NSDUH SUD Module
Cognitive Interview Study
Attachment I – Cognitive Interview Survey
Questions

Introduction

RxDrugs DID R SCREEN IN FOR PRESCRIPTION DRUGS?

1   Yes
2   No

Lang INTERVIEWER: SELECT THE LANGUAGE TO BE USED FOR THIS INTERVIEW.

1   ENGLISH
2   SPANISH

Version INTERVIEWER: SELECT WHICH VERSION OF THE INSTRUMENT

1   LONG-LASTING
2   LONG-LASTING OR REPEATED

Core Demographics

note1 FI: DO NOT READ ALOUD UNLESS RESPONDENT QUESTIONS THE BURDEN (OR TIME) ASSOCIATED WITH THIS INTERVIEW.

NOTICE: Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0110); Center for Behavioral Health Statistics and Quality; 5600 Fishers Lane; Room 15E57B; 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 0930-0110.

PRESS [ENTER] TO CONTINUE.

age1 What is your date of birth?

ENTER MM-DD-YYYY

DOB: _____
DK/REF

DEFINE CALCAGE:
CALCAGE = AGE CALCULATED BY "SUBTRACTING" DATE OF BIRTH FROM DATE
OF INTERVIEW.

confdob   [IF AGE1 NE DK OR REF] I have entered your date of birth as **[AGE1]**. Is this
                correct?

1   YES
2   NO
DK/REF

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

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

confirm   [IF AGE1 NE DK/REF AND CONFDOB NE DK/REF] That would make you
                [CALCAGE] years old. Is this correct?

1   YES
2   NO
DK/REF

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

under12   [IF CONFIRM = 1 OR DK/REF AND CALCAGE < 12] Since you are
              [CALCAGE] years old, we cannot interview you for this study. Thank you for your
              cooperation.

              PRESS [ENTER] TO CONTINUE. *PROGRAM SHOULD ROUTE TO FIEXIT*.

QD01 INTERVIEWER: RECORD RESPONDENT'S GENDER.

       5   MALE
       9   FEMALE

Beginning ACASI Section

IntroAcasi1   You will do an important part of this interview on your own, using the computer
and headphones.

Before you start, we'll go through a short practice session so you can learn how to use this computer and our interview program. Let me quickly point out the keys you will use. The computerized practice session that follows will go through what each key does in greater detail.

MOVE COMPUTER SO RESPONDENT CAN SEE THE KEYBOARD AND POINT OUT THE FOLLOWING:

[POINT TO THE ROW OF FUNCTION KEYS] First, these are the function keys. The function keys and what they do are labeled for you.

[POINT TO F3] If you don't know the answer to a question, press F3.

[POINT TO F4] If you don't want to answer a question, press F4.

PRESS [ENTER] TO CONTINUE.

IntroAcasi3   These next items will help you enter your answers into the computer.

[POINT TO THE ROW OF NUMBER KEYS] These are the number keys.

[POINT TO THE ENTER KEY] The Enter key is here,
[POINT TO THE SPACE BAR] the space bar is here,
[POINT TO THE BACKSPACE KEY] and the Backspace key is here.

[POINT TO THE BOTTOM OF THE SCREEN] The answers that you enter will show up here at the bottom of the screen.

PRESS [ENTER] TO CONTINUE.

IntroAcasi4   There are a couple of computer features that you will **not** use.

[POINT TO ON/OFF SWITCH] This button up here turns the machine on and off. Please do not press it! It will turn the machine off, and we'll lose the interview.

[POINT TO TOUCHPAD] Also, please do not touch this pad. This might disrupt the interview.

PRESS [ENTER] TO CONTINUE.

IntroAcasi2 These headphones will allow you to listen while the computer voice reads the interview questions.

HAND HEADPHONES TO RESPONDENT.

You can adjust the volume here [DEMONSTRATE VOLUME ADJUSTMENT ON THE HEADPHONE CORD].

Please put on your headphones. When you are ready, let me know.

MOVE COMPUTER SO RESPONDENT CAN USE IT.

ONCE RESPONDENT HAS HEADPHONES ON, PRESS "1" AND [ENTER] SO R CAN
BEGIN PRACTICE SESSION.

HeadPhone This screen will play while you adjust the volume in your headphones. When you
have adjusted the volume to a level that is comfortable to you, press the large [ENTER] key on
the right side of the keyboard to continue with the practice session. The [ENTER] key is the one
with the ↵ symbol on it.

Tutorial

INTRO1 Welcome to RTI's self-interviewing system, which lets you control the interview and answer in complete privacy.

First, you will learn how to use the system and complete some practice questions. You will learn how to enter answers and how to back-up if you make a mistake and want to change an answer.

Press the large [ENTER] key on the right side of the keyboard to move to the next screen. The [ENTER] key is the one that says ENTER and has a ↵ symbol on it.

INTRO2 In this system you can read the questions on the computer screen and hear them read through the headphones. If you would like to just see the questions on the screen, you can turn down the voice.

Press [ENTER] to continue.

GOTDOG You answer questions by putting in the number that is shown next to your answer. The numbers are located in the second row of the keyboard.

To answer a question, you first press the correct number and then press [ENTER].

Practice Question #1: Do you have a dog?

> 1 Yes
> 2 No
> DK/REF

EYECOLOR The last question was a Yes-No question. Other questions will have more answers to choose from, and you will pick your answer from a list.

Practice Question #2: What color are your eyes? Put in the number that best fits you and press [ENTER].

> 1 Blue
> 2 Brown
> 3 Gray
> 4 Green
> 5 Some other color
> DK/REF

ALLAPPLY Some questions will let you choose more than one answer. For these questions, you will use the space bar to separate the answers you type in. Practice this now.

Practice Question #3: What kinds of music do you listen to?

To select more than one kind of music from the list, press the space bar between each number you type. When you have finished, press [ENTER] to go to the next question.

       1   Classical
       2   Country
       3   Hip Hop
       4   Jazz
       5   Latin American/Spanish
       6   Folk/Traditional
       7   Pop/Rock
       8   Soul/R&B
       9   Something Else
    DK/REF

NOTUSED   For some questions, you may want to answer that you have not done any of the things listed. In these questions, the computer will instruct you to enter '95' to indicate that you have not done these things. Try this now.

Practice Question #4: In the past 12 months, which, if any, of these musical instruments have you played?

       1   Banjo
       2   Tuba
       1   Bagpipes
       95   I have not played any of these musical instruments in the past 12 months.
    DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

NUMBER Other questions will ask you to type in a number instead of choosing a number from a list.

Practice Question #5: In the past 30 days, on how many days did you eat breakfast? Type in the number of days you ate breakfast and press [ENTER].

       _____[RANGE: 0 - 30]
    DK/REF

GRID In some cases there will be more than one question to answer on a screen. For these questions, you will enter your answers one at a time in the order the questions are shown on the screen.

Practice Question #6: Have you eaten the following types of fruit in the past 30 days?

	Yes	No

GRID1 Apples	1	2
GRID2 Bananas?	1	2

DK/REF

BACKUP If you want to change or see your answer to a previous question, you can back up using the **[F9]** key. Each time you press the **[F9]** key, the computer will go back one question.

You can tell the computer to repeat a question by pressing **[F10].** Try this now.

When you are finished, press [ENTER] to continue.

PLAYINFO In some questions, you can use the [**F2**] key to see and hear extra information to help you answer a question.

First listen to the question.

Practice Question #7: In the past 30 days, on how many days did you eat any kind of fried potatoes?

_____ [RANGE: 0 - 30]
DK/REF

Now press [F2] to see and hear examples of fried potatoes.
- French fries
- Home fries
- Hash brown potatoes

Press [ENTER] to close this box. Then, type in your response to the question.

rangeerr For some questions, the computer can only accept certain answers. For example, in the question below, the only numbers the computer will accept are 1 for YES or 2 for NO.

If you try to enter some other number, an instruction box will appear. To correct your answer, you must press **[ENTER]** to make the box disappear. You can then answer the question again.

Try this with the question below. Type a 3 as your answer. Press **[ENTER]** to remove the instruction box, then type in a valid answer.

Practice Question #8: Do you have a cat?

1 Yes

2 No
DK/REF

Calendar

Calendar Throughout the rest of this interview, the computer will ask you questions about three time periods, the past 30 days, the past 12 months, and your lifetime. To help you remember the first two time periods, the computer will record the beginning dates for each one of them.

PROGRAMMER: 30 DAY CALENDAR WILL DISPLAY

Now please think about the past 30 days. According to the calendar **[DATEFILL]** was 30 days ago. That will be your 30-day reference date, and can be found in blue on the calendar. The entire 30-day period is highlighted in yellow.

PROGRAMMER: Fill date on 30 day reference date field and highlight the 30-day reference date. CIRCLE DAY; HIGHLIGHT ENTIRE 30-DAY PERIOD. MAKE TEXT THAT SAYS 'BLUE' BLUE IN COLOR.

Press [ENTER] to continue.

calendr2 A number of questions will ask about the past 12 months, that is since this date last year. According to the calendar **[DATEFILL]** was 12 months ago. That will be your 12-month reference date and can be found in red on the calendar. Today's date can be found in green.

PROGRAMMER: Fill date on 12 month reference date field and highlight the 12 month reference date. CIRCLE DAY. MAKE TEXT THAT SAYS 'RED' RED IN COLOR AND THE SAME FOR GREEN TEXT.

Press [ENTER] to continue.

calendr3 Please use the calendar as you go through the interview to help you remember when different things happened. The calendars will pop up to remind you to think about your 30-day reference date and your 12-month reference date when you answer questions. You can also look at the calendar at any time by pressing [F1]. Press [F1] again to close the calendar.

Press [ENTER] to continue.

ANYQUES If you have any questions, please ask your interviewer now. If not, press [ENTER] to begin.

Alcohol

ALCINTR1 The next questions are about alcoholic beverages, such as beer, wine, brandy, and mixed drinks. Listed on the next screen are examples of the types of beverages we are interested in.

Please review this list carefully before you answer these questions.

Press [ENTER] to continue.

CARD3a   **Types of Alcoholic Beverages**

Beer

Regular Beer	Malt liquor	Lager
Lite or light beer	Ale	
Low-alcohol (LA) beer	Stout	

Wine

Red, white, blush wine	Sherry as Cisco	Fortified wines, such
Wine coolers	Homemade wines,	
Champagne	such as muscadine, scuppernong, or fruit wines	

Liquor

Bourbon	Scotch such as moonshine	Homemade liquor,
Gin	Tequila	
Rum	Vodka	

Liqueurs, Cordials, and Brandy

Brandy	Drambuie	Schnapps
Cassis	Grand Marnier	Tia Maria
Cognac	Kahlua	Triple sec
Creme de menthe	Port	Vermouth

Mixed Drinks and Cocktails

Bloody Mary	Manhattan	Rob Roy
Bourbon and water	Margarita	Rum and cola
Daiquiri	Martini	Scotch and soda
Gin and tonic	Piña colada	Whiskey sour

Press [ENTER] to continue.

ALCINTR2   These questions are about drinks of alcoholic beverages. Throughout these questions, by a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink.

Press [ENTER] to continue.

AL01 Have you **ever**, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

1   Yes
2   No
DK/REF

ALREF [IF AL01 = REF] The answers that people give us about their use of alcohol are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

1   Yes
2   No
DK/REF

ALLAST3 [IF AL01 = 1 OR ALREF = 1] How long has it been since you **last** drank an alcoholic beverage?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

ALRECDK   [IF ALLAST3 = DK] What is your **best guess** of how long it has been since you **last** drank an alcoholic beverage?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

ALRECRE [IF ALLAST3 = REF] The answers that people give us about their use of alcohol are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you **last** drank an alcoholic beverage?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

ALFRAME3 [IF ALLAST3 = 1 OR 2 OR ALRECDK = 1 OR 2 OR ALRECRE = 1 OR 2]
Now think about the past 12 months, from **[DATEFILL]** through today. We want to know how many days you've had a drink of an alcoholic beverage during the past 12 months.

What would be the easiest way for you to tell us how many days you drank alcoholic beverages?

1   Average number of **days per week** during the past 12 months
2   Average number of **days per month** during the past 12 months
3   Total number of days during the past 12 months
DK/REF

ALYRAVE [IF ALFRAME3 = 3 OR DK/REF] On how many days in the past 12 months did you drink an alcoholic beverage?

TOTAL # OF DAYS: _____ [RANGE: 1 - 366]
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

ALMONAVE [IF ALFRAME3 = 2 OR ALYRAVE = DK/REF] On average, how many days did you drink an alcoholic beverage **each month** during the past 12 months?

AVG # OF DAYS PER MONTH: _____ [RANGE: 1 - 31]
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

ALWKAVE [IF ALFRAME3 = 1 OR ALMONAVE = DK/REF] On average, how many days did you drink an alcoholic beverage **each week** during the past 12 months?

AVG # OF DAYS PER WEEK: _____ [RANGE: 1 - 7]
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DEFINE TOTDRINK:

IF ALYRAVE NOT (BLANK OR DK/REF) THEN TOTDRINK=ALYRAVE
ELSE IF ALMONAVE NOT (BLANK OR DK/REF) THEN TOTDRINK=ALMONAVE*12
ELSE IF ALWKAVE NOT (BLANK OR DK/REF) THEN TOTDRINK = ALWKAVE*52
ELSE TOTDRINK=DK/REF

Marijuana

MRJINTRO The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.

Press [ENTER] to continue.

MJ01 Have you **ever**, even once, used marijuana or hashish?

1   Yes
2   No
DK/REF

MJREF [IF MJ01 = REF] The answers that people give us about their use of marijuana and hashish are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, used marijuana or hashish?

1   Yes
2   No
DK/REF

MJLAST3 [IF MJ01 = 1 OR MJREF = 1] How long has it been since you **last** used marijuana or hashish?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

MJRECDK [IF MJLAST3 = DK] What is your **best guess** of how long it has been since you **last** used marijuana or hashish?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months

3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

MJRECRE [IF MJLAST3 = REF] The answers that people give us about their use of marijuana and hashish are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you **last** used marijuana or hashish?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

MJFRAME3 [IF MJLAST3 = 1 - 2 OR MJRECDK = 1 - 2 OR MJRECRE = 1 - 2] Now think about the past 12 months, from **[DATEFILL]** through today. We want to know how many days you've used marijuana or hashish during the past 12 months.

What would be the easiest way for you to tell us how many days you've used it?

1   Average number of **days per week** during the past 12 months
2   Average number of **days per month** during the past 12 months
3   Total number of days during the past 12 months
DK/REF

MJYRAVE [IF MJFRAME3 = 3 OR DK/REF] On how many days in the past 12 months did you use marijuana or hashish?

TOTAL # OF DAYS:_____ [RANGE: 1 - 366]
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

MJMONAVE   [IF MJFRAME3 = 2 OR MJYRAVE = DK/REF] On average, how many days did you use marijuana or hashish **each month** during the past 12 months?

AVERAGE # OF DAYS PER MONTH: _____ [RANGE: 1 - 31]
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

MJWKAVE [IF MJFRAME3 = 1 OR MJMONAVE = DK/REF] On average, how many days did you use marijuana or hashish **each week** during the past 12 months?

AVERAGE # OF DAYS PER WEEK:_____ [RANGE: 1 - 7]

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DEFINE TOTMJ:
IF MJYRAVE NOT (BLANK OR DK/REF) THEN TOTMJ = MJYRAVE
ELSE IF MJMONAVE NOT (BLANK OR DK/REF) THEN TOTMJ = MJMONAVE*12
ELSE IF MJWKAVE NOT (BLANK OR DK/REF) THEN TOTMJ = MJWKAVE*52
ELSE TOTMJ = DK/REF
IF TOTMJ = DK/REF, SKIP TO COCINTRO

Cocaine

COCINTRO These questions are about cocaine, including all the different forms of cocaine
such as powder, 'crack,' free base, and coca paste.

Press [ENTER] to continue.

CC01 Have you **ever**, even once, used any form of cocaine?

1   Yes
2   No
DK/REF

CCREF [IF CC01 = REF] The answers that people give us about their use of cocaine are
important to this study's success. We know that this information is personal, but remember your
answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, used any form of
cocaine?

1   Yes
2   No
DK/REF

CCLAST3 [IF CC01 = 1 OR CCREF = 1] How long has it been since you **last** used any form of
cocaine?

1   Within the past 30 days -- that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

CCRECDK [IF CCLAST3 = DK] What is your **best guess** of how long it has been since you **last** used cocaine?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

CCRECRE [IF CCLAST3 = REF] The answers that people give us about their use of cocaine are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you **last** used cocaine?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

Heroin

HEINTRO These next questions are about heroin.

Press [ENTER] to continue.

HE01 Have you **ever**, even once, used heroin?

1   Yes
2   No
DK/REF

HEREF [IF HE01 = REF] The answers that people give us about their use of heroin are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, used heroin?

1   Yes
2   No
DK/REF

HELAST3 [IF HE01 = 1 OR HEREF = 1] How long has it been since you **last** used heroin?

1   Within the past 30 days -- that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

HERECDK [IF HELAST3 = DK] What is your **best guess** of how long it has been since you **last** used heroin?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

HERECRE [IF HELAST3 = REF] The answers that people give us about their use of heroin are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you **last** used heroin?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

Hallucinogens

HALINTRO The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real.

A list of some common hallucinogens is shown below. These and many other substances that people use as hallucinogens are often known by street names, and we can't list them all. Please take a moment to look at the substances listed below so you know what kind of drugs the next questions are about.

> LSD, also called 'acid'
> PCP, also called 'angel dust' or phencyclidine
> Peyote
> Mescaline
> Psilocybin
> 'Ecstasy' or 'Molly', also called MDMA
> Ketamine, also called "Special K" or "Super K"

DMT, also called dimethyltryptamine
AMT, also called alpha-methyltryptamine
Foxy, also called 5-MeO-DIPT
Salvia divinorum

Press [ENTER] to continue.

LS01a Have you **ever**, even once, used **LSD**, also called "**acid**"?

1   Yes
2   No
DK/REF

LSREF1   [IF LS01a = REF] The answers that people give us about their use of LSD are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, used **LSD**, also called **'acid'**?

1   Yes
2   No
DK/REF

LS01b Have you **ever**, even once, used **PCP**, also called '**angel dust**' or **phencyclidine**?

1   Yes
2   No
DK/REF

LSREF2   [IF LS01b = REF] The answers that people give us about their use of PCP are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, used **PCP**, also called **'angel dust'** or **phencyclidine**?

1   Yes
2   No
DK/REF

LS01c Have you **ever**, even once, used **peyote**?

1   Yes
2   No
DK/REF

LS01d Have you **ever**, even once, used **mescaline**?

1   Yes
2   No
DK/REF

LS01e Have you **ever**, even once, used **psilocybin, found in mushrooms**?

1   Yes
2   No
DK/REF

LS01f Have you **ever**, even once, used **'Ecstasy' or 'Molly',** also known as **MDMA**?

1   Yes
2   No
DK/REF

LSREF3   [IF LS01f = REF] The answers that people give us about their use of 'Ecstasy' or 'Molly' are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, used **'Ecstasy' or 'Molly'**, also known as **MDMA**?

1   Yes
2   No
DK/REF

LS01i Have you **ever**, even once, used **Ketamine**, also called "**Special K**" or "**Super K**"?

1   Yes
2   No
DK/REF

LS01j Have you **ever**, even once, used any of the following:

     DMT, also called **dimethyltryptamine**
     AMT, also called **alpha-methyltryptamine**, or
     Foxy, also called **5-MeO-DIPT**?

1   Yes
2   No
DK/REF

LS01k Have you **ever**, even once, used **Salvia divinorum?**

1   Yes
2   No
DK/REF

LS01h Have you **ever**, even once, used any other hallucinogens besides the ones that have been listed?

1   Yes
2   No
DK/REF

LS01hs1 [IF LS01h = 1] Please type in the name of the other hallucinogens you have used. If you're not sure how to spell the name of the hallucinogen you used, just make your best guess.

When you have finished, press the [ENTER] key to go to the next question. Remember, you do not need to type in the names of any hallucinogens that you already reported.

_____
DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN LS01hs1.

DEFINE LSFILL:
IF (LS01a = 1 OR LSREF1 = 1) AND ((LS01b = 2 OR LSREF2 = 2) AND LS01c = 2 AND LS01d = 2 AND LS01e = 2 AND (LS01f = 2 OR LSREF3 = 2) AND LS01h = 2 AND LS01i=2 AND LS01j=2 AND LS01k=2), LSFILL = "LSD"

IF (LS01a = 1 OR LSREF1 = 1) AND (LS01b NE 1 AND LSREF2 NE 1 AND LS01c NE 1 AND LS01d NE 1 AND LS01e NE 1 AND LS01f NE 1 AND LSREF3 NE 1 AND LS01h NE 1 AND LS01i NE 1 AND LS01j NE 1 AND LS01k NE 1) AND ((LS01b = DK OR (LS01b = REF AND LSREF2 = DK/REF) OR LS01c = DK/REF OR LS01d = DK/REF OR LS01e = DK/REF OR LS01f = DK OR (LS01f = REF AND LSREF3 = DK/REF) OR LS01h = DK/REF OR LS01i=DK/REF OR LS01j=DK/REF OR LS01k=DK/REF)) LSFILL = "LSD or any other hallucinogen"
IF (LS01b = 1 OR LSREF2 = 1) AND ((LS01a = 2 OR LSREF1 = 2) AND LS01c = 2 AND LS01d = 2 AND LS01e = 2 AND (LS01f = 2 OR LSREF3 = 2) AND LS01h = 2 AND LS01i=2 AND LS01j=2 AND LS01k=2), LSFILL = "PCP"

IF (LS01b = 1 OR LSREF2 = 1) AND (LS01a NE 1 AND LSREF1 NE 1 AND LS01c NE 1 AND LS01d NE 1 AND LS01e NE 1 AND LS01f NE 1 AND LSREF3 NE 1 AND LS01h NE 1 AND LS01i NE 1 AND LS01j NE 1 AND LS01k NE 1) AND ((LS01a = DK OR (LS01a = REF AND LSREF1 = DK/REF) OR LS01c = DK/REF OR LS01d = DK/REF OR LS01e =

DK/REF OR LS01f = DK OR (LS01f = REF AND LSREF3 = DK/REF) OR LS01h = DK/REF OR LS01i=DK/REF OR LS01j=DK/REF OR LS01k=DK/REF)) LSFILL = "PCP or any other hallucinogen"

IF (LS01f = 1 OR LSREF3 = 1) AND ((LS01a = 2 OR LSREF1 = 2) AND (LS01b = 2 OR LSREF2 = 2) AND LS01c = 2 AND LS01d = 2 AND LS01e = 2 AND LS01h = 2 AND LS01i=2 AND LS01j=2 AND LS01k=2), LSFILL = "'Ecstasy' or 'Molly'"

IF (LS01f = 1 OR LSREF3 = 1) AND (LS01a NE 1 AND LSREF1 NE 1 AND LS01b NE 1 AND LSREF2 NE 1 AND LS01c NE 1 AND LS01d NE 1 AND LS01e NE 1 AND LS01h NE 1 AND LS01i NE 1 AND LS01j NE 1 AND LS01k NE 1) AND (LS01a=DK OR (LS01a=REF AND LSREF1=DK/REF) OR(LS01b = DK OR (LS01b = REF AND LSREF2 = DK/REF) OR LS01c = DK/REF OR LS01d = DK/REF OR LS01e = DK/REF OR LS01h = DK/REF OR LS01i=DK/REF OR LS01j=DK/REF OR LS01k=DK/REF)) LSFILL = ""Ecstasy", 'Molly', or any other hallucinogen"

IF (LS01i = 1) AND ((LS01a = 2 OR LSREF1 = 2) AND (LS01b = 2 OR LSREF2 = 2) AND LS01c = 2 AND LS01d = 2 AND LS01e = 2 AND (LS01f=2 OR LSREF3=2) AND LS01h = 2 AND LS01j=2 AND LS01k=2), LSFILL = "Ketamine"

IF (LS01i = 1) AND (LS01a NE 1 AND LSREF1 NE 1 AND LS01b NE 1 AND LSREF2 NE 1 AND LS01c NE 1 AND LS01d NE 1 AND LS01e NE 1 AND LS01f NE 1 AND LSREF3 NE 1 AND LS01h NE 1 AND LS01j NE 1 AND LS01k NE 1) AND (LS01a=DK OR (LS01a=REF AND LSREF1=DK/REF) OR(LS01b = DK OR (LS01b = REF AND LSREF2 = DK/REF) OR LS01c = DK/REF OR LS01d = DK/REF OR LS01e = DK/REF OR LS01f = DK OR (LS01f = REF AND LSREF3 = DK/REF) OR LS01h = DK/REF OR LS01j=DK/REF OR LS01k=DK/REF)) LSFILL = "Ketamine or any other hallucinogen"

IF (LS01j = 1) AND ((LS01a = 2 OR LSREF1 = 2) AND (LS01b = 2 OR LSREF2 = 2) AND LS01c = 2 AND LS01d = 2 AND LS01e = 2 AND (LS01f=2 OR LSREF3=2) AND LS01h = 2 AND LS01i=2 AND LS01k=2), LSFILL = "DMT, AMT, or Foxy"
IF (LS01j = 1) AND (LS01a NE 1 AND LSREF1 NE 1 AND LS01b NE 1 AND LSREF2 NE 1 AND LS01c NE 1 AND LS01d NE 1 AND LS01e NE 1 AND LS01f NE 1 AND LSREF3 NE 1 AND LS01h NE 1 AND LS01i NE 1 AND LS01k NE 1) AND (LS01a=DK OR (LS01a=REF AND LSREF1=DK/REF) OR(LS01b = DK OR (LS01b = REF AND LSREF2 = DK/REF) OR LS01c = DK/REF OR LS01d = DK/REF OR LS01e = DK/REF OR LS01f = DK OR (LS01f = REF AND LSREF3 = DK/REF) OR LS01h = DK/REF OR LS01i=DK/REF OR LS01k=DK/REF)) LSFILL = "DMT, AMT, Foxy or any other hallucinogen"

IF (LS01k = 1) AND ((LS01a = 2 OR LSREF1 = 2) AND (LS01b = 2 OR LSREF2 = 2) AND LS01c = 2 AND LS01d = 2 AND LS01e = 2 AND (LS01f=2 OR LSREF3=2) AND LS01h = 2 AND LS01i=2 AND LS01j=2), LSFILL = "Salvia divinorum"
IF (LS01k = 1) AND (LS01a NE 1 AND LSREF1 NE 1 AND LS01b NE 1 AND LSREF2 NE 1 AND LS01c NE 1 AND LS01d NE 1 AND LS01e NE 1 AND LS01f NE 1 AND LSREF3 NE 1 AND LS01h NE 1 AND LS01i NE 1 AND LS01j NE 1) AND (LS01a=DK OR (LS01a=REF

AND LSREF1=DK/REF) OR(LS01b = DK OR (LS01b = REF AND LSREF2 = DK/REF)
OR LS01c = DK/REF OR LS01d = DK/REF OR LS01e = DK/REF OR LS01f = DK OR
(LS01f = REF AND LSREF3 = DK/REF) OR LS01h = DK/REF OR LS01i=DK/REF OR
LS01j=DK/REF)) LSFILL = "Salvia divinorum or any other hallucinogen"

ELSE, LSFILL = "any hallucinogen"

LSLAST [IF LS01a = 1 OR LSREF1 = 1 OR LS01b = 1 OR LSREF2 = 1 OR LS01c = 1 OR
LS01d = 1 OR LS01e = 1 OR LSREF3 = 1 OR LS01f = 1 OR LS01h = 1 OR LS01i=1 OR
LS01j=1 OR LS01k=1] How long has it been since you **last** used [LSFILL]?

1   Within the past 30 days -- that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

LSRECDK [IF LSLAST = DK] What is your **best guess** of how long it has been since you **last**
used [LSFILL]?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

LSRECRE   [IF LSLAST = REF] The answers that people give us about their use of
            hallucinogens are important to this study's success. We know that this information is
            personal, but remember your answers will be kept confidential.

            Please think again about answering this question: How long has it been since you
            last used [LSFILL]?

            1   Within the past 30 days — that is, since **[DATEFILL]**
            2   More than 30 days ago but within the past 12 months
            3   More than 12 months ago
            DK/REF
            PROGRAMMER: SHOW 12 MONTH CALENDAR

DEFINE HALLREC:
        IF LSLAST = 1 OR LSRECDK = 1 OR LSRECRE = 1, THEN HALLREC = 1
        IF LSLAST = 2 OR LSRECDK = 2 OR LSRECRE = 2, THEN HALLREC = 2
        IF LSLAST = 3 OR LSRECDK = 3 OR LSRECRE = 3, THEN HALLREC = 3
        ELSE HALLREC = BLANK

Inhalants

INHINTRO   These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.

We are not interested in times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline. The questions use the word 'inhalant' to include all the things listed below, as well as any other substances that people sniff or inhale for kicks or to get high. Take a moment to look at the substances listed below so you know what kinds of liquids, sprays, and gases these questions are about.

> Amyl nitrite, 'poppers,' locker room odorizers, or 'rush'
> Correction fluid, degreaser, or cleaning fluid
> Gasoline or lighter fluid
> Glue, shoe polish, or toluene
> Halothane, ether, or other anesthetics
> Lacquer thinner, or other paint solvents
> Lighter gases, such as butane or propane
> Nitrous oxide or 'whippits'
> Felt-tip pens, felt-tip markers, or magic markers
> Spray paints
> Computer keyboard cleaner, also known as air duster
> Other aerosol sprays

Press [ENTER] to continue.

IN01a Have you ever, even once, inhaled amyl nitrite, 'poppers,' locker room odorizers, or 'rush' for kicks or to get high?

1   Yes
2   No
DK/REF

IN01b Have you ever, even once, inhaled correction fluid, degreaser, or cleaning fluid for kicks or to get high?

1   Yes
2   No
DK/REF

IN01c Have you ever, even once, inhaled gasoline or lighter fluid for kicks or to get high?

1   Yes
2   No
DK/REF

IN01d Have you ever, even once, inhaled glue, shoe polish, or toluene for kicks or to get high?

1   Yes
2   No
DK/REF

IN01e Have you ever, even once, inhaled halothane, ether, or other anesthetics for kicks or to get high?

1   Yes
2   No
DK/REF

IN01f Have you ever, even once, inhaled lacquer thinner or other paint solvents for kicks or to get high?

1   Yes
2   No
DK/REF

IN01g Have you ever, even once, inhaled lighter gases, such as butane or propane for kicks or to get high?

1   Yes
2   No
DK/REF

IN01h Have you ever, even once, inhaled nitrous oxide or 'whippits' for kicks or to get high?

1   Yes
2   No
DK/REF

IN01h1   Have you ever, even once, inhaled felt-tip pens, felt-tip markers, or magic markers for kicks or to get high?

1   Yes
2   No
DK/REF

IN01i Have you ever, even once, inhaled spray paints for kicks or to get high?

1   Yes
2   No
DK/REF

IN01ii Have you ever, even once, inhaled computer keyboard cleaner, also known as air duster, for kicks or to get high?

1   Yes
2   No
DK/REF

IN01j Have you ever, even once, inhaled some other aerosol spray for kicks or to get high?

1   Yes
2   No
DK/REF

IN01l Have you ever, even once, used any other inhalants for kicks or to get high besides the ones that have been listed?

1   Yes
2   No
DK/REF

IN01OTH1 [IF IN01l = 1] Please type in the name of one of the other inhalants you have used. If you're not sure how to spell the name of the inhalant you used, just make your best guess.

When you have finished, press the [ENTER] key to go to the next question. Remember, you do not need to type in the names of any inhalants that you already reported.

_____

DK/REF
PROGRAMMER: DO NOT ALLOW BLANKS IN IN01OTH1.

INREF [IF IN01a = REF AND IN01b = REF AND IN01c = REF AND IN01d = REF AND IN01e = REF AND IN01f = REF AND IN01g = REF AND IN01h = REF AND IN01h1 = REF AND IN01i = REF AND IN01ii = REF AND IN01j = REF AND IN01l = REF] The answers people give about their use of inhalants are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you ever, even once, used **any type of inhalant** for kicks or to get high?

1   Yes
2   No
DK/REF

INLAST [IF IN01a = 1 OR IN01b = 1 OR IN01c = 1 OR IN01d = 1 OR IN01e = 1 OR IN01f = 1 OR IN01g = 1 OR IN01h = 1 OR IN01h1=1 OR IN01i = 1 OR IN01ii=1 OR IN01j = 1 OR IN01L = 1 OR INREF = 1] How long has it been since you **last** used any inhalant for kicks or to get high?

1   Within the past 30 days – that is, since **[DATEFILL]**
2   More than 30 days ago but with the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

INRECDK [IF INLAST = DK] What is your **best guess** of how long it has been since you **last** used any inhalant for kicks or to get high?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

INRECRE [IF INLAST = REF] The answers that people give us about their use of inhalants are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you **last** used any inhalant for kicks or to get high?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

Methamphetamine

METHINTRO Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, "snorted," swallowed or injected.

Press [ENTER] to continue.

ME01 Have you **ever**, even once, used methamphetamine?

1   Yes
2   No
DK/REF

MEREF [IF ME01 = REF] The answers that people give about their use of methamphetamine are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you **ever**, even once, used methamphetamine?

1   Yes
2   No
DK/REF

MELAST3 [IF ME01 = 1 OR MEREF = 1] How long has it been since you **last** used methamphetamine?

1   Within the past 30 days -- that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
            PROGRAMMER: SHOW 12 MONTH CALENDAR

MERECDK [IF MELAST3 = DK] What is your **best guess** of how long it has been since you **last** used methamphetamine?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

MERECRE [IF MELAST3 = REF] The answers that people give us about their use of methamphetamine are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you **last** used methamphetamine?

1   Within the past 30 days — that is, since **[DATEFILL]**
2   More than 30 days ago but within the past 12 months
3   More than 12 months ago
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

Definitions for Use in the Drugs Module 1

DEFINE ALC12MON:
IF (ALLAST3 = 1 OR 2 OR ALRECDK = 1 OR 2 OR ALRECRE = 1 OR 2) AND
TOTDRINK = DK/REF, THEN ALC12MON = 1
ELSE TOTDRINK > 5, THEN ALC12MON = 2
ELSE, ALC12MON = 4

DEFINE MAR12MON:
IF (MJLAST3 = 1 OR 2 OR MJRECDK = 1 OR 2 OR MJRECRE = 1 OR 2) AND
TOTMJ = DK/REF, THEN MAR12MON = 1
ELSE TOTMJ > 5, THEN MAR12MON = 2
ELSE MAR12MON = 4

DEFINE COC12MON:
IF CCLAST3 = 1 OR 2 OR CCRECDK = 1 OR 2 OR CCRECRE = 1 OR 2, THEN
COC12MON = 1
ELSE COC12MON = 2

DEFINE HER12MON:
IF HELAST3 = 1 OR 2 OR HERECDK = 1 OR 2 OR HERECRE = 1 OR 2, THEN
HER12MON = 1
ELSE HER12MON = 2

DEFINE HAL12MON:
IF HALLREC = 1 OR 2, THEN HAL12MON = 1
ELSE HAL12MON = 2

DEFINE INH12MON:
IF INLAST = 1 OR 2 OR INRECDK = 1 OR 2 OR INRECRE = 1 OR 2, THEN
INH12MON = 1
ELSE INH12MON = 2

DEFINE MET12MON:
IF MELAST3 = 1 OR 2 OR MERECDK = 1 OR 2 OR MERECRE = 1 OR 2 , THEN
MET12MON = 1
ELSE MET12MON = 2

Checkpoint1

IF RXDrugs=1 OR (ALC12MON = 4 AND MAR12MON = 4 AND COC12MON = 2
AND HER12MON = 2 AND HAL12MON=2 AND INH12MON=2 AND MET12MON
= 2), GO TO INTROPR.
ELSE GO TO SUBSTANCE ABUSE MODULE

Pain Relievers Screener

INTROPR   These next questions are about **any** use of **prescription pain relievers**. Please do **not** include "over-the-counter" pain relievers such as aspirin, Tylenol, Advil, or Aleve.

To indicate that you have **not** used any of the pain relievers asked about in a question, enter 95.

Press [ENTER] to continue.

PR01   Please look at the names and pictures of the pain relievers shown below. Please note that some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR VICODIN, LORTAB, NORCO, ZOHYDRO ER, AND HYDROCODONE.

In the **past 12 months**, which, if any**,** of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Vicodin
2   Lortab
3   Norco
4   Zohydro ER
5   Hydrocodone (generic)
95   I have not used any of these pain relievers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, 4, OR 5.

PR02   Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR OXYCONTIN, PERCOCET, AND PERCODAN.

In the **past 12 months**, which, if any**,** of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   OxyContin
2   Percocet
3   Percodan
95   I have not used any of these pain relievers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

PR03   Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR ROXICODONE, AND OXYCODONE.

In the **past 12 months**, which, if any, of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Roxicodone
2   Oxycodone (generic)
95   I have not used any of these pain relievers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, OR 2.

PRCC01   [IF ((PR01 = 1 AND PR02 = 1 AND PR03 = 1) OR (PR01 =2 AND PR02 = 2 AND PR03 = 2)) AND (# of responses in PR01 = 1) AND (# of responses in PR02 = 1) AND (# of responses in PR03 = 1)] The computer recorded that you used the following pain relievers in the **past 12 months**:

[PR01 FILL]
[PR02 FILL]
and [PR03 FILL]

Are **all** of these correct?

4   Yes
6   No

DK/REF

HARD ERROR: [IF PRCC01 = 6] Remember, please enter 95 if you have not used any of the pain relievers asked about in the past 12 months. Please press the [ENTER] key to return to these questions so that you can revise your answers.

PR04   Please look at the names and pictures of the pain relievers shown below. Remember, some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR ULTRAM, ULTRAM ER, ULTRACET, TRAMADOL, AND EXTENDED-RELEASE TRAMADOL.

In the **past 12 months**, which, if any**,** of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Ultram
2   Ultram ER
3   Ultracet
4   Tramadol (generic)
5   Extended-release tramadol (generic)
95   I have not used any of these pain relievers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, 4, OR 5.

PR05   Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR TYLENOL WITH CODEINE 3 OR 4 AND CODEINE.

In the **past 12 months**, which, if any**,** of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)
2   Codeine pills (generic)

95   I have not used any of these pain relievers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1 OR 2.

PR06   Please look at the names and pictures of the pain relievers shown below. Remember, some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR AVINZA, KADIAN, MS CONTIN, MORPHINE, AND EXTENDED-RELEASE MORPHINE.

In the **past 12 months**, which, if any**,** of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Avinza
2   Kadian
3   MS Contin
4   Morphine (generic)
5   Extended-release morphine (generic)
95   I have not used any of these pain relievers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, 4, OR 5.

PR07   Please look at the names and pictures of the pain relievers shown below. Remember, some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY IMAGES HERE FOR DURAGESIC, FENTORA, AND FENTANYL.

In the **past 12 months**, which, if any**,** of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Duragesic

2 Fentora
3 Fentanyl (generic)
95 I have not used any of these pain relievers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

PR08 Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR SUBOXONE AND BUPRENORPHINE.

In the **past 12 months**, which, if any**,** of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1 Suboxone
2 Buprenorphine (generic)
3 Buprenorphine plus naloxone (generic)
95 I have not used any of these pain relievers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

PR09 Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR OPANA, OPANA ER, OXYMORPHONE, AND EXTENDED-RELEASE OXYMORPHONE.

In the **past 12 months**, which, if any**,** of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1 Opana
2 Opana ER
3 Oxymorphone (generic)
4 Extended-release oxymorphone (generic)
95 I have not used any of these pain relievers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

PR10   Please look at the names and pictures of the pain relievers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR DEMEROL, DILAUDID OR HYDROMORPHONE, EXALGO OR EXTENDED-RELEASE HYDROMORPHONE, AND METHADONE.

In the **past 12 months**, which, if any**,** of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Demerol
2   Dilaudid or hydromorphone
3   Exalgo or extended-release hydromorphone
4   Methadone
95   I have not used any of these pain relievers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

PRANYOTH   In the **past 12 months**, have you used any **other** prescription pain reliever?

Remember, do **not** include "over-the-counter" pain relievers such as aspirin, Tylenol, Advil, or Aleve.

SHOW 12-MONTH CALENDAR ON SCREEN.

1   Yes
2   No
DK/REF

DEFINE PR12MON:

IF (PR01 NE 95 OR DK/REF) OR (PR02 NE 95 OR DK/REF) OR (PR03 NE 95 OR DK/REF) OR (PR04 NE 95 OR DK/REF) OR (PR05 NE 95 OR DK/REF) OR (PR06 NE 95 OR DK/REF)

OR (PR07 NE 95 OR DK/REF) OR (PR08 NE 95 OR DK/REF) OR (PR09 NE 95 OR DK/REF) OR (PR10 NE 95 OR DK/REF) OR (PRANYOTH = 1) THEN PR12MON = 1. ELSE PR12MON = 2.

DEFINE PRYRCOUNT:
INITIALIZE PRYRCOUNT TO 0.
ADD 1 TO PRYRCOUNT FOR EACH INDIVIDUAL DRUG SELECTED IN PR01-PRANYOTH.

PRLANY [IF PR12MON = 2] Have you **ever**, even once, used **any prescription pain reliever**?

Remember, do **not** include "over-the-counter" pain relievers such as aspirin, Tylenol, Advil, or Aleve.

1   Yes
2   No
DK/REF

Tranquilizers Screener

INTROTR   These next questions are about **any** use of **prescription tranquilizers**. Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers "nerve pills."

To indicate that you have **not** used any of the tranquilizers asked about in a question, enter 95.

Press [ENTER] to continue.

TR01   Please look at the names and pictures of the tranquilizers shown below. Please note that some forms of these tranquilizers may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR XANAX, XANAX XR, ALPRAZOLAM, AND EXTENDED-RELEASE ALPRAZOLAM.

In the **past 12 months**, which, if any**,** of these tranquilizers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Xanax
2   Xanax XR
3   Alprazolam (generic)
4   Extended-release alprazolam (generic)
95   I have not used any of these tranquilizers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

TR02   Please look at the names and pictures of the tranquilizers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR ATIVAN, KLONOPIN, LORAZEPAM, AND CLONAZEPAM.

In the **past 12 months**, which, if any**,** of these tranquilizers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1	Ativan
2	Klonopin
3	Lorazepam (generic)
4	Clonazepam (generic)
95	I have not used any of these tranquilizers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

TR03 Please look at the names and pictures of the tranquilizers shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR VALIUM AND DIAZPEPAM.

In the **past 12 months**, which, if any**,** of these tranquilizers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1	Valium
2	Diazepam (generic)
95	I have not used any of these tranquilizers in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1 OR 2.

TRCC01 [IF ((TR01 = 1 AND TR02 = 1 AND TR03 = 1) OR (TR01 =2 AND TR02 = 2 AND TR03 = 2)) AND (# of responses in TR01 = 1) AND (# of responses in TR02 = 1) AND (# of responses in TR03 = 1)] The computer recorded that you used the following tranquilizers in the **past 12 months**:

[TR01 FILL]
[TR02 FILL]
and [TR03 FILL]

Are **all** of these correct?

4	Yes
6	No

DK/REF

HARD ERROR: [IF TRCC01 = 6] Remember, please enter 95 if you have not used any of the tranquilizers asked about in the past 12 months. Please press the [ENTER] key to return to these questions so that you can revise your answers.

TR04   Please look at the names and pictures of the tranquilizers shown below. Remember, some forms of these tranquilizers may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR CYCLOBENZAPRINE AND SOMA.

In the **past 12 months**, which, if any**,** of these tranquilizers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Cyclobenzaprine (generic), also known as Flexeril
2   Soma
95   I have not used any of these tranquilizers in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1 OR 2.

TRANYOTH   In the **past 12 months**, have you used any **other** prescription tranquilizer?

SHOW 12-MONTH CALENDAR ON SCREEN.

1   Yes
2   No
DK/REF

DEFINE TR12MON:

IF (TR01 NE 95 OR DK/REF) OR (TR02 NE 95 OR DK/REF) OR (TR03 NE 95 OR DK/REF) OR (TR04 NE 95 OR DK/REF) OR (TRANYOTH = 1) THEN TR12MON = 1.
ELSE TR12MON = 2.

DEFINE TRYRCOUNT:
INITIALIZE TRYRCOUNT TO 0.
ADD 1 TO TRYRCOUNT FOR EACH INDIVIDUAL DRUG SELECTED IN TR01-TRANYOTH.

TRLANY   [IF TR12MON = 2] Have you **ever**, even once, used **any prescription tranquilizer**?

        1   Yes
        2   No
        DK/REF

Stimulants Screener

INTROST   These next questions are about **any** use of **prescription stimulants.** People sometimes take these drugs for attention deficit disorders, to lose weight, or to stay awake. Please do **not** include "over-the-counter" stimulants such as Dexatrim, No-Doz, Hydroxycut, or 5-Hour Energy.

To indicate that you have **not** used any of the stimulants asked about in a question, enter 95.

Press [ENTER] to continue.

ST01   Please look at the names and pictures of the stimulants shown below. Please note that some forms of these stimulants may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR ADDERALL, ADDERALL XR, AND DEXEDRINE.

In the **past 12 months**, which, if any**,** of these stimulants have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Adderall
2   Adderall XR
3   Dexedrine
95   I have not used any of these stimulants in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

ST02   Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY PILLS HERE FOR DEXTROAMPHETAMINE, AMPHETAMINE-DEXTROAMPHETAMINE MIX, AND EXTENDED-RELEASE AMPHETAMINE-DEXTROAMPHETAMINE MIX.

In the **past 12 months**, which, if any**,** of these stimulants have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Dextroamphetamine (generic)
2   Mixed amphetamine-dextroamphetamine pills other than Adderall
        (generic)
3   Extended-release amphetamine-dextroamphetamine pills other than
        Adderall XR (generic)
95   I have not used any of these stimulants in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2,
OR 3.

ST03   Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY IMAGES FOR RITALIN, RITALIN LA,
CONCERTA, AND DAYTRANA. (DAYTRANA IS A PATCH.)

In the **past 12 months**, which, if any, of these stimulants have you used?

To select more than one drug from the list, press the space bar between each
number you have typed. When you have finished, press [ENTER].

1   Ritalin
2   Ritalin LA
3   Concerta
4   Daytrana
95   I have not used any of these stimulants in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3,
OR 4.

STCC01   [IF ((ST01 = 1 AND ST02 = 1 AND ST03 = 1) OR (ST01 =2 AND ST02 = 2
AND ST03 = 2)) AND (# of responses in ST01 = 1) AND (# of responses in
ST02 = 1) AND (# of responses in ST03 = 1)] The computer recorded that you
used the following stimulants in the **past 12 months**:

[ST01 FILL]
[ST02 FILL]
and [ST03 FILL]

Are **all** of these correct?

4   Yes
6   No

DK/REF

HARD ERROR: [IF STCC01 = 6] Remember, please enter 95 if you have not used any of the stimulants asked about in the past 12 months. Please press the [ENTER] key to return to these questions so that you can revise your answers.

ST04   Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY PILLS FOR METADATE CD, METADATE ER, METHYLPHENIDATE, AND EXTENDED-RELEASE METHYLPHENIDATE.

In the **past 12 months**, which, if any**,** of these stimulants have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Metadate CD
2   Metadate ER
3   Methylphenidate (generic)
4   Extended-release methylphenidate (generic)
95   I have not used any of these stimulants in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

ST05   Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY PILLS FOR FOCALIN, FOCALIN XR, DEXMETHYLPHENIDATE, AND EXTENDED-RELEASE DEXMETHYLPHENIDATE.

In the **past 12 months**, which, if any**,** of these stimulants have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Focalin
2   Focalin XR
3   Dexmethylphenidate (generic)
4   Extended-release dexmethylphenidate (generic)
95   I have not used any of these stimulants in the past 12 months

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

ST06   Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY PILLS FOR BENZPHETAMINE, DIDREX, DIETHYLPROPION, PHENDIMETRAZINE, AND PHENTERMINE.

In the **past 12 months**, which, if any**,** of these stimulants have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Benzphetamine
2   Didrex
3   Diethylpropion
4   Phendimetrazine
5   Phentermine
95   I have not used any of these stimulants in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, 4, OR 5.

ST07   Please look at the names and pictures of the stimulants shown below.

PROGRAMMER: DISPLAY PILLS FOR PROVIGIL, TENUATE, AND VYVANSE.

In the **past 12 months**, which, if any**,** of these stimulants have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Provigil
2   Tenuate
3   Vyvanse
95   I have not used any of these stimulants in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

STANYOTH   In the **past 12 months**, have you used any **other** prescription stimulant?

Remember, do **not** include "over-the-counter" stimulants such as Dexatrim, No-Doz, Hydroxycut, or 5-Hour Energy.

SHOW 12-MONTH CALENDAR ON SCREEN.

1   Yes
2   No
DK/REF

DEFINE ST12MON:

IF (ST01 NE 95 OR DK/REF) OR (ST02 NE 95 OR DK/REF) OR (ST03 NE 95 OR DK/REF) OR (ST04 NE 95 OR DK/REF) OR (ST05 NE 95 OR DK/REF) OR (ST06 NE 95 OR DK/REF) OR (ST07 NE 95 OR DK/REF) OR (STANYOTH = 1) THEN ST12MON = 1.
ELSE ST12MON = 2.

DEFINE STYRCOUNT:
INITIALIZE STYRCOUNT TO 0.
ADD 1 TO STYRCOUNT FOR EACH INDIVIDUAL DRUG SELECTED IN ST01-STANYOTH.

STLANY   [IF ST12MON = 2] Have you **ever**, even once, used **any prescription stimulant**?

Remember, do **not** include "over-the-counter" stimulants such as Dexatrim, No-Doz, Hydroxycut, or 5-Hour Energy.

1   Yes
2   No
DK/REF

Sedatives Screener

INTROSV These next questions ask about **any** use of **prescription sedatives or barbiturates.** These drugs are also called "downers" or "sleeping pills." People take these drugs to help them relax or help them sleep. Please do **not** include "over-the-counter" sedatives such as Sominex, Unisom, Nytol, or Benadryl.

To indicate that you have **not** used any of the sedatives asked about in a question, enter 95.

Press [ENTER] to continue.

SV01 Please look at the names and pictures of the sedatives shown below. Please note that some forms of these sedatives may look different from the pictures, but you should include any form that you have used.

PROGRAMMER: DISPLAY PILLS HERE FOR AMBIEN, AMBIEN CR, ZOLPIDEM, AND EXTENDED-RELEASE ZOLPIDEM.

In the **past 12 months**, which, if any**,** of these sedatives have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1 Ambien
2 Ambien CR
3 Zolpidem (generic)
4 Extended-release zolpidem (generic)
95 I have not used any of these sedatives in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, OR 4.

SV02 Please look at the names and pictures of the sedatives shown below.

PROGRAMMER: DISPLAY IMAGES FOR LUNESTA, SONATA, AND ZALEPLON.

In the **past 12 months**, which, if any**,** of these sedatives have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Lunesta or eszopiclone
2   Sonata or zaleplon
95   I have not used any of these sedatives in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1 OR 2.

SV03   Please look at the names and pictures of the sedatives shown below.

PROGRAMMER: DISPLAY PILLS FOR HALCION, RESTORIL, FLURAZEPAM, TEMAZEPAM, AND TRIAZOLAM.

In the **past 12 months**, which, if any**,** of these sedatives have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Halcion
2   Restoril
3   Flurazepam (generic), also known as Dalmane
4   Temazepam (generic)
5   Triazolam (generic)
95   I have not used any of these sedatives in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, 3, 4, OR 5.

SVCC01   [IF ((SV01 = 1 AND SV02 = 1 AND SV03 = 1) OR (SV01 =2 AND SV02 = 2 AND SV03 = 2)) AND (# of responses in SV01 = 1) AND (# of responses in SV02 = 1) AND (# of responses in SV03 = 1)] The computer recorded that you used the following sedatives in the **past 12 months**:

[SV01 FILL]
[SV02 FILL]
and [SV03 FILL]

Are **all** of these correct?

4   Yes
6   No
  DK/REF

HARD ERROR: [IF SVCC01 = 6] Remember, please enter 95 if you have not used any of the sedatives asked about in the past 12 months. Please press the [ENTER] key to return to these questions so that you can revise your answers.

SV04   Please look at the names and pictures of the sedatives shown below.

PROGRAMMER: DISPLAY PILLS FOR BUTISOL, SECONAL, AND PHENOBARBITAL.

In the **past 12 months**, which, if any**,** of these sedatives have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

1   Butisol
2   Seconal
3   Phenobarbital (generic)
95   I have not used any of these sedatives in the past 12 months
DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1, 2, OR 3.

SVANYOTH   In the **past 12 months**, have you used any **other** prescription sedative?

Remember, do **not** include "over-the-counter" sedatives such as Sominex, Unisom, Nytol, or Benadryl.

SHOW 12-MONTH CALENDAR ON SCREEN.

1   Yes
2   No
DK/REF

DEFINE SV12MON:

IF (SV01 NE 95 OR DK/REF) OR (SV02 NE 95 OR DK/REF) OR (SV03 NE 95 OR DK/REF) OR (SV04 NE 95 OR DK/REF) OR (SVANYOTH = 1) THEN SV12MON = 1. ELSE SV12MON = 2.

DEFINE SVYRCOUNT:
INITIALIZE SVYRCOUNT TO 0.

ADD 1 TO SVYRCOUNT FOR EACH INDIVIDUAL DRUG SELECTED IN SV01-
SVANYOTH.

SVLANY   [IF SV12MON = 2] Have you **ever**, even once, used **any prescription sedative**?

Remember, do **not** include "over-the-counter" sedatives such as Sominex,
Unisom, Nytol, or Benadryl.

1   Yes
2   No
DK/REF

Pain Relievers Main Module

If no 12 month use of prescription pain relievers:

PRINTROLIF   [IF PRLANY = 1] The next question asks about using **prescription pain
relievers** in any way **a doctor did not direct you to use them**.

When you answer this question, please think only about your use of the drug
in any way **a doctor did not direct you to use it,** including:

- Using it without a prescription of your own
- Using it in greater amounts, more often, or longer than you were told to
take it
- Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

PRL01   [IF PRLANY=1] Have you ever, even once, used **any prescription pain
reliever** in any way **a doctor did not direct you to use it**?
1   Yes
2   No
DK/REF

If any 12 month use of prescription pain relievers:

PRINTROYR1 [IF PR12MON = 1] Earlier you reported having used certain **prescription pain
relievers** during the past year. Now please think about whether you used any of these pain
relievers in any way **a doctor did not direct you to use them.**

When you answer these questions, please think only about your use of the drug in any way **a
doctor did not direct you to use it,** including:

Using it without a prescription of your own
Using it in greater amounts, more often, or longer than you were told to take it

Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

DEFINE PRFILL:
PRFILL LISTS ALL INDIVIDUAL DRUGS SELECTED IN PR01, PR02, PR03, PR04, PR05, PR06, PR07, PR08, PR09, AND PR10.

USE MULTIPLE COLUMNS AS NEEDED. PRECEDE LAST ITEM WITH "and". IF PRANYOTH=1 AND PRYRCOUNT > 1, THEN ADD "another prescription pain reliever" TO THE FILL.

THE FOLLOWING DRUGS SHOULD **NOT** USE INITIAL CAPS WHEN FILLED IN SENTENCE FORMAT:

hydrocodone
oxycodone
propoxyphene
tramadol
extended-release tramadol
codeine pills
morphine
extended-release morphine
fentanyl
buprenorphine
oxymorphone
extended-release oxymorphone
hydromorphone
extended-release hydromorphone
methadone

WHEN IMPLEMENTING PRFILL, IF 1, OR 2 DRUGS APPEAR IN LIST, FILL IN SENTENCE FORMAT, SEPARATED WITH AN "and" BEFORE THE LAST FILL.

IF >2 DRUGS APPEAR IN LIST, FILL IN LIST (IN COLUMNS IF NEEDED) BELOW THE PREVIOUS SENTENCE.

DEFINE PRFIRSTFLAG:
PRFIRSTFLAG IDENTIFIES THE FIRST PAIN RELIEVER USED NONMEDICALLY.
INITIALIZE PRFIRSTFLAG TO 0.
(PRFIRSTFLAG NEEDS TO BE DEFINED BEFORE THE ROUTING TO PRINTROYR2 OR PRYOTH.)

PRINTROYR2 [IF PR12MON=1 AND (PRANYOTH NE 1 OR (PRANYOTH=1 AND PRYRCOUNT > 1))] Earlier, the computer recorded that, in the **past 12 months**, you used [PRFILL].

Press Enter to continue.

PRY01 [IF PR01=1] In the past 12 months, did you use Vicodin in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR VICODIN

1   Yes
2   No
DK/REF

PRY02 [IF PR01=2] In the past 12 months, did you use Lortab in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR LORTAB

1   Yes
2   No
DK/REF

PRY03 [IF PR01=3] In the past 12 months, did you use Norco in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR NORCO

1   Yes
2   No
DK/REF

PRY04 [IF PR01=4] In the past 12 months, did you use Zohydro ER in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ZOHYDRO ER

1   Yes
2   No
DK/REF

PRY05 [IF PR01=5] In the past 12 months, did you use hydrocodone in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

PRY06 [IF PR02=1] In the past 12 months, did you use OxyContin in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR OXYCONTIN

1   Yes
2   No
DK/REF

PRY07 [IF PR02=2] In the past 12 months, did you use Percocet in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR PERCOCET

1   Yes
2   No
DK/REF

PRY08 [IF PR02=3] In the past 12 months, did you use Percodan in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR PERCODAN

1   Yes
2   No
DK/REF

PRY09 [IF PR03=1] In the past 12 months, did you use Roxicet in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ROXICET

1   Yes
2   No
DK/REF

PRY10 [IF PR03=2] In the past 12 months, did you use Roxicodone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ROXICODONE

1   Yes

2   No
DK/REF

PRY11 [IF PR03=] In the past 12 months, did you use oxycodone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR OXYCODONE

1   Yes
2   No
DK/REF

PRY12 [IF PR04=1] In the past 12 months, did you use Ultram in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ULTRAM

1   Yes
2   No
DK/REF

PRY13 [IF PR04=2] In the past 12 months, did you use Ultram ER in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ULTRAM ER

1   Yes
2   No
DK/REF

PRY14 [IF PR04=3] In the past 12 months, did you use Ultracet in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ULTRACET

1   Yes
2   No
DK/REF

PRY15 [IF PR04=4] In the past 12 months, did you use tramadol in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR TRAMADOL

1   Yes
2   No

DK/REF

PRY16 [IF PR04=5] In the past 12 months, did you use extended-release tramadol in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR EXTENDED-RELEASE TRAMADOL (GENERIC)

1   Yes
2   No
DK/REF

PRY17 [IF PR05=1] In the past 12 months, did you use Tylenol with codeine 3 or 4 in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR TYLENOL WITH CODEINE

1   Yes
2   No
DK/REF

PRY18 [IF PR05=2] In the past 12 months, did you use codeine pills in any way **a doctor did not direct you to use them**?

DISPLAY IMAGE FOR CODEINE

1   Yes
2   No
DK/REF

PRY19 [IF PR06=1] In the past 12 months, did you use Avinza in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR AVINZA

1   Yes
2   No
DK/REF

PRY20 [IF PR06=2] In the past 12 months, did you use Kadian in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR KADIAN

1   Yes
2   No
DK/REF

PRY21 [IF PR06=3] In the past 12 months, did you use MS Contin in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR MS CONTIN

1   Yes
2   No
DK/REF

PRY22 [IF PR06=4] In the past 12 months, did you use morphine in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR MORPHINE

1   Yes
2   No
DK/REF

PRY23 [IF PR06=5] In the past 12 months, did you use extended-release morphine in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR EXTENDED-RELEASE MORPHINE (GENERIC)

1   Yes
2   No
DK/REF

PRY24 [IF PR07=1] In the past 12 months, did you use Actiq in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ACTIQ

1   Yes
2   No
DK/REF

PRY25 [IF PR07=2] In the past 12 months, did you use Duragesic in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR DURAGESIC

1   Yes
2   No
DK/REF

PRY26 [IF PR07=3] In the past 12 months, did you use Fentora in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR FENTORA

1   Yes
2   No
DK/REF

PRY27 [IF PR07=4] In the past 12 months, did you use fentanyl in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR FENTANYL

1   Yes
2   No
DK/REF

PRY28 [IF PR08=1] In the past 12 months, did you use Suboxone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR SUBOXONE

1   Yes
2   No
DK/REF

PRY29 [IF PR08=2] In the past 12 months, did you use buprenorphine in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR BUPRENORPHINE

1   Yes
2   No
DK/REF

PRY30 [IF PR09=1] In the past 12 months, did you use Opana in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR OPANA

1   Yes
2   No
DK/REF

PRY31 [IF PR09=2] In the past 12 months, did you use Opana ER in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR OPANA ER

1   Yes
2   No
DK/REF

PRY32 [IF PR09=3] In the past 12 months, did you use oxymorphone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR OXYMORPHONE (GENERIC)

1   Yes
2   No
DK/REF

PRY33 [IF PR09=4] In the past 12 months, did you use extended-release oxymorphone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR EXTENDED-RELEASE OXYMORPHONE (GENERIC)

1   Yes
2   No
DK/REF

PRY34 [IF PR10=1] In the past 12 months, did you use Demerol in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR DEMEROL

1   Yes
2   No
DK/REF

PRY35 [IF PR10=2] In the past 12 months, did you use Dilaudid or hydromorphone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR DILAUDID OR HYDROMORPHONE

1   Yes
2   No
DK/REF

PRY36 [IF PR10=3] In the past 12 months, did you use Exalgo or extended-release hydromorphone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR EXALGO OR EXTENDED-RELEASE HYDROMORPHONE

1   Yes
2   No
DK/REF

PRY37 [IF PR10=4] In the past 12 months, did you use methadone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR METHADONE

1   Yes
2   No
DK/REF

PRYOTH [IF PRANYOTH=1] In the past 12 months, did you use **any** [IF PRANYOTH=1 AND PRYRCOUNT > 1 FILL "**other**"] prescription pain reliever in a way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE

DEFINE PRMISCOUNT:
INITIALIZE PRMISCOUNT TO 0.
INCREMENT PRMISCOUNT BY 1 FOR EVERY RESPONSE OF YES IN PRY01- PRYOTH.

DEFINE PRNUMFILL:
IF PRMISCOUNT = 1 AND PRY17 NE 1 AND PRYOTH NE 1 THEN PRNUMFILL = "it".
ELSE PRNUMFILL = "them".

DEFINE PRFILL2:
IF PRMISCOUNT < 3 AND PRYOTH NE 1 AND PRDKREFFLAG =2 THEN
PRFILL2="[DRUG NAMES FROM PRY01-PRY36]".
ELSE IF PRMISCOUNT=1 AND PRYOTH NE 1 AND PRDKREFFLAG=1 THEN PRFILL2 = "[DRUG NAMES FROM PRY01-PRY36] or any other prescription pain reliever." ELSE IF PRMISCOUNT=2 AND PRDKREFFLAG=2 AND PRYOTH =1 THEN PRFILL2="[DRUG NAME FROM PRY01-PRY36] and some other prescription pain reliever."
ELSE IF PRMISCOUNT=2 AND PRDKREFFLAG=1 THEN PRFILL2="[DRUG NAMES FROM PRY01-PRY36]". IF PRYOTH =1 THEN ADD "some other prescription pain reliever" TO THE FILL. [INCLUDE DRUG NAMES FOR NEW PAIN RELIEVERS.]

ELSE PRFILL2= "prescription pain relievers"

Tranquilizers Main Module

If no 12 month use of prescription tranquilizers:

TRINTROLIF   [IF TRLANY = 1] The next question asks about using **prescription tranquilizers** in any way **a doctor did not direct you to use them**.

When you answer this question, please think only about your use of the drug in any way **a doctor did not direct you to use it,** including:

- Using it without a prescription of your own
- Using it in greater amounts, more often, or longer than you were told to take it
- Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

TRL01   [IF TRLANY =1] Have you ever, even once, used **any prescription tranquilizer** in any way **a doctor did not direct you to use it**?
1   Yes
2   No
DK/REF

If any 12 month use of prescription tranquilizers:

TRINTROYR1 [IF TR12MON = 1] The next questions ask about using **prescription tranquilizers** in any way **a doctor did not direct you to use them**.

When you answer these questions, please think only about your use of the drug in any way **a doctor did not direct you to use it,** including:

Using it without a prescription of your own
Using it in greater amounts, more often, or longer than you were told to take it
Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

DEFINE TRFILL:
TRFILL LISTS ALL INDIVIDUAL DRUGS SELECTED IN TR01, TR02, TR03, TR04, AND TR05.

USE MULTIPLE COLUMNS AS NEEDED. IF TRANYOTH =1 AND TRYRCOUNT > 1, THEN ADD "another prescription tranquilizer" TO THE FILL.

THE FOLLOWING DRUGS SHOULD **NOT** USE INITIAL CAPS WHEN FILLED IN SENTENCE FORMAT:

alprazolam
extended-release alprazolam
lorazepam
clonazepam
diazepam
cyclobenzaprine, also known as Flexeril
buspirone also known as BuSpar
hydroxyzine also known as Atarax or Vistaril
meprobamate also known as Equanil or Miltown

WHEN IMPLEMENTING TRFILL, IF 1, OR 2 DRUGS APPEAR IN LIST, FILL IN SENTENCE FORMAT, SEPARATED WITH AN "and" BEFORE THE LAST FILL.

IF >2 DRUGS APPEAR IN LIST, FILL IN LIST (IN COLUMNS IF NEEDED) BELOW THE PREVIOUS SENTENCE.

DEFINE TRFIRSTFLAG:
TRFIRSTFLAG IDENTIFIES THE FIRST SEDATIVE USED NONMEDICALLY.
INITIALIZE TRFIRSTFLAG TO 0.
(TRFIRSTFLAG NEEDS TO BE DEFINED BEFORE THE ROUTING TO TRINTROYR2 OR TRY40.)

TRINTROYR2 [IF TR12MON=1 AND (TRANYOTH NE 1 OR (TRANYOTH =1 AND TRYRCOUNT > 1))] Earlier, the computer recorded that, in the **past 12 months**, you used [TRFILL].

Press Enter to continue.

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE FOR THE INTRO SCREEN

TRY01 [IF TR01=1] In the past 12 months, did you use Xanax in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR XANAX

1   Yes
2   No
DK/REF

TRY02 [IF TR01=2] In the past 12 months, did you use Xanax XR in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR XANAX XR

1   Yes
2   No
DK/REF

TRY03 [IF TR01=3] In the past 12 months, did you use alprazolam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ALPRAZOLAM

1   Yes
2   No
DK/REF

TRY04 [IF TR01=4] In the past 12 months, did you use extended-release alprazolam in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

TRY05 [IF TR02=1] In the past 12 months, did you use Ativan in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ATIVAN

1   Yes
2   No
DK/REF

TRY06 [IF TR02=2] In the past 12 months, did you use Klonopin in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR KLONOPIN

1   Yes
2   No
DK/REF

TRY07 [IF TR02=3] In the past 12 months, did you use lorazepam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR LORAZEPAM

1   Yes
2   No
DK/REF

TRY08 [IF TR02=4] In the past 12 months, did you use clonazepam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR CLONAZEPAM

1   Yes
2   No
DK/REF

TRY09 [IF TR03=1] In the past 12 months, did you use Valium in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR VALIUM

1   Yes
2   No
DK/REF

TRY10 [IF TR03=2] In the past 12 months, did you use diazepam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR DIAZEPAM

1   Yes
2   No
DK/REF

TRY11 [IF TR04=1] In the past 12 months, did you use cyclobenzaprine, also known as Flexeril, in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR CYCLOBENZAPRINE

1   Yes
2   No
DK/REF

TRY12 [IF TR04=2] In the past 12 months, did you use Soma in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR SOMA

1   Yes

2   No
DK/REF

TRY13 [IF TR05=1] In the past 12 months, did you use buspirone, also known as BuSpar, in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR BUSPIRONE, ALSO KNOWN AS BUSPAR,

1   Yes
2   No
DK/REF

UPDATE TRFIRSTFLAG:
IF TRFIRSTFLAG=0 AND TRY13=1 THEN TRFIRSTFLAG=13.

TRY14 [IF TR05=2] In the past 12 months, did you use hydroxyzine, also known as Atarax or Vistaril, in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR HYDROXYZINE

1   Yes
2   No
DK/REF

TRY15 [IF TR05=3] In the past 12 months, did you use meprobamate, also known as Equanil or Miltown, in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR MEPROBAMATE

1   Yes
2   No
DK/REF

TRYOTH [IF TRANYOTH =1] In the past 12 months, did you use **any** [IF TRANYOTH =1 AND TRYRCOUNT > 1 FILL "**other**"] prescription tranquilizer in a way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE

DEFINE TRMISCOUNT:
INITIALIZE TRMISCOUNT TO 0.
INCREMENT TRMISCOUNT BY 1 FOR EVERY RESPONSE OF YES IN TRY01-TRYOTH.

DEFINE TRFILL2:
IF TRMISCOUNT < 3 AND TRYOTH NE 1 AND TRDKREFFLAG =2 THEN
TRFILL2="[DRUG NAMES FROM TRY01- TRY12]".
ELSE IF TRMISCOUNT=1 AND TRYOTH NE 1 AND TRDKREFFLAG=1 THEN TRFILL2
= "[DRUG NAMES FROM TRY01- TRY12] or any other prescription tranquilizer."
ELSE IF TRMISCOUNT=2 AND TRDKREFFLAG=2 AND TRYOTH =1 THEN
TRFILL2="[DRUG NAME FROM TRY01- TRY12] and some other prescription tranquilizer."
ELSE IF TRMISCOUNT=2 AND TRDKREFFLAG=1 THEN TRFILL2="[DRUG NAMES
FROM TRY01- TRY12]". IF TRYOTH =1 THEN ADD "some other prescription tranquilizer"
TO THE FILL.
ELSE TRFILL2= "prescription tranquilizers"

Stimulants Main Module

If no 12 month use of prescription stimulants:

STINTROLIF   [IF STLANY = 1] The next question asks about using **prescription
                 stimulants** in any way **a doctor did not direct you to use them**.

                 When you answer this question, please think only about your use of the drug
                 in any way **a doctor did not direct you to use it**, including:

                 ▪ Using it without a prescription of your own
                 ▪ Using it in greater amounts, more often, or longer than you were told to
                   take it
                 ▪ Using it in **any other way** a doctor did not direct you to use it

                 Press Enter to continue.

STL01   [IF STLANY =1] Have you ever, even once, used **any prescription stimulant** in
                 any way **a doctor did not direct you to use it**?
                 1   Yes
                 2   No
                 DK/REF

If any 12 month use of prescription stimulants:

STINTROYR1 [IF ST12MON = 1] The next questions ask about using **prescription
stimulants** in any way **a doctor did not direct you to use them**.

When you answer these questions, please think only about your use of the drug in any way **a
doctor did not direct you to use it,** including:

Using it without a prescription of your own
Using it in greater amounts, more often, or longer than you were told to take it

Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

DEFINE STFILL:
STFILL LISTS ALL INDIVIDUAL DRUGS SELECTED IN ST01, ST02, ST03, ST04, ST05, ST06, AND ST07.

USE MULTIPLE COLUMNS AS NEEDED. IF STANYOTH =1 AND STYRCOUNT > 1 THEN ADD "another prescription stimulant" TO THE FILL.

THE FOLLOWING DRUGS SHOULD **NOT** USE INITIAL CAPS WHEN FILLED IN SENTENCE FORMAT:

dextroamphetamine
mixed amphetamine-dextroamphetamine pills
extended-release amphetamine-dextroamphetamine pills
methylphenidate
extended-release methylphenidate
dexmethylphenidate
extended-release dexmethylphenidate
benzphetamine
diethylpropion
phendimetrazine
phentermine

WHEN IMPLEMENTING STFILL, IF 1 OR 2 DRUGS APPEAR IN LIST, FILL IN SENTENCE FORMAT, SEPARATED BY AN "and" BEFORE THE LAST FILL.

IF >2 DRUGS APPEAR IN LIST, FILL IN LIST (IN COLUMNS IF NEEDED) BELOW THE PREVIOUS SENTENCE.

DEFINE STFIRSTFLAG:
STFIRSTFLAG IDENTIFIES THE FIRST STIMULANT USED NONMEDICALLY.
INITIALIZE STFIRSTFLAG TO 0.

STINTROYR2 [IF ST12MON=1 AND STYRCOUNT > 0 AND (STANYOTH NE 1 OR (STANYOTH =1 AND STYRCOUNT > 1))] Earlier, the computer recorded that, in the **past 12 months**, you used [STFILL].

Press Enter to continue.

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE FOR THE INTRO SCREEN

STY01 [IF ST01=1] In the past 12 months, did you use Adderall in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ADDERALL

1   Yes
2   No
DK/REF

STY02 [IF ST01=2] In the past 12 months, did you use Adderall XR in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY03 [IF ST01=3] In the past 12 months, did you use Dexedrine in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY04 [IF ST02=1] In the past 12 months, did you use dextroamphetamine in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

UPDATE STFIRSTFLAG:
IF STFIRSTFLAG=0 AND STY04=1 THEN STFIRSTFLAG=4.

STY04a [IF STFIRSTFLAG=4] Please think about the **first** time you **ever** used dextroamphetamine in a way a doctor did not direct you to use it.

[IF STY04=1] How old were you when you first used dextroamphetamine in a way **a doctor did not direct you to use it**?

AGE: _____ [(RANGE: 1 - 110)]
DK/REF

STY06 [IF ST02=3] In the past 12 months, did you use extended-release amphetamine-dextroamphetamine pills in any way **a doctor did not direct you to use them**?

1   Yes
2   No
DK/REF

STY07 [IF ST03=1] In the past 12 months, did you use Ritalin in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY08 [IF ST03=2] In the past 12 months, did you use Ritalin SR or Ritalin LA in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY09 [IF ST03=3] In the past 12 months, did you use Concerta in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY10 [IF ST03=4] In the past 12 months, did you use Daytrana in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY11 [IF ST04=1] In the past 12 months, did you use Metadate CD in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY12 [IF ST04=2] In the past 12 months, did you use Metadate ER in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY13 [IF ST04=3] In the past 12 months, did you use methylphenidate in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY14 [IF ST04=4] In the past 12 months, did you use extended-release methylphenidate in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY15 [IF ST05=1] In the past 12 months, did you use Focalin in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY16 [IF ST05=2] In the past 12 months, did you use Focalin XR in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY17 [IF ST05=3] In the past 12 months, did you use dexmethylphenidate in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY18 [IF ST05=4] In the past 12 months, did you use extended-release dexmethylphenidate in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY19 [IF ST06=1] In the past 12 months, did you use benzphetamine in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY20 [IF ST06=2] In the past 12 months, did you use Didrex in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY21 [IF ST06=3] In the past 12 months, did you use diethylpropion in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY22 [IF ST06=4] In the past 12 months, did you use phendimetrazine in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY23 [IF ST06=5] In the past 12 months, did you use phentermine in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY24 [IF ST07=1] In the past 12 months, did you use Provigil in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY25 [IF ST07=2] In the past 12 months, did you use Tenuate in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

STY26 [IF ST07=3] In the past 12 months, did you use Vyvanse in any way **a doctor did not direct you to use it**?

1　　Yes
2　　No
DK/REF

STYOTH [IF STANYOTH =1] In the past 12 months, did you use **any** [IF STANYOTH =1 AND STYRCOUNT > 1 FILL "**other**"] prescription stimulant in a way **a doctor did not direct you to use it**?

1　　Yes
2　　No
DK/REF
PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE.

DEFINE STMISCOUNT:
INITIALIZE STMISCOUNT TO 0.
INCREMENT STMISCOUNT BY 1 FOR EVERY RESPONSE OF YES IN STY01- STYOTH.

DEFINE STFILL2:
IF STMISCOUNT < 3 AND STYOTH NE 1 AND STDKREFFLAG =2 THEN STFILL2="[DRUG NAMES FROM STY01-STY26]".
ELSE IF STMISCOUNT=1 AND STYOTH NE 1 AND STDKREFFLAG=1 THEN STFILL2 = "[DRUG NAMES FROM STY01- STY26] or any other prescription stimulant."
ELSE IF STMISCOUNT=2 AND STDKREFFLAG=2 AND STYOTH=1 THEN STFILL2="[DRUG NAME FROM STY01-STY23] and some other prescription stimulant."
ELSE IF STMISCOUNT=2 AND STDKREFFLAG=1 THEN STFILL2="[DRUG NAMES FROM STY01-STY26]". IF STYOTH=1 THEN ADD "some other prescription stimulant" TO THE FILL.
ELSE STFILL2= "prescription stimulants"

Sedatives Main Module

If no 12 month use of prescription sedatives:

SVINTROLIF　　[IF SVLANY = 1] The next question asks about using **prescription sedatives** in any way **a doctor did not direct you to use them**.

When you answer this question, please think only about your use of the drug in any way **a doctor did not direct you to use it,** including:

- Using it without a prescription of your own

- Using it in greater amounts, more often, or longer than you were told to take it
- Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

SVL01 [IF SVLANY =1] Have you ever, even once, used **any prescription sedative** in any way **a doctor did not direct you to use it**?
1   Yes
2   No
DK/REF

If any 12 month use of prescription sedatives:

SVINTROYR1 [IF SV12MON = 1] The next questions ask about using **prescription sedatives** in any way **a doctor did not direct you to use them**.

When you answer these questions, please think only about your use of the drug in any way **a doctor did not direct you to use it,** including:

Using it without a prescription of your own
Using it in greater amounts, more often, or longer than you were told to take it
Using it in **any other way** a doctor did not direct you to use it

Press Enter to continue.

DEFINE SVFILL:
SVFILL LISTS ALL INDIVIDUAL DRUGS SELECTED IN SV01, SV02, SV03, AND SV04.

USE MULTIPLE COLUMNS AS NEEDED. IF SVANYOTH =1 AND SVYRCOUNT > 1, THEN ADD "another prescription sedative" TO THE FILL.

THE FOLLOWING DRUGS SHOULD **NOT** USE INITIAL CAPS WHEN FILLED IN SENTENCE FORMAT:

zolpidem
extended-release zolpidem
eszopiclone
zaleplon
flurazepam
triazolam
temazepam
phenobarbital

WHEN IMPLEMENTING SVFILL, IF 1, OR 2 DRUGS APPEAR IN LIST, FILL IN SENTENCE FORMAT, SEPARATED WITH AN "and" BEFORE THE LAST FILL.

IF >2 DRUGS APPEAR IN LIST, FILL IN LIST (IN COLUMNS IF NEEDED) BELOW THE PREVIOUS SENTENCE.

DEFINE SVFIRSTFLAG:
SVFIRSTFLAG IDENTIFIES THE FIRST SEDATIVE USED NONMEDICALLY.
INITIALIZE SVFIRSTFLAG TO 0.
(SVFIRSTFLAG NEEDS TO BE DEFINED BEFORE THE ROUTING TO SVINTROYR2 OR SVYOTH.)

SVINTROYR2 [IF SV12MON=1 AND (SVANYOTH NE 1 OR (SVANYOTH =1 AND SVYRCOUNT > 1))] Earlier, the computer recorded that, in the **past 12 months**, you used [SVFILL].

Press Enter to continue.

PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE FOR THE INTRO SCREEN

SVY01 [IF SV01=1] In the past 12 months, did you use Ambien in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR AMBIEN

1   Yes
2   No
DK/REF

SVY02 [IF SV01=2] In the past 12 months, did you use Ambien CR in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR AMBIEN CR

1   Yes
2   No
DK/REF

SVY03 [IF SV01=3] In the past 12 months, did you use zolpidem in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR ZOLPIDEM

1   Yes
2   No

DK/REF

SVY04 [IF SV01=4] In the past 12 months, did you use extended-release zolpidem in any way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF

SVY05 [IF SV02=1] In the past 12 months, did you use Lunesta or eszopiclone in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR LUNESTA OR ESZOPICLONE

1   Yes
2   No
DK/REF

SVY06 [IF SV02=2] In the past 12 months, did you use Sonata or zaleplon in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR SONATA OR ZALEPLON

1   Yes
2   No
DK/REF

SVY07 [IF SV03=1] In the past 12 months, did you use Halcion in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR HALCION

1   Yes
2   No
DK/REF

SVY08 [IF SV03=2] In the past 12 months, did you use Restoril in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR RESTORIL

1   Yes
2   No
DK/REF

SVY09 [IF SV03=3] In the past 12 months, did you use flurazepam, also known as Dalmane, in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR FLURAZEPAM

1   Yes
2   No
DK/REF

SVY10 [IF SV03=4] In the past 12 months, did you use temazepam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR TEMAZEPAM

1   Yes
2   No
DK/REF

SVY11 [IF SV03=5] In the past 12 months, did you use triazolam in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR TRIAZOLAM

1   Yes
2   No
DK/REF

SVY12 [IF SV04=1] In the past 12 months, did you use Butisol in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR BUTISOL

1   Yes
2   No
DK/REF
SVY13 [IF SV04=2] In the past 12 months, did you use Seconal in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR SECONAL

1   Yes
2   No
DK/REF

SVY14 [IF SV04=3] In the past 12 months, did you use phenobarbital in any way **a doctor did not direct you to use it**?

DISPLAY IMAGE FOR PHENOBARBITAL

1   Yes
2   No
DK/REF

SVYOTH [IF SVANYOTH =1] In the past 12 months, did you use **any** [IF SVANYOTH =1 AND SVYRCOUNT > 1 FILL "**other**"] prescription sedative in a way **a doctor did not direct you to use it**?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW CALENDAR WITH 12-MONTH REFERENCE DATE

DEFINE SVMISCOUNT:
INITIALIZE SVMISCOUNT TO 0.
INCREMENT SVMISCOUNT BY 1 FOR EVERY RESPONSE OF YES IN SVY01-SVYOTH.

DEFINE SVFILL2:
IF SVMISCOUNT < 3 AND SVYOTH NE 1 AND SVDKREFFLAG =2 THEN SVFILL2="[DRUG NAMES FROM SVY01-SVY14]".
ELSE IF SVMISCOUNT=1 AND SVYOTH NE 1 AND SVDKREFFLAG=1 THEN SVFILL2 = "[DRUG NAMES FROM SVY01-SVY14] or any other prescription sedative."
ELSE IF SVMISCOUNT=2 AND SVDKREFFLAG=2 AND SVYOTH=1 THEN SVFILL2="[DRUG NAME FROM SVY01-SVY14] and some other prescription sedative."
ELSE IF SVMISCOUNT=2 AND SVDKREFFLAG=1 THEN SVFILL2="[DRUG NAMES FROM SVY01-SVY14]". IF SVYOTH=1 THEN ADD "some other prescription sedative" TO THE FILL.

Definitions for Use in the Drugs Module 2

DEFINE PAI12MON:
IF PRY01 = 1 OR PRY02 = 1 OR PRY03 = 1 OR PRY04 = 1 OR PRY05 = 1 OR PRY06 = 1 OR PRY07 =1 OR PRY08 = 1 OR PRY09 = 1 OR PRY10 = 1 OR PRY11 = 1 OR PRY12 = 1 OR PRY13 = 1 OR PRY14 =1 OR PRY15 = 1 OR PRY16 = 1 OR PRY17 = 1 OR PRY18 = 1 OR PRY19 = 1 OR PRY20 = 1 OR PRY21 = 1 OR PRY22 = 1 OR PRY23 = 1 OR PRY24 = 1 OR PRY25 = 1 OR PRY26 = 1 OR PRY27 = 1 OR PRY28 = 1 OR PRY29 = 1 OR PRY30 = 1 OR PRY 31 = 1 OR PRY32 = 1 OR PRY33 = 1 OR PRY34 = 1 OR PRY 35 = 1 OR PRY36 = 1 OR PRY37 = 1 OR PRYOTH = 1, THEN PAI12MON = 1
ELSE PAI12MON = 2

DEFINE TRA12MON:

IF TRY01 = 1 OR TRY02 = 1 OR TRY03 = 1 OR TRY04 = 1 OR TRY05 = 1 OR TRY06 = 1 OR TRY07 = 1 OR TRY08 = 1 OR TRY09 = 1 OR TRY10 = 1 OR TRY11 = 1 OR TRY12 = 1 OR TRY13 = 1 OR TRY14 = 1 OR TRY15 = 1 OR TRYOTH = 1, THEN TRA12MON = 1 ELSE TRA12MON = 2

DEFINE STI12MON:
IF STY01 = 1 OR STY02 = 1 OR STY03 = 1 OR STY04 = 1 OR STY05 = 1 OR STY06 = 1 OR STY07 = 1 OR STY08 = 1 OR STY09 = 1 OR STY10 = 1 OR STY11 = 1 OR STY12 = 1 OR STY13 = 1 OR STY14 = 1 OR STY15 = 1 OR STY16 = 1 OR STY17 = 1 OR STY18 = 1 OR STY19 = 1 OR STY20 = 1 OR STY21 = 1 OR STY22 = 1 OR STY23 = 1 OR STY24 = 1 OR STY25 = 1 OR STY26 = 1 OR STYOTH = 1, THEN STI12MON= 1 ELSE STI12MON = 2

DEFINE SED12MON
IF SVY01 = 1 OR SVY02 = 1 OR SVY03 = 1 OR SVY04 = 1 OR SVY05 = 1 OR SVY06 = 1 OR SVY07 = 1 OR SVY08 = 1 OR SVY09 = 1 OR SVY10 = 1 OR SVY11 = 1 OR SVY12 = 1 OR SVY13 = 1 OR SVY14 = 1 OR SVYOTH = 1, THEN SED12MON = 1 ELSE SED12MON = 2

CHECKPOINT2: IF (ALC12MON = 4 AND MAR12MON = 4 AND COC12MON = 2 AND HAL12MON=2 AND INH12MON=2 AND HER12MON = 2 AND MET12MON = 2 AND PAI12MON = 2 AND TRA12MON = 2 AND STI12MON = 2 AND SED12MON = 2), GO TO PENTER1.

COGINTRO Please stop and let the interviewer know that you have completed this section. The interviewer will provide you with additional instructions.

Enter 3-letter code to continue.

Begin Cognitive Testing

COGINTRO Please stop and let the interviewer know that you have completed this section. The interviewer will provide you with additional instructions.

Enter 3-letter code to continue.

Substance Dependence and Abuse

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

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

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

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

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

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

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

DRALC07 [IF DRALCO6 = 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

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

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

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

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

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

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
```

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
```

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
```

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

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

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

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

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	◯ 1	◯ 2
DRALC22_2 Having your hands tremble	◯ 1	◯ 2
DRALC22_3 Having trouble sleeping	◯ 1	◯ 2
DRALC22_4 Vomiting or having an upset stomach	◯ 1	◯ 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

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.

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	◯ 1	◯ 2
DRALC24_2 Prescription sedatives, tranquilizers, sleeping pills, or downers	◯ 1	◯ 2
DRALC24_3 Something else	◯ 1	◯ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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?

_____

DK/REF

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.

(IF MAR12MON = 4, SKIP TO DRCC)

DRMJ01 During the past 12 months, did you spend a great deal of your time using **marijuana or hashish,** feeling their effects, or getting over the effects of marijuana?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ02 [IF DRMJ01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **marijuana or hashish**?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ03 During the past 12 months, were there **many times** when you ended up using **marijuana or hashish** in larger amounts or for a longer time than you meant to?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ04 During the past 12 months, were there times when you wanted to use **marijuana or hashish** so badly that you couldn't think of anything else?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ05 [IF DRMJ04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to use **marijuana or hashish**?

1   Yes
         2   No
         DK/REF
         PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ06 During the past 12 months, did you need to use a lot more **marijuana or hashish** than you used to in order to get the feeling you wanted?

         1   Yes
         2   No
         DK/REF
         PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ07 [IF DRMJO6 = 2 OR DK/REF] During the past 12 months, did using the same amount of **marijuana or hashish** have much less effect on you than it used to?

         1   Yes
         2   No
         DK/REF
         PROGRAMMER: SHOW 12 MONTH CALENDAR

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

         1   Yes
         2   No
         DK/REF
         PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ09 [IF DRMJ08 = 2 OR DK/REF] During the past 12 months, did you **try to** cut down or stop using **marijuana or hashish**?

         1   Yes
         2   No
         DK/REF
         PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ10a [IF DRMJ09 = 1] In the past 12 months, were you able to cut down or stop using **marijuana or hashish** every time you tried?

         1   Yes
         2   No
         DK/REF
         PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ10b [IF DRMJ0a = 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 **marijuana or hashish**?

         1   Yes

2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ11 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 **marijuana or hashish**?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ12 [IF DRMJ11 = 1]: Did you continue to use **marijuana or hashish** even though it was causing these physical health problems or making them worse?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ13 [IF DRMJ11 = 2 OR DK/REF OR DRMJ12 = 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 **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 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

DRMJ17 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 use of **marijuana or hashish**?

1   Yes

2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ18 Sometimes people who use **marijuana or hashish** 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 use of **marijuana or hashish**?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ19 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 use of **marijuana or hashish**?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ20 [IF DRMJ19 = 1]: Did you continue to use **marijuana or hashish** even though it often caused arguments or problems with family or friends?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ21 During the past 12 months, did you repeatedly get into situations where using **marijuana or hashish** increased your chances of getting physically hurt?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ22a People may experience withdrawal symptoms when they use less or stop using **marijuana or hashish**.

During the past 12 months, did you have the following withdrawal symptoms after you used less or stopped using **marijuana or hashish** for a while?

	Yes	No
DRMJ22_1 Feeling irritable or angry	◯ 1	◯ 2
DRMJ22_2 Feeling anxious or nervous	◯ 1	◯ 2
DRMJ22_3 Having trouble sleeping	◯ 1	◯ 2
DRMJ22_4 Losing your appetite or losing weight without trying to	◯ 1	◯ 2
DRMJ22_5 Feeling like you couldn't sit still	◯ 1	◯ 2
DRMJ22_6 Feeling depressed	◯ 1	◯ 2

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ22b During the past 12 months, did you have the following withdrawal symptoms after you used less or stopped using **marijuana or hashish** for a while?

	Yes	No
DRMJ22_7 Stomach ache	◯ 1	◯ 2
DRMJ22_8 Shaking or tremors	◯ 1	◯ 2
DRMJ22_9 Sweating	◯ 1	◯ 2
DRMJ22_10 Fever	◯ 1	◯ 2
DRMJ22_11 Chills	◯ 1	◯ 2
DRMJ22_12 Headache	◯ 1	◯ 2

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ23 During the past 12 months, did you use marijuana, hashish or another cannabis product to get over or avoid having **marijuana or hashish** 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.

DRMJ24 [IF DRMJ23=1] Did you use any of the following to get over or avoid having **marijuana or hashish** withdrawal symptoms during the past 12 months?

	Yes	No
DRMJ24_1 Marijuana or hashish	◯ 1	◯ 2

DRMJ24_2 Something else ◯ 1 ◯ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ25 [IF DRMJ24_2=1] You indicated that you took something else to get over or avoid having **marijuana or hashish** withdrawal symptoms during the past 12 months. What did you take?

_____

DK/REF

Cocaine

DRCC [IF COC12MON = 1] Think about your use of **cocaine, including the form of cocaine called 'crack'** during the past 12 months as you answer these next questions.

Press [ENTER] to continue.

(IF COC12MON = 2, SKIP TO DRHE)

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

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

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

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

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

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

DRCC07 [IF DRCCO6 = 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

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

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

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

DRCC10b [IF DRCC0a = 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

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

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

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

        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 use of **cocaine**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

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 use of **cocaine**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

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 use of **cocaine**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

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

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

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

	Yes	No
DRCC22_1 Feeling tired or exhausted	◯ 1	◯ 2
DRCC22_2 Having bad dreams	◯ 1	◯ 2
DRCC22_3 Having trouble sleeping or sleeping more than you normally do	◯ 1	◯ 2
DRCC22_4 Feeling hungry more often	◯ 1	◯ 2
DRCC22_5 Feeling either very slowed down or like you couldn't sit still	◯ 1	◯ 2

> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

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.

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	◯ 1	◯ 2
DRCC24_2 Methamphetamine		
DRCC24_3 Prescription stimulants or uppers		
DRCC24_4 Something else	◯ 1	◯ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC25 [IF DRCC24_4=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?

_____

DK/REF

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.

(IF HER12MON = 2, SKIP TO DRLS)

DRHE01 During the past 12 months, did you spend a great deal of your time using **heroin,** feeling its effects, or getting over the effects of heroin?

                    1   Yes
                    2   No
                    DK/REF
                    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE02 [IF DRHE01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **heroin**?

                    1   Yes
                    2   No
                    DK/REF
                    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE03 During the past 12 months, were there **many times** when you ended up using **heroin** in larger amounts or for a longer time than you meant to?

                    1   Yes
                    2   No
                    DK/REF
                    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE04 During the past 12 months, were there times when you wanted to use **heroin** so badly that you couldn't think of anything else?

                    1   Yes
                    2   No
                    DK/REF

DRHE05 [IF DRHE04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to use **heroin**?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE06 During the past 12 months, did you need to use a lot more **heroin** than you used to in order to get the feeling you wanted?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE07 [IF DRHEO6 = 2 OR DK/REF] During the past 12 months, did using the same amount of **heroin** have much less effect on you than it used to?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE08 During the past 12 months, did you often **want to** cut down or stop using **heroin?**

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE09 [IF DRHE08 = 2 OR DK/REF] During the past 12 months, did you **try to** cut down or stop using **heroin**?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE10a [IF DRHE09 = 1] In the past 12 months, were you able to cut down or stop using **heroin** every time you tried?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE10b [IF DRHE0a = 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 **heroin**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE11 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 **heroin**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE12 [IF DRHE11 = 1]: Did you continue to use **heroin** even though it was causing these physical health problems or making them worse?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE13 [IF DRHE11 = 2 OR DK/REF OR DRHE12 = 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 **heroin**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE14 [IF DRHE13 = 1]: Did you continue to use **heroin** 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

DRHE17 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 use of **heroin**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE18 Sometimes people who use **heroin** 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 use of **heroin**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE19 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 use of **heroin**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE20 [IF DRHE19 = 1]: Did you continue to use **heroin** even though it often caused arguments or problems with family or friends?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE21 During the past 12 months, did you repeatedly get into situations where using **heroin** increased your chances of getting physically hurt?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE22 People may experience withdrawal symptoms when they use less or stop using **heroin**.

During the past 12 months, did you have the following withdrawal symptoms after you used less or stopped using **heroin** for a while?

	Yes	No
DRHE22_1 Feeling kind of blue or down	◯ 1	◯ 2
DRHE22_2 Vomiting or feeling nauseous	◯ 1	◯ 2
DRHE22_3 Having cramps or muscle aches	◯ 1	◯ 2
DRHE22_4 Having teary eyes or a runny nose	◯ 1	◯ 2
DRHE22_5 Feeling sweaty, having enlarged eye pupils, or having body hair standing up on your skin	◯ 1	◯ 2
DRHE22_6 Having diarrhea	◯ 1	◯ 2
DRHE22_7 Yawning	◯ 1	◯ 2
DRHE22_8 Having a fever	◯ 1	◯ 2
DRHE22_9 Having trouble sleeping	◯ 1	◯ 2

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE23 During the past 12 months, did you use heroin or another drug to get over or avoid having **heroin** 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.

DRHE24 [IF DRHE23=1] Did you use any of the following to get over or avoid having **heroin** withdrawal symptoms during the past 12 months?

	Yes	No
DRHE24_1 Heroin	◯ 1	◯ 2
DRHE24_2 Prescription pain relievers	◯ 1	◯ 2
DRHE24_3 Something else	◯ 1	◯ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE25 [IF DRHE24_3=1] You indicated that you took something else to get over or avoid having **heroin** withdrawal symptoms during the past 12 months. What did you take?

_____

DK/REF

Hallucinogens

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.

(IF HAL12MON = 2, SKIP TO DRIN)

DRLS01 During the past 12 months, did you spend a great deal of your time using **hallucinogens,** feeling their effects, or getting over the effects of hallucinogens?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS02 [IF DRLS01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **hallucinogens**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS03 During the past 12 months, were there **many times** when you ended up using **hallucinogens** in larger amounts or for a longer time than you meant to?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS04 During the past 12 months, were there times when you wanted to use **hallucinogens** so badly that you couldn't think of anything else?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS05 [IF DRLS04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to use **hallucinogens**?

> 1 Yes
> 2 No

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS06 During the past 12 months, did you need to use a lot more **hallucinogens** than you used to in order to get the feeling you wanted?

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS07 [IF DRLSO6 = 2 OR DK/REF] During the past 12 months, did using the same amount of **hallucinogens** have much less effect on you than it used to?

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS08 During the past 12 months, did you often **want to** cut down or stop using **hallucinogens?**

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS09 ~~[IF DRLS08 = 2 OR DK/REF]~~ During the past 12 months, did you **try to** cut down or stop using **hallucinogens**?

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS10a [IF DRLS09 = 1] In the past 12 months, were you able to cut down or stop using **hallucinogens** every time you tried?

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS10b [IF DRLS0a = 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 **hallucinogens**?

       1   Yes
       2   No
       DK/REF

DRLS11 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 **hallucinogens**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS12 [IF DRLS11 = 1]: Did you continue to use **hallucinogens** even though it was causing these physical health problems or making them worse?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS13 [IF DRLS11 = 2 OR DK/REF OR DRLS12 = 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 **hallucinogens**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS14 [IF DRLS13 = 1]: Did you continue to use **hallucinogens** 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

DRLS17 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 use of **hallucinogens**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS18 Sometimes people who use **hallucinogens** 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 use of **hallucinogens**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS19 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 use of **hallucinogens**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS20 [IF DRLS19 = 1]: Did you continue to use **hallucinogens** even though it often caused arguments or problems with family or friends?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS21 During the past 12 months, did you repeatedly get into situations where using **hallucinogens** increased your chances of getting physically hurt?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

Inhalants

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.

(IF INH12MON = 2, SKIP TO DRME)

DRIN01 During the past 12 months, did you spend a great deal of your time using **inhalants,** feeling their effects, or getting over the effects of inhalants?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN02 [IF DRIN01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **inhalants**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN03 During the past 12 months, were there **many times** when you ended up using **inhalants** in larger amounts or for a longer time than you meant to?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN04 During the past 12 months, were there times when you wanted to use **inhalants** so badly that you couldn't think of anything else?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN05 [IF DRIN04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to use **inhalants**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN06 During the past 12 months, did you need to use a lot more **inhalants** than you used to in order to get the feeling you wanted?

> 1 Yes
> 2 No
> DK/REF

DRIN07 [IF DRINO6 = 2 OR DK/REF] During the past 12 months, did using the same amount of **inhalants** have much less effect on you than it used to?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN08 During the past 12 months, did you often **want to** cut down or stop using **inhalants?**

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN09 [IF DRIN08 = 2 OR DK/REF] During the past 12 months, did you **try to** cut down or stop using **inhalants**?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN10a [IF DRIN09 = 1] In the past 12 months, were you able to cut down or stop using **inhalants** every time you tried?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN10b [IF DRIN0a = 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 **inhalants**?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN11 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 **inhalants**?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN12 [IF DRIN11 = 1]: Did you continue to use **inhalants** even though it was causing these physical health problems or making them worse?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN13 [IF DRIN11 = 2 OR DK/REF OR DRIN12 = 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 **inhalants**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN14 [IF DRIN13 = 1]: Did you continue to use **inhalants** 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

DRIN17 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 use of **inhalants**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN18 Sometimes people who use **inhalants** 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 use of **inhalants**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN19 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 use of **inhalants**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN20 [IF DRIN19 = 1]: Did you continue to use **inhalants** even though it often caused arguments or problems with family or friends?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN21 During the past 12 months, did you repeatedly get into situations where using **inhalants** increased your chances of getting physically hurt?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

Methamphetamine
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.

(IF MET12MON = 2, SKIP TO DRPR)

DRME01 During the past 12 months, did you spend a great deal of your time using **methamphetamine,** feeling its effects, or getting over the effects of methamphetamine?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME02 [IF DRME01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **methamphetamine**?

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME03 During the past 12 months, were there **many times** when you ended up using **methamphetamine** in larger amounts or for a longer time than you meant to?

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME04 During the past 12 months, were there times when you wanted to use **methamphetamine** so badly that you couldn't think of anything else?

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME05 [IF DRME04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to use **methamphetamine**?

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME06 During the past 12 months, did you need to use a lot more **methamphetamine** than you used to in order to get the feeling you wanted?

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME07 [IF DRMEO6 = 2 OR DK/REF] During the past 12 months, did using the same amount of **methamphetamine** have much less effect on you than it used to?

       1   Yes
       2   No
       DK/REF
       PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME08 During the past 12 months, did you often **want to** cut down or stop using **methamphetamine?**

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME09 [IF DRME08 = 2 OR DK/REF] During the past 12 months, did you **try to** cut down or stop using **methamphetamine**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME10a [IF DRME09 = 1] In the past 12 months, were you able to cut down or stop using **methamphetamine** every time you tried?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME10b [IF DRNE0a = 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 **methamphetamine**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME11 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 **methamphetamine**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME12 [IF DRME11 = 1]: Did you continue to use **methamphetamine** even though it was causing these physical health problems or making them worse?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME13 ~~[IF DRME11 = 2 OR DK/REF OR DRME12 = 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 **methamphetamine**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME14 [IF DRME13 = 1]: Did you continue to use **methamphetamine** 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

DRME17 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 use of **methamphetamine**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME18 Sometimes people who use **methamphetamine** 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 use of **methamphetamine**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME19 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 use of **methamphetamine**?

    1 Yes
    2 No
    DK/REF
    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME20 [IF DRME19 = 1]: Did you continue to use **methamphetamine** even though it often caused arguments or problems with family or friends?

    1 Yes
    2 No
    DK/REF
    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME21 During the past 12 months, did you repeatedly get into situations where using **methamphetamine** increased your chances of getting physically hurt?

    1 Yes
    2 No
    DK/REF
    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME22a People may experience withdrawal symptoms when they use less or stop using **methamphetamine**.

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

    1 Yes
    2 No
    DK/REF
    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME22b [IF DRME22a=1] During the past 12 months, did you have the following withdrawal symptoms after you used less or stopped using **methamphetamine** for a while?

	Yes	No
DRME22_1 Feeling tired or exhausted	1	2
DRME22_2 Having bad dreams	1	2
DRME22_3 Having trouble sleeping or sleeping more than you normally do	1	2
DRME22_4 Feeling hungry more often	1	2

DRME22_5 Feeling either very slowed down or
like you couldn't sit still   ○ 1   ○ 2
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME23 During the past 12 months, did you use methamphetamine or another drug to get over or avoid having **methamphetamine** 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.

DRME24 [IF DRME23=1] Did you use any of the following to get over or avoid having **methamphetamine** withdrawal symptoms during the past 12 months?

	Yes	No
DRME24_1 Methamphetamine	○ 1	○ 2
DRME24_2 Cocaine or crack	○ 1	○ 2
DRME24_3 Prescription stimulants or uppers	○ 1	○ 2
DRME24_4 Something else	○ 1	○ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME25 [IF DRME24_4=1] You indicated that you took something else to get over or avoid having **methamphetamine** withdrawal symptoms during the past 12 months. What did you take?

_____

DK/REF
Rx Drugs
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.

(IF PAI12MON = 2, SKIP TO DRTR)

DRPR01 During the past 12 months, did you spend a great deal of your time using **prescription pain relievers,** feeling their effects, or getting over the effects of prescription pain relievers?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR02 [IF DRPR01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **prescription pain relievers**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR03 During the past 12 months, were there **many times** when you ended up using **prescription pain relievers** in larger amounts or for a longer time than you meant to?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR04 During the past 12 months, were there times when you wanted to use **prescription pain relievers** so badly that you couldn't think of anything else?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR05 [IF DRPR04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to use **prescription pain relievers**?

> 1   Yes

2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR06 During the past 12 months, did you need to use a lot more **prescription pain relievers** than you used to in order to get the feeling you wanted?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR07 [IF DRPRO6 = 2 OR DK/REF] During the past 12 months, did using the same amount of **prescription pain relievers** have much less effect on you than it used to?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR08 During the past 12 months, did you often **want to** cut down or stop using **prescription pain relievers?**

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR09 [IF DRPR08 = 2 OR DK/REF] During the past 12 months, did you **try to** cut down or stop using **prescription pain relievers**?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR10a [IF DRPR09 = 1] In the past 12 months, were you able to cut down or stop using **prescription pain relievers** every time you tried?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR10b [IF DRPR0a = 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 **prescription pain relievers**?

1   Yes
2   No

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR11 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 **prescription pain relievers**?

    1   Yes
    2   No
    DK/REF
    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR12 [IF DRPR11 = 1]: Did you continue to use **prescription pain relievers** even though it was causing these physical health problems or making them worse?

    1   Yes
    2   No
    DK/REF
    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR13 [IF DRPR11 = 2 OR DK/REF OR DRPR12 = 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 **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 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

DRPR17 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 use of **prescription pain relievers**?

    1   Yes
    2   No

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR18 Sometimes people who use **prescription pain relievers** 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 use of **prescription pain relievers**?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR19 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 use of **prescription pain relievers**?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR20 [IF DRPR19 = 1]: Did you continue to use **prescription pain relievers** even though it often caused arguments or problems with family or friends?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR21 During the past 12 months, did you repeatedly get into situations where using **prescription pain relievers** increased your chances of getting physically hurt?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR22 People may experience withdrawal symptoms when they use less or stop using **prescription pain relievers**.

During the past 12 months, did you have the following withdrawal symptoms after you used less or stopped using **prescription pain relievers** for a while?

	Yes	No
DRPR22_1 Feeling kind of blue or down	◯ 1	◯ 2
DRPR22_2 Vomiting or feeling nauseous	◯ 1	◯ 2
DRPR22_3 Having cramps or muscle aches	◯ 1	◯ 2
DRPR22_4 Having teary eyes or a runny nose	◯ 1	◯ 2
DRPR22_5 Feeling sweaty, having enlarged eye pupils, or having body hair standing up on your skin	◯ 1	◯ 2
DRPR22_6 Having diarrhea	◯ 1	◯ 2
DRPR22_7 Yawning	◯ 1	◯ 2
DRPR22_8 Having a fever	◯ 1	◯ 2
DRPR22_9 Having trouble sleeping	◯ 1	◯ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR23 During the past 12 months, did you use prescription pain relievers or another drug to get over or avoid having **prescription pain reliever** 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.

DRPR24 [IF DRPR23=1] Did you use any of the following to get over or avoid having **prescription pain reliever** withdrawal symptoms during the past 12 months?

	Yes	No
DRPR24_1 Prescription pain relievers	◯ 1	◯ 2
DRPR24_2 Heroin	◯ 1	◯ 2
DRPR24_3 Something else	◯ 1	◯ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR25 [IF DRPR24_3=1] You indicated that you took something else to get over or avoid having **prescription pain reliever** withdrawal symptoms during the past 12 months. What did you take?

_____

DK/REF

DRTR [IF TRA12MON = 1] Think about your use of **prescription tranquilizers** during the past 12 months as you answer these next questions. Remember, we are only interested in **prescription tranquilizers** that you used in any way a doctor did not direct you to.

Earlier the computer recorded that in the **past 12 months** you used [IF TRMISCOUNT=1 FILL TRFILL2][IF TRMISCOUNT>=2 FILL WITH "the tranquilizers listed below"] in a way **a doctor did not direct you to use [TRNUMFILL].**

[IF TRMISCOUNT >=2 FILL WITH DRUG NAMES FROM TRY01- 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 >=2 FILL WITH "these as prescription tranquilizers"].

Press [ENTER] to continue.

(IF TRA12MON = 2, SKIP TO DRST)

DRTR01 During the past 12 months, did you spend a great deal of your time using **prescription tranquilizers,** feeling their effects, or getting over the effects of prescription tranquilizers?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR02 [IF DRTR01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **prescription tranquilizers**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR03 During the past 12 months, were there **many times** when you ended up using **prescription tranquilizers** in larger amounts or for a longer time than you meant to?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR04 During the past 12 months, were there times when you wanted to use **prescription tranquilizers** so badly that you couldn't think of anything else?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR05 [IF DRTR04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to use **prescription tranquilizers**?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR06 During the past 12 months, did you need to use a lot more **prescription tranquilizers** than you used to in order to get the feeling you wanted?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR07 [IF DRTRO6 = 2 OR DK/REF] During the past 12 months, did using the same amount of **prescription tranquilizers** have much less effect on you than it used to?

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR08 During the past 12 months, did you often **want to** cut down or stop using **prescription tranquilizers?**

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1   Yes
2   No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR10a [IF DRTR09 = 1] In the past 12 months, were you able to cut down or stop using **prescription tranquilizers** every time you tried?

1   Yes
2   No

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR10b [IF DRTR0a = 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 **prescription tranquilizers**?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR11 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 **prescription tranquilizers**?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR12 [IF DRTR11 = 1]: Did you continue to use **prescription tranquilizers** even though it was causing these physical health problems or making them worse?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR13 [IF DRTR11 = 2 OR DK/REF OR DRTR12 = 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 **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 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

DRTR17 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 use of **prescription tranquilizers**?

    1   Yes
    2   No
    DK/REF
    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR18 Sometimes people who use **prescription tranquilizers** 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 use of **prescription tranquilizers**?

    1   Yes
    2   No
    DK/REF
    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR19 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 use of **prescription tranquilizers**?

    1   Yes
    2   No
    DK/REF
    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR20 [IF DRTR19 = 1]: Did you continue to use **prescription tranquilizers** even though it often caused arguments or problems with family or friends?

    1   Yes
    2   No
    DK/REF
    PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR21 During the past 12 months, did you repeatedly get into situations where using **prescription tranquilizers** increased your chances of getting physically hurt?

    1   Yes
    2   No
    DK/REF

DRTR22 People may experience withdrawal symptoms when they use less or stop using **prescription tranquilizers**.

During the past 12 months, did you have the following withdrawal symptoms after you used less or stopped using **prescription tranquilizers** for a while?

	Yes	No
DRTR22_1 Sweating or feeling that your heart was beating fast	◯ 1	◯ 2
DRTR22_2 Having your hands tremble	◯ 1	◯ 2
DRTR22_3 Having trouble sleeping	◯ 1	◯ 2
DRTR22_4 Vomiting or having an upset stomach	◯ 1	◯ 2
DRTR22_5 Seeing, hearing, or feeling things that weren't really there	◯ 1	◯ 2
DRTR22_6 Feeling like you couldn't sit still	◯ 1	◯ 2
DRTR22_7 Feeling anxious	◯ 1	◯ 2
DRTR22_8 Having seizures or fits	◯ 1	◯ 2

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR23 During the past 12 months, did you use prescription tranquilizers or another drug to get over or avoid having **prescription tranquilizer** 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.

DRTR24 [IF DRTR23=1] Did you use any of the following to get over or avoid having **prescription tranquilizer** withdrawal symptoms during the past 12 months?

	Yes	No
DRTR24_1 Prescription tranquilizers, sedatives, downers, or sleeping pills	◯ 1	◯ 2
DRTR24_2 Alcohol	◯ 1	◯ 2
DRTR24_3 Something else	◯ 1	◯ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR25 [IF DRTR24_3=1] You indicated that you took something else to get over or avoid having **prescription tranquilizer** withdrawal symptoms during the past 12 months. What did you take?

_____

DK/REF

DRST [IF ST12MON = 1] Think about your use of **prescription stimulants** during the past 12 months as you answer these next questions. Remember, we are only interested in **prescription stimulants** that you used in any way a doctor did not direct you to.

Earlier the computer recorded that in the **past 12 months** you used [IF STMISCOUNT =1 FILL STFILL2][IF STMISCOUNT >=2 FILL WITH "the stimulants listed below"] in a way **a doctor did not direct you to use [STNUMFILL].**

[IF STMISCOUNT >=2 FILL WITH DRUG NAMES FROM STY01-STY26 BELOW. USE MULTIPLE COLUMNS AS NEEDED. IF STYOTH = 1, ADD "Some other prescription stimulant".]

The next questions refer to [IF STYOTH NE 1 AND STMISCOUNT =1 FILL STFILL2 as a prescription stimulant; IF STYOTH = 1 AND STMISCOUNT =1 FILL WITH "this other prescription stimulant"; IF STMISCOUNT >=2 FILL WITH "these as prescription stimulants"].

Press [ENTER] to continue.

(IF ST12MON = 2, SKIP TO DRSV)

DRST01 During the past 12 months, did you spend a great deal of your time using **prescription stimulants,** feeling their effects, or getting over the effects of prescription stimulants?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST02 [IF DRST01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **prescription stimulants**?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST03 During the past 12 months, were there **many times** when you ended up using **prescription stimulants** in larger amounts or for a longer time than you meant to?

1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST04 During the past 12 months, were there times when you wanted to use **prescription stimulants** so badly that you couldn't think of anything else?

  1 Yes
  2 No
  DK/REF
  PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST05 [IF DRST04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to use **prescription stimulants**?

  1 Yes
  2 No
  DK/REF
  PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST06 During the past 12 months, did you need to use a lot more **prescription stimulants** than you used to in order to get the feeling you wanted?

  1 Yes
  2 No
  DK/REF
  PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST07 [IF DRSTO6 = 2 OR DK/REF] During the past 12 months, did using the same amount of **prescription stimulants** have much less effect on you than it used to?

  1 Yes
  2 No
  DK/REF
  PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST08 During the past 12 months, did you often **want to** cut down or stop using **prescription stimulants?**

  1 Yes
  2 No
  DK/REF
  PROGRAMMER: SHOW 12 MONTH CALENDAR

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

  1 Yes

2   No
                DK/REF
                PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST10a [IF DRST09 = 1] In the past 12 months, were you able to cut down or stop using **prescription stimulants** every time you tried?

                1   Yes
                2   No
                DK/REF
                PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST10b [IF DRST0a = 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 **prescription stimulants**?

                1   Yes
                2   No
                DK/REF
                PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST11 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 **prescription stimulants**?

                1   Yes
                2   No
                DK/REF
                PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST12 [IF DRST11 = 1]: Did you continue to use **prescription stimulants** even though it was causing these physical health problems or making them worse?

                1   Yes
                2   No
                DK/REF
                PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST13 [IF DRST11 = 2 OR DK/REF OR DRST12 = 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 **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 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

DRST17 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 use of **prescription stimulants**?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST18 Sometimes people who use **prescription stimulants** 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 use of **prescription stimulants**?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST19 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 use of **prescription stimulants**?

        1   Yes
        2   No
        DK/REF
        PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST20 [IF DRST19 = 1]: Did you continue to use **prescription stimulants** even though it often caused arguments or problems with family or friends?

        1   Yes
        2   No

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST21 During the past 12 months, did you repeatedly get into situations where using **prescription stimulants** increased your chances of getting physically hurt?

      1   Yes
      2   No
      DK/REF
      PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST22a People may experience withdrawal symptoms when they use less or stop using **prescription stimulants**.

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

      1   Yes
      2   No
      DK/REF
      PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST22b [IF DRST22a=1] During the past 12 months, did you have the following withdrawal symptoms after you used less or stopped using **prescription stimulants** for a while?

	Yes	No
DRST22_1 Feeling tired or exhausted	◯ 1	◯ 2
DRST22_2 Having bad dreams	◯ 1	◯ 2
DRST22_3 Having trouble sleeping or sleeping more than you normally do	◯ 1	◯ 2
DRST22_4 Feeling hungry more often	◯ 1	◯ 2
DRST22_5 Feeling either very slowed down or like you couldn't sit still	◯ 1	◯ 2

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST23 During the past 12 months, did you use prescription stimulants or another drug to get over or avoid having **prescription stimulant** withdrawal symptoms?

      1   Yes
      2   No
      DK/REF

DRST24 [IF DRST23=1] Did you use any of the following to get over or avoid having **prescription stimulant** withdrawal symptoms during the past 12 months?

	Yes	No
DRST24_1 Prescription stimulants or uppers	◯ 1	◯ 2
DRST24_2 Cocaine or crack	◯ 1	◯ 2
DRST24_3 Methamphetamine	◯ 1	◯ 2
DRST24_4 Something else	◯ 1	◯ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST25 [IF DRST24_4=1] You indicated that you took something else to get over or avoid having **prescription stimulant** withdrawal symptoms during the past 12 months. What did you take?

_____

DK/REF

DRSV   [IF SV12MON = 1] Think about your use of **prescription sedatives** during the past 12 months as you answer these next questions. Remember, we are only interested in **prescription sedatives** that you used in any way a doctor did not direct you to.

Earlier the computer recorded that in the **past 12 months** you used [IF SVMISCOUNT =1 FILL SVFILL2][IF SVMISCOUNT >=2 FILL WITH "the sedatives listed below"] in a way **a doctor did not direct you to use [SVNUMFILL].**

[IF SVMISCOUNT >= 2 FILL WITH DRUG NAMES FROM SVY01-SVY14 BELOW. USE MULTIPLE COLUMNS AS NEEDED. IF SVYOTH = 1, ADD "Some other prescription sedative".]

The next questions refer to [IF SVYOTH NE 1 AND SVMISCOUNT =1 FILL SVFILL2 as a prescription sedative; IF SVYOTH = 1 AND SVMISCOUNT =1 FILL WITH "this other prescription sedative"; IF SVMISCOUNT >=2 FILL WITH "these as prescription sedatives"].

Press [ENTER] to continue.

(IF SV12MON = 2, SKIP TO PENTER1)

DRSV01 During the past 12 months, did you spend a great deal of your time using **prescription sedatives,** feeling their effects, or getting over the effects of prescription sedatives?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV02 [IF DRSV01=1 OR DK/REF] During the past 12 months, did you spend a great deal of your time getting or trying to get **prescription sedatives**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV03 During the past 12 months, were there **many times** when you ended up using **prescription sedatives** in larger amounts or for a longer time than you meant to?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV04 During the past 12 months, were there times when you wanted to use **prescription sedatives** so badly that you couldn't think of anything else?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV05 [IF DRSV04 = 2 OR DK/REF] During the past 12 months, were there times when you had a **strong urge** to use **prescription sedatives**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV06 During the past 12 months, did you need to use a lot more **prescription sedatives** than you used to in order to get the feeling you wanted?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV07 ~~[IF DRSVO6 = 2 OR DK/REF]~~ During the past 12 months, did using the same amount of **prescription sedatives** have much less effect on you than it used to?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV08 During the past 12 months, did you often **want to** cut down or stop using **prescription sedatives?**

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV09 ~~[IF DRSV08 = 2 OR DK/REF]~~ During the past 12 months, did you **try to** cut down or stop using **prescription sedatives**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV10a [IF DRSV09 = 1] In the past 12 months, were you able to cut down or stop using **prescription sedatives** every time you tried?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV10b [IF DRSV0a = 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 **prescription sedatives**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV11 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 **prescription sedatives**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV12 [IF DRSV11 = 1]: Did you continue to use **prescription sedatives** even though it was causing these physical health problems or making them worse?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV13 [IF DRSV11 = 2 OR DK/REF OR DRSV12 = 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 **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 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

DRSV17 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 use of **prescription sedatives**?

> 1   Yes
> 2   No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV18 Sometimes people who use **prescription sedatives** 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 use of **prescription sedatives**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV19 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 use of **prescription sedatives**?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV20 [IF DRSV19 = 1]: Did you continue to use **prescription sedatives** even though it often caused arguments or problems with family or friends?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV21 During the past 12 months, did you repeatedly get into situations where using **prescription sedatives** increased your chances of getting physically hurt?

> 1 Yes
> 2 No
> DK/REF
> PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV22 People may experience withdrawal symptoms when they use less or stop using **prescription sedatives**.

During the past 12 months, did you have the following withdrawal symptoms after you used less or stopped using **prescription sedatives** for a while?

	Yes	No
DRSV22_1 Sweating or feeling that your heart was beating fast	○ 1	○ 2
DRSV22_2 Having your hands tremble	○ 1	○ 2
DRSV22_3 Having trouble sleeping	○ 1	○ 2
DRSV22_4 Vomiting or having an upset stomach	○ 1	○ 2
DRSV22_5 Seeing, hearing, or feeling things that weren't really there	○ 1	○ 2

DRSV22_6 Feeling like you couldn't sit still	◯ 1	◯ 2
DRSV22_7 Feeling anxious	◯ 1	◯ 2
DRSV22_8 Having seizures or fits	◯ 1	◯ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV23 During the past 12 months, did you use prescription sedatives or another drug to get over or avoid having **prescription sedative** 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.

DRSV24 [IF DRSV23=1] Did you use any of the following to get over or avoid having **prescription sedative** withdrawal symptoms during the past 12 months?

	Yes	No
DRSV24_1 Prescription sedatives, tranquilizers, sleeping pills, or downers	◯ 1	◯ 2
DRSV24_2 Alcohol	◯ 1	◯ 2
DRSV24_3 Something else	◯ 1	◯ 2

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV25 [IF DRSV24_3=1] You indicated that you took something else to get over or avoid having **prescription sedative** withdrawal symptoms during the past 12 months. What did you take?

_____

DK/REF

PENTER1 Thank you for your help with this part of the interview. When you leave this screen, the responses you entered into the computer will be locked and can no longer be seen by you, the interviewer, or anyone else who uses this computer. When you are ready, please press 1 and [ENTER] to complete this part of the interview and lock your responses.

[ONCE 1 IS ENTERED FOR PENTER1, NO ONE CAN RE-ENTER THE ACASI PORTION OF THE INTERVIEW.]

ENDAUDIO Your responses have been locked. Please tell your interviewer that you are finished.

INTERVIEWER: ENTER THE 3-LETTER CODE TO MOVE TO THE NEXT SECTION.

THANKR2 Thank you for your time.

[ALL CASES] PRESS [ENTER] TO CONTINUE.

FIEXIT End of interview reached.

PRESS 1 TO EXIT.