

NSDUH SUD Module
Cognitive Interview Study
Attachment F – Protocol for Cognitive
Interviews

**National Survey on Drug Use and Health:
SUD Module Cognitive Interview Study Round 1 Protocol**

CASEID:

DATE/TIME:

INTERVIEWER:

Introduction

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

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.

IF SCREEN SHARING/RECORDING: I will ask you to put on these headphones to listen to the questions and you also will be able to read the questions on the screen. I will be able to follow along on my computer.

IF NOT SHARING/RECORDING: To make this easier for me, I'm going to ask that you either read the questions aloud or let the questions play over the speaker. Either choice is fine

[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: After you have listened to the questions, can you tell me your answer 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-digit code to continue. When you get to that screen, let me know.

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 some of the survey questions. 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. Our main goal is to make sure that the questions make sense and that people can answer them easily. You can help us 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 who 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 PART 1 (THE DRUG SCREENING MODULES)**

Part 2. Substance Dependence and Abuse

THE RESPONDENT SHOULD ALERT YOU WHEN HE OR SHE HAS COMPLETED PART 1 (THE DRUG SCREENING MODULES). AT THIS POINT READ THIS INTRODUCTION:

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.

READ IF HEADPHONES USED IN PART 1

To make this easier for me, I'm going to ask that you take off the headphones and either read the questions aloud or let the questions play over the speaker. Either choice is fine.

[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: After you have listened to the question, can you tell me your answer 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 this question. 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.

NOTE TO INTERVIEWER:

- BOLDDED PROBES SHOULD BE READ FOR EVERY SUBSTANCE ENDORSED. NON-BOLDDED PROBES SHOULD ONLY BE ASKED FOR THE FIRST SUBSTANCE ENDORSED.
- SKIP ANY PROBES THAT HAVE ALREADY BEEN ANSWERED BASED ON THINK-ALOUD OR RESPONSES TO OTHER PROBES.
- ASK ADDITIONAL NEUTRAL PROBES AS NEEDED TO FULLY ASSESS PARTICIPANT UNDERSTANDING OF THE SURVEY QUESTIONS.
- SKIP INSTRUCTIONS IN RED TEXT HAVE BEEN REMOVED FOR THE PURPOSES OF COGNITIVE TESTING TO EVALUATE MORE QUESTIONS.

Substance Dependence and Abuse

INTRODR [IF ALC12MON = 1 OR 2 OR 3 OR MAR12MON = 1 OR 2 OR 3 OR COC12MON = 1 OR HER12MON = 1 OR 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

[AND ALC12MON = 1 OR 2 OR 3 AND (MAR12MON = 4 AND COC12MON = 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.

[ALC12MON = 1 OR 2 OR 3 OR AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 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.

[ALC12MON = 4 AND (MAR12MON = 1 OR 2 OR 3 OR COC12MON = 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.

NOTE: ON THE FOLLOWING PAGES, WE PROVIDE SCRIPTED PROBES FOR TWO MODULES: ALCOHOL AND COCAINE. PROBES FOR ALL OTHER SUBSTANCES (MARIJUANA, HEROIN, INHALANTS, HALLUCINOGENS, METHAMPHETAMINE AND PRESCRIPTION DRUGS) WILL MIMIC THE PROBES FOR EITHER ALCOHOL OR COCAINE.

DIFFERENCES BETWEEN PROBES FOR ALCOHOL AND COCAINE ARE SHOWN IN YELLOW HIGHLIGHTING.

Alcohol

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.

(IF ALC12MON = 4, SKIP TO DRMJ)

DRALC01 During the past 12 months, did you spend a great deal of your time drinking **alcohol**, feeling its effects, or getting over the effects of drinking?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

In your own words, what does “drinking alcohol, feeling its effects, or getting over the effects” mean to you as it was used in this question?

Does “feeling its effects” mean being drunk or does it mean something else?

Does spending time “getting over the effects of drinking” include time being hungover or is that different?

If we provided examples such as “being drunk” or “being hungover,” would that change your answer to the question or would you still answer [YES/NO]?

[IF YES] What makes you say you spent a great deal of time doing these things? [How much time did you spend?]

[IF NO] What does a “great deal of time” mean to you as it was used in this question? [How much time is that?]

DRALC02 [IF DRALC01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

[IF SURPRISED/CONFUSED]: Can you tell me in your own words, what this question is asking? NOTE WHETHER R HAS DIFFICULTY WITH PHRASE “TRYING TO GET.”

DRALC03 During the past 12 months, were there **many times** when you ended up drinking **alcohol** in larger amounts or for a longer time than you meant to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Tell me in your own words what this question is asking?

What does the phrase “than you meant to” mean to you in your own words?

How did you come up with your answer to this question?

[IF YES] How many times or how often did this [drinking larger/longer] happen in the past 12 months?

Can you give me some examples of “drinking in larger amounts or for a longer time? **NOTE WHETHER R SEEMS TO FOCUS ON ONLY ONE PHRASE INSTEAD OF BOTH (LONGER AND LARGER)**

DRALC04 During the past 12 months, were there times when you wanted to drink **alcohol** so badly that you couldn't think of anything else?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Tell me what this question means to you in your own words.

DRALC05 [IF DRALC04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to drink **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

How did you come up with your answer to this question?

DRALC06 During the past 12 months, did you need to drink a lot more **alcohol** than you used to in order to get the feeling you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

What does this question mean to you in your own words?

What did the phrase “feeling you wanted” mean to you as it was used in this question?

[IF YES] What makes you say Yes? Can you give me an example?

How much more did you have to drink?

Compared to when? (Would that be when you first started drinking or some other time)?]

DRALC07 [IF DRALC06 = 2 OR DK/REF] During the past 12 months, did drinking the same amount of **alcohol** have much less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

How did you come up with your answer to this question?

DRALC08 During the past 12 months, did you often **want to** cut down or stop drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

How did you come up with your answer to this question? [PROBE AS NEEDED TO DETERMINE IF IT WAS OFTEN: What makes you say that it was often OR would you say that happened often or not that often?]

DRALC09 [~~IF DRALC08 = 2 OR DK/REF~~] During the past 12 months, did you **try to** cut down or stop drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Tell me what you were thinking about when you read “try to cut down or stop drinking”?

DRALC10a [IF DRALC09 = 1] In the past 12 months, were you able to cut down or stop drinking **alcohol** every time you tried?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

How did you come up with your answer to this question?

DRALC10b [IF DRALC10a = 2 OR DK/REF] Was there **more than one time** in the past 12 months when you tried but were unable to cut down or stop drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Tell me in your own words what this question is asking.

DRALC11 During the past 12 months, did you have any long-lasting [IF VERSION=2: or repeated] physical health problems that were caused or made worse by drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

What does “long-lasting [or repeated] physical health problems” mean to you as it’s used in this question? [Can you give me some examples? PROBE FOR MULTIPLE EXAMPLES] "

[IF NOT CLEAR THAT PROBLEMS ARE PERSISTENT: What does “**long-lasting [or repeated]**” mean in this question?]

[IF YES] Can you describe the problems you experienced?

IF REPEATED: What if the question said, “long-lasting” instead of “long-lasting or repeated” would that you change your answer or would it stay the same? [How would it change]? [IF NEEDED, POINT OUT DIFFERENCE.]

IF LONG-LASTING ONLY: What if the question said, “long-lasting or repeated” instead of “long-lasting” would that you change your answer or would it stay the same? [How would it change]? [IF NEEDED, POINT OUT DIFFERENCE.]

DRALC12 [IF DRALC11 = 1]: Did you continue to drink **alcohol** even though it was causing these physical health problems or making them worse?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC13 ~~[IF DRALC11 = 2 OR DK/REF OR DRALC12 = 2 OR DK/REF]~~ During the past 12 months, did you have any long-lasting [IF VERSION=2: or repeated] problems with emotions or mental health that were caused or made worse by drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

What does “long-lasting problems with emotions or mental health” mean to you as it was used in this question? [Can you give me some examples? PROBE FOR MULTIPLE EXAMPLES]

[IF NOT CLEAR THAT PROBLEMS ARE LONG_TERM: What do you think “**long-lasting**” mean in this question?]

[IF YES] Can you describe the problems you experienced?

IF REPEATED: What if the question said, “long-lasting” instead of “long-lasting or repeated” would that you change your answer or would it stay the same? [How would it change]? [IF NEEDED, POINT OUT DIFFERENCE.]

IF LONG-LASTING ONLY: What if the question said, “long-lasting or repeated” instead of “long-lasting” would that you change your answer or would it stay the same? [How would it change]? [IF NEEDED, POINT OUT DIFFERENCE.]

DRALC14 [IF DRALC13 = 1]: Did you continue to drink **alcohol** even though it was causing these problems with your emotions or mental health or making them worse?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC15 ~~[IF DRALC11 = 2 OR DK/REF OR DRALC12 = 2 OR DK/REF or DRALC13 = 2 OR DK/REF OR DRALC14 = 2 OR DK/REF]~~ During the past 12 months, did you have blackouts, that is, woke the next day not being able to remember some of the things that happened while drinking or after drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

[IF YES] How many times or how often did you have blackouts?

[IF YES] What does a blackout feel like to you?

What is the difference between a blackout and passing out?

[IF UNSURE/INCORRECT OF DIFFERENCE] Passing out is when there is a lack of consciousness (you fall asleep). A blackout is lack of memory. That is, you were awake, but you have no recall of the things you did or that were done to you. Does knowing this change your answer to this question?

DRALC16 [IF DRALC15 = 1]: Did you continue to drink **alcohol** even though drinking gave you blackouts?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

DRALC17 This question is about important activities such as:

- Attending special events at work or school
- Participating in hobbies and sports
- Attending religious services and events
- Spending time with friends and family

During the past 12 months, did you give up or spend a lot less time doing any of these types of important activities because of your **alcohol** use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

[IF YES] What activities did you give up or spend less time doing?

[IF YES] What makes you say that you spent less time doing these things?

[IF YES: How much less time did you spend?]

[IF YES: PROBE TO DETERMINE WHETHER IT IS BECAUSE OF ALCOHOL USE OR OTHER REASONS: Did you spend less time doing these things because of your alcohol use or for other reasons?]

Is there anything you gave up or spent less time doing because of your alcohol use, but were not sure if that should be counted for this question? [What?]

DRALC18 Sometimes people who drink **alcohol** have serious problems at work, school, or home—such as:

- missing a lot of work or school
- getting demoted, having your hours cut, or losing a job
- getting suspended, expelled, or dropping out of school
- failing to take care of family

During the past 12 months, did you have serious problems like this either at work, school, or home because of your **alcohol** use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

How did you come up with your answer to this question?

What does “failing to take care of family” mean to you as it’s used in this question? [Can you think of an example?] [NOTE: PARTICULARLY INTERESTED IN ADOLESCENT/YOUTH INTERPRETATION]

[IF YES] Can you describe the type of serious problems you experienced? [NOTE WHETHER ADOLESCENTS/YOUTH MENTION FAILING CLASSES.]

[PROBE FOR HOW OFTEN THIS OCCURRED AND HOW SERIOUS IT WAS]

How well does this list apply to you? Are there “serious problems” that we should add? Any listed that we should drop?

DRALC19 During the past 12 months, did you often have arguments or other problems with family or friends that were caused or made worse by your **alcohol** use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

What kind of problems were you thinking about when you read/heard this question? [Can you give me an example?]

[IF YES: How often did you have these problems/arguments?]

IF YES: PROBE TO DETERMINE WHETHER IT IS BECAUSE OF HOW THEY ACTED WHEN DRINKING RATHER THAN THE FACT THAT THEY WERE DRINKING THAT IS THE PROBLEM

DRALC20 [IF DRALC19 = 1]: Did you continue to drink **alcohol** even though it often caused arguments or problems with family or friends?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC21 During the past 12 months, did you repeatedly get into situations where drinking **alcohol** increased your chances of getting physically hurt?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

What does this question mean to you in your own words?

[IF NO] What kind of situations were you thinking of when you read/heard this question? [Can you give me an example?]

[IF NOT CLEAR BASED ON SITUATIONS] When you read “physically hurt” what did that mean?

[IF YES] Can you describe some of the situations you got into that increased your chances of getting physically hurt?

[IF YES] How many times or how often did you get into these situations? [IF NOT CLEAR] When you read “physically hurt” what did that mean?

[In addition to what you mentioned,] Examples of situations that increase your chances of getting physically hurt include “drinking and driving, falling off furniture, or jumping off high ledges.” Would listing these examples change your answer? NOTE WHETHER THEY CHANGE THEIR ANSWER BASED ON EXAMPLES]

DRALC22 People may experience withdrawal symptoms when they drink less or stop drinking **alcohol**. Withdrawal symptoms are stronger and last longer than a hangover.

During the past 12 months, did you have the following withdrawal symptoms after you drank less or stopped drinking **alcohol** for a while?

	Yes	No
DRALC22_1 Sweating or feeling that your heart was beating fast	<input type="radio"/> 1	<input type="radio"/> 2
DRALC22_2 Having your hands tremble	<input type="radio"/> 1	<input type="radio"/> 2
DRALC22_3 Having trouble sleeping	<input type="radio"/> 1	<input type="radio"/> 2
DRALC22_4 Vomiting or having an upset stomach	<input type="radio"/> 1	<input type="radio"/> 2

- DRALC22_5 Seeing, hearing, or feeling things that weren't really there 1 2
- DRALC22_6 Feeling like you couldn't sit still 1 2
- DRALC22_7 Feeling anxious 1 2
- DRALC22_8 Having seizures or fits 1 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

NOTE WHETHER RESPONDENTS WANT A "NOT APPLICABLE" OPTION TO INDICATE THEY DID NOT DRINK LESS OR STOP. NOTE WHETHER THEY WANT A "DON'T KNOW" OPTION FOR INDIVIDUAL ITEMS. [IF YES TO ANY] Can you tell me more about your experiences with these withdrawal symptoms? NOTE IF R CORRECTLY INTERPRETED WITHDRAWAL SYMPTOMS – WHETHER THEY ARE OVER OR UNDER REPORTING

[IF YES TO ANY] When did you typically have these symptoms? [PROBE TO DETERMINE WHETHER SYMPTOMS ARE TIED TO WITHDRAWAL SYMPTOMS VS JUST EXPERIENCING THESE ISSUES]

DRALC23 During the past 12 months, did you use alcohol or another drug to get over or avoid having **alcohol** withdrawal symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Press [F2] to see these symptoms again

In your own words, what is this question asking?

[IF YES] How did you come up with your answer? [What symptoms did you think about?] NOTE: WE ARE TRYING TO GET AT WHETHER R TOOK SOMETHING SPECIFICALLY TO GET OVER OR AVOID WITHDRAWAL OR DID TAKE SOMETHING ELSE JUST TO GET HIGH OR FOR SOME OTHER REASON]

DRALC24 [IF DRALC23=1] Did you use any of the following to get over or avoid having **alcohol** withdrawal symptoms during the past 12 months?

- | | Yes | No |
|---|-------------------------|-------------------------|
| DRALC24_1 Alcohol | <input type="radio"/> 1 | <input type="radio"/> 2 |
| DRALC24_2 Prescription sedatives, tranquilizers, sleeping pills, or downers | <input type="radio"/> 1 | <input type="radio"/> 2 |
| DRALC24_3 Something else | <input type="radio"/> 1 | <input type="radio"/> 2 |

DRALC25 [IF DRALC24_3=1] You indicated that you took something else to get over or avoid having **alcohol** withdrawal symptoms during the past 12 months. What did you take?

NOTE WHETHER R IS UNSURE OR ASKS FOR EXAMPLES OF ANY ITEMS

Cocaine

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

Press [ENTER] to continue.

(IF ALC12MON = 4, SKIP TO DRMJ)

DRCC01 During the past 12 months, did you spend a great deal of your time using **cocaine**, feeling its effects, or getting over the effects of cocaine?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

In your own words, what does “using cocaine, feeling its effects, or getting over the effects” mean to you as it was used in this question?

Does “feeling its effects” mean being **high** or does it mean something else?

Does spending time “getting over the effects of drinking” include time “coming down from a high” or is that different?

If we provided examples such as **“being high”** or **“coming down”** would that change your answer to the question or would you still answer [YES/NO]?

[IF YES] What makes you say you spent a great deal of time doing these things? [How much time did you spend?]

[IF NO] What does a “great deal of time” mean to you as it was used in this question? [How much time is that?]

DRCC02 [IF DRCC01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **cocaine?**

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

[IF SURPRISED/CONFUSED]: Can you tell me in your own words, what this question is asking? NOTE WHETHER R HAS DIFFICULTY WITH PHRASE “TRYING TO GET.”

DRCC03 During the past 12 months, were there **many times when you ended up using **cocaine** in larger amounts or for a longer time than you meant to?**

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Tell me in your own words what this question is asking?

What does the phrase “than you meant to” mean to you in your own words?

How did you come up with your answer to this question?

[IF YES] How many times or how often did this [using larger/longer] happen in the past 12 months?

Can you give me some examples of “using in larger amounts or for a longer time? NOTE WHETHER R SEEMS TO FOCUS ON ONLY ONE PHRASE INSTEAD OF BOTH (LONGER AND LARGER)

DRCC04 During the past 12 months, were there times when you wanted to use **cocaine so badly that you couldn't think of anything else?**

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Tell me what this question means to you in your own words.

DRCC05 [IF DRCC04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to use **cocaine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

How did you come up with your answer to this question?

DRCC06 During the past 12 months, did you need to use a lot more **cocaine** than you used to in order to get the feeling you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

What does this question mean to you in your own words?

What did the phrase “feeling you wanted” mean to you as it was used in this question?

[IF YES] What makes you say Yes? Can you give me an example?

How much more did you have to use?

Compared to when? (Would that be when you first started using or some other time?)

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

How did you come up with your answer to this question?

DRCC08 During the past 12 months, did you often **want to** cut down or stop using **cocaine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

How did you come up with your answer to this question? [PROBE AS NEEDED TO DETERMINE IF IT WAS OFTEN: What makes you say that it was often OR would you say that happened often or not that often?]

DRCC09 ~~[IF DRCC08 = 2 OR DK/REF]~~ During the past 12 months, did you **try to** cut down or stop using **cocaine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Tell me what you were thinking about when you read “try to cut down or stop using”?

DRCC10a [IF DRCC09 = 1] In the past 12 months, were you able to cut down or stop using **cocaine** every time you tried?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

How did you come up with your answer to this question?

DRCC10b [IF DRCC10a = 2 OR DK/REF] Was there **more than one time** in the past 12 months when you tried but were unable to cut down or stop using **cocaine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Tell me in your own words what this question is asking.

DRCC11 During the past 12 months, did you have any long-lasting [IF VERSION=2: or repeated] physical health problems that were caused or made worse by using **cocaine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

What does “long-lasting [or repeated] physical health problems” mean to you as it’s used in this question? [Can you give me some examples? PROBE FOR MULTIPLE EXAMPLES] "

[IF NOT CLEAR THAT PROBLEMS ARE PERSISTENT: What does “**long-lasting [or repeated]**” mean in this question?]

[IF YES] Can you describe the problems you experienced?

IF REPEATED: What if the question said, “long-lasting” instead of “long-lasting or repeated” would that you change your answer or would it stay the same? [How would it change]? [IF NEEDED, POINT OUT DIFFERENCE.]

IF LONG-LASTING ONLY: What if the question said, “long-lasting or repeated” instead of “long-lasting” would that you change your answer or would it stay the same? [How would it change]? [IF NEEDED, POINT OUT DIFFERENCE.]

DRCC12 [IF DRCC11 = 1]: Did you continue to use **cocaine** even though it was causing these physical health problems or making them worse?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC13 [~~IF DRCC11 = 2 OR DK/REF OR DRCC12 = 2 OR DK/REF~~] During the past 12 months, did you have any long-lasting [IF VERSION=2: or repeated] problems with emotions or mental health that were caused or made worse by using **cocaine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

What does “long-lasting problems with emotions or mental health” mean to you as it was used in this question? [Can you give me some examples? PROBE FOR MULTIPLE EXAMPLES]

[IF NOT CLEAR THAT PROBLEMS ARE LONG_TERM: What do you think “**long-lasting**” mean in this question?]

[IF YES] Can you describe the problems you experienced?

IF REPEATED: What if the question said, “long-lasting” instead of “long-lasting or repeated” would that you change your answer or would it stay the same? [How would it change]? [IF NEEDED, POINT OUT DIFFERENCE.]

IF LONG-LASTING ONLY: What if the question said, “long-lasting or repeated” instead of “long-lasting” would that you change your answer or would it stay the same? [How would it change]? [IF NEEDED, POINT OUT DIFFERENCE.]

DRCC14 [IF DRCC13 = 1]: Did you continue to use **cocaine** even though it was causing these problems with your emotions or mental health or making them worse?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC17 This question is about important activities such as:

- Attending special events at work or school
- Participating in hobbies and sports
- Attending religious services and events
- Spending time with friends and family

During the past 12 months, did you give up or spend a lot less time doing any of these types of important activities because of your **cocaine** use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

[IF YES] What activities did you give up or spend less time doing?

[IF YES] What makes you say that you spent less time doing these things?

[IF YES: How much less time did you spend?]

[IF YES: PROBE TO DETERMINE WHETHER IT IS BECAUSE OF COCAINE USE OR OTHER REASONS: Did you spend less time doing these things because of your cocaine use or for other reasons?]

Is there anything you gave up or spent less time doing because of your cocaine use, but were not sure if that should be counted for this question? [What?]

DRCC18 Sometimes people who use **cocaine** have serious problems at work, school, or home—such as:

- missing a lot of work or school
- getting demoted, having your hours cut, or losing a job
- getting suspended, expelled, or dropping out of school
- failing to take care of family

During the past 12 months, did you have serious problems like this either at work, school, or home because of your **cocaine** use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

How did you come up with your answer to this question?

What does “failing to take care of family” mean to you as it’s used in this question? [Can you think of an example?] [NOTE: PARTICULARLY INTERESTED IN ADOLESCENT/YOUTH INTERPRETATION]

[IF YES] Can you describe the type of serious problems you experienced? [NOTE WHETHER ADOLESCENTS/YOUTH MENTION FAILING CLASSES.]

[PROBE FOR HOW OFTEN THIS OCCURRED AND HOW SERIOUS IT WAS]

How well does this list apply to you? Are there “serious problems” that we should add? Any listed that we should drop?

DRCC19 During the past 12 months, did you often have arguments or other problems with family or friends that were caused or made worse by your **cocaine** use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

What kind of problems were you thinking about when you read/heard this question? [Can you give me an example?]

[IF YES: How often did you have these problems/arguments?

IF YES: PROBE TO DETERMINE WHETHER IT IS BECAUSE OF HOW THEY ACTED WHEN USING RATHER THAN THE FACT THAT THEY WERE USING THAT IS THE PROBLEM

DRCC20 [IF DRCC19 = 1]: Did you continue to use **cocaine** even though it often caused arguments or problems with family or friends?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC21 During the past 12 months, did you repeatedly get into situations where using **cocaine** increased your chances of getting physically hurt?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

What does this question mean to you in your own words?

[IF NO] What kind of situations were you thinking of when you read/heard this question? [Can you give me an example?]

[IF NOT CLEAR BASED ON SITUATIONS] When you read “physically hurt” what did that mean?

[IF YES] Can you describe some of the situations you got into that increased your chances of getting physically hurt?

[IF YES] How many times or how often did you get into these situations? [IF NOT CLEAR] When you read “physically hurt” what did that mean?

[In addition to what you mentioned,] Examples of situations that increase your chances of getting physically hurt include “using and driving, falling off furniture, or jumping off high ledges.” Would listing these examples change your answer? NOTE WHETHER THEY CHANGE THEIR ANSWER BASED ON EXAMPLES]

DRCC22a People may experience withdrawal symptoms when they use less or stop using cocaine.

During the past 12 months, have you felt kind of blue or down when you used less or stopped using **cocaine** for a while?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

DRCC22b [~~IF DRCC22a=1~~] During the past 12 months, did you have the following withdrawal symptoms after you drank less or stopped using **cocaine** for a while?

	Yes	No
DRCC22_1 Feeling tired or exhausted	<input type="radio"/> 1	<input type="radio"/> 2
DRCC22_2 Having bad dreams	<input type="radio"/> 1	<input type="radio"/> 2
DRCC22_3 Having trouble sleeping or sleeping more than you normally do	<input type="radio"/> 1	<input type="radio"/> 2
DRCC22_4 Feeling hungry more often	<input type="radio"/> 1	<input type="radio"/> 2
DRCC22_5 Feeling either very slowed down or like you couldn't sit still	<input type="radio"/> 1	<input type="radio"/> 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

NOTE WHETHER RESPONDENTS WANT A "NOT APPLICABLE" OPTION TO INDICATE THEY DID NOT USE LESS OR STOP. NOTE WHETHER THEY WANT A "DON'T KNOW" OPTION FOR INDIVIDUAL ITEMS. [IF YES TO ANY] Can you tell me more about your experiences with these withdrawal symptoms? NOTE IF R CORRECTLY INTERPRETED WITHDRAWAL SYMPTOMS – WHETHER THEY ARE OVER OR UNDER REPORTING

[IF YES TO ANY] When did you typically have these symptoms? [PROBE TO DETERMINE WHETHER SYMPTOMS ARE TIED TO WITHDRAWAL SYMPTOMS VS JUST EXPERIENCING THESE ISSUES]

DRCC23 During the past 12 months, did you use cocaine or another drug to get over or avoid having **cocaine** withdrawal symptoms?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER: DISPLAY IN LOWER RIGHT:

Press [F2] to see these symptoms again

In your own words, what is this question asking?

[IF YES] How did you come up with your answer? [What symptoms did you think about?] NOTE: WE ARE TRYING TO GET AT WHETHER R TOOK SOMETHING SPECIFICALLY TO GET OVER OR AVOID WITHDRAWAL OR DID TOOK SOMETHING ELSE JUST TO GET HIGH OR FOR SOME OTHER REASON]

DRCC24 [IF DRCC23=1] Did you use any of the following to get over or avoid having **cocaine** withdrawal symptoms during the past 12 months?

- | | Yes | No |
|--|-------------------------|-------------------------|
| DRCC24_1 Cocaine | <input type="radio"/> 1 | <input type="radio"/> 2 |
| DRCC24_2 Prescription sedatives, tranquilizers, sleeping pills, or downers | <input type="radio"/> 1 | <input type="radio"/> 2 |
| DRCC24_3 Something else | <input type="radio"/> 1 | <input type="radio"/> 2 |

DRCC25 [IF DRCC24_3=1] You indicated that you took something else to get over or avoid having **cocaine** withdrawal symptoms during the past 12 months. What did you take?

NOTE WHETHER R IS UNSURE OR ASKS FOR EXAMPLES OF ANY ITEMS