations or improvement can be made at this time.

DR(DRUG)23a	During the past 12 months, was there ever a time when you wanted to use [drug] so much that you couldn't think of anything else? 1 Yes 2 No DK/REF
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DR(DRUG)23b [IF DR(DRUG)23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or urge to use [drug]?

1 Yes
2 No
DK/REF

History

DSM-5 added a new criterion to substance use disorders, called “craving.” There is some discrepancy in how the craving criterion is described in DSM-5. In the introduction to substance use disorders (APA, 2013, p. 483), craving is described as “an intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug was previously obtained or used. . . . Craving is queried by asking if there has ever been a time when they had such strong urges to take the drug that they could not think of anything else.” Later in the chapter, the criteria tables for substance use disorder note the criterion as “craving, or a strong desire or urge to use [the drug].” On the basis of these two slightly different descriptions, two versions of a craving item were drafted, with the second version being asked if the respondent did not endorse the first version. The craving criterion would be met if the respondent endorsed either version. Both question wordings mirrored text used in DSM-5.

Results from Round 1 revealed that some respondents may be interpreting the DR(DRUG)23a question too severely (i.e., couldn’t do anything else) and that the DR(DRUG)23b question may be getting a number of false positives.

No revisions were made to these questions, but the probing strategy was revised to determine whether these questions suffered from false negatives or false positives.

English Findings

All participants answered either 23a or 23a and 23b.

Overall, participants appeared to understand question 23a without a problem. Several participants who answered “yes” provided responses that clearly indicated they could not think of anything else. Participant 4000402 said, “In the past, I’ve had experiences where I can’t think of anything besides marijuana.” Participant 4000401 said, “Was there ever a time when every cell of your body wanted to use cocaine and you couldn’t get it out of your head until you used it?”

Four participants (2000221, 1000166, 1000185, 2000289) described this experience as “craving.” Two participants indicated that it was “obsession” (2000270, 2000221). Both participants indicated that being “obsessed” with something is the same as not being able to think of anything else.

One participant (1000175) initially answered “no” and then changed his mind to “yes,” indicating that when he was actually using cocaine, all he could think about was using more. However, it did not occupy his thoughts in the same way when he was not using it.

In Round 1, there was some concern that participants interpreted the question slightly more severely than intended. In Round 2, cognitive interviewers were instructed to probe on these comments further. Further probing revealed that participants understood the question as intended. For example, one participant

(3000104) said that the question meant “you couldn’t think about nothing else or do nothing else besides getting drunk.” The interviewer probed on this response, and the respondent said, “I think people can have alcohol on their mind and still do stuff.” The participant understood that the question was asking about both (or either) of those situations (can’t think of anything else or can’t do anything else).

For 23b, participants seemed to differ in their view of the intensity of the question. When participants answered “yes,” they tended to indicate that it was because they “really wanted to do it,” “look forward to it,” or “really enjoyed it.” When participants answered “no,” they tended to indicate that they did not use the substance that much, were not an addict, or were not obsessed. One participant said “no,” meaning that the question was asking about needing to “right away.”

Interviewers asked participants what they thought about the phrase “very strong desire or urge” to drink alcohol. Regardless of how they answered 23b, about half of the participants indicated that this wording was more or less the same as “strong desire or urge” and would not change their answer. Other participants said that it sounded stronger. Participant 3000103 said that it sounded worse: “Almost like you’re trying to say you’re addicted to it or something.” Participant 4000401 said that it was worse: “I feel like that cuts out some of the times where I wanted to drink but it wasn’t so intense where I would rob a store just to get money for alcohol.” Participant 1000166 said that a very strong desire or urge was closer to a need than a want.

Spanish Findings

All six participants received 23a for alcohol, and three participants received it for marijuana/hashish. All participants appeared to understand 23a without difficulty.

Five participants received 23b for alcohol, and two received it for marijuana/hashish. None of the participants who received the question understood “deseo apremiante” (pressing desire), which was the translation recommended for “urge.” Participants recommended alternate wording such as “necesidad urgente” (urgent need), “deseo inmediato” (immediate desire), “deseo intenso” (intense desire), and “deseo urgente” (urgent desire). All participants understood “deseo fuerte” (strong desire) as intended.

Recommendations

The recommendation is to keep 23a as is, because it appears to be working well.

For 23b, comments such as “really wanted to” suggest that participants are not interpreting this question as strongly as they should because the DSM-5 criteria suggest an “exaggerated motivation” for the substance. However, the use of “very strong” compared with “strong” did not seem to be any different for many participants.

One possibility is to put the word “strong” before both “desire” and “urge,” because some people may be reading it as simply an urge to use the substance—not necessarily a strong urge.

DRMJ23b [IF DR(DRUG)23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong desire or a strong urge to use marijuana or hashish?

Another possibility is to ask only about a strong urge and not a strong desire, which many people interpreted as “really wanting.”

DRMJ23b [IF DR(DRUG)23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong urge to use marijuana or hashish?

SAMHSA decision: Use this version (above), i.e., “strong urge.”

A third possibility is to ask about an “intense desire” and a “strong urge.”

DRMJ23b [IF DR(DRUG)23a = 2, DK/REF] During the past 12 months, was there ever a time when you had an intense desire or a strong urge to use marijuana or hashish?

For the Spanish translation, the recommendation is to replace “deseo apremiante” (pressing desire) with an alternate phrase. Following are some possible solutions:

- “deseo fuerte o la necesidad de . . .” (strong desire or the need to . . .). The word “necesidad” (need) was initially recommended by Dr. Alegría. However, there was concern that the term “necesidad” (need) did not adequately convey “urge.”
- “deseo fuerte o ansias de . . .” (strong desire or longing to . . .). Note that the term “ansias” means an “excessive” type of desire in Spanish.

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Appendix F: DSM-5 R3 Memo

Memo

To: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

From: Emily Geisen, Cristie Glasheen, Gretchen McHenry, Patty LeBaron, Jeanne Snodgrass, Rosanna Quiroz, Mark Edlund, Rhonda Karg, Doug Currivan

Date: October 28, 2015

Re: DSM-5 Round 3 Cognitive Interviewing Summary and Recommendations

1. Purpose

The purpose of this project is to evaluate the diagnostic changes between the fourth (DSM-IV) and fifth (DSM-5) editions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and to develop and test revisions to the substance abuse modules of the National Survey on Drug Use and Health (NSDUH) to produce estimates of DSM-5-based substance use disorders (SUDs) (American Psychiatric Association [APA], 1994, 2013).

After completing a review of diagnostic changes, the DSM-5 project staff revised and developed new NSDUH items to reflect DSM-5 criteria for SUDs. The revisions and new items were reviewed by substantive and methodological experts, and further changes were made. Following these changes, draft items were tested in the first round of cognitive interviewing, which was completed on April 23, 2015. Following that round of testing, revisions were made to the survey questions, including obtaining Spanish-language translations, and a second round of English- and Spanish-language testing was completed on August 4, 2015. Following the second round of testing, revisions were made to the English- and Spanish-language survey questions, and a third and final round of testing of the English-language questionnaire was completed on September 24, 2015. The final round of testing on the Spanish-language questionnaire was completed on October 5, 2015.

This memo provides a summary of the findings of the third round of cognitive interviewing and recommendations for item revisions for use in the 2017 NSDUH.

2. Background

At the direction of Substance Abuse and Mental Health Services Administration (SAMHSA) management, DSM-5 changes are limited to the addition of a craving question for all drugs and withdrawal questions for marijuana/hashish. For consistency, final marijuana/hashish withdrawal symptom questions may require minor changes to the symptom questions for other substances. Any additional findings and recommendations will continue to be included for documentation purposes. However, SAMHSA resolutions for Round 2 were limited to withdrawal and craving assessment.

3. Participants

For the Round 3 English-language cognitive interviews, 10 adult participants were recruited in Chicago, Illinois; Research Triangle Park, North Carolina; and Portland, Oregon. One of these adults was recruited from a treatment facility in Chicago, and the rest were recruited via Craigslist advertisements. Four adolescent participants were recruited from treatment facilities in Durham, North Carolina, and in the Washington, DC, area.

For the Round 3 Spanish-language cognitive interviews, six adults were recruited in Research Triangle Park, North Carolina, by posting flyers in treatment centers and conducting in-person recruitment at local Hispanic or Latino organizations, such as community centers and Hispanic grocery stores. Participants were also recruited via word of mouth.

To be eligible, participants had to report using alcohol or marijuana/hashish at least six times in the past year; using cocaine, heroin, or methamphetamine at least once in the past year; or misusing prescription drugs in the past year. To test new marijuana/hashish withdrawal questions, as well as the other revised substance use dependence questions, RTI International staff selected a majority of marijuana/hashish users.¹ Although participants self-reported certain drug use during the screener, they may not have received the substance dependence module for that substance if they did not use the substance frequently enough (alcohol or marijuana/hashish).

Table 1 presents a list of the English-speaking cognitive interview participants by demographics and the substance dependence modules received. Throughout the findings, participants are referred to by their CaseIDs to provide a better understanding of how participants interpreted the questions. Table 2 provides the same information for Spanish-speaking participants.

Table 1. English-Speaking Participant Characteristics

CaseID	Age Range	Gender	Race	Ethnicity	Education	Received Substance Dependence Modules for:
1000101	12-17	Male	White	Not Hispanic	High school or less	Alcohol, marijuana/hashish, prescription pain relievers
1000333	55 or older	Male	White	Not Hispanic	Bachelor's degree	Alcohol, marijuana/hashish
1000438	55 or older	Male	Black	Not Hispanic	Bachelor's degree	Alcohol, marijuana/hashish, prescription pain relievers
1000685	12-17	Male	White	Not Hispanic	High school or less	Alcohol, marijuana/hashish
1000721	12-17	Female	White	Not Hispanic	High school or less	Marijuana/hashish, cocaine, prescription pain relievers

(continued)

¹ RTI International is a registered trademark and a trade name of Research Triangle Institute.

Table 1. English-Speaking Participant Characteristics (continued)

CaseID	Age Range	Gender	Race	Ethnicity	Education	Received Substance Dependence Modules for:
2000391	55 or older	Male	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish, prescription pain relievers
2000425	35-54	Female	White	Not Hispanic	Some college, but no degree	Alcohol, marijuana/hashish
2000512	55 or older	Female	White	Not Hispanic	Associate's degree	Alcohol
3000401	12-17	Male	Black	Not Hispanic	High school or less	Marijuana/hashish
3000477	55 or older	Male	Black	Not Hispanic	High school or less	Alcohol, marijuana/hashish
3000499	18-34	Female	Black	Not Hispanic	High school or less	Alcohol
4000534	35-54	Male	Black	Not Hispanic	Associate's degree	Alcohol, marijuana/hashish, cocaine, heroin
4000542	18-34	Male	White	Not Hispanic	Some college, but no degree	Alcohol
4000553	35-54	Male	White	Hispanic	Associate's degree	Alcohol

Table 2. Spanish-Speaking Participant Characteristics

CaseID	Age Range	Gender	Ethnicity	Country of Origin	Education	Received Substance Dependence Modules for:
5000007	35-54	Male	Hispanic	Mexico	Less than high school	Alcohol
5000008	18-34	Male	Hispanic	Mexico	Less than high school	Marijuana/hashish, alcohol
5000009	18-34	Male	Hispanic	Mexico	High school	Marijuana/hashish
5000010	35-54	Male	Hispanic	Mexico	Less than high school	Alcohol, cocaine
5000011	18-34	Male	Hispanic	Guatemala	High school	Marijuana/hashish, alcohol
5000012	18-34	Male	Hispanic	Honduras	High school	Alcohol

4. Organization

The findings of the Round 3 cognitive interviewing are organized as follows:

- question text,
- brief background of the revision/addition,
- English- and Spanish-language cognitive interview findings, and
- recommendations.

4.1 DR(DRUG)10

DR(DRUG)10

During the past 12 months did you cut down or stop [using Drug] at least one time?

En los últimos 12 meses, ¿redujo la cantidad o dejó de [usar Drug] por lo menos una vez?

4.1.1 DR(DRUG)10 History

This question is a revised version of the existing NSDUH question DR(DRUG)10: “During the past 12 months did you cut down or stop [using Drug] at least one time?” This item is used as part of the skip pattern to determine who will receive the withdrawal symptom questions. During review of the NSDUH items, concern was raised that the items immediately preceding this question may create a context effect, in which people are considering only times that they intentionally cut down on using a substance and not times that they went without for other reasons (e.g., they ran out of money or had to work). The phrase “whether you wanted to or not” was added in Round 1 to try to prompt individuals to think about these other times.

However, results from Round 1 revealed that the phrase “whether you wanted to or not” was confusing to participants, particularly adolescents. For Round 2, the phrase was removed, and the original question wording was used. No changes to the question were made for Round 3.

4.1.2 DR(DRUG)10 English-Language Findings

This question was asked for 17 substances. Six participants answered this question for alcohol, six for marijuana/hashish, one for cocaine, one for heroin, and three for prescription pain relievers.

There were no changes to the wording of this question between Rounds 2 and 3, and understanding was similar to Round 2.

Participants answered “yes” to this question for 11 substances. Reasons for saying “yes” are summarized below:

- deliberately cut back:
 - to get school work done (1000101 for marijuana/hashish),
 - cut back to save money (2000425 for marijuana/hashish),
 - usage was getting out of control (2000425, 2000512, 4000534, 4000542 for alcohol);
- in rehabilitation (i.e., “rehab”) (1000685 for marijuana/hashish);
- did not use frequently (1000721 and 2000391 for pain relievers, 4000534 for heroin); and
- got sick, went to the hospital and stopped (2000391 for marijuana/hashish) (however, he did not want to stop but had to and was uncertain whether he should answer “yes”).

Three participants answered “no” to this question, each for two substances. One participant answered “no” for two substances (1000333 for alcohol and marijuana/hashish) because he did not use these substances very much and did not consider cutting back or stopping. The interviewer asked him to

change his answer to “yes” for alcohol to see how he would have answered the withdrawal question. He did not report any withdrawal symptoms.

For the other four substances, the two participants (1000101 for alcohol and pain relievers and 4000534 for marijuana/hashish and cocaine) answered “no” because when they were using in the past 12 months, they never cut back or stopped in their opinion. However, both respondents had been in rehab and had since stopped using substances altogether. When probed, both participants interpreted the questions to be asking about their experiences prior to rehab. It is interesting to note that this occurred for the second substance as well despite the influence of probing. In addition, participant 4000534 commented that he cut back on cocaine prior to going to rehab to save money (e.g., “I bought 2 bags instead of 4 bags”), but he did not think that counted for this question. The cognitive interviewer asked this participant if he cut down or stopped because he had to work, could not get a hold of any, was in rehab, or some other reason. The participant answered, “Yes to all of these. The difference is that this is external. I wanted to use as much as I could all of the time.”

For three of the four substances above, the cognitive interviewer asked the participants to change their answers to “yes” so that they would receive the withdrawal questions. In all three of these cases (1000101 for alcohol and pain relievers and 4000534 for marijuana/hashish), the participants reported withdrawal symptoms, indicating that their response to question 10 (Q10) would have led to false negatives for withdrawal. For the fourth case (4000534 for cocaine), the interviewer did not have him change his answer due to time. However, the participant volunteered that he did not have withdrawal symptoms, so it is likely this would not have been a false negative.

Participants were also asked the meaning of “cut down or stop using.” All of the participants who received this probe understood the phrase correctly.

The primary concern with this question is that respondents tend to understand the questions as asking about intentional times they cut down, such as when the participants thought their usage was getting out of control, wanted to save money, or get schoolwork done. When the participants stopped using for other reasons, such as running out of money or because a family member made them go to rehab, they were less likely to include those situations.

4.1.3 DR(DRUG)10 Spanish-Language Findings

Only three Spanish-speaking participants received this question. Two participants answered “yes,” both referencing intentional cutting down in their responses”

- Participant 5000008 answered “yes” and explained, “When I smoke it [marijuana/hashish], it’s not like I have to smoke it. I can go without smoking it for 2 or 3 days.”
- Participant 5000009 answered “yes” and explained, “Because there are days when I smoke and there are days that I don’t smoke.”

However, one participant (5000010), a “casual drinker” answered “no,” stating, “I have not stopped drinking.” He later indicated that he does go without drinking for work because, “If I drink too much, then I cannot work,” but he does not consider this cutting back or stopping. He explained, “I drink on and off, but I continue drinking.” Although there were times that he went without drinking, he was not asked the withdrawal questions. Because he is a casual drinker, it is unlikely that he experienced withdrawal.

4.1.4 DR(DRUG)10 Recommendations

The concern with this question is that some participants understood the question to be asking about deliberately cutting down or stopping. This is most likely because the question is preceded by Q08 and Q09, which ask about wanting to or trying to cut down or stop.

The phrase “whether you wanted to or not” was added in Round 1, but participants found the wording confusing. We recommend addressing the same issue, but using wording that might be clearer to respondents. Specifically, we recommend adding the following clarification sentence after the survey question as follows:

During the past 12 months, did you cut down or stop [using Drug] at least one time? This includes any time when you had to cut down or stop because you could not get a hold of any, ran out of money, went to rehab, or some other reason.

However, this option has not been cognitively tested.

4.2 DRMJ11a and DRMJ11b

<p>DRMJ11a [IF DRMJ09 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?</p> <ul style="list-style-type: none">• Stomach ache• Shaking or tremors• Sweating• Fever• Chills• Headache <p>1 Yes 2 No DK/REF</p>
<p>[IF DRMJ09 or DRMJ10 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo alguno de estos síntomas después de reducir el uso o dejar de usar marihuana o hachís?</p> <ul style="list-style-type: none">• Dolor de estómago• Agitación o temblores en el cuerpo• Sudor• Fiebre• Escalofríos• Dolor de cabeza <p>1 Sí 2 No DK/REF</p>

DRMJ11b [IF DRMJ09 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 or nervous
- 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

IF DRMJ09 =1 OR DRMJ10 = 1] En los últimos 12 meses, ¿tuvo [IF DRMJ11a = 1 then fill 2, IF DRMJ11a = 2, DK/REF then fill 3] o más de estos síntomas después que redujo el uso o dejó de usar marihuana o hachís?

- Se sintió irritable o enojado
- Se sintió ansioso o nervioso
- Tuvo problemas para dormir
- Perdió el apetito o bajó de peso sin tratar de hacerlo
- Se sintió inquieto
- Se sintió deprimido

1 Sí
2 No
DK/REF

4.2.1 DRMJ11a and DRMJ11b History

DSM-5 added a withdrawal syndrome to the marijuana/hashish use disorder criteria. Symptoms are broken into two groups (physical and psychological). Respondents must have three or more symptoms, one of which can be from the physical symptom list. Even if a respondent has all of the physical symptoms, the response counts as only one of the three symptoms needed to meet the marijuana/hashish syndrome criteria. This complexity required the use of two questions to assess this criteria. If respondents endorse DRMJ11a, the fill for DRMJ11b is 2; otherwise, the DRMJ11b question requires a 3.

Overall, these questions worked well in Round 1, and only minor revisions were recommended for Round 2:

- For DRMJ11a, “pain in the stomach area” was changed to “stomach ache.”
- For DRMJ11b, “feeling anxious” was changed to “feeling anxious or nervous,” which more accurately represents the DSM-5 criteria.
- The number of symptoms was bolded to better emphasize to respondents how many are required.

No changes were made to these questions in Round 3.

4.2.2 DRMJ11a and DRMJ11b English-Language Findings

Nine participants were asked about marijuana/hashish withdrawal symptoms in DRMJ11a and DRMJ11b. Three respondents endorsed the physical symptoms in DRMJ11a, and seven respondents endorsed the psychological symptoms in DRMJ11b.

There was no wording change between Rounds 2 and 3 for either question. These questions were in general well understood in both rounds of cognitive interviewing.

One participant (1000685) reported a false positive for DRMJ11b because he had only two of the psychological symptoms and needed three to correctly answer "Yes" to this question.

Those who said "yes" to DRMJ11a were easily able to recognize these as withdrawal symptoms, and all of the participants answering "yes" (1000101, 1000721, and 3000477) agreed that "withdrawal" was the correct term for these feelings or experiences. The seven respondents who indicated "yes" for DRMJ11b (1000101, 1000685, 1000721, 2000391, 2000425, 3000401, and 3000407) all also agreed that the psychological symptoms are withdrawal symptoms. There were no recommendations on what else these could be called in either question.

4.2.3 DRMJ11a and DRMJ11b Spanish-Language Findings

Overall, Spanish-speaking participants appeared to understand the question. Participant 5000008 said "no," indicating that he did not smoke enough to get symptoms.

4.2.4 DRMJ11a and DRMJ11b Recommendations

Overall, these questions appear to be working well. The one exception is that in each round, at least one participant answered incorrectly because he or she did not have the required number of symptoms.

It is possible that by the time participants finish reading or listening to the list of symptoms, they have forgotten how many were required. One option may be to revise the response options to include the number of symptoms required; for example:

1 Yes, I had 2 or more of these symptoms.

2 No, I did not have 2 or more of these symptoms.

However, to be consistent, this change should be made to all of the withdrawal questions, which could have an effect on trend data for substances other than marijuana/hashish.

4.3 DR(DRUG)X1, DR(DRUG)X2, and DR(DRUG)10b

<p>DR(DRUG)X1</p> <p>[IF DRCC11 = 1] You just mentioned that you had symptoms after you cut down or stopped using [COKEFILL]. Did you use cocaine or crack again, methamphetamine, prescription stimulants, or any illegal substance to avoid or get over these symptoms?</p> <p>1 Yes 2 No DK/REF</p>
<p>[IF DRCC11 = 1]</p> <p>Usted acaba de mencionar que tuvo síntomas después de reducir el uso o dejar de usar [COKEFILL]. ¿Usó usted cocaína o “crack” otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para evitar o recuperarse de estos síntomas?</p> <p>1 Sí 2 No DK/REF</p>
<p>DR(DRUG)X2</p> <p>[IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] After you cut down or stopped using marijuana or hashish, did you use marijuana or hashish again, or any illegal substance to prevent these symptoms?</p> <p>1 Yes 2 No DK/REF</p>
<p>[IF DRCC11 = 2 OR DK/REF]</p> <p>Después que usted redujo el uso o dejó de usar [COKEFILL], ¿usó cocaína o “crack” otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para prevenir esos síntomas?</p> <p>1 Sí 2 No DK/REF</p>
<p>DR(DRUG)10b (STIMULANTS ONLY)</p> <p>[IF DRCC10a = 2] This question is also about the times after you cut down or stopped using [COKEFILL].</p> <p>During any of those times, did you use [COKEFILL] again, methamphetamine, prescription stimulants, or any illegal substance to prevent feeling blue or down?</p> <p>1 Yes 2 No DK/REF</p>
<p>[IF DRCC10a = 2] Esta pregunta es también acerca de las ocasiones después que usted redujo el uso o dejó de usar [COKEFILL].</p> <p>Durante alguna de esas ocasiones, ¿usó cocaína o “crack” otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para prevenir sentirse deprimido o decaído?</p> <p>1 Sí 2 No DK/REF</p>

4.3.1 DR(DRUG)X1, DR(DRUG)X2, and DR(DRUG)10b (STIMULANTS ONLY) History

DSM-5 criteria indicate that people can meet the criteria for withdrawal either by having the symptoms of the withdrawal syndrome, as assessed in the DR(DRUG)11 questions, or by using the substance or a pharmacologically similar substance to avoid, prevent, or get over the symptoms of the withdrawal syndrome. This question has never been assessed in NSDUH. Two versions were proposed: (a) one for those who endorsed symptoms, and (b) one for those who did not. This question is vital to (1) identify people who never experienced withdrawal because they prevented it by using a replacement substance, and (2) identify people who may not have had enough symptoms to meet the criteria for the withdrawal syndrome because they went back to using the substance to avoid the symptoms (e.g., someone has only two of three required symptoms because he or she started using again before developing a third symptom).

Results from Round 1 revealed that respondents did not understand the question consistently to mean using a similar substance pharmacologically to get over or avoid symptoms. Many respondents provided responses indicating that they used a substance to get high (e.g., if they could not get their substance of choice, they would use an alternate substance) or to self-medicate. To address this confusion, the following changes were made to DR(DRUG)X1 and DR(DRUG)X2:

- For DR(DRUG)X1, “you experienced symptoms” was changed to “you had symptoms.”
- For DR(DRUG)X1 and DR(DRUG)X2, the word “again” was added after the substance of interest (e.g., “During the past 12 months, did you use marijuana or hashish **again**, or . . .”).
- For DR(DRUG)X1 and DR(DRUG)X2, the phrase “avoid or get over” or the word “avoid” was bolded.
- For DR(DRUG)X1 and DR(DRUG)X2, an F2 hot key was provided so that respondents could see all of the symptoms again, if needed.
- For DR(DRUG)X2, the phrase “After you cut down or stopped using [substance]” was added.

The Round 2 cognitive interviews also identified a skip pattern problem with stimulant-type drugs (cocaine or crack, methamphetamine, and prescription stimulants). If respondents indicated that they did not have sadness or depression (e.g., “yes” to Q10a), they were skipped out of the withdrawal questions. To address this problem, DR(DRUG)10b was added for stimulant substances only.

The questions were revised in round 3 by removing the clause “during the past 12 months” to make the question shorter and easier for respondents to understand. In DR(DRUG)X2 and DR(DRUG)10b, the word “avoid” was replaced with “prevent” to increase clarity.

4.3.2 DR(DRUG)X1 English-Language Findings

A total of 11 unique participants received this question for one or more substances.

Five participants answered “yes” to this question for six substances. In two cases, participants (3000401, 3000477) answered “yes” because they used the substance again, but it was not specifically clear that they used the substance to “get over or avoid” the specific withdrawal symptoms:

- Participant 3000401 commented, “I was in the house, bored, ain’t got nothing to do, I wanted it.” The only symptom he specifically mentioned was feeling depressed.

- Participant 3000477 did not appear to understand the question, and answered "yes" for alcohol and marijuana/hashish simply because he used those substances again.

The remaining three participants appeared to answer "yes" correctly:

- Participant 1000685 said that it was hard to get over and that he would feel irritable (one of the withdrawal symptoms) and would tell himself that he would use just one more time.
- Participant 1000721 said that he would use marijuana/hashish again to both avoid/get over symptoms and just to get high again.
- Participant 4000534 said that he had minor symptoms and would "either sweat it out or might have to get more heroin."

Six participants answered "no" to this question for seven substances:

- In one case, a participant (1000101 for marijuana/hashish) initially answered "no" and changed his answer to "yes" only because of probing. He originally answered "no" because he was thinking primarily about when he was in rehab. The interviewer reminded him about the other times he cut down or quit, and he did acknowledge that he used marijuana/hashish again to relieve the symptoms.
- In another case, the participant (2000512 for alcohol) indicated that when he starts to experience certain symptoms (e.g., shakes) is when he decides to cut down. He indicated that he cuts back gradually (e.g., cut down by half every couple of days). In his mind, he is not using again to prevent/avoid symptoms but cutting down to prevent/avoid dependence. It is unclear whether "yes" or "no" is the correct answer to this question for his situation.
- In the remaining five cases, participants answered correctly.

For Round 3, this question was revised so that the reference period was removed to make the question shorter. We probed participants on what time period they were thinking about. One participant indicated a time period that started over 12 months ago, but continued into the reference period of the past 12 months. All of the other participants provided a specific period within the past 12 months, but none specifically said that he or she was thinking about the full 12 months. However, this did not appear to affect how the participants would answer because they were thinking about the times they experienced withdrawal, which was usually a brief period of time.

The one exception may be participant 1000101 who initially answered "no" because he was thinking about his time since rehab and not the other times during the past 12 months. However, it is unlikely that including the reference period would have made a difference because the other times during the past 12 months were not as salient as his rehab experience.

Participants did appear to notice the instruction to press F2. Participants were split about whether it would be better for the symptoms to appear on the screen or not.

4.3.3 DR(DRUG)X2 and DR(DRUG)10b English-Language Findings

A total of 11 participants received one of these questions for 14 substances. Participants answered "no" for all of the cases except for two. In these two instances, participants answered "Yes" incorrectly, which would lead to false positives for withdrawal:

- Participant 1000438 thought the question was asking if he experienced any of the symptoms listed after he cut down. He said "yes" because he experienced trouble sleeping. He did not answer "yes" to the previous withdrawal question because he had only the one symptom, and it required two symptoms. This participant did press the F2 key to see all of the symptoms. Furthermore, this participant misunderstood the question in the same way for the other two substances (marijuana/hashish and pain relievers) that he was asked about.
- Participant 2000425 did not initially realize the question was about **preventing** symptoms and answered "yes" because he used alcohol again.

Of the remaining 12 cases where participants answered "no," one participant (4000534) answered incorrectly. He originally answered "no," but then reported that he had a drug cocktail (sedatives and tranquilizers) in rehab to help with the alcohol withdrawal. He was not thinking of this when he answered this question, resulting in a false negative.

Of the participants who correctly answered "no," two participant (2000395 and 4000534) said the question was asking about substituting one substance for another. However, it is unclear whether they understood the question was asking if they did this (or used the same substance again) to prevent symptoms.

Similar to DR(DRUG)X1, participants were asked what time period they were thinking of. Participants answered "the past 12 months" in six instances. For the remaining cases, participants provided a specific period that was within the past 12 months, such as "summertime" or "past 3 months."

All but one participant indicated that he or she saw the F2 instruction, but only one participant pressed it. Most participants said that providing the instruction on screen was fine, but some thought it would be better if the symptoms appeared on screen. However, the one participant (1000438) who did press F2 incorrectly answered the question because he thought it was asking if he had those symptoms.

4.3.4 DR(DRUG)X1, DR(DRUG)X2, and DR(DRUG)10b Spanish-Language Findings

Two participants received DR(DRUG)X1. One participant (5000007) answered "yes," indicating that he would drink another beer "to control myself a bit, to control my body." The other participant (5000011) answered "no" but did not understand the question. This participant incorrectly answered "yes" to the withdrawal question because he felt those symptoms as a result of drinking, not from stopping or cutting back.

Five Spanish-speaking participants received DR(DRUG)X2 or DR(DRUG)10b for six substances. Only one participant (5000012) appeared to fully understand the question saying, "It means if I used tranquilizers to avoid the alcohol effects." Other participants seemed to partially understand. For example, participant 5000008 said it was asking, "If I needed medical care in order to stop drinking." The participant was referring to prescription tranquilizers or sedatives as medical care.

Two participants even more difficulty with the question expressing confusion. Participant 5000010 received DR(DRUG)10b for cocaine. He was confused by the question stating that he was not "depressed or down." However, he correctly answered "no." Participant 5000011 said the question was asking, "If I use marijuana, how I'm feeling. But I feel fine. I don't use it much, it doesn't affect me."

All participants said the instruction on the screen to see the symptoms was fine, despite sometimes mentioning the wrong symptoms (e.g., alcohol symptoms when on the marijuana/hashish question). However, these participants did not actually experience any withdrawal symptoms.

All participants who received these questions said they were thinking about the past 12 months.

4.3.5 DR(DRUG)X1, DR(DRUG)X2, and DR(DRUG)10b Recommendations

We recommend removing the DR(DRUG)X1, DR(DRUG)X2, and DR(DRUG)10b questions because participants do not understand the questions as intended, leading to data quality concerns.

The DR(DRUG)X1 question was somewhat difficult for people to answer accurately because it was hard for them to determine whether they used the drug again specifically to prevent symptoms or just to get high again. In addition, in each round of testing, there were participants who answered "yes" simply because they used the substance again, and not because they used a substance to avoid or get over symptoms (four in Round 1, two in Round 2, and two in Round 3). Furthermore, the DR(DRUG)X1 question is not actually necessary because it is asked only if the respondent had withdrawal symptoms in the past 12 months. Therefore, the withdrawal criteria has already been met.

We also recommending deleting DR(DRUG)X2 and DR(DRUG)10b. Over three rounds of English testing, there were seven false positives (one in Round 1, four in Round2, and two in Round 3). As with DR(DRUG)X1, these participants answered "yes" simply because they used the substance or another substance again. Furthermore, over the three rounds, no participants correctly answered "yes." In Round 3, there was one participant who should have answered "yes" because he received a drug cocktail during rehab, but he was not thinking about that and answered "no" (a false positive). This suggests that this question is not helpful in capturing people who meet the withdrawal criteria and would likely lead to a number of false positives.

However, if the questions are kept, we recommend revising the question text so that avoiding or getting over symptoms is mentioned before use of other substances. This may better emphasize the aspect of the question that is less frequent, reducing false positives. For example, "In order to avoid or get over these symptoms, did you use marijuana or hashish again, or any illegal substance?"

DRMJX1	[IF DRMJ11a = 1 OR DRMJ11b = 1] You just mentioned that you had symptoms after you cut down or stopped using marijuana or hashish in the past 12 months. In order to avoid or get over these symptoms, did you use marijuana or hashish again, or any illegal substance? 1 Yes 2 No DK/REF Press F2 to see these symptoms again
DRMJX2	[IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] In order to prevent having these symptoms after you cut down or stopped using marijuana or hashish in the past 12 months, did you use marijuana or hashish again, or any illegal substance? 1 Yes 2 No DK/REF Press F2 to see these symptoms again

Furthermore, we do not recommend displaying the symptoms on the screen. If the symptoms appeared on the screen, some respondents might misinterpret the question in the same way that participant 1000438 did.

4.4 DR(DRUG)23a and DR(DRUG)23b

<p>DR(DRUG)23a</p> <p>During the past 12 months, was there ever a time when you wanted to use [drug] so much that you couldn't think of anything else?</p> <p>1 Yes 2 No DK/REF</p> <p>Algunas vez en los últimos 12 meses, ¿tuvo usted tantas ganas de usar [drug] que no podía pensar en nada más?</p> <p>1 Sí 2 No DK/REF</p>
<p>DR(DRUG)23b</p> <p>[IF DR(DRUG)23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong urge to use [drug]?</p> <p>1 Yes 2 No DK/REF</p> <p>[IF DRCC23a = 2, DK/REF] Algunas vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar [drug]?</p> <p>1 Sí 2 No DK/REF</p>

4.4.1 DR(DRUG)23a and DR(DRUG)23b History

For SUDs, DSM-5 added a new criterion called “craving.” There is some discrepancy in how the craving criterion is described in DSM-5. In the introduction to SUDs, craving is described as “an intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug was previously obtained or used. . . . Craving is queried by asking if there has ever been a time when they had such strong urges to take the drug that they could not think of anything else” (APA, 2013, p. 483). Later in the chapter, the criteria tables for SUDs note the criterion as “craving, or a strong desire or urge to use [the drug].” On the basis of these two slightly different descriptions, two versions of a craving item were drafted, with the second version being asked if the respondent did not endorse the first version. The craving criterion would be met if the respondent endorsed either version. Both question wordings mirrored text used in DSM-5.

Results from Round 1 revealed that some respondents may be interpreting the DR(DRUG)23a question too severely (i.e., couldn't do anything else) and that the DR(DRUG)23b question may be getting a number of false positives.

No revisions were made to these questions in Round 2, but the probing strategy was revised to determine whether these questions suffered from false negatives or false positives.

In Round 3, the English version of DR(DRUG)23b was revised to ask about a “strong urge” instead of a “strong desire or urge.” This change was made because participants’ understanding of the word “desire” did not appear to match the DSM-5 criteria for craving.

The Spanish version was revised from “deseo apremiante” (pressing desire) to “deseo fuerte or la necesidad” (strong desire or the need to).

4.4.2 DR(DRUG)23a and DR(DRUG)23b English-Language Findings

All 14 participants answered DR(DRUG)23a for a total of 29 substances. Consistent with the prior two rounds, participants appeared to understand DR(DRUG)23a without a problem.

Twelve participants answered DR(DRUG)23b for a total of 24 substances.

The revised language “strong urge” improved the reporting to this question. When participants explained why they answered “yes,” it appeared to fit the definition of craving. For example:

- Participant 2000512 said, “I was thinking of a particular incident that got me so upset, I just had to drink.”
- Participant 2000425 said, “Maybe if a stressful event happens, then I have an urge to drink. If I know it’s going to be a hot day and me and my buddy are going fishing or rafting or something, then yeah, I feel the urge to drink.”
- Participant 4000534 said, “Used it to self-medicate. Made sure I had drugs.”

When participants answered “no,” their responses seemed consistent with having a desire, but not a strong desire or strong urge. For example, participant 1000333 who answered “no” explained, “If I go to the game, I’m going to want to have a beer. That’s just what I want to do. If I don’t have a beer, I’m not going to die or anything.”

We also asked participants if they would have answered differently if we asked about a “strong desire or urge.” Only one participant who answered “no” said he would have answered “yes.” Two other participants struggled somewhat with the question by saying they had a desire to use, but not a strong desire. None of the participants who answered “yes” said it would have changed their answer.

Overall, the findings suggest that “strong urge” was clearer to respondents than “strong desire or urge” and did not appear to lead to any false positives.

4.4.3 DR(DRUG)23a and DR(DRUG)23b Spanish-Language Findings

All but one participant appeared to understand DR(DRUG)23a correctly. Participant (5000011) answered “yes” to alcohol indicating that he had an urge to drink. His response did not indicate that he wanted to drink so much he could not think of anything else. However, his indication that he had an urge to drink is consistent with the criteria for DR(DRUG)23b. As such, it should probably not be considered a false negative.

Five participants received DR(DRUG)23b for at least one substance and all appeared to correctly understand the phrase, “deseo fuerte or la necesidad” in DR(DRUG)23b.

Participants were then asked about the difference between “ganas fuertes” (strong cravings) and “deseo fuerte” (strong desire). Three participants (5000008, 5000011, 5000012) thought that “ganas fuertes” (strong cravings) meant the same thing as “deseo fuerte” (strong desire). Two participants (5000009 and 5000010) thought that the terms were different. Participant 5000009 could not elaborate on the difference, but 5000010 said “ganas fuertes” meant having less desire than “deseo fuerte.”

Participants were also asked about the difference between “deseo intenso” (intense desire) and “deseo fuerte.” All four participants who answered “no” to DR(DRUG)23b thought the two terms were the same and would not have changed their answer. The one participant (5000008) who answered “yes” thought that “deseo intenso” (intense desire) was stronger than “deseo fuerte.” This participant said he would have answered “no” for marijuana/hashish if the question said “deseo intenso.”

4.4.4 DR(DRUG)23a and DR(DRUG)23b Recommendations

We recommend keeping the phrase “strong urge” in English and the phrase “deseo fuerte or la necesidad” used in Round 3.

The only change we recommend is removing the word “ever.” Because this question asks about the past 12 months, the use of the word “ever” may be confusing. Instead, the question can be revised to ask if there was at least one time:

DRMJ23b [IF DR(DRUG)23a = 2, DK/REF] During the past 12 months, was there at least one time when you had a strong urge to use marijuana or hashish?
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References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Appendix G: DSM-5 Dependence Module – English

**Proposed DSM5 Substance Dependence and Abuse for 2017 NSDUH CAI Administration
(10/28/2015)**

INTRODR [IF CIG30DAY = 1 OR ALC12MON = 1 OR 2 OR 3 OR MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR CRK12MON = 1 OR HER12MON = 1 OR HAL12MON = 1 OR INH12MON = 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

[CIG30DAY = 1 AND ALC12MON = 4 AND (MAR12MON = 4 AND COC12MON = 2 AND CRK12MON = 2 AND HER12MON = 2 AND HAL12MON = 2 AND INH12MON = 2 AND MET12MON = 2 AND PAI12MON = 2 AND TRA12MON = 2 AND STI12MON = 2 AND SED12MON = 2)] cigarettes you smoked.

[CIG30DAY = 1 AND ALC12MON = 1 OR 2 OR 3 AND (MAR12MON = 4 AND COC12MON = 2 AND CRK12MON = 2 AND HER12MON = 2 AND HAL12MON = 2 AND INH12MON = 2 AND MET12MON = 2 AND PAI12MON = 2 AND TRA12MON = 2 AND STI12MON = 2 AND SED12MON = 2)] cigarettes you smoked and the alcohol you drank.

[CIG30DAY = 2 AND ALC12MON = 1 OR 2 OR 3 AND (MAR12MON = 4 AND COC12MON = 2 AND CRK12MON = 2 AND HER12MON = 2 AND HAL12MON = 2 AND INH12MON = 2 AND MET12MON = 2 AND PAI12MON = 2 AND TRA12MON = 2 AND STI12MON = 2 AND SED12MON = 2)] alcohol you drank.

[CIG30DAY = 1 AND ALC12MON = 4 AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR CRK12MON = 1 OR HER12MON = 1 OR HAL12MON = 1 OR INH12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1)] cigarettes you smoked and the other drugs that you used.

[CIG30DAY = 2 AND ALC12MON = 1 OR 2 OR 3 OR AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR CRK12MON = 1 OR HER12MON = 1 OR HAL12MON = 1 OR INH12MON = 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.

[CIG30DAY = 1 AND ALC12MON = 1 OR 2 OR 3 AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR CRK12MON = 1 OR HER12MON = 1 OR HAL12MON = 1 OR INH12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1)]cigarettes you smoked, the alcohol you drank, and the other drugs that you used.

[CIG30DAY = 2 AND ALC12MON = 4 AND (MAR12MON = 1 OR 2 OR 3 OR

COC12MON = 1 OR CRK12MON =1 OR HER12MON = 1 OR HAL12MON = 1 OR INH12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1)]drugs that you used.

Press [ENTER] to continue.

DRCIG [IF CIG30DAY = 1] Think about your use of **cigarettes** during the **past 30 days** as you answer these next questions.

Press [ENTER] to continue.

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE01 [IF CIG30DAY = 1] Please think about how true each statement is **of you**.

After not smoking for a while, you need to smoke in order to feel less restless and irritable.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE02 [IF CIG30DAY = 1] When you don't smoke for a few hours, you start to crave cigarettes.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE03 [IF CIG30DAY = 1] You sometimes have strong cravings for a cigarette where it feels like you're in the grip of a force you can't control.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE04 [IF CIG30DAY = 1] You feel a sense of control over your smoking—that is, you can “take it or leave it” at any time.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE05 [IF CIG30DAY = 1] You tend to avoid places that don’t allow smoking, even if you would otherwise enjoy them.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE06a [IF CIG30DAY = 1] Do you have any friends who do **not** smoke cigarettes?

- 1 Yes
- 2 No

DK/REF

DRCGE06b [IF DRCGE06a = 1] Think about your use of **cigarettes** during the **past 30 days** as you answer these next questions. There are times when you choose not to be around your friends who don’t smoke because they won’t like it if you smoke.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE07 [IF CIG30DAY = 1]

[ADD IF DRCGE06b = BLANK] Think about your use of **cigarettes** during the **past 30 days** as you answer these next questions.

Even if you’re traveling a long distance, you’d rather not travel by airplane

because you wouldn't be allowed to smoke.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE08 [IF CIG30DAY = 1] You sometimes worry that you will run out of cigarettes.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE09 [IF CIG30DAY = 1] You smoke cigarettes fairly regularly throughout the day.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE10 [IF CIG30DAY = 1] You smoke about the same amount on weekends as on weekdays.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE11 [IF CIG30DAY = 1] You smoke just about the same number of cigarettes from day to day.

- 1 Not at all true
- 2 Somewhat true

- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE12 [IF CIG30DAY = 1] It's hard to say how many cigarettes you smoke per day because the number often changes.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE13 [IF CIG30DAY = 1] It's normal for you to smoke several cigarettes in an hour, then not have another one until hours later.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE14 [IF CIG30DAY = 1] The number of cigarettes you smoke per day is often influenced by other things—how you're feeling, or what you're doing, for example.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE15 [IF CIG30DAY = 1] Your smoking is not affected much by other things. For example, you smoke about the same amount whether you're relaxing or working, happy or sad, alone or with others.

- 1 Not at all true
- 2 Somewhat true

- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE16 [IF CIG30DAY = 1] Since you started smoking, the amount you smoke has increased.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE17 [IF CIG30DAY = 1] Compared to when you first started smoking, you need to smoke a lot more now in order to be satisfied.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE18 [IF CIG30DAY = 1] Compared to when you first started smoking, you can smoke much, much more now before you start to feel anything.

- 1 Not at all true
- 2 Somewhat true
- 3 Moderately true
- 4 Very true
- 5 Extremely true

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE19a [IF CIG30DAY = 1 AND (CG07 = 30 OR CG07DKRE = 6)] How soon after you wake up do you have your first cigarette?

- 1 Within the first 5 minutes after you wake up
- 2 Between 6 and 30 minutes after you wake up
- 3 Between 31 and 60 minutes after you wake up
- 4 More than 60 minutes after you wake up

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE19b [IF DRCGE19a = BLANK AND CIG30DAY = 1 AND (CG07 = 1 - 29 OR CG07DKRE - 1-5)] On the days that you smoke, how soon after you wake up do you have your first cigarette?

- 1 Within the first 5 minutes after you wake up
- 2 Between 6 and 30 minutes after you wake up
- 3 Between 31 and 60 minutes after you wake up
- 4 More than 60 minutes after you wake up

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

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, did you cut down or stop drinking **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

~~DRALC12~~ [~~IF DRALC11 = 1~~] ~~Please look at the symptoms listed below. During the past 12 months, did you have **2 or more of these symptoms at the same time** that lasted for longer than a day after you cut back 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~~

DRALC12a [~~IF DRALC11 = 1~~] You just mentioned that you had symptoms **after** you cut down or stopped drinking **alcohol**. Did you drink alcohol again, use prescription sedatives or tranquilizers, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Press [F2] to see these symptoms again

DRALC12b [IF DRALC11 = 2 OR DK/REF] After you cut down or stopped drinking **alcohol**, did you drink alcohol again, use prescription sedatives or tranquilizers, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Press [F2] to see these symptoms again

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Marijuana

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 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**?

- Stomach ache
- Shaking or tremors
- Sweating
- Fever
- Chills
- Headache

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ11b [IF D75RMJ09 = 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 or nervous
- 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

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ12a [IF DRMJ11a = 1 OR DRMJ11b = 1] You just mentioned that you had symptoms **after** you cut down or stopped using **marijuana or hashish**. Did you use marijuana or hashish again, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Press [F2] to see these symptoms again

DRMJ12b [IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] After you cut down or stopped using **marijuana or hashish**, did you use marijuana or hashish again, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Press [F2] to see these symptoms again

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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, 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

DRCC10b [IF DRCC10a = 2] This question is also about the times **after** you cut down or stopped using [**COKEFILL**].

During any of those times, did you use cocaine or ‘crack’ again, methamphetamine, prescription stimulants, or any illegal substance to **prevent** feeling blue or down?

- 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

~~DRCC12 [IF DRCC11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more of these symptoms at the same time** that lasted for longer than a day after you cut back 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~~

DRCC12a [IF DRCC11 = 1] You just mentioned that you had symptoms **after** you cut down or stopped using [COKEFILL]. Did you use cocaine or 'crack' again, methamphetamine, prescription stimulants, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Press [F2] to see these symptoms again

DRCC12b [IF DRCC11 = 2 OR DK/REF] After you cut down or stopped using [COKEFILL], did you use cocaine or 'crack' again, methamphetamine, prescription stimulants, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Press [F2] to see these symptoms again

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Heroin

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, 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

~~**DRHE12** [IF DRHE11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **3 or more of these symptoms at the same time** that lasted for longer than a day after you cut back 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

DRHE12a [IF DRHE11 = 1] You just mentioned that you had symptoms **after** you cut down or stopped using **heroin**. Did you use heroin again, prescription pain relievers, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Press [F2] to see these symptoms again

DRHE12b [IF DRHE11 = 2 OR DK/REF] After you cut down or stopped using **heroin**, did you use heroin again, prescription pain relievers, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Press [F2] to see these symptoms again

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

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS [IF HAL12MON = 1] Think about your use of **hallucinogens**, such as LSD, 'acid', PCP, 'Ecstasy' or 'Molly', psilocybin or mushrooms, mescaline, or peyote during the past 12 months as you answer these next questions.

Press [ENTER] to continue.

DRLS01 [IF HAL12MON = 1] During the past 12 months, was there a month or more when

you spent a lot of your time getting or using **hallucinogens**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS02 [IF DRLS01 = 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 **hallucinogens** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS04 [IF HAL12MON = 1] During the past 12 months, did you try to set limits on how often or how much **hallucinogens** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS05 [IF DRLS04 = 1] Were you able to keep to the limits you set, or did you often use **hallucinogens** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

DRLS06 [IF HAL12MON = 1] During the past 12 months, did you need to use more **hallucinogens** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS07 IF DRLS06 = 2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **hallucinogens** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS08 [IF HAL12MON = 1] During the past 12 months, did you **want to** or **try to** cut down or stop using **hallucinogens**?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS09 [IF DRLS08 = 1] During the past 12 months, were you **able to** cut down or stop using **hallucinogens every time** you wanted to or tried to?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS13 [IF HAL12MON = 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 **hallucinogens**?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS14 [IF DRLS13 = 1] Did you continue to use **hallucinogens** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

- 1 Yes
- 2 No

DK/REF

DRLS15 [IF DRLS13 = 2 OR DK/REF OR DRLS14 = 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 **hallucinogens**?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS16 [IF DRLS15 = 1] Did you continue to use **hallucinogens** even though you thought this was causing you to have physical problems?

- 1 Yes
- 2 No
- DK/REF

DRLS17 [IF HAL12MON = 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 **hallucinogens** 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

DRLS18 [IF HAL12MON = 1] Sometimes people who use **hallucinogens** 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 **hallucinogens** cause you to have serious problems like this either at home, work, or school?

- 1 Yes
- 2 No
- DK/REF

DRLS19 [IF HAL12MON = 1] During the past 12 months, did you regularly use **hallucinogens** and then do something where using **hallucinogens** put you in physical danger?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS20 [IF HAL12MON = 1] During the past 12 months, did using **hallucinogens** 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

DRLS21 [IF HAL12MON = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **hallucinogens**?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS22 [IF DRLS21 = 1] Did you continue to use **hallucinogens** even though you thought this caused problems with family or friends?

1 Yes
2 No
DK/REF

DRLS23a During the past 12 months, was there ever a time when you wanted to use **hallucinogens** so much that you couldn't think of anything else?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS23b [IF DRLS23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong urge to use **hallucinogens**?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN [IF INH12MON = 1] Think about your use of **inhalants**, such as amyl nitrite, 'poppers,' nitrous oxide, gasoline or lighter fluids, glue, spray paints, or correction fluids during the past 12 months as you answer these next questions.

Press [ENTER] to continue.
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN01 [IF INH12MON = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **inhalants**?

1 Yes

2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN02 [IF DRIN01 = 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 **inhalants** you used?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN04 [IF INH12MON = 1] During the past 12 months, did you try to set limits on how often or how much **inhalants** you would use?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN05 [IF DRIN04 = 1] Were you able to keep to the limits you set, or did you often use **inhalants** more than you intended to?

1 Usually kept to the limits set
2 Often used more than intended
DK/REF

DRIN06 [IF INH12MON = 1] During the past 12 months, did you need to use more **inhalants** than you used to in order to get the effect you wanted?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN07 [IF DRIN06 = 2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **inhalants** had less effect on you than it used to?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN08 [IF INH12MON = 1] During the past 12 months, did you **want to** or **try to** cut down or stop using **inhalants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN09 [IF DRIN08 = 1] During the past 12 months, were you **able to** cut down or stop using **inhalants every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN13 [IF INH12MON = 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 **inhalants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN14 [IF DRIN13 = 1] Did you continue to use **inhalants** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

DRIN15 [IF DRIN13 = 2 OR DK/REF OR DRIN14 = 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 **inhalants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN16 [IF DRIN15 = 1] Did you continue to use **inhalants** even though you thought this was causing you to have physical problems?

1 Yes

2 No

DK/REF

DRIN17 [IF INH12MON = 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 **inhalants** 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

DRIN18 [IF INH12MON = 1] Sometimes people who use **inhalants** 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 **inhalants** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

DRIN19 [IF INH12MON = 1] During the past 12 months, did you regularly use **inhalants** and then do something where using **inhalants** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN20 [IF INH12MON = 1] During the past 12 months, did using **inhalants** 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

DRIN21 [IF INH12MON = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **inhalants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN22 [IF DRIN21 = 1] Did you continue to use **inhalants** even though you thought this caused problems with family or friends?

1 Yes

2 No

DK/REF

DRIN23a During the past 12 months, was there ever a time when you wanted to use **inhalants** so much that you couldn't think of anything else?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN23b [IF DRIN23a = 2, DK/REF] During the past 12 months, was there ever a time when you had a strong urge to use **inhalants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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, 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

DRME10b [IF DRME10a = 2] This question is also about the times **after** you cut down or stopped using **methamphetamine.**

During any of those times, did you use methamphetamine again, cocaine or 'crack,' prescription stimulants, or any illegal substance to **prevent** feeling blue or down?

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

~~DRME12~~ [IF DRME11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more of these symptoms at the same time** that lasted for longer than a day after you cut back 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~~

DRME12a [IF DRME11 = 1] You just mentioned that you had symptoms **after** you cut down or stopped using **methamphetamine**. Did you use methamphetamine again, cocaine or 'crack,' prescription stimulants, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Press [F2] to see these symptoms again

DRME12b [If DRME11 = 2 OR DK/REF] After you cut down or stopped using **methamphetamine**, did you use methamphetamine again, cocaine or 'crack,' prescription stimulants, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Press [F2] to see these symptoms again

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/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

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

- 1 Yes
- 2 No

DK/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

Rx Pain Relievers

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-PRY36 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, 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

~~**DRPR12** [IF DRPR11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **3 or more of these symptoms at the same time** that lasted for longer than a day after you cut back 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

DRPR12a [IF DRPR11 = 1] You just mentioned that you had symptoms **after** you cut down or stopped using **prescription pain relievers**. Did you use prescription pain relievers again, heroin, or any illegal substance to **avoid or get over** these symptoms?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Press [F2] to see these symptoms again

DRPR12b [IF DRPR11 = 2 OR DK/REF] After you cut down or stopped using **prescription pain relievers**, did you use prescription pain relievers again, heroin, or any illegal substance to **prevent** these symptoms?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Press [F2] to see these symptoms again

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/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes
2 No
DK/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

Rx Tranquilizers

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 \geq 2 FILL WITH “the tranquilizers listed below”] in a way **a doctor did not direct you to use [TRNUMFILL].**

[IF TRMISCOUNT \geq 2 FILL WITH DRUG NAMES FROM TRY01- TRY12 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 \geq 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, 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

DRTR12a [IF DRTR11 = 1] You just mentioned that you had symptoms **after** you cut down or stopped using **prescription tranquilizers**. Did you use prescription tranquilizers again, drink alcohol, use prescription sedatives, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Press [F2] to see these symptoms again

DRTR12b [IF DRTR11 = 2 OR DK/REF] After you cut down or stopped using **prescription tranquilizers**, did you use prescription tranquilizers again, drink alcohol, use prescription sedatives, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Press [F2] to see these symptoms again

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/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

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

- 1 Yes
- 2 No

DK/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

Rx Stimulants

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 ST12MON = 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, 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

DRST10b IF DRST10a = 2] This question is also about the times **after** you cut down or stopped using **prescription stimulants**.

During any of those times, did you use prescription stimulants again, methamphetamine, cocaine or 'crack,' or any illegal substance to **prevent** feeling blue or down?

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

~~**DRST12** [IF DRST11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more of these symptoms at the same time** that lasted for~~

~~longer than a day after you cut back 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~~

DRST12a [IF DRST11 = 1] You just mentioned that you had symptoms **after** you cut down or stopped using **prescription stimulants**. Did you use prescription stimulants again, methamphetamine, cocaine or 'crack,' or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Press [F2] to see these symptoms again

DRST12b [IF DRST11 = 2 OR DK/REF] After you cut down or stopped using **prescription stimulants**, did you use prescription stimulants again, methamphetamine, cocaine or 'crack,' or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Press [F2] to see these symptoms again

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/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

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

- 1 Yes
- 2 No

DK/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

Rx Sedatives

DRSV [IF SV12MON = 1] Think about your use of **prescription sedatives** during the past 12 months as you answer these next questions. Remember, we are only interested in **prescription sedatives** that you used in any way a doctor did not direct you to.

Earlier the computer recorded that in the **past 12 months** you used [IF SVMISCOUNT = 1 FILL SVFILL2][IF SVMISCOUNT ≥ 2 FILL WITH “the sedatives listed below”] in a way **a doctor did not direct you to use** [SVNUMFILL].

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

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

Press [ENTER] to continue.

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

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

- 1 Yes

2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Usually kept to the limits set
2 Often used more than intended
DK/REF

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

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV10 [IF DRSV08 = 2 OR DK/REF OR DRSV09 = 2 OR DK/REF] During the past 12 months, 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

~~**DRSV12** [IF DRSV11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more of these symptoms at the same time** that lasted for longer than a day after you cut back or stopped using **prescription sedatives**?~~

- ~~• Sweating or feeling that your heart was beating fast~~
- ~~• Having your hands tremble~~
- ~~• Having trouble sleeping or sleeping more than you normally do~~
- ~~• 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~~

DRSV12a [IF DRSV11 = 1] You just mentioned that you had symptoms **after** you cut down or stopped using **prescription sedatives**. Did you use prescription sedatives again, drink alcohol, use prescription tranquilizers, or any illegal substance to **avoid or get over** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Press [F2] to see these symptoms again

DRSV12b [IF DRSV11 = 2 OR DK/REF] After you cut down or stopped using **prescription sedatives**, did you use prescription sedatives again, drink alcohol, use prescription tranquilizers, or any illegal substance to **prevent** these symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Press [F2] to see these symptoms again

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REF

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

- 1 Yes
- 2 No
- DK/REF

DRSV17 [IF SED12MON = 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.
During the past 12 months, did using **prescription sedatives** cause you to give up or spend less time doing these types of important activities?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

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

- 1 Yes
- 2 No
- DK/REF

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

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REF

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

1 Yes

2 No

DK/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REFPROGRAMMER: SHOW 12 MONTH CALENDAR

Appendix H: DSM-5 Dependence Module – Spanish

Proposed DSM5 Substance Dependence and Abuse for 2017 NSDUH Spanish CAI Administration (10/28/2015)

INTRODR [IF CIG30DAY = 1 OR ALC12MON = 1 OR 2 OR 3 OR MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR CRK12MON = 1 OR HER12MON = 1 OR HAL12MON = 1 OR INH12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1] Ahora, nos gustaría que usted nos contara acerca de sus experiencias con

[CIG30DAY = 1 AND ALC12MON = 4 AND (MAR12MON = 4 AND COC12MON = 2 AND CRK12MON = 2 AND HER12MON = 2 AND HAL12MON = 2 AND INH12MON = 2 AND MET12MON = 2 AND PAI12MON = 2 AND TRA12MON = 2 AND STI12MON = 2 AND SED12MON = 2)] los cigarrillos que fumó.

[CIG30DAY = 1 AND ALC12MON = 1 OR 2 OR 3 AND (MAR12MON = 4 AND COC12MON = 2 AND CRK12MON = 2 AND HER12MON = 2 AND HAL12MON = 2 AND INH12MON = 2 AND MET12MON = 2 AND PAI12MON = 2 AND TRA12MON = 2 AND STI12MON = 2 AND SED12MON = 2)] los cigarrillos que fumó y el alcohol que bebió.

[CIG30DAY = 2 AND ALC12MON = 1 OR 2 OR 3 AND (MAR12MON = 4 AND COC12MON = 2 AND CRK12MON = 2 AND HER12MON = 2 AND HAL12MON = 2 AND INH12MON = 2 AND MET12MON = 2 AND PAI12MON = 2 AND TRA12MON = 2 AND STI12MON = 2 AND SED12MON = 2)] el alcohol que bebió.

[CIG30DAY = 1 AND ALC12MON = 4 AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR CRK12MON = 1 OR HER12MON = 1 OR HAL12MON = 1 OR INH12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1)] los cigarrillos que fumó y las drogas que usó.

[CIG30DAY = 2 AND ALC12MON = 1 OR 2 OR 3 OR AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR CRK12MON = 1 OR HER12MON = 1 OR HAL12MON = 1 OR INH12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1)] el alcohol que bebió y las drogas que usó.

[CIG30DAY = 1 AND ALC12MON = 1 OR 2 OR 3 AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR CRK12MON = 1 OR HER12MON = 1 OR HAL12MON = 1 OR INH12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1)] los cigarrillos que fumó, el alcohol que bebió y las drogas que usó.

[CIG30DAY = 2 AND ALC12MON = 4 AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR CRK12MON = 1 OR HER12MON = 1 OR HAL12MON = 1 OR INH12MON = 1 OR MET12MON = 1 OR PAI12MON = 1 OR TRA12MON = 1 OR STI12MON = 1 OR SED12MON = 1)] las drogas que usó.

Presione [ENTER] para continuar.

DRCIG [IF CIG30DAY = 1] Piense en su uso de **cigarrillos** en los **últimos 30 días** al responder las siguientes preguntas..

Presione [ENTER] para continuar.
PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE01 [IF CIG30DAY = 1] Por favor piense en lo cierto que es para **usted** cada declaración.

Después de no fumar por un rato, usted necesita fumar para sentirse menos inquieto o irritable.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF
PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE02 [IF CIG30DAY = 1] Usted empieza a desear un cigarrillo después de no fumar por varias horas.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF
PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE03 [IF CIG30DAY = 1] A veces el deseo de fumar un cigarrillo es tan fuerte, que usted siente como si estuviera bajo el control de alguna fuerza que no puede dominar.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE04 [IF CIG30DAY = 1] Usted siente que está en pleno control de la frecuencia con que fuma, es decir, fuma cuando quiere pero igualmente si desea, puede dejar de fumar en cualquier momento.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE05 [IF CIG30DAY = 1] Usted trata de evitar lugares donde no se permite fumar, aún cuando usted sabe que hubiera disfrutado de estar en aquellos lugares.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE06a [IF CIG30DAY = 1] ¿Tiene amigos que **no** fuman cigarrillos?

- 1 Sí
- 2 No

DK/REF

DRCGE06b [IF CGE6A = 1] Piense en su uso de **cigarrillos** en los **últimos 30 días** al responder las siguientes preguntas. Hay veces en que usted prefiere no andar con amigos que no fuman porque a ellos les molestaría que usted fume en su presencia.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE07 [IF CIG30DAY = 1]

[ADD IF DRCGE06b = BLANK] Piense en su uso de **cigarrillos** en los **últimos 30 días** al responder las siguientes preguntas.

Aunque el viaje le sea más largo, usted preferiría no viajar en avión porque no le permitirían fumar.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE08 [IF CIG30DAY = 1] A veces usted se preocupa de que se le van a terminar los cigarrillos.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE09 [IF CIG30DAY = 1] Usted fuma cigarrillos regularmente durante el día.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE10 [IF CIG30DAY = 1] Durante los fines de semana, usted fuma la misma cantidad que fuma durante los días de semana.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE11 [IF CIG30DAY = 1] Usted fuma casi el mismo número de cigarrillos todos los días.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE12 [IF CIG30DAY = 1] Es difícil decir cuántos cigarrillos usted fuma al día porque el número varía con frecuencia.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE13 [IF CIG30DAY = 1] Para usted es normal fumar varios cigarrillos en una sola hora, y luego no fumar más por varias horas.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE14 [IF CIG30DAY = 1] El número de cigarrillos que fuma al día cambia con frecuencia, porque depende de otras cosas, como por ejemplo, lo que está haciendo en ese momento o cómo se siente.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE15 [IF CIG30DAY = 1] Su costumbre de fumar no cambia debido a ciertas situaciones. Por ejemplo, usted fuma casi lo mismo, sin importar si está relajándose o trabajando, o si se siente feliz o triste, o si está solo o acompañado.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE16 [IF CIG30DAY = 1] Hoy en día, usted fuma más de lo que fumaba cuando empezó a fumar.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE17 [IF CIG30DAY = 1] Hoy en día, para quedar satisfecho usted necesita fumar más de lo que fumaba cuando empezó a fumar.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE18 [IF CIG30DAY = 1] Hoy en día, para sentir los efectos de fumar, usted necesita fumar más de lo que fumaba cuando empezó a fumar.

- 1 No es nada cierto de mí
- 2 Es algo cierto de mí
- 3 Es más o menos cierto de mí
- 4 Es muy cierto de mí
- 5 Es sumamente cierto de mí

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE19a [IF CIG30DAY = 1 AND (CG07 = 30 OR CG07DKRE = 6 ¿Qué tan pronto después de despertarse fuma su primer cigarrillo?

- 1 En los primeros 5 minutos después de despertarse
- 2 Entre 6 y 30 minutos después de despertarse
- 3 Entre 31 y 60 minutos después de despertarse
- 4 Más de 60 minutos después de despertarse

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRCGE19b [IF DRCGE19a = BLANK AND CIG30DAY = 1 AND (CG07 = 1 - 29 OR CG07DKRE - 1-5 Los días que usted fuma, ¿qué tan pronto después de despertarse fuma su primer cigarrillo?

- 1 En los primeros 5 minutos después de despertarse
- 2 Entre 6 y 30 minutos después de despertarse
- 3 Entre 31 y 60 minutos después de despertarse
- 4 Más de 60 minutos después de despertarse

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DRALC [IF ALC12MON = 1 - 3] Piense en su consumo de **alcohol** en los **últimos 12 meses**, al responder las siguientes preguntas.

Presione [ENTER] para continuar.

DRALC01 [IF ALC12MON = 1 - 3] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o beber **alcohol**?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC02 [IF DRALC01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos del **alcohol** que había tomado?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC04 [IF ALC12MON = 1 - 3] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o la cantidad de **alcohol** que bebería?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC05 [IF DRALC04 = 1] ¿Logró mantener los límites que estableció, o bebió con frecuencia más de lo que había planeado?

- 1 Por lo general mantuvo los límites establecidos
- 2 Por lo general bebió más de lo planeado

DK/REF

DRALC06 [IF ALC12MON = 1 - 3] En los últimos 12 meses, ¿tuvo que beber más **alcohol** de lo que acostumbraba beber, para poder conseguir el efecto que deseaba?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC07 [IF DRALC06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que beber la misma cantidad de **alcohol** le causaba menos efecto que antes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC08 [IF ALC12MON = 1 - 3] En los últimos 12 meses, ¿**quiso o trató de reducir la cantidad** o de dejar de beber **alcohol**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC09 [IF DRALC08 = 1] En los últimos 12 meses, ¿**logró reducir la cantidad de alcohol** o dejar de beber **todas las veces** que quiso o trató de hacerlo?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC10 [IF DRALC08 = 2 OR DK/REF OR DRALC09 = 2 OR DK/REF] En los últimos 12 meses, ¿**redujo la cantidad o dejó** de beber **por lo menos una vez**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC11 [IF DRALC09 = 1 OR DRALC10 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más** de estos síntomas después de **reducir la cantidad** o dejar de beber **alcohol**?

- Sudó o sintió que su corazón latía muy rápido
- Le temblaron las manos
- Tuvo problemas para dormir
- Vomitó o sintió náuseas
- Vio, escuchó o sintió cosas que no estaban realmente ahí
- Se sintió inquieto
- Se sintió ansioso
- Tuvo convulsiones o ataques

1 Sí
2 No
DK/REF

~~**DRALC12** [IF DRALC11 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más de estos síntomas a la vez**, que hayan durado más de un día, después de beber menos o dejar de beber **alcohol**?~~

- ~~• Sudó o sintió que su corazón latía muy rápido~~
- ~~• Le temblaron las manos~~
- ~~• Tuvo problemas para dormir~~
- ~~• Vomitó o sintió náuseas~~
- ~~• Vio, escuchó o sintió cosas que no estaban realmente ahí~~
- ~~• Se sintió inquieto~~
- ~~• Se sintió ansioso~~
- ~~• Tuvo convulsiones o ataques~~

~~1 Sí
2 No
DK/REF~~

DRALC12a [IF DRALC11 = 1] Usted acaba de mencionar que tuvo síntomas **después** de reducir la cantidad o dejar de beber **alcohol**. ¿Bebió alcohol otra vez, usó sedantes o tranquilizantes que normalmente se venden con una receta médica, o alguna sustancia ilícita para **evitar o recuperarse** de estos síntomas?

1 Sí
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRALC12b [IF DRALC11=2 OR DK/REF] Después que usted redujo la cantidad o dejó de beber **alcohol**, ¿bebió alcohol otra vez, usó sedantes o tranquilizantes que normalmente se venden con una receta médica, o alguna sustancia ilícita para **prevenir** estos síntomas?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Presione F2 para ver estos síntomas otra vez

DRALC13 [IF ALC12MON = 1 - 3] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por beber **alcohol**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC14 [IF DRALC13 = 1] ¿Continuó bebiendo **alcohol** aún cuando pensaba que beber le estaba causando problemas emocionales, de nervios o de la salud mental?

1 Sí

2 No

DK/REF

DRALC15 [IF DRALC13 = 2 OR DK/REF OR DRALC14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por beber **alcohol**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC16 [IF DRALC15 = 1] ¿Continuó bebiendo **alcohol** aún cuando pensaba que beber le estaba causando problemas de salud física?

1 Sí

2 No

DK/REF

DRALC17 [IF ALC12MON = 1 - 3] Esta pregunta se trata de actividades importantes como

trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar tiempo con los amigos y la familia.

En los últimos 12 meses, ¿su consumo de **alcohol** le hizo abandonar o dedicar menos tiempo a hacer ese tipo de actividades importantes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC18 [IF ALC12MON = 1 - 3] A veces las personas que beben **alcohol** tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿su consumo de **alcohol** le causó problemas serios como estos en su hogar, en el trabajo o en la escuela?

1 Sí

2 No

DK/REF

DRALC19 [IF ALC12MON = 1 - 3] En los últimos 12 meses, ¿bebía **alcohol** en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque estaba borracho?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC20 [IF ALC12MON = 1 - 3] En los últimos 12 meses, ¿su consumo de **alcohol** le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC21 [IF ALC12MON = 1 - 3] En los últimos 12 meses, ¿tuvo algún problema con su familia o sus amigos, que probablemente fue causado por su consumo de alcohol?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC22 [IF DRALC21 = 1] ¿Continuó bebiendo **alcohol** aún cuando usted pensaba que beber le causaba problemas con la familia o los amigos?

1 Sí

2 No

DK/REF

DRALC23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de beber **alcohol** que no podía pensar en nada más?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC23b [If DRALC23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de beber **alcohol**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ [IF MAR12MON = 1 - 3] Piense en su uso de **marihuana o hachís** en los últimos 12 meses, al responder las siguientes preguntas.

Presione [ENTER] para continuar.

DRMJ01 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar **marihuana o hachís**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ02 [IF DRMJ01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de la **mariguana o hachís** que había usado?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ04 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o cantidad de **mariguana o hachís** que usaría?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ05 [IF DRMJ04 = 1] ¿Logró mantener los límites que estableció, o usó con frecuencia más **mariguana o hachís** de lo que había planeado?

- 1 Por lo general mantuvo los límites establecidos
- 2 Por lo general usó más de lo planeado

DK/REF

DRMJ06 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿tuvo que usar más **mariguana o hachís** de lo que acostumbraba usar, para poder conseguir el efecto que deseaba?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ07 [IF DRMJ06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma cantidad de **mariguana o hachís** le causaba menos efecto que antes?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ08 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿**quiso** o **trató** de reducir el uso o dejar de usar **mariguana o hachís**?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ09 [IF DRMJ08 = 1] En los últimos 12 meses, ¿**logró** reducir el uso o dejar de usar **marihuana o hachís todas las veces** que quiso o trató de hacerlo?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ10 [IF DRMJC08 = 2 OR DK/REF OR DRMJC09 = 2 OR DK/REF] En los últimos 12 meses, ¿redujo el uso o dejó de usar **marihuana o hachís por lo menos una vez**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ11a [IF DRMJ09 = 1 OR DRMJ10 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo alguno de estos síntomas después de reducir el uso o dejar de usar **marihuana o hachís**?

- Dolor de estómago
- Agitación o temblores en el cuerpo
- Sudor
- Fiebre
- Escalofríos
- Dolor de cabeza

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ11b [IF DRMJ09 = 1 OR DRMJ10 = 1] En los últimos 12 meses, ¿tuvo [IF DRMJ11a = 1 then fill **2**, IF DRMJ11a = 2, DK/REF then fill **3**] **o más** de estos síntomas después que reducir el uso o dejó de usar **marihuana o hachís**?

- Se sintió irritable o enojado
- Se sintió ansioso o nervioso
- Tuvo problemas para dormir
- Perdió el apetito o bajó de peso sin tratar de hacerlo
- Se sintió inquieto
- Se sintió deprimido

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ12a [IF DRMJ11a = 1 OR DRMJ11b = 1] Usted acaba de mencionar que tuvo síntomas **después** de reducir el uso o dejar de usar **marihuana o hachís**. ¿Usó marihuana o hachís otra vez, o alguna sustancia ilícita para **evitar o recuperarse** de estos síntomas?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRMJ12b [IF (DRMJ11a = 2 OR DK/REF) AND (DRMJ11b = 2 OR DK/REF)] Después que usted redujo el uso o dejó de usar **marihuana o hachís**, ¿usó marihuana o hachís otra vez, o alguna sustancia ilícita para **prevenir** estos síntomas?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRMJ13 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por usar **marihuana o hachís**?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ14 [IF DRMJ13 = 1] ¿Continuó usando **marihuana o hachís** aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

- 1 Sí
- 2 No

DK/REF

DRMJ15 [IF DRMJ13 = 2 OR DK/REF OR DRMJ14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por usar **marihuana o hachís**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ16 [IF DRMJ15 = 1] ¿Continuó usando **marihuana o hachís** aún cuando pensaba que le estaba causando problemas de salud física?

1 Sí

2 No

DK/REF

DRMJ17 [IF MAR12MON = 1 - 3] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar tiempo con los amigos y la familia.

En los últimos 12 meses, ¿el usar **marihuana o hachís** le hizo abandonar o dedicar menos tiempo a hacer estos tipos de actividades importantes?.

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ18 [IF MAR12MON = 1 - 3] A veces las personas que usan **marihuana o hachís** tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿su uso de **marihuana o hachís** le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

1 Sí

2 No

DK/REF

DRMJ19 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿usaba **marihuana o hachís** en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque estaba usando **marihuana o hachís**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ20 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿el usar **marihuana o hachís** le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ21 [IF MAR12MON = 1 - 3] En los últimos 12 meses, ¿tuvo algún problema con la familia o los amigos que probablemente fue causado por su uso de **marihuana o hachís**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ22 [IF DRMJ21 = 1] ¿Continuó usando **marihuana o hachís** aún cuando usted pensaba que le causaba problemas con la familia o los amigos?

1 Sí

2 No

DK/REF

DRMJ23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar **marihuana o hachís** que no podía pensar en nada más?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ23b [IF DRMJ23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar **mariguana o hachís**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC [IF COC12MON = 1 OR CRK12MON = 1] Piense en su uso de **cocaína** [IF CRK12MON = 1] , **incluyendo la forma de cocaína que se conoce como "crack"** en los últimos 12 meses, al responder las siguientes preguntas.

Presione [ENTER] para continuar.

DEFINE COKEFILL:

IF COC12MON = 1 AND CRK12MON NE 1, THEN COKEFILL = 'cocaína'

IF COC12MON = 1 AND CRK12MON = 1 THEN COKEFILL = 'cocaína o 'crack''

IF COC12MON NE 1 AND CRK12MON = 1 THEN COKEFILL = 'crack'

ELSE COKEFILL = BLANK

DRCC01 [IF COC12MON = 1 OR CRK12MON = 1] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar [**COKEFILL**]?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC02 [IF DRCC01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de [**COKEFILL**] que había usado?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC04 [IF COC12MON = 1 OR CRK12MON = 1] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o cantidad de [**COKEFILL**] que usaría?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC05 [IF DRCC04 = 1] ¿Logró mantener los límites que estableció, o usó con frecuencia más [COKEFILL] de lo que había planeado?

- 1 Por lo general mantuvo los límites establecidos
 - 2 Por lo general usó más de lo planeado
- DK/REF

DRCC06 [IF COC12MON = 1 OR CRK12MON = 1] En los últimos 12 meses, ¿tuvo que usar más [COKEFILL] de lo que acostumbraba usar, para poder conseguir el efecto que deseaba?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC07 [IF DRCC06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma cantidad de [COKEFILL] le causaba menos efecto que antes?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC08 [IF COC12MON = 1 OR CRK12MON = 1] En los últimos 12 meses, ¿quiso o trató de reducir el uso o dejar de usar [COKEFILL]?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC09 [IF DRCC08 = 1] En los últimos 12 meses, ¿logró reducir el uso o dejar de usar [COKEFILL] **todas las veces** que quiso o trató de hacerlo?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC10 [IF DRCC8 = 2 OR DK/REF OR DRCC9 = 2 OR DK/REF] En los últimos 12 meses, ¿redujo el uso o dejó de usar [COKEFILL] **por lo menos una vez**?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC10a [IF DRCC09 = 1 OR DRCC10 = 1] En los últimos 12 meses, ¿se sintió algo deprimido o decaído cuando **redujo el uso** o dejó de usar [COKEFILL]?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC10b [IF DRCC10a = 2] Esta pregunta es también acerca de las ocasiones **después** que usted redujo el uso o dejó de usar cocaína.

Durante alguna de esas ocasiones, ¿usó cocaína o “crack” otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **prevenir** sentirse deprimido o decaído?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC11 [IF DRCC10a = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más** de estos síntomas después **de reducir el uso** o dejar de usar [COKEFILL]?

- Se sintió cansado o agotado
- Tuvo sueños malos
- Tuvo problemas para dormir o durmió más de lo que acostumbra
- Sintió hambre con más frecuencia
- Sintió que todo lo hacía más lento o se sintió inquieto

1 Sí

2 No

DK/REF

~~**DRCC12** [IF DRCC11 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más de estos síntomas a la vez**, que hayan durado más de un día, después de usar menos o dejar de usar [COKEFILL]?~~

- ~~• Se sintió cansado o agotado~~
- ~~• Tuvo sueños malos~~
- ~~• Tuvo problemas para dormir o durmió más de lo que acostumbra~~
- ~~• Sintió hambre con más frecuencia~~
- ~~• Sintió que todo lo hacía más lento o se sintió inquieto~~

- ~~1~~ Sí
- ~~2~~ No
- ~~DK/REF~~

DRCC12a [IF DRCC11 = 1] Usted acaba de mencionar que tuvo síntomas **después** de reducir el uso o dejar de usar [**COKEFILL**]. ¿Usó usted cocaína o “crack” otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **evitar o recuperarse** de estos síntomas?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRCC12b [IF DRCC11 = 2 OR DK/REF] Después que usted redujo el uso o dejó de usar [**COKEFILL**], ¿usó cocaína o “crack” otra vez, metanfetamina, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **prevenir** esos síntomas?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRCC13 [IF COC12MON = 1 OR CRK12MON = 1] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por su uso de [**COKEFILL**]?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC14 [IF DRCC13 = 1] ¿Continuó usando [**COKEFILL**] aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

- 1 Sí
- 2 No
- DK/REF

DRCC15 [IF DRCC13 = 2 OR DK/REF OR DRCC14 = 2 OR DK/REF] En los últimos 12

meses, ¿tuvo algún problema de la salud física que quizá haya sido causado o empeorado por su uso de [COKEFILL]?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC16 [IF DRCC15 = 1] ¿Continuó usando [COKEFILL] aún cuando pensaba que le estaba causando problemas de salud física?

1 Sí

2 No

DK/REF

DRCC17 [IF COC12MON = 1 OR CRK12MON = 1] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar tiempo con los amigos y la familia.

En los últimos 12 meses, ¿el usar [COKEFILL] le hizo abandonar o dedicar menos tiempo a hacer estos tipos de actividades importantes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC18 [IF COC12MON = 1 OR CRK12MON = 1] A veces las personas que usan [COKEFILL] tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿su uso de [COKEFILL] le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

1 Sí

2 No

DK/REF

DRCC19 [IF COC12MON = 1 OR CRK12MON = 1] En los últimos 12 meses, ¿usaba [COKEFILL] en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque estaba usando [COKEFILL]?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC20 [IF COC12MON = 1 OR CRK12MON = 1] En los últimos 12 meses, ¿el usar [COKEFILL] le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC21 [IF COC12MON = 1 OR CRK12MON = 1] En los últimos 12 meses, ¿tuvo algún problema con la familia o los amigos que probablemente fue causado por su uso de [COKEFILL]?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC22 [IF DRCC21 = 1] ¿Continuó usando [COKEFILL] aún cuando usted pensaba que le causaba problemas con la familia o los amigos?

- 1 Sí
- 2 No

DK/REF

DRCC23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar [COKEFILL] que no podía pensar en nada más?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC23b [IF DRCC23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar [COKEFILL]?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Heroin

DRHE [IF HER12MON = 1] Piense en su uso de **heroína** en los últimos 12 meses al responder las siguientes preguntas.

Press [ENTER] to continue.

DRHE01 [IF HER12MON = 1] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar **heroína**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE02 [IF DRHE01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de la **heroína** que había usado?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE04 [IF HER12MON = 1] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o la cantidad de **heroína** que usaría?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE05 [IF DRHE04 = 1] ¿Logró mantener los límites que estableció, o usó con frecuencia más **heroína** de lo que había planeado?

1 Por lo general mantuvo los límites establecidos

2 Por lo general usó más de lo planeado

DK/REF

DRHE06 [IF HER12MON = 1] En los últimos 12 meses, ¿tuvo que usar más **heroína** de lo que acostumbraba usar, para poder conseguir el efecto que deseaba?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE07 [IF DRHE06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma

cantidad de **heroína** le causaba menos efecto que antes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE08 [IF HER12MON = 1] En los últimos 12 meses, ¿**quiso** o **trató** de reducir el uso o dejar de usar **heroína**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE09 [IF DRHE08 = 1] En los últimos 12 meses, ¿**logró** reducir el uso o dejar de usar **heroína todas las veces** que quiso o trató de hacerlo?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE10 [IF DRHE08 = 2 OR DK/REF OR DRHE09 = 2 OR DK/REF] En los últimos 12 meses, ¿**redujo el uso o dejó de usar heroína por lo menos una vez?**

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE11 [IF DRHE09 = 1 OR DRHE10 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **3 o más** de estos síntomas después de **reducir el uso** o dejar de usar **heroína**?

- Se sintió algo deprimido o decaído
- Vomitó o sintió náuseas
- Tuvo calambres o dolores musculares
- Tuvo los ojos lagrimosos o le goteaba la nariz
- Sudó o tenía las pupilas dilatadas, o se le erizaban los pelos
- Tuvo diarrea
- Bostezaba
- Tuvo fiebre
- Tuvo problemas para dormir

1 Sí

2 No
DK/REF

~~DRHE12~~ [IF DRHE11 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ~~¿tuvo 3 o más de estos síntomas a la vez que hayan durado más de un día, después de usar menos o dejar de usar heroína?~~

- ~~• _____ Se sintió algo deprimido o decaído~~
- ~~• _____ Vomitó o sintió náuseas~~
- ~~• _____ Tuvo calambres o dolores musculares~~
- ~~• _____ Tuvo los ojos lagrimosos o le goteaba la nariz~~
- ~~• _____ Sudó o tenía las pupilas dilatadas, o se le erizaban los pelos~~
- ~~• _____ Tuvo diarrea~~
- ~~• _____ Bostezaba~~
- ~~• _____ Tuvo fiebre~~
- ~~• _____ Tuvo problemas para dormir~~

1 _____ Sí
2 _____ No
DK/REF

DRHE12a [IF DRHE11 = 1] Usted acaba de mencionar que tuvo síntomas **después** de reducir el uso o dejar de usar **heroína**. ¿Usó heroína otra vez o analgésicos que normalmente se venden con una receta médica, o alguna sustancia ilícita para **evitar o recuperarse** de estos síntomas?

1 Sí
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRHE12b [IF DRHE11 = 2 OR DK/REF] Después que usted redujo el uso o dejó de usar **heroína**, ¿usó heroína otra vez o analgésicos que normalmente se venden con una receta médica, o alguna sustancia ilícita para **prevenir** estos síntomas?

1 Sí
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRHE13 [IF HER12MON = 1] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por su uso de

heroína?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE14 [IF DRHE13 = 1] ¿Continuó usando **heroína** aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

1 Sí

2 No

DK/REF

DRHE15 [IF DRHE13 = 2 OR DK/REF OR DRHE14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por su uso de **heroína**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE16 [IF DRHE15 = 1] ¿Continuó usando **heroína** aún cuando pensaba que le estaba causando problemas de salud física?

1 Sí

2 No

DK/REF

DRHE17 [IF HER12MON = 1] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar el tiempo con amigos y con la familia.

En los últimos 12 meses, ¿el usar **heroína** le hizo abandonar o dedicar menos tiempo a hacer estos tipos de actividades importantes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE18 [IF HER12MON = 1] A veces las personas que usan **heroína** tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿el usar **heroína** le causó problemas serios como esos, en su hogar, en el trabajo o en la escuela?

- 1 Sí
- 2 No
- DK/REF

DRHE19 [IF HER12MON = 1] En los últimos 12 meses, ¿usaba **heroína** en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque la estaba usando?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE20 [IF HER12MON = 1] En los últimos 12 meses, ¿el usar **heroína** le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE21 [IF HER12MON = 1] En los últimos 12 meses, ¿tuvo algún problema con la familia o los amigos que probablemente fue causado por su uso de **heroína**?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE22 [IF DRHE21 = 1] ¿Continuó usando **heroína** aún cuando usted pensaba que le causaba problemas con la familia o los amigos?

- 1 Sí
- 2 No
- DK/REF

DRHE23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar **heroína** que no podía pensar en nada más?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE23b [IF DRHE23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar **heroína**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS [IF HAL12MON = 1] Piense en su uso de **alucinógenos**, como LSD, 'ácido', PCP, 'Éxtasis' o 'Molly', psilocibina u hongos, mescalina o peyote en los últimos 12 meses al contestar a las siguientes preguntas.

Presione [ENTER] para continuar.

DRLS01 [IF HAL12MON = 1] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar **alucinógenos**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS02 [IF DRLS01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de los **alucinógenos** que había usado?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS04 [IF HAL12MON = 1] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o la cantidad de **alucinógenos** que usaría?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS05 [IF DRLS04 = 1] ¿Logró mantener los límites que estableció o usó con frecuencia más **alucinógenos** de lo que había planeado?

1 Por lo general mantuvo los límites establecidos

2 Por lo general los usó más de lo planeado

DK/REF

DRLS06 [IF HAL12MON = 1] En los últimos 12 meses, ¿tuvo que usar más **alucinógenos** de lo que acostumbraba usar para poder conseguir el efecto que deseaba?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS07 [IF DRLS06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma cantidad de **alucinógenos** le causaba menos efecto que antes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS08 [IF HAL12MON = 1] En los últimos 12 meses, ¿**quiso** o **trató** de usar menos **alucinógenos** o de dejar de usarlos?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS09 [IF DRLS08 = 1] En los últimos 12 meses, ¿**logró** usar menos **alucinógenos** o dejar de usarlos **todas las veces** que quiso o trató de hacerlo?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS13 [IF HAL12MON = 1] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por su uso de **alucinógenos**?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS14 [IF DRLS13 = 1] ¿Continuó usando **alucinógenos** aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

- 1 Sí
- 2 No
- DK/REF

DRLS15 [IF DRLS13 = 2 OR DK/REF OR DRLS14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por su uso de **alucinógenos**?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS16 [IF DRLS15 = 1] ¿Continuó usando **alucinógenos** aún cuando pensaba que le estaba causando problemas de salud física?

- 1 Sí
- 2 No
- DK/REF

DRLS17 [IF HAL12MON = 1] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas entretenidas como pasatiempos, jugar deportes y pasar tiempo con los amigos y la familia.

En los últimos 12 meses, ¿el usar **alucinógenos** le hizo abandonar o dedicar menos tiempo a hacer estos tipos de actividades importantes?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS18 [IF HAL12MON = 1] A veces las personas que usan **alucinógenos** tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿el usar **alucinógenos** le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

- 1 Sí
- 2 No
- DK/REF

DRLS19 [IF HAL12MON = 1] En los últimos 12 meses, ¿usaba **alucinógenos** en forma regular y luego hacía algo que lo hubiera expuesto al peligro porque estaba usando **alucinógenos**?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS20 [IF HAL12MON = 1] En los últimos 12 meses, ¿el usar **alucinógenos** le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS21 [IF HAL12MON = 1] En los últimos 12 meses, ¿tuvo algún problema con la familia o con los amigos que probablemente fue causado por su uso de **alucinógenos**?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS22 [IF DRLS21 = 1] ¿Continuó usando **alucinógenos** aún cuando pensaba que le causaba problemas con la familia o los amigos?

- 1 Sí
- 2 No
- DK/REF

DRLS23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar **alucinógenos** que no podía pensar en nada más?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS23b [If DRLS23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar **alucinógenos**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN [IF INH12MON = 1] Piense en su uso de **inhalantes**, como nitrato de amilo o 'bombitas', óxido nitroso, gasolina o líquidos para encendedores, pegamento, pinturas en aerosol o líquido de corrección, en los últimos 12 meses, al contestar las siguientes preguntas.

Presione [ENTER] para continuar.

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN01 [IF INH12MON = 1] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar **inhalantes**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN02 [IF DRIN01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de los **inhalantes** que había usado?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN04 [IF INH12MON = 1] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o la cantidad de **inhalantes** que usaría?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN05 [IF DRIN04 = 1] ¿Logró mantener los límites que estableció, o usó con frecuencia más **inhalantes** de lo que había planeado?

1 Por lo general mantuvo los límites establecidos

2 Por lo general los usó más de lo planeado

DK/REF

DRIN06 [IF INH12MON = 1] En los últimos 12 meses, ¿tuvo que usar más **inhalantes** de lo que acostumbraba usar, para poder conseguir el efecto que deseaba?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN07 [IF DRIN06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma cantidad de **inhalantes** le causaba menos efecto que antes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN08 [IF INH12MON = 1] En los últimos 12 meses, ¿**quiso** o **trató** de usar menos **inhalantes** o de dejar de usarlos?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN09 [IF DRIN08 = 1] En los últimos 12 meses, ¿**logró** usar menos **inhalantes** o dejar de usarlos **todas las veces** que quiso o trató de hacerlo?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN13 [IF INH12MON = 1] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por su uso de **inhalantes**?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN14 [IF DRIN13 = 1] ¿Continuó usando **inhalantes** aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

- 1 Sí
- 2 No
- DK/REF

DRIN15 [IF DRIN13 = 2 OR DK/REF OR DRIN14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por su uso de **inhalantes**?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN16 [IF DRIN15 = 1] ¿Continuó usando **inhalantes** aún cuando pensaba que le estaba causando problemas de salud física?

- 1 Sí
- 2 No
- DK/REF

DRIN17 [IF INH12MON = 1] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas entretenidas como pasatiempos, jugar deportes y pasar tiempo con los amigos y la familia.

En los últimos 12 meses, ¿el usar **inhalantes** le hizo abandonar o dedicar menos tiempo a hacer ese tipo de actividades importantes?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN18 [IF INH12MON = 1] A veces las personas que usan **inhalantes** tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿el usar **inhalantes** le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

- 1 Sí
- 2 No
- DK/REF

DRIN19 [IF INH12MON = 1] En los últimos 12 meses, ¿usaba **inhalantes** en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque estaba usando **inhalantes**?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN20 [IF INH12MON = 1] En los últimos 12 meses, ¿el usar **inhalantes** le hizo hacer cosas que lo metieron en problemas con la ley una y otra vez?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN21 [IF INH12MON = 1] En los últimos 12 meses, ¿tuvo algún problema con la familia o los amigos que quizá haya sido causado por su uso de **inhalantes**?

- 1 Sí
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN22 [IF DRIN21 = 1] ¿Continuó usando **inhalantes** aún cuando pensaba que le causaba problemas con la familia o los amigos?

- 1 Sí
- 2 No
- DK/REF

DRIN23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar **inhalantes** que no podía pensar en nada más?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN23b [If DRIN23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar **inhalantes**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME [IF MET12MON = 1] Piense en su uso de **metanfetamina** en los últimos 12 meses al contestar las siguientes preguntas.

Presione [ENTER] para continuar.

DRME01 [IF MET12MON = 1] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar **metanfetamina**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME02 [IF DRME01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de la **metanfetamina** que había usado?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME04 [IF MET12MON = 1] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o la cantidad de **metanfetamina** que usaría?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME05 [IF DRME04 = 1] ¿Logró mantener los límites que estableció, o usó con frecuencia más **metanfetamina** de lo que había planeado?

- 1 Por lo general mantuvo los límites establecidos
 - 2 Por lo general usó más de lo planeado
- DK/REF

DRME06 [IF MET12MON = 1] En los últimos 12 meses, ¿tuvo que usar más **metanfetamina** de lo que acostumbraba usar, para poder conseguir el efecto que deseaba?

- 1 Sí
 - 2 No
- DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME07 [IF DRME06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma cantidad de **metanfetamina** le causaba menos efecto que antes?

- 1 Sí
 - 2 No
- DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME08 [IF MET12MON = 1] En los últimos 12 meses, ¿**quiso** o **trató** de reducir el uso o dejar de usar **metanfetamina**?

- 1 Sí
 - 2 No
- DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME09 [IF DRME08 = 1] En los últimos 12 meses, ¿**logró** reducir el uso o dejar de usar **metanfetamina todas las veces** que quiso o trató de hacerlo?

- 1 Sí
 - 2 No
- DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME10 [IF DRME08 = 2 OR DK/REF OR DRME09 = 2 OR DK/REF] En los últimos 12 meses, ¿redujo el uso o dejó de usar **metanfetamina por lo menos una vez**?

- 1 Sí
 - 2 No
- DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME10a [IF DRME09 = 1 OR DRME10 = 1] En los últimos 12 meses, ¿se ha sentido algo deprimido o decaído al reducir el uso de **metanfetamina** o dejar de usarla?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME10b [IF DRME10a = 2] Esta pregunta es también acerca de las ocasiones **después** que usted **redujo el uso** o dejó de usar **metanfetamina**.

Durante alguna de esas ocasiones, ¿uso metanfetamina otra vez, cocaína o “crack”, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **prevenir** sentirse deprimido o decaído?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME11 [IF DRME10a = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más** de estos síntomas después de reducir el uso o dejar de usar **metanfetamina**?

- Se sintió cansado o agotado
- Tuvo sueños malos
- Tuvo problemas para dormir o durmió más de lo que acostumbra
- Sintió hambre con más frecuencia
- Se sentía muy lento o que no podía estar tranquilo

1 Sí

2 No

DK/REF

~~**DRME12** [IF DRME11 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más de estos síntomas a la vez** que hayan durado más de un día, después de usar menos o dejar de usar **metanfetamina**?~~

- ~~• Se sintió cansado o agotado~~
- ~~• Tuvo sueños malos~~
- ~~• Tuvo problemas para dormir o durmió más de lo que acostumbra~~
- ~~• Sintió hambre con más frecuencia~~
- ~~• Se sentía muy lento o que no podía estar tranquilo~~

~~1 Sí~~

~~2~~ — No
DK/REF

DRME12a [IF DRME11 = 1] Usted acaba de mencionar que tuvo síntomas **después** de reducir el uso o dejar de usar **metanfetamina**. ¿Usó metanfetamina otra vez, cocaína o “crack”, o estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **evitar o recuperarse** de estos síntomas?

1 Sí
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRME12b [IF DRME11 = 2 OR DK/REF] Después que usted redujo el uso o dejó de usar **metanfetamina**, ¿usó metanfetamina otra vez, cocaína o “crack”, estimulantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **prevenir** estos síntomas?

1 Sí
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRME13 [IF MET12MON = 1] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por su uso de **metanfetamina**?

1 Sí
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME14 [IF DRME13 = 1] ¿Continuó usando **metanfetamina** aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

1 Sí
2 No
DK/REF

DRME15 [IF DRME13 = 2 OR DK/REF OR DRME14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por su uso de **metanfetamina**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME16 [IF DRME15 = 1] ¿Continuó usando **metanfetamina** aún cuando pensaba que le estaba causando tener problemas de salud física?

1 Sí

2 No

DK/REF

DRME17 [IF MET12MON = 1] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar el tiempo con amigos y con la familia.

En los últimos 12 meses, ¿el usar **metanfetamina** le hizo abandonar o dedicar menos tiempo a hacer estos tipos de actividades importantes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME18 [IF MET12MON = 1] A veces las personas que usan **metanfetamina** tienen problemas serios en su casa, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿el usar **metanfetamina** le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

1 Sí

2 No

DK/REF

DRME19 [IF MET12MON = 1] En los últimos 12 meses, ¿ usaba **metanfetamina** en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque estaba usando **metanfetamina**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME20 [IF MET12MON = 1] En los últimos 12 meses, ¿el usar **metanfetamina** le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME21 [IF MET12MON = 1] En los últimos 12 meses, ¿tuvo algún problema con la familia o los amigos que probablemente fue causado por su uso de **metanfetamina**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME22 [IF DRME21 = 1] ¿Continuó usando **metanfetamina** aún cuando pensaba que le causaba problemas con la familia o los amigos?

1 Sí

2 No

DK/REF

DRME23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar **metanfetamina** que no podía pensar en nada más?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME23b [If DRME23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar **metanfetamina**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Rx Pain Relievers

DRPR [IF PAI12MON = 1] Piense en su uso de **analgésicos que normalmente se venden con una receta médica** en los últimos 12 meses al contestar las siguientes preguntas. Recuerde que solamente estamos interesados en **analgésicos que normalmente se venden con una receta médica** que haya usado de alguna manera que un doctor no le haya indicado.

Anteriormente, la computadora registró que en los **últimos 12 meses** usted usó [IF PRMISCOUNT = 1 FILL PRFILL2][IF PRMISCOUNT ≥ 2 FILL WITH “los analgésicos que se muestran a continuación”] de una manera **que un doctor no le había indicado**.

[IF PRMISCOUNT ≥ 2 FILL WITH DRUG NAMES FROM PRY01-PRY36 BELOW. USE MULTIPLE COLUMNS AS NEEDED. IF PRYOTH = 1, ADD "Algún otro analgésico que normalmente se vende con una receta médica".]

Las siguientes preguntas se refieren a [IF PRYOTH NE 1 AND PRMISCOUNT = 1 FILL PRFILL2 como un analgésico que normalmente se vende con una receta médica; IF PRYOTH = 1 AND PRMISCOUNT = 1 FILL WITH “este otro analgésico que normalmente se vende con una receta médica”; IF PRMISCOUNT ≥ 2 FILL WITH “estos como analgésicos que normalmente se venden con una receta médica”].

Presione [ENTER] para continuar.

DRPR01 [IF PAI12MON = 1] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar **analgésicos que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR02 [IF DRPR01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de los **analgésicos que normalmente se venden con una receta médica** que había usado?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR04 [IF PAI12MON = 1] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o en la cantidad de **analgésicos que normalmente se venden con una receta médica** que usaría?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR05 [IF DRPR04 = 1] ¿Logró mantener los límites que estableció, o usó con frecuencia más **analgésicos que normalmente se venden con una receta médica** de lo que había planeado?

1 Por lo general mantuvo los límites establecidos

2 Por lo general los usó más de lo planeado

DK/REF

DRPR06 [IF PAI12MON = 1] En los últimos 12 meses, ¿tuvo que usar más **analgésicos que normalmente se venden con una receta médica** de lo que acostumbraba usar, para poder conseguir el efecto que deseaba?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR07 [IF DRPR06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma cantidad de **analgésicos que normalmente se venden con una receta médica** le causaba menos efecto que antes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR08 [IF PAI12MON = 1] En los últimos 12 meses, ¿**quiso** o **trató** de reducir el uso o dejar de usar **analgésicos que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR09 [IF DRPR08 = 1] En los últimos 12 meses, ¿**logró** reducir el uso o dejar de usar **analgésicos que normalmente se venden con una receta médica todas las veces** que quiso o trató de hacerlo?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR10 [IF DRPR08 = 2 OR DK/REF OR DRPR09 = 2 OR DK/REF] En los últimos 12 meses, ¿**redujo** el uso o dejó de usar **analgésicos que normalmente se venden con una receta médica por lo menos una vez**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR11 [IF DRPR09 = 1 OR DRPR10 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **3 o más** de estos síntomas después de **reducir el uso** o dejar de usar **analgésicos que normalmente se venden con una receta médica**?

- Se sintió algo deprimido o decaído
- Vomitó o sintió náuseas
- Tuvo calambres o dolores musculares
- Tuvo los ojos lagrimosos o le goteaba la nariz
- Sudó o tenía las pupilas dilatadas, o se le erizaban los pelos
- Tuvo diarrea
- Bostezaba
- Tuvo fiebre
- Tuvo problemas para dormir

1 Sí

2 No

DK/REF

DRPR12 [~~IF DRPR11 = 1~~] ~~Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **3 o más de estos síntomas a la vez**, que hayan durado más de un día, después de usar menos o dejar de usar **analgésicos que normalmente se venden con una receta médica**?~~

- ~~• Se sintió algo deprimido o decaído~~
- ~~• Vomitó o sintió náuseas~~
- ~~• Tuvo calambres o dolores musculares~~
- ~~• Tuvo los ojos lagrimosos o le goteaba la nariz~~
- ~~• Sudó o tenía las pupilas dilatadas, o se le erizaban los pelos~~
- ~~• Tuvo diarrea~~
- ~~• Bostezaba~~
- ~~• Tuvo fiebre~~
- ~~• Tuvo problemas para dormir~~

~~1 Sí~~

~~2 No~~

~~DK/REF~~

DRPR12a [IF DRPR11 = 1] Usted acaba de mencionar que tuvo síntomas **después** de reducir el uso o dejar de usar **analgésicos que normalmente se venden con una receta médica**. ¿Usó analgésicos que normalmente se venden con una receta médica otra vez, heroína o alguna sustancia ilícita para **evitar o recuperarse** de estos síntomas?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Presione F2 para ver estos síntomas otra vez

DRPR12b [IF DRPR11 = 2 OR DK/REF] Después que usted redujo el uso o dejó de usar **analgésicos que normalmente se venden con una receta médica**, ¿usó analgésicos que normalmente se venden con una receta médica otra vez, heroína o alguna sustancia ilícita para **prevenir** estos síntomas?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Presione F2 para ver estos síntomas otra vez

DRPR13 [IF PAI12MON = 1] En los últimos 12 meses, ¿tuvo algún problema emocional, de

nervios o de la salud mental que quizá haya sido causado o empeorado por su uso de **analgésicos que normalmente se venden con una receta médica?**

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR14 [IF DRPR13 = 1] ¿Continuó usando **analgésicos que normalmente se venden con una receta médica** aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

1 Sí

2 No

DK/REF

DRPR15 [IF DRPR13 = 2 OR DK/REF OR DRPR14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por su uso de **analgésicos que normalmente se venden con una receta médica?**

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR16 [IF DRPR15 = 1] ¿Continuó usando **analgésicos que normalmente se venden con una receta médica** aún cuando pensaba que le estaba causando problemas de salud física?

1 Sí

2 No

DK/REF

DRPR17 [IF PAI12MON = 1] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar el tiempo con amigos y con la familia.

En los últimos 12 meses, ¿el usar **analgésicos que normalmente se venden con una receta médica** le hizo abandonar o dedicar menos tiempo a hacer estos tipos de actividades importantes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR18 [IF PAI12MON = 1] A veces las personas que usan **analgésicos que normalmente se venden con una receta médica** tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿el usar **analgésicos que normalmente se venden con una receta médica** le causó problemas serios como esos, en su hogar, en el trabajo o en la escuela?

1 Sí

2 No

DK/REF

DRPR19 [IF PAI12MON = 1] En los últimos 12 meses, ¿usaba **analgésicos que normalmente se venden con una receta médica** en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque estaba usando **analgésicos**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR20 [IF PAI12MON = 1] En los últimos 12 meses, ¿el usar **analgésicos que normalmente se venden con una receta médica** le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR21 [IF PAI12MON = 1] En los últimos 12 meses, ¿tuvo algún problema con la familia o los amigos que probablemente fue causado por su uso de **analgésicos que normalmente se venden con una receta médica**?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR22 [IF DRPR21 = 1] ¿Continuó usando **analgésicos que normalmente se venden con una receta médica** aún cuando pensaba que le causaba problemas con la familia o los amigos?

- 1 Sí
 - 2 No
- DK/REF

DRPR23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar **analgésicos que normalmente se venden con una receta médica** que no podía pensar en nada más?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR23b [IF DRPR23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar **analgésicos que normalmente se venden con una receta médica**?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Rx Tranquilizers

DRTR [IF TRA12MON = 1] Piense en su uso de **tranquilizantes que normalmente se venden con una receta médica** en los últimos 12 meses, al contestar las siguientes preguntas. Recuerde que solamente estamos interesados en **tranquilizantes que normalmente se venden con una receta médica** que haya usado de alguna manera que un doctor no le haya indicado.

Anteriormente, la computadora registró que en los **últimos 12 meses** usted usó [IF TRMISCOUNT = 1 FILL TRFILL2][IF TRMISCOUNT ≥ 2 FILL WITH “los

tranquilizantes que se muestran a continuación”] de una manera **que un doctor no le había indicado.**

[IF TRMISCOUNT \geq 2 FILL WITH DRUG NAMES FROM TRY01- TRY12 BELOW. USE MULTIPLE COLUMNS AS NEEDED. IF TRYOTH = 1, ADD "Algún otro tranquilizante que normalmente se vende con una receta médica".]

Las siguientes preguntas se refieren a [IF TRYOTH NE 1 AND TRMISCOUNT = 1 FILL TRFILL2 como un tranquilizante que normalmente se vende con una receta médica; IF TRYOTH = 1 AND TRMISCOUNT = 1 FILL WITH “este otro tranquilizante que normalmente se vende con una receta médica”; IF TRMISCOUNT \geq 2 FILL WITH “estos como tranquilizantes que normalmente se venden con una receta médica”].

Presione [ENTER] para continuar.

DRTR01 [IF TRA12MON = 1] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar **tranquilizantes que normalmente se venden con una receta médica?**

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR02 [IF DRTR01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de los **tranquilizantes que normalmente se venden con una receta médica** que había usado?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR04 [IF TRA12MON = 1] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o en la cantidad de **tranquilizantes que normalmente se venden con una receta médica** que usaría?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR05 [IF DRTR04 = 1] ¿Logró mantener los límites que estableció, o usó con frecuencia

más **tranquilizantes que normalmente se venden con una receta médica** de lo que había planeado?

- 1 Por lo general mantuvo los límites establecidos
 - 2 Por lo general los usó más de lo planeado
- DK/REF

DRTR06 [IF TRA12MON = 1] En los últimos 12 meses, ¿tuvo que usar más **tranquilizantes que normalmente se venden con una receta médica** de lo que acostumbraba usar, para poder conseguir el efecto que deseaba?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR07 [IF DRTR06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma cantidad de **tranquilizantes que normalmente se venden con una receta médica** le causaba menos efecto que antes?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR08 [IF TRA12MON = 1] En los últimos 12 meses, ¿**quiso o trató** de reducir el uso o dejar de usar **tranquilizantes que normalmente se venden con una receta médica**?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR09 [IF DRTR08 = 1] En los últimos 12 meses, ¿**logró** reducir el uso o dejar de usar **tranquilizantes que normalmente se venden con una receta médica todas las veces** que quiso o trató de hacerlo?

- 1 Sí
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR10 [IF DRTR08 = 2 OR DK/REF OR DRTR09 = 2 OR DK/REF] En los últimos 12 meses, ¿redujo el uso o dejó de usar **tranquilizantes que normalmente se venden con una receta médica por lo menos una vez**?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR11 [IF DRTR09 = 1 OR DRTR10 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más** de estos síntomas después de reducir el uso o dejar de usar **tranquilizantes que normalmente se venden con una receta médica**?

- Sudó o sintió que su corazón latía muy rápido
- Le temblaron las manos
- Tuvo problemas para dormir
- Vomitó o sintió náuseas
- Vio, escuchó o sintió cosas que no estaban realmente ahí
- Se sintió inquieto
- Se sintió ansioso
- Tuvo convulsiones o ataques

- 1 Sí
- 2 No

DK/REF

DRTR12a [IF DRTR11 = 1] Usted acaba de mencionar que tuvo síntomas **después** de reducir el uso o dejar de usar **tranquilizantes que normalmente se venden con una receta médica**. ¿Usó tranquilizantes que normalmente se venden con una receta médica otra vez, bebió alcohol, usó sedantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **evitar o recuperarse** de estos síntomas?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRTR12b [IF DRTR11 = 2 OR DK/REF] Después que usted redujo el uso o dejó de usar **tranquilizantes que normalmente se venden con una receta médica**, ¿usó tranquilizantes que normalmente se venden con una receta médica otra vez, bebió alcohol, usó sedantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **prevenir** estos síntomas?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRTR13 [IF TRA12MON = 1] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por su uso de **tranquilizantes que normalmente se venden con una receta médica**?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR14 [IF DRTR13 = 1] ¿Continuó usando **tranquilizantes que normalmente se venden con una receta médica** aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

- 1 Sí
- 2 No

DK/REF

DRTR15 [IF DRTR13 = 2 OR DK/REF OR DRTR14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por su uso de **tranquilizantes que normalmente se venden con una receta médica**?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR16 [IF DRTR15 = 1] ¿Continuó usando **tranquilizantes que normalmente se venden con una receta médica** aún cuando pensaba que le estaba causando problemas de salud física?

- 1 Sí
- 2 No

DK/REF

DRTR17 [IF TRA12MON = 1] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar el tiempo con amigos y con la familia.

En los últimos 12 meses, ¿el usar **tranquilizantes que normalmente se venden con una receta médica** le hizo abandonar o dedicar menos tiempo a hacer ese tipo de actividades importantes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR18 [IF TRA12MON = 1] A veces las personas que usan **tranquilizantes que normalmente se venden con una receta médica** tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿el usar **tranquilizantes que normalmente se venden con una receta médica** le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

1 Sí

2 No

DK/REF

DRTR19 [IF TRA12MON = 1] En los últimos 12 meses, ¿usaba **tranquilizantes que normalmente se venden con una receta médica** en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque estaba usando **tranquilizantes**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR20 [IF TRA12MON = 1] En los últimos 12 meses, ¿el usar **tranquilizantes que normalmente se venden con una receta médica** le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR21 [IF TRA12MON = 1] En los últimos 12 meses, ¿tuvo algún problema con la familia o los amigos que probablemente fue causado por su uso de **tranquilizantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR22 [IF DRTR21 = 1] ¿Continuó usando **tranquilizantes que normalmente se venden con una receta médica** aún cuando pensaba que le causaba problemas con la familia o amigos?

1 Sí

2 No

DK/REF

DRTR23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar **tranquilizantes que normalmente se venden con una receta médica** que no podía pensar en nada más?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR23b [If DRTR23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar **tranquilizantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Rx Stimulants

DRST [IF STI12MON = 1] Piense en su uso de **estimulantes que normalmente se venden con una receta médica** en los últimos 12 meses al contestar las siguientes preguntas. Recuerde que solamente estamos interesados en **estimulantes que normalmente se venden con una receta médica** que haya usado de alguna manera que un doctor no le haya indicado.

Anteriormente, la computadora registró que en los **últimos 12 meses** usted usó [IF STMISCOUNT = 1 FILL STFILL2][IF STMISCOUNT ≥ 2 FILL WITH “los estimulantes que se muestran a continuación”] de una manera **que un doctor no le había indicado.**

[IF STMISCOUNT ≥ 2 FILL WITH DRUG NAMES FROM STY01-STY26 BELOW. USE MULTIPLE COLUMNS AS NEEDED. IF STYOTH = 1, ADD "Algún otro estimulante que normalmente se vende con una receta médica".]

Las siguientes preguntas se refieren a [IF STYOTH NE 1 AND STMISCOUNT = 1 FILL STFILL2 como un estimulante que normalmente se vende con una receta médica; IF STYOTH = 1 AND STMISCOUNT = 1 FILL WITH “este otro estimulante que normalmente se vende con una receta médica”; IF STMISCOUNT ≥ 2 FILL WITH “estos como estimulantes que normalmente se venden con una receta médica”].

Presione [ENTER] para continuar.

DRST01 [IF STI12MON = 1] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar **estimulantes que normalmente se venden con una receta médica?**

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST02 [IF DRST01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de los **estimulantes que normalmente se venden con una receta médica** que había usado?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST04 [IF STI12MON = 1] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o la cantidad de **estimulantes que normalmente se venden con una receta médica** que usaría?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST05 [IF DRST04 = 1] ¿Logró mantener los límites que estableció, o usó con frecuencia más **estimulantes que normalmente se venden con una receta médica** de lo que había planeado?

1 Por lo general mantuvo los límites establecidos

2 Por lo general los usó más de lo planeado

DK/REF

DRST06 [IF STI12MON = 1] En los últimos 12 meses, ¿tuvo que usar más **estimulantes que normalmente se venden con una receta médica** de lo que acostumbraba usar para poder conseguir el efecto que deseaba?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST07 [IF DRST06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma cantidad de **estimulantes que normalmente se venden con una receta médica** le causaba menos efecto que antes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST08 [IF STI12MON = 1] En los últimos 12 meses, ¿**quiso** o **trató** de reducir el uso o dejar de usar **estimulantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST09 [IF DRST08 = 1] En los últimos 12 meses, ¿**logró** reducir el uso o dejar de usar **estimulantes que normalmente se venden con una receta médica todas las veces** que quiso o trató de hacerlo?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST10 [IF DRST08 = 2 OR DK/REF OR DRST09 = 2 OR DK/REF] En los últimos 12 meses, ¿reduje el uso o dejó de usar **estimulantes que normalmente se venden con una receta médica por lo menos una vez?**

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST10a [IF DRST09 = 1 OR DRST10 = 1] En los últimos 12 meses, ¿se sintió algo deprimido o decaído cuando redujo el uso de **estimulantes que normalmente se venden con una receta médica** o cuando dejó de usarlos?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST10b [IF DRST10a = 2] Esta pregunta es también acerca de las ocasiones **después** que usted redujo el uso o dejó de usar **estimulantes que normalmente se venden con una receta médica**.

Durante alguna de esas ocasiones, ¿usó estimulantes que normalmente se venden con una receta médica otra vez, metanfetamina, cocaína o “crack”, o alguna sustancia ilícita para **prevenir** sentirse deprimido o decaído?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST11 [IF DRST10a = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más** de estos síntomas después de **reducir el uso** o dejar de usar **estimulantes que normalmente se venden con una receta médica**?

- Se sintió cansado o agotado
- Tuvo sueños malos
- Tuvo problemas para dormir o durmió más de lo que acostumbra
- Sintió hambre con más frecuencia
- Sintió que todo lo hacía más lento o se sintió inquieto

1 Sí

2 No

DK/REF

~~DRST12 [IF DRST11 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más de estos síntomas a la vez**, que hayan durado por más de un día, después de usar menos o dejar de usar **estimulantes que normalmente se venden con una receta médica**?~~

- ~~_____ • _____ Se sintió cansado o agotado~~
- ~~_____ • _____ Tuvo sueños malos~~
- ~~_____ • _____ Tuvo problemas para dormir o durmió más de lo que acostumbra~~
- ~~_____ • _____ Sintió hambre con más frecuencia~~
- ~~_____ • _____ Sintió que todo lo hacía más lento o se sintió inquieto~~

~~1 _____ Sí
2 _____ No
DK/REF _____~~

DRST12a [IF DRST11 = 1] Usted acaba de mencionar que tuvo síntomas **después** de reducir el uso o dejar de usar **estimulantes que normalmente se venden con una receta médica**. ¿Usó estimulantes que normalmente se venden con una receta médica otra vez, metanfetamina, cocaína o “crack”, o alguna sustancia ilícita para **evitar o recuperarse** de estos síntomas?

1 Sí
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRST12b [IF DRST11 = 2 OR DK/REF] Después que usted redujo el uso o dejó de usar **estimulantes que normalmente se venden con una receta médica**, ¿usó estimulantes que normalmente se venden con una receta médica otra vez, metanfetamina, cocaína o “crack”, o alguna sustancia ilícita para **prevenir** estos síntomas?

1 Sí
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:
Presione F2 para ver estos síntomas otra vez

DRST13 [IF STI12MON = 1] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por su uso de **estimulantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST14 [IF DRST13 = 1] ¿Continuó usando **estimulantes que normalmente se venden con una receta médica** aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

1 Sí

2 No

DK/REF

DRST15 [IF DRST13 = 2 OR DK/REF OR DRST14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por su uso de **estimulantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST16 [IF DRST15 = 1] ¿Continuó usando **estimulantes que normalmente se venden con una receta médica** aún cuando pensaba que le estaban causando problemas de salud física?

1 Sí

2 No

DK/REF

DRST17 [IF STI12MON = 1] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar el tiempo con amigos y con la familia.

En los últimos 12 meses, ¿el usar **estimulantes que normalmente se venden con una receta médica** le hizo abandonar o dedicar menos tiempo a hacer estos tipos de actividades importantes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST18 [IF STI12MON = 1] A veces las personas que usan **estimulantes que normalmente se venden con una receta médica** tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿el usar **estimulantes que normalmente se venden con una receta médica** le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

1 Sí

2 No

DK/REF

DRST19 [IF STI12MON = 1] En los últimos 12 meses, ¿usaba **estimulantes que normalmente se venden con una receta médica** en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque estaba usando **estimulantes**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST20 [IF STI12MON = 1] En los últimos 12 meses, ¿el usar **estimulantes que normalmente se venden con una receta médica** le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST21 [IF STI12MON = 1] En los últimos 12 meses, ¿tuvo algún problema con la familia o los amigos que probablemente fue causado por su uso de **estimulantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST22 [IF DRST21 = 1] ¿Continuó usando **estimulantes que normalmente se venden con una receta médica** aún cuando usted pensaba que le causaba problemas con la familia o los amigos?

1 Sí

2 No

DK/REF

DRST23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar **estimulantes que normalmente se venden con una receta médica** que no podía pensar en nada más?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST23b [IF DRST23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar **estimulantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Rx Sedatives

DRSV [IF SV12MON = 1] Piense en su uso de **sedantes que normalmente se venden con una receta médica** en los últimos 12 meses al contestar las siguientes preguntas. Recuerde que solamente estamos interesados en **sedantes que normalmente se venden con una receta médica** que haya usado de alguna manera que un doctor no le haya indicado.

Anteriormente, la computadora registró que en los **últimos 12 meses** usted usó [IF SVMISCOUNT = 1 FILL SVFILL2][IF SVMISCOUNT ≥ 2 FILL WITH “los

sedantes que se muestran a continuación”] de una manera **que un doctor no le había indicado**.

[IF SVMISCOUNT \geq 2 FILL WITH DRUG NAMES FROM SVY01-SVY14 BELOW. USE MULTIPLE COLUMNS AS NEEDED. IF SVY0TH = 1, ADD "Algún otro sedante que normalmente se vende con una receta médica".]

Las siguientes preguntas se refieren a [IF SVY0TH NE 1 AND SVMISCOUNT = 1 FILL SVFILL2 con un sedante que normalmente se vende con una receta médica; IF SVY17 = 1 AND SVMISCOUNT = 1 FILL WITH “este otro sedante que normalmente se vende con una receta médica”; IF SVMISCOUNT \geq 2 FILL WITH “como sedantes que normalmente se venden con una receta médica”].

Presione [ENTER] para continuar.

DRSV01 [IF SED12MON = 1] En los últimos 12 meses, ¿hubo un mes o más en que usted dedicó mucho tiempo para conseguir o usar **sedantes que normalmente se venden con una receta médica**?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV02 [IF DRSV01 = 2 OR DK/REF] En los últimos 12 meses, ¿hubo un mes o más en que usted pasó mucho tiempo recuperándose de los efectos de los **sedantes que normalmente se venden con una receta médica** que había usado?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV04 [IF SED12MON = 1] En los últimos 12 meses, ¿trató de ponerse límites en la frecuencia o la cantidad de **sedantes que normalmente se venden con una receta médica** que usaría?

- 1 Sí
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV05 [IF DRSV04 = 1] ¿Logró mantener los límites que estableció, o usó con frecuencia más **sedantes que normalmente se venden con una receta médica** de lo que había planeado?

1 Por lo general mantuvo los límites establecidos

2 Por lo general los usó más de lo planeado

DK/REF

DRSV06 [IF SED12MON = 1] En los últimos 12 meses, ¿tuvo que usar más **sedantes que normalmente se venden con una receta médica** de lo que acostumbraba usar para poder conseguir el efecto que deseaba?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV07 [IF DRSV06 = 2 OR DK/REF] En los últimos 12 meses, ¿notó que usar la misma cantidad de **sedantes que normalmente se venden con una receta médica** le causaba menos efecto que antes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV08 [IF SED12MON = 1] En los últimos 12 meses, ¿**quiso** o **trató** de reducir el uso o dejar de usar **sedantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV09 [IF DRSV08 = 1] En los últimos 12 meses, ¿**logró** reducir el uso o dejar de usar **sedantes que normalmente se venden con una receta médica todas las veces** que quiso o trató de hacerlo?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV10 [IF DRSV08 = 2 OR DK/REF OR DRSV09 = 2 OR DK/REF] En los últimos 12 meses, ¿redujo el uso o dejó de usar **sedantes que normalmente se venden con una receta médica por lo menos una vez?**

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV11 [IF DRSV09 = 1 OR DRSV10 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más** de estos síntomas después de **reducir el uso** o dejar de usar **sedantes que normalmente se venden con una receta médica?**

- Sudó o sintió que su corazón latía muy rápido
- Le temblaron las manos
- Tuvo problemas para dormir
- Vomitó o sintió náuseas
- Vio, escuchó o sintió cosas que no estaban realmente ahí
- Se sintió inquieto
- Se sintió ansioso
- Tuvo convulsiones o ataques

1 Sí

2 No

DK/REF

~~**DRSV12** [IF DRSV11 = 1] Por favor mire la siguiente lista de síntomas. En los últimos 12 meses, ¿tuvo **2 o más de estos síntomas a la vez**, que hayan durado por más de un día, después de usar menos o dejar de usar **sedantes que normalmente se venden con una receta médica?**~~

- ~~• Sudó o sintió que su corazón latía muy rápido~~
- ~~• Le temblaron las manos~~
- ~~• Tuvo problemas para dormir o durmió más de lo que acostumbra~~
- ~~• Vomitó o sintió náuseas~~
- ~~• Vio, escuchó o sintió cosas que no estaban realmente ahí~~
- ~~• Se sintió inquieto~~
- ~~• Se sintió ansioso~~
- ~~• Tuvo convulsiones o ataques~~

~~1 Sí~~

~~2 No~~

~~DK/REF~~

DRSV12a [IF DRSV11 = 1] Usted acaba de mencionar que tuvo síntomas **después** de reducir el uso o dejar de usar **sedantes que normalmente se venden con una receta médica**. ¿Usó sedantes que normalmente se venden con una receta médica otra vez, bebió alcohol, usó tranquilizantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **evitar o recuperarse** de estos síntomas?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Presione F2 para ver estos síntomas otra vez

DRSV12b [IF DRSV11 = 2 OR DK/REF] Después que usted redujo el uso o dejó de usar **sedantes que normalmente se venden con una receta médica**, ¿usó sedantes que normalmente se venden con una receta médica otra vez, bebió alcohol, usó tranquilizantes que normalmente se venden con una receta médica o alguna sustancia ilícita para **prevenir** estos síntomas?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Presione F2 para ver estos síntomas otra vez

DRSV13 [IF SED12MON = 1] En los últimos 12 meses, ¿tuvo algún problema emocional, de nervios o de la salud mental que quizá haya sido causado o empeorado por su uso de **sedantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV14 [IF DRSV13 = 1] ¿Continuó usando **sedantes que normalmente se venden con una receta médica** aún cuando pensaba que le estaba causando problemas emocionales, de nervios o de la salud mental?

1 Sí

2 No

DK/REF

DRSV15 [IF DRSV13 = 2 OR DK/REF OR DRSV14 = 2 OR DK/REF] En los últimos 12 meses, ¿tuvo algún problema de salud física que quizá haya sido causado o empeorado por su uso de **sedantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV16 [IF DRSV15 = 1] ¿Continuó usando **sedantes que normalmente se venden con una receta médica** aún cuando pensaba que le estaban causando problemas de salud física?

1 Sí

2 No

DK/REF

DRSV17 [IF SED12MON = 1] Esta pregunta se trata de actividades importantes como trabajar, ir a estudiar, cuidar niños o hacer cosas divertidas como pasatiempos, jugar deportes y pasar el tiempo con amigos y con la familia.

En los últimos 12 meses, ¿el usar **sedantes que normalmente se venden con una receta médica** le hizo abandonar o dedicar menos tiempo a hacer estos tipos de actividades importantes?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV18 [IF SED12MON = 1] A veces las personas que usan **sedantes que normalmente se venden con una receta médica** tienen problemas serios en su hogar, en el trabajo o en la escuela, como:

- descuidar de sus hijos
- faltar al trabajo o a la escuela
- desempeñarse mal en el trabajo o en los estudios
- perder su trabajo o abandonar los estudios

En los últimos 12 meses, ¿el usar **sedantes que normalmente se venden con una receta médica** le causó problemas serios como esos en su hogar, en el trabajo o en la escuela?

1 Sí

2 No

DK/REF

DRSV19 [IF SED12MON = 1] En los últimos 12 meses, ¿usaba **sedantes que normalmente se venden con una receta médica** en forma regular y luego hacía algo que lo hubiera expuesto al peligro físico porque estaba usando **sedantes**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV20 [IF SED12MON = 1] En los últimos 12 meses, ¿el usar **sedantes que normalmente se venden con una receta médica** le causó hacer cosas que lo metieron en problemas con la ley una y otra vez?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV21 [IF SED12MON = 1] En los últimos 12 meses, ¿tuvo algún problema con la familia o los amigos que probablemente fue causado por su uso de **sedantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV22 [IF DRSV21 = 1] ¿Continuó usando **sedantes que normalmente se venden con una receta médica** aún cuando pensaba que le causaba problemas con la familia o los amigos?

1 Sí

2 No

DK/REF

DRSV23a Alguna vez en los últimos 12 meses, ¿tuvo tantas ganas de usar **sedantes que normalmente se venden con una receta médica** que no podía pensar en nada más?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV23b [IF DRSV23a = 2, DK/REF] Alguna vez en los últimos 12 meses, ¿tuvo usted un deseo fuerte o la necesidad de usar **sedantes que normalmente se venden con una receta médica**?

1 Sí

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR