

Attachment E Survey Questions

**[ADULT/ADOLESCENT INFORMED CONSENT/ASSENT SCREENS
(ATTACHMENTS C AND D) WILL BE INSERTED HERE]**

Basic Demographics

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.

HARD ERROR: [IF YEAR OF BIRTH ENTERED IS 2021]: Please check to make sure the date of birth you have entered is correct.

HARD ERROR: [IF CALCAGE > 120]: Your age ([CALCAGE]) is greater than the maximum age allowed. Please check to make sure the date of birth you have entered is correct.

AGEREF [IF AGE1 = DK OR REF] The interview cannot be completed without your age. Please back up to enter your date of birth or click Next to exit the survey.

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

AGEREF2 [IF CONFIRM = DK OR REF] The interview cannot be completed without your age. Please back up to confirm your date of birth or click Next to exit the survey.

HARD ERROR: [IF CONFIRM = 2] Please go back to the previous question and correct your date of birth. If your age is now correct, select Yes.

[IF CONFIRM = 2, GO BACK TO AGE1]

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

time.

PROGRAM SHOULD ROUTE TO FIEXIT.

DEFINE CURNTAGE:

IF CALCAGE > 11 AND CONFIRM = 1, CURNTAGE = CALCAGE
IF CALCAGE > 11 AND CONFIRM = DK/REF AND DKREFAGE > 11,
CURNTAGE = DKREFAGE
IF AGE1= DK/REF AND DKREFAGE > 11, CURNTAGE = DKREFAGE
ELSE RESPONDENT IS INELIGIBLE; ROUTE TO FIEXIT

QD01 What is your sex?

- 5 Male
- 9 Female

QD03 The first few questions are for statistical purposes only, to help us analyze the results of the study.

Are you of Hispanic, Latino, or Spanish origin or descent?

- 1 YES
- 2 NO
- DK/REF

QD04 [IF QD03 = 1] Which of these Hispanic, Latino, or Spanish groups best describes you?
Select all that apply.

- 1 Mexican, Mexican American, Mexicano, or Chicano
- 2 Puerto Rican
- 3 Central or South American
- 4 Cuban or Cuban American
- 5 Dominican (from Dominican Republic)
- 6 Spanish (from Spain)
- 7 Other
- DK/REF

QD04other [IF QD04 = 7] Which other Hispanic, Latino or Spanish group best describes you.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN QD04other.

QD05 Which of these groups describes you? *Select all that apply.*

- 1 White
 - 2 Black or African American
 - 3 American Indian or Alaska Native, including North American, Central American, and South American Indians
 - 4 Native Hawaiian
 - 5 Guamanian or Chamorro
 - 6 Samoan
 - 7 Other Pacific Islander
 - 8 Asian, including Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese
 - 9 Other
- DK/REF

QD05ASIA [IF QD05 = 8] Which of these Asian groups describes you?

- 1 Asian Indian
 - 2 Chinese
 - 3 Filipino
 - 4 Japanese
 - 5 Korean
 - 6 Vietnamese
 - 7 Other
- DK/REF

QD05OTHA [IF QD05ASIA = 7] Please tell me which other Asian group or groups describes you.

OTHER ASIAN GROUP: _____
DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN QD05OTHA.

QD05OTHR [IF QD05 = 9] Which other racial group or groups describes you.

OTHER RACIAL GROUP: _____
DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN QD05OTHR.

QD07 [IF CURNTAGE = 15 OR OLDER] Are you now married, widowed, divorced or separated, or have you never married?

- 1 Married
- 2 Widowed
- 3 Divorced or Separated

4 Have Never Married
DK/REF

QD11 What is the highest grade or year of school you have **completed**?

Please include junior or community college attendance. Do not include technical school attendance.

- 0 No Schooling Completed
- 1 1st Grade Completed
- 2 2nd Grade Completed
- 3 3rd Grade Completed
- 4 4th Grade Completed
- 5 5th Grade Completed
- 6 6th Grade Completed
- 7 7th Grade Completed
- 8 8th Grade Completed
- 9 9th Grade Completed
- 10 10th Grade Completed
- 11 11th Grade Completed

- 12 Regular High School Diploma
- 13 12th Grade, No Diploma

- 14 GED Certificate of High School Completion

- 15 Some College Credit, but No Degree
- 16 Associate's Degree (AA, AS)
- 17 Bachelor's Degree (BA, BS)

- 18 Master's Degree (MA, MS, MEng, M. Ed, MSW, MBA)
- 19 Doctorate Degree (PhD, EdD)
- 20 Professional Degree Beyond a Bachelor's Degree (MD, DDS, DVM, LLB, JD)
- DK/REF

QD12 This question is about your overall health. Would you say your health in general is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- DK/REF

Substance Use

DRUGSCRa These next questions are about the types of substances you may have used **in the past 12 months.**

Please type in the number for each substance you have used **during the past 12 months.**

Select all that apply

1. A drink of any type of alcoholic beverage. Please do not include times when you only had a sip or two from a drink.
2. Marijuana or hashish
3. Cocaine
4. Crack
5. Heroin
6. Methamphetamine

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

DK/REF

DO NOT ALLOW 95 IN COMBINATION WITH ANY RESPONSE OF 1-6.

DRUGSCRb During the past 12 months, have you used, even once, any of the following hallucinogens?

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

1 Yes

2 No

DK/REF

DRUGSCRc During the past 12 months, have you used, even once, any of the following liquids, sprays, or gases that people sniff or inhale to get high or to make them feel good.

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

- 1 Yes
- 2 No
- DK/REF

DRUGSCRd In the **past 12 months**, which, if any, of these pain relievers have you used in anyway **a doctor did not direct you to use it?**

Select all that apply

- 1 OxyContin
- 2 Percocet
- 3 Percodan
- 4 Roxicodone
- 5 Oxycodone (generic)
- 6 Ultram or Ultram ER
- 7 Ultracet
- 8 Tramadol (generic) or extended-release tramadol (generic)
- 9 Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)
- 10 Codeine pills (generic)
- 11 Avinza
- 12 Kadian
- 13 MS Contin
- 14 Morphine (generic) or extended-release morphine (generic)
- 15 Duragesic
- 16 Fentora
- 17 Fentanyl (generic)
- 18 Suboxone
- 19 Buprenorphine (generic) or Buprenorphine plus naloxone (generic)
- 20 Opana or Opana ER
- 21 Oxymorphone (generic) or extended-release oxymorphone (generic)
- 22 Demerol
- 23 Dilaudid or hydromorphone
- 24 Exalgo or extended-release hydromorphone
- 25 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 1-25.

IFPY [IF DRUGSCRd=15, 16 OR 17] Now think again about your fentanyl use in the past 12 months.

In the past 12 months, was **any** of the fentanyl you used prescribed to you by a doctor or other health professional?

- 1 Yes
- 2 No
- DK/REF

IFMED [IF IFPY = 1] Was **all** of the fentanyl you used prescribed to you by a doctor or other health professional?

- 1 Yes
- 2 No
- DK/REF

DRUGSCRe In the **past 12 months**, which, if any, of these tranquilizers have you used in anyway **a doctor did not direct you to use it?**

Select all that apply

- 1 Xanax or Xanax XR
- 2 Alprazolam (generic) or extended-release alprazolam (generic)
- 3 Ativan
- 4 Klonopin
- 5 Lorazepam (generic)
- 6 Clonazepam (generic)
- 7 Valium
- 8 Diazepam (generic)
- 9 Cyclobenzaprine (generic), also known as Flexeril
- 10 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 1-10.

DRUGSCRf In the **past 12 months**, which, if any, of these stimulants have you used in anyway **a doctor did not direct you to use it?**

- 1 Adderall or Adderall XR

- 2 Dexedrine
 - 3 Dextroamphetamine (generic)
 - 4 Mixed amphetamine-dextroamphetamine pills other than Adderall (generic)
 - 5 Extended-release amphetamine-dextroamphetamine pills other than Adderall XR (generic)
 - 6 Ritalin or Ritalin LA
 - 7 Concerta
 - 8 Daytrana
 - 9 Metadate CD or Metadate ER
 - 10 Methylphenidate (generic) or extended-release methylphenidate (generic)
 - 11 Focalin or Focalin XR
 - 12 Dexmethylphenidate (generic) or extended-release dexmethylphenidate (generic)
 - 13 Benzphetamine
 - 14 Didrex
 - 15 Diethylpropion
 - 16 Phendimetrazine
 - 17 Phentermine
 - 18 Provigil
 - 19 Tenuate
 - 20 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 1-20.

DRUGSCRg In the **past 12 months**, which, if any, of these sedatives have you used in anyway **a doctor did not direct you to use it?**

- 1 Ambien
 - 2 Ambien CR
 - 3 Zolpidem (generic)
 - 4 Extended-release zolpidem (generic)
 - 5 Lunesta or eszopiclone
 - 6 Sonata or zaleplon
 - 7 Halcion
 - 8 Restoril
 - 9 Flurazepam (generic), also known as Dalmane
 - 10 Temazepam (generic)
 - 11 Triazolam (generic)
 - 12 Butisol
 - 13 Seconal
 - 14 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 1-14.

KAINTRO This next question is about kratom, which can come in forms such as powder, pills, or leaf.

Click Next to continue.

KA01 Have you **ever**, even once, used kratom?

- 1 Yes
- 2 No
- DK/REF

KALAST3 [IF KA01 = 1] How long has it been since you **last** used kratom?

- 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

Substance Dependence and Abuse

INTRODR Now we'd like for you to tell us about your experiences with the drugs that you used.

Click Next to continue.

DRALC [IF DRUGSCRa = 1] Think about your use of **alcohol** during the **past 12 months** as you answer these next questions.

Press [ENTER] to continue.

DRALC01 [IF DRUGSCRa = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or drinking **alcohol**?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC02 [IF DRALC01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of time getting over the effects of the **alcohol** you

drank?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC04 [IF DRUGSCRa = 1] During the past 12 months, did you try to set limits on how often or how much **alcohol** you would drink?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC05 [IF DRALC04 = 1] Were you able to keep to the limits you set, or did you often drink more than you intended to?

1 Usually kept to the limits set

2 Often drank more than intended

DK/REF

DRALC06 [IF DRUGSCRa = 1] During the past 12 months, did you need to drink more **alcohol** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC08 [IF DRUGSCRa = 1] During the past 12 months, did you **want to** or **try to** cut down **or** stop drinking **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC09 [IF DRALC08 = 1] During the past 12 months, were you **able to** cut down or stop drinking **alcohol every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC11 [IF DRALC09 = 1 OR DRALC10 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptoms after you cut back or stopped drinking **alcohol**?

- Sweating or feeling that your heart was beating fast
- Having your hands tremble
- Having trouble sleeping
- Vomiting or feeling nauseous
- Seeing, hearing, or feeling things that weren't really there
- Feeling like you couldn't sit still
- Feeling anxious
- Having seizures or fits

1 Yes

2 No

DK/REF

DRALC12 [IF DRALC11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more of these symptoms at the same time** that lasted for longer than a day after you cut back or stopped drinking **alcohol**?

- Sweating or feeling that your heart was beating fast
- Having your hands tremble
- Having trouble sleeping
- Vomiting or feeling nauseous
- Seeing, hearing, or feeling things that weren't really there
- Feeling like you couldn't sit still
- Feeling anxious
- Having seizures or fits

- 1 Yes
- 2 No
- DK/REF

DRALC13 [IF DRUGSCRa = 1] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by drinking **alcohol**?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC14 [IF DRALC13 = 1] Did you continue to drink **alcohol** even though you thought drinking was causing you to have problems with your emotions, nerves, or mental health?

- 1 Yes
- 2 No
- DK/REF

DRALC15 [IF DRALC13 = 2 OR DK/REF OR DRALC14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by drinking **alcohol**?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC16 [IF DRALC15 = 1] Did you continue to drink **alcohol** even though you thought drinking was causing you to have physical problems?

- 1 Yes
- 2 No
- DK/REF

DRALC17 [IF DRUGSCRa = 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did drinking **alcohol** cause you to give up or spend less time doing these types of important activities?

- 1 Yes

2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC18 [IF DRUGSCRa = 1] Sometimes people who drink **alcohol** have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did drinking **alcohol** cause you to have serious problems like this either at home, work, or school?

1 Yes
2 No
DK/REF

DRALC19 [IF DRUGSCRa = 1] During the past 12 months, did you regularly drink **alcohol** and then do something where being drunk might have put you in physical danger?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC20 [IF DRUGSCRa = 1] During the past 12 months, did drinking **alcohol** cause you to do things that repeatedly got you in trouble with the law?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC21 [IF DRUGSCRa = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your drinking?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRALC22 [IF DRALC21 = 1] Did you continue to drink **alcohol** even though you thought your drinking caused problems with family or friends?

- 1 Yes
- 2 No
- DK/REF

DRMJ [IF DRUGSCRa = 2] Think about your use of **marijuana or hashish** during the past 12 months as you answer these next questions.

Click Next to continue.

DRMJ01 [IF DRUGSCRa = 2] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **marijuana or hashish**?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ02 [IF DRMJ01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **marijuana or hashish** you used?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ04 [IF DRUGSCRa = 2] During the past 12 months, did you try to set limits on how often or how much **marijuana or hashish** you would use?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

- 1 Usually kept to the limits set
- 2 Often used more than intended
- DK/REF

DRMJ06 [IF DRUGSCRa = 2] During the past 12 months, did you need to use more **marijuana or hashish** than you used to in order to get the effect you wanted?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ07 [IF DRMJ06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **marijuana or hashish** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ08 [IF DRUGSCRa = 2] During the past 12 months, did you **want to** or **try to** cut down or stop using **marijuana or hashish**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ09 [IF DRMJ08 = 1] During the past 12 months, were you **able to** cut down or stop using **marijuana or hashish every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ13 [IF DRUGSCRa = 2] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **marijuana or hashish**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ14 [IF DRMJ13 = 1] Did you continue to use **marijuana or hashish** even though you thought it was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

DRMJ15 [IF DRMJ13 = 2 OR DK/REF OR DRMJ14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or

made worse by your use of **marijuana or hashish**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ16 [IF DRMJ15 = 1] Did you continue to use **marijuana or hashish** even though you thought it was causing you to have physical problems?

1 Yes

2 No

DK/REF

DRMJ17 [IF DRUGSCRa = 2] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **marijuana or hashish** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ18 [IF DRUGSCRa = 2] Sometimes people who use **marijuana or hashish** have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did using **marijuana or hashish** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

DRMJ19 [IF DRUGSCRa = 2] During the past 12 months, did you regularly use **marijuana or hashish** and then do something where using **marijuana or hashish** might have put you in physical danger?

1 Yes

2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRMJ20 [IF DRUGSCRa = 2] During the past 12 months, did using **marijuana or hashish** cause you to do things that repeatedly got you in trouble with the law?

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

DRMJ21 [IF DRUGSCRa = 2] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **marijuana or hashish**?

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

DRMJ22 [IF DRMJ21 = 1] Did you continue to use **marijuana or hashish** even though you thought it caused problems with family or friends?

1 Yes
2 No
DK/REF

DRCC [IF DRUGSCRa = 3 OR 4] Think about your use of **cocaine** [IF CRK12MON = 1], **including the form of cocaine called 'crack'** during the past 12 months as you answer these next questions.

Press [ENTER] to continue.

DEFINE COKEFILL:

IF DRUGSCRa = 3 AND DRUGSCRa NE 4, THEN COKEFILL = 'cocaine'
IF DRUGSCRa = 3 AND DRUGSCRa = 4 THEN COKEFILL = 'cocaine or 'crack'
IF DRUGSCRa NE 3 AND DRUGSCRa = 4 THEN COKEFILL = 'crack'
ELSE COKEFILL = BLANK

DRCC01 [IF DRUGSCRa = 3 OR 4] During the past 12 months, was there a month or more when you spent a lot of your time getting or using [**COKEFILL**]?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC02 [IF DRCC01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the [COKEFILL] you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC04 [IF DRUGSCRa = 3 OR 4] During the past 12 months, did you try to set limits on how often or how much [COKEFILL] you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC05 [IF DRCC04 = 1] Were you able to keep to the limits you set, or did you often use [COKEFILL] more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

DRCC06 [IF DRUGSCRa = 3 OR 4] During the past 12 months, did you need to use more [COKEFILL] than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC07 [IF DRCC06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of [COKEFILL] had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC08 [IF DRUGSCRa = 3 OR 4] During the past 12 months, did you **want to** or **try to** cut down **or** stop using [COKEFILL]?

1 Yes

2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC09 [IF DRCC08 = 1] During the past 12 months, were you **able to** cut down or stop using **[COKEFILL] every time** you wanted to or tried to?

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

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

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

DRCC10a[IF DRCC09 = 1 OR DRCC10 = 1] During the past 12 months, have you felt kind of blue or down when you cut down or stopped using **[COKEFILL]**?

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

DRCC11 [IF DRCC10a = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptoms after you cut back or stopped using **[COKEFILL]**?

- Feeling tired or exhausted
- Having bad dreams
- Having trouble sleeping or sleeping more than you normally do
- Feeling hungry more often
- Feeling either very slowed down or like you couldn't sit still

1 Yes
2 No
DK/REF

DRCC12 [IF DRCC11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more of these symptoms at the same time** that lasted for longer than a day after you cut back or stopped using **[COKEFILL]**?

- Feeling tired or exhausted
- Having bad dreams
- Having trouble sleeping or sleeping more than you normally do
- Feeling hungry more often
- Feeling either very slowed down or like you couldn't sit still

1 Yes

2 No

DK/REF

DRCC13 [IF DRUGSCRa = 3 OR 4] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of [COKEFILL]?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC14 [IF DRCC13 = 1] Did you continue to use [COKEFILL] even though you thought it was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

DRCC15 [IF DRCC13 = 2 OR DK/REF OR DRCC14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of [COKEFILL]?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC16 [IF DRCC15 = 1] Did you continue to use [COKEFILL] even though you thought it was causing you to have physical problems?

1 Yes

2 No

DK/REF

DRCC17 [IF DRUGSCRa = 3 OR 4] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using [COKEFILL] cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC18 [IF DRUGSCRa = 3 OR 4] Sometimes people who use [COKEFILL] have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did using [COKEFILL] cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

DRCC19 [IF DRUGSCRa = 3 OR 4] During the past 12 months, did you regularly use [COKEFILL] and then do something where using [COKEFILL] might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC20 [IF DRUGSCRa = 3 OR 4] During the past 12 months, did using [COKEFILL] cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC21 [IF DRUGSCRa = 3 OR 4] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of [COKEFILL]?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRCC22 [IF DRCC21 = 1] Did you continue to use [**COKEFILL**] even though you thought it caused problems with family or friends?

- 1 Yes
- 2 No
- DK/REF

DRHE [IF DRUGSCRa = 5] Think about your use of **heroin** during the past 12 months as you answer these next questions.

Click Next to continue.

DRHE01 [IF DRUGSCRa = 5] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **heroin**?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE02 [IF DRHE01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **heroin** you used?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE04 [IF DRUGSCRa = 5] During the past 12 months, did you try to set limits on how often or how much **heroin** you would use?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE05 [IF DRHE04 = 1] Were you able to keep to the limits you set, or did you often use **heroin** more than you intended to?

- 1 Usually kept to the limits set
- 2 Often used more than intended
- DK/REF

DRHE06 [IF DRUGSCRa = 5] During the past 12 months, did you need to use more **heroin** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE07 [IF DRHE06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **heroin** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE08 [IF DRUGSCRa = 5] During the past 12 months, did you **want to** or **try to** cut down or stop using **heroin**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE09 [IF DRHE08 = 1] During the past 12 months, were you **able to** cut down or stop using **heroin every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE11 [IF DRHE09 = 1 OR DRHE10 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **3 or more** of these symptoms after you cut back or stopped using **heroin**?

- Feeling kind of blue or down

- Vomiting or feeling nauseous
- Having cramps or muscle aches
- Having teary eyes or a runny nose
- Feeling sweaty, having enlarged eye pupils, or having body hair standing up on your skin
- Having diarrhea
- Yawning
- Having a fever
- Having trouble sleeping

1 Yes

2 No

DK/REF

DRHE12 [IF DRHE11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **3 or more of these symptoms at the same time** that lasted for longer than a day after you cut back or stopped using **heroin**?

- Feeling kind of blue or down
- Vomiting or feeling nauseous
- Having cramps or muscle aches
- Having teary eyes or a runny nose
- Feeling sweaty, having enlarged eye pupils, or having body hair standing up on your skin
- Having diarrhea
- Yawning
- Having a fever
- Having trouble sleeping

1 Yes

2 No

DK/REF

DRHE13 [IF DRUGSCRa = 5] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **heroin**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE14 [IF DRHE13 = 1] Did you continue to use **heroin** even though you thought it was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No
DK/REF

DRHE15 [IF DRHE13 = 2 OR DK/REF OR DRHE14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **heroin**?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE16 [IF DRHE15 = 1] Did you continue to use **heroin** even though you thought it was causing you to have physical problems?

1 Yes
2 No
DK/REF

DRHE17 [IF DRUGSCRa = 5] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **heroin** cause you to give up or spend less time doing these types of important activities?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE18 [IF DRUGSCRa = 5] Sometimes people who use **heroin** have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did using **heroin** cause you to have serious problems like this either at home, work, or school?

1 Yes
2 No
DK/REF

DRHE19 [IF DRUGSCRa = 5] During the past 12 months, did you regularly use **heroin** and then do something where using **heroin** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE20 [IF DRUGSCRa = 5] During the past 12 months, did using **heroin** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE21 [IF DRUGSCRa = 5] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **heroin**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRHE22 [IF DRHE21 = 1] Did you continue to use **heroin** even though you thought it caused problems with family or friends?

1 Yes

2 No

DK/REF

DRLS [IF DRUGSCRb = 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.

Click Next to continue.

DRLS01 [IF DRUGSCRb = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **hallucinogens**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS02 [IF DRLS01 = 2 OR DK/REF] During the past 12 months, was there a month or more

when you spent a lot of your time getting over the effects of the **hallucinogens** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS04 [IF DRUGSCRb = 1] During the past 12 months, did you try to set limits on how often or how much **hallucinogens** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS05 [IF DRLS04 = 1] Were you able to keep to the limits you set, or did you often use **hallucinogens** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

DRLS06 [IF DRUGSCRb = 1] During the past 12 months, did you need to use more **hallucinogens** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS07 [IF DRLS06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **hallucinogens** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS08 [IF DRUGSCRb = 1] During the past 12 months, did you **want to** or **try to** cut down or stop using **hallucinogens**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS09 [IF DRLS08 = 1] During the past 12 months, were you **able to** cut down or stop using **hallucinogens every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS13 [IF DRUGSCRb = 1] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **hallucinogens**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS14 [IF DRLS13 = 1] Did you continue to use **hallucinogens** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

DRLS15 [IF DRLS13 = 2 OR DK/REF OR DRLS14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **hallucinogens**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS16 [IF DRLS15 = 1] Did you continue to use **hallucinogens** even though you thought this was causing you to have physical problems?

1 Yes

2 No

DK/REF

DRLS17 [IF DRUGSCRb = 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **hallucinogens** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS18 [IF DRUGSCRb = 1] Sometimes people who use **hallucinogens** have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did using **hallucinogens** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

DRLS19 [IF DRUGSCRb = 1] During the past 12 months, did you regularly use **hallucinogens** and then do something where using **hallucinogens** put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS20 [IF DRUGSCRb = 1] During the past 12 months, did using **hallucinogens** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS21 [IF DRUGSCRb = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **hallucinogens**?

1 Yes

2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRLS22 [IF DRLS21 = 1] Did you continue to use **hallucinogens** even though you thought this caused problems with family or friends?

1 Yes
2 No
DK/REF

DRIN [IF DRUGSCRC = 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.

Click Next to continue.
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN01 [IF DRUGSCRC = 1] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **inhalants**?

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

DRIN02 [IF DRIN01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **inhalants** you used?

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

DRIN04 [IF DRUGSCRC = 1] During the past 12 months, did you try to set limits on how often or how much **inhalants** you would use?

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

DRIN05 [IF DRIN04 = 1] Were you able to keep to the limits you set, or did you often use **inhalants** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended
DK/REF

DRIN06 [IF DRUGSCRC = 1] During the past 12 months, did you need to use more **inhalants** than you used to in order to get the effect you wanted?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN07 [IF DRIN06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **inhalants** had less effect on you than it used to?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN08 [IF DRUGSCRC = 1] During the past 12 months, did you **want to** or **try to** cut down or stop using **inhalants**?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN09 [IF DRIN08 = 1] During the past 12 months, were you **able to** cut down or stop using **inhalants every time** you wanted to or tried to?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN13 [IF DRUGSCRC = 1] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **inhalants**?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN14 [IF DRIN13 = 1] Did you continue to use **inhalants** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

- 1 Yes
 - 2 No
- DK/REF

DRIN15 [IF DRIN13 = 2 OR DK/REF OR DRIN14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **inhalants**?

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN16 [IF DRIN15 = 1] Did you continue to use **inhalants** even though you thought this was causing you to have physical problems?

- 1 Yes
 - 2 No
- DK/REF

DRIN17 [IF DRUGSCRC = 1] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **inhalants** cause you to give up or spend less time doing these types of important activities?

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN18 [IF DRUGSCRC = 1] Sometimes people who use **inhalants** have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did using **inhalants** cause you to have serious problems like this either at home, work, or school?

- 1 Yes
- 2 No

DK/REF

DRIN19 [IF DRUGSCRC = 1] During the past 12 months, did you regularly use **inhalants** and then do something where using **inhalants** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN20 [IF DRUGSCRC = 1] During the past 12 months, did using **inhalants** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN21 [IF DRUGSCRC = 1] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **inhalants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRIN22 [IF DRIN21 = 1] Did you continue to use **inhalants** even though you thought this caused problems with family or friends?

1 Yes

2 No

DK/REF

DRME [IF DRUGSCRA = 6] Think about your use of **methamphetamine** during the past 12 months as you answer these next questions.

Click Next to continue.

DRME01 [IF DRUGSCRA = 6] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **methamphetamine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME02 [IF DRME01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **methamphetamine** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME04 [IF DRUGSCRa = 6] During the past 12 months, did you try to set limits on how often or how much **methamphetamine** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME05 [IF DRME04 = 1] Were you able to keep to the limits you set, or did you often use **methamphetamine** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

DRME06 [IF DRUGSCRa = 6] During the past 12 months, did you need to use more **methamphetamine** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME07 [IF DRME06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **methamphetamine** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME08 [IF DRUGSCRa = 6] During the past 12 months, did you **want to** or **try to** cut down or stop using **methamphetamine**?

1 Yes

2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME09 [IF DRME08 = 1] During the past 12 months, were you **able to** cut down or stop using **methamphetamine every time** you wanted to or tried to?

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

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

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

DRME10a [IF DRME09 = 1 OR DRME10 = 1] During the past 12 months, have you felt kind of blue or down when you cut down or stopped using **methamphetamine**?

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

DRME11 [IF DRME10a = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptoms after you cut back or stopped using **methamphetamine**?

- Feeling tired or exhausted
- Having bad dreams
- Having trouble sleeping or sleeping more than you normally do
- Feeling hungry more often
- Feeling either very slowed down or like you couldn't sit still

1 Yes
2 No
DK/REF

DRME12 [IF DRME11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more of these symptoms at the same time** that lasted for longer than a day after you cut back or stopped using **methamphetamine**?

- Feeling tired or exhausted
- Having bad dreams
- Having trouble sleeping or sleeping more than you normally do
- Feeling hungry more often
- Feeling either very slowed down or like you couldn't sit still

1 Yes
 2 No
 DK/REF

DRME13 [IF DRUGSCRa = 6] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **methamphetamine**?

1 Yes
 2 No
 DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME14 [IF DRME13 = 1] Did you continue to use **methamphetamine** even though you thought it was causing you to have problems with your emotions, nerves, or mental health?

1 Yes
 2 No
 DK/REF

DRME15 [IF DRME13 = 2 OR DK/REF OR DRME14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **methamphetamine**?

1 Yes
 2 No
 DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME16 [IF DRME15 = 1] Did you continue to use **methamphetamine** even though you thought it was causing you to have physical problems?

1 Yes
 2 No
 DK/REF

DRME17 [IF DRUGSCRa = 6] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports,

and spending time with friends and family.

During the past 12 months, did using **methamphetamine** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME18 [IF DRUGSCRa = 6] Sometimes people who use **methamphetamine** have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did using **methamphetamine** cause you to have serious problems like this either at home, work, or school?

1 Yes

2 No

DK/REF

DRME19 [IF DRUGSCRa = 6] During the past 12 months, did you regularly use **methamphetamine** and then do something where using **methamphetamine** might have put you in physical danger?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME20 [IF DRUGSCRa = 6] During the past 12 months, did using **methamphetamine** cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME21 [IF DRUGSCRa = 6] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **methamphetamine**?

1 Yes

2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

DRME22 [IF DRME21 = 1] Did you continue to use **methamphetamine** even though you thought it caused problems with family or friends?

1 Yes
2 No
DK/REF

DRPR [IF DRUGSCRd NE 95] 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 DRUGSCRd = 1 ENTRY, FILL DRUGSCRd WITH DRUG NAME][IF DRUGSCRd >= 2 ENTRIES, FILL WITH “the pain relievers listed below”] in a way **a doctor did not direct you to use [it/them]**.

[IF DRUGSCRd >= 2 ENTRIES, FILL WITH DRUG NAMES FROM DRUGSCRd BELOW. USE MULTIPLE COLUMNS AS NEEDED.]

Click Next to continue.

DRPR01 [IF DRUGSCRd NE 95] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **prescription pain relievers**?

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

DRPR02 [IF DRPR01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **prescription pain relievers** you used?

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

DRPR04 [IF DRUGSCRd NE 95] During the past 12 months, did you try to set limits on how often or how much **prescription pain relievers** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR05 [IF DRPR04 = 1] Were you able to keep to the limits you set, or did you often use **prescription pain relievers** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

DRPR06 [IF DRUGSCRd NE 95] During the past 12 months, did you need to use more **prescription pain relievers** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR07 [IF DRPR06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **prescription pain relievers** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR08 [IF DRUGSCRd NE 95] During the past 12 months, did you **want to** or **try to** cut down or stop using **prescription pain relievers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR09 [IF DRPR08 = 1] During the past 12 months, were you **able to** cut down or stop using **prescription pain relievers every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

months, did you cut down or stop using **prescription pain relievers at least one time?**

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR11 [IF DRPR09 = 1 OR DRPR10 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **3 or more** of these symptoms after you cut back or stopped using **prescription pain relievers?**

- Feeling kind of blue or down
- Vomiting or feeling nauseous
- Having cramps or muscle aches
- Having teary eyes or a runny nose
- Feeling sweaty, having enlarged eye pupils, or having body hair standing up on your skin
- Having diarrhea
- Yawning
- Having a fever
- Having trouble sleeping

1 Yes

2 No

DK/REF

DRPR12 [IF DRPR11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **3 or more of these symptoms at the same time** that lasted for longer than a day after you cut back or stopped using **prescription pain relievers?**

- Feeling kind of blue or down
- Vomiting or feeling nauseous
- Having cramps or muscle aches
- Having teary eyes or a runny nose
- Feeling sweaty, having enlarged eye pupils, or having body hair standing up on your skin
- Having diarrhea
- Yawning
- Having a fever
- Having trouble sleeping

1 Yes

2 No

DK/REF

DRPR13 [IF DRUGSCRd NE 95] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **prescription pain relievers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR14 [IF DRPR13 = 1] Did you continue to use **prescription pain relievers** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

DRPR15 [IF DRPR13 = 2 OR DK/REF OR DRPR14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **prescription pain relievers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR16 [IF DRPR15 = 1] Did you continue to use **prescription pain relievers** even though you thought this was causing you to have physical problems?

1 Yes

2 No

DK/REF

DRPR17 [IF DRUGSCRd NE 95] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **prescription pain relievers** cause you to give up or spend less time doing these types of important activities?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR18 [IF DRUGSCRd NE 95] Sometimes people who use **prescription pain relievers**

have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did using **prescription pain relievers** cause you to have serious problems like this either at home, work, or school?

- 1 Yes
- 2 No
- DK/REF

DRPR19 [IF DRUGSCRd NE 95] During the past 12 months, did you regularly use **prescription pain relievers** and then do something where using **prescription pain relievers** might have put you in physical danger?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR20 [IF DRUGSCRd NE 95] During the past 12 months, did using **prescription pain relievers** cause you to do things that repeatedly got you in trouble with the law?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR21 [IF DRUGSCRd NE 95] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **prescription pain relievers**?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRPR22 [IF DRPR21 = 1] Did you continue to use **prescription pain relievers** even though you thought this caused problems with family or friends?

- 1 Yes
- 2 No
- DK/REF

DRTR [IF DRUGSCRe NE 95] 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 DRUGSCRe=1 ENTRY, FILL WITH DRUGSCRe DRUG NAME][IF DRUGSCRe >=2 ENTRIES, FILL WITH “the tranquilizers listed below”] in a way **a doctor did not direct you to use [it/them]**.

[IF DRUGSCRe>=2 ENTRIES, FILL WITH DRUG NAMES FROM DRUGSCRe BELOW. USE MULTIPLE COLUMNS AS NEEDED.]

Click Next to continue.

DRTR01 [IF DRUGSCRe NE 95] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **prescription tranquilizers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR02 [IF DRTR01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **prescription tranquilizers** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR04 [IF DRUGSCRe NE 95] During the past 12 months, did you try to set limits on how often or how much **prescription tranquilizers** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR05 [IF DRTR04 = 1] Were you able to keep to the limits you set, or did you often use **prescription tranquilizers** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

DRTR06 [IF DRUGSCRe NE 95] During the past 12 months, did you need to use more **prescription tranquilizers** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR07 [IF DRTR06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **prescription tranquilizers** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR08 [IF DRUGSCRe NE 95] During the past 12 months, did you **want to** or **try to** cut down or stop using **prescription tranquilizers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR09 [IF DRTR08 = 1] During the past 12 months, were you **able to** cut down or stop using **prescription tranquilizers every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR13 [IF DRUGSCRe NE 95] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **prescription tranquilizers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR14 [IF DRTR13 = 1] Did you continue to use **prescription tranquilizers** even though you thought this was causing you to have problems with your emotions, nerves, or

mental health?

- 1 Yes
 - 2 No
- DK/REF

DRTR15 [IF DRTR13 = 2 OR DK/REF OR DRTR14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **prescription tranquilizers**?

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR16 [IF DRTR15 = 1] Did you continue to use **prescription tranquilizers** even though you thought this was causing you to have physical problems?

- 1 Yes
 - 2 No
- DK/REF

DRTR17 [IF DRUGSCRe NE 95] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **prescription tranquilizers** cause you to give up or spend less time doing these types of important activities?

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR18 [IF DRUGSCRe NE 95] Sometimes people who use **prescription tranquilizers** have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did using **prescription tranquilizers** cause you to have serious problems like this either at home, work, or school?

- 1 Yes

2 No
DK/REF

DRTR19 [IF DRUGSCRe NE 95] During the past 12 months, did you regularly use **prescription tranquilizers** and then do something where using **prescription tranquilizers** might have put you in physical danger?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR20 [IF DRUGSCRe NE 95] During the past 12 months, did using **prescription tranquilizers** cause you to do things that repeatedly got you in trouble with the law?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR21 [IF DRUGSCRe NE 95] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **prescription tranquilizers**?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRTR22 [IF DRTR21 = 1] Did you continue to use **prescription tranquilizers** even though you thought this caused problems with family or friends?

1 Yes
2 No
DK/REF

DRST [IF DRUGSCRf NE 95] 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 DRUGSCRf=1 ENTRY, FILL WITH DRUG NAME][IF DRUGSCRf >=2 ENTRIES FILL WITH "the stimulants listed below"] in a way **a doctor did not direct you to use [it/them]**.

[IF DRUGSCRf > =2 ENTRIES, FILL WITH DRUG NAMES FROM DRUGSCRf BELOW. USE MULTIPLE COLUMNS AS NEEDED]

Click Next to continue.

DRST01 [IF DRUGSCRf NE 95] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST02 [IF DRST01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **prescription stimulants** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST04 [IF DRUGSCRf NE 95] During the past 12 months, did you try to set limits on how often or how much **prescription stimulants** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST05 [IF DRST04 = 1] Were you able to keep to the limits you set, or did you often use **prescription stimulants** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

DRST06 [IF DRUGSCRf NE 95] During the past 12 months, did you need to use more **prescription stimulants** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST07 [IF DRST06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **prescription stimulants** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST08 [IF DRUGSCRf NE 95] During the past 12 months, did you **want to** or **try to** cut down or stop using **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST09 [IF DRST08 = 1] During the past 12 months, were you **able to** cut down or stop using **prescription stimulants every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST10a [IF DRST09 = 1 OR DRST10 = 1] During the past 12 months, have you felt kind of blue or down when you cut down or stopped using **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST11 [IF DRST10a = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptoms after you cut back or stopped using **prescription stimulants**?

- Feeling tired or exhausted
- Having bad dreams
- Having trouble sleeping or sleeping more than you normally do
- Feeling hungry more often

- Feeling either very slowed down or like you couldn't sit still

1 Yes

2 No

DK/REF

DRST12 [IF DRST11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more of these symptoms at the same time** that lasted for longer than a day after you cut back or stopped using **prescription stimulants**?

- Feeling tired or exhausted
- Having bad dreams
- Having trouble sleeping or sleeping more than you normally do
- Feeling hungry more often
- Feeling either very slowed down or like you couldn't sit still

1 Yes

2 No

DK/REF

DRST13 [IF DRUGSCRf NE 95] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST14 [IF DRST13 = 1] Did you continue to use **prescription stimulants** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

1 Yes

2 No

DK/REF

DRST15 [IF DRST13 = 2 OR DK/REF OR DRST14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST16 [IF DRST15 = 1] Did you continue to use **prescription stimulants** even though this was causing you to have physical problems?

- 1 Yes
 - 2 No
- DK/REF

DRST17 [IF DRUGSCRf NE 95] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using **prescription stimulants** cause you to give up or spend less time doing these types of important activities?

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST18 [IF DRUGSCRf NE 95] Sometimes people who use **prescription stimulants** have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did using **prescription stimulants** cause you to have serious problems like this either at home, work, or school?

- 1 Yes
 - 2 No
- DK/REF

DRST19 [IF DRUGSCRf NE 95] During the past 12 months, did you regularly use **prescription stimulants** and then do something where using **prescription stimulants** might have put you in physical danger?

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST20 [IF DRUGSCRf NE 95] During the past 12 months, did using **prescription**

stimulants cause you to do things that repeatedly got you in trouble with the law?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST21 [IF DRUGSCRf NE 95] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRST22 [IF DRST21 = 1] Did you continue to use **prescription stimulants** even though you thought this caused problems with family or friends?

1 Yes

2 No

DK/REF

DRSV [IF DRUGSCRg NE 95] 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 DRUGSCRg=1 ENTRY, FILL WITH DRUG NAME][IF DRUGSCRg >=2 ENTRIES, FILL WITH “the sedatives listed below”] in a way **a doctor did not direct you to use [it/them]**.

[IF DRUGSCRg>= 2 ENTRIES FILL WITH DRUG NAMES FROM DRUGSCRg BELOW. USE MULTIPLE COLUMNS AS NEEDED.]

Click Next to continue.

DRSV01 [IF DRUGSCRg NE 95] During the past 12 months, was there a month or more when you spent a lot of your time getting or using **prescription sedatives**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV02 [IF DRSV01 = 2 OR DK/REF] During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the **prescription sedatives** you used?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV04 [IF DRUGSCRg NE 95] During the past 12 months, did you try to set limits on how often or how much **prescription sedatives** you would use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV05 [IF DRSV04 = 1] Were you able to keep to the limits you set, or did you often use **prescription sedatives** more than you intended to?

1 Usually kept to the limits set

2 Often used more than intended

DK/REF

DRSV06 [IF DRUGSCRg NE 95] During the past 12 months, did you need to use more **prescription sedatives** than you used to in order to get the effect you wanted?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV07 [IF DRSV06=2 OR DK/REF] During the past 12 months, did you notice that using the same amount of **prescription sedatives** had less effect on you than it used to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV08 [IF DRUGSCRg NE 95] During the past 12 months, did you **want to** or **try to** cut down or stop using **prescription sedatives**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV09 [IF DRSV08 = 1] During the past 12 months, were you **able to** cut down or stop

using **prescription sedatives every time** you wanted to or tried to?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

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

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV11 [IF DRSV09 = 1 OR DRSV10 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more** of these symptoms after you cut back or stopped using **prescription sedatives**?

- Sweating or feeling that your heart was beating fast
- Having your hands tremble
- Having trouble sleeping or sleeping more than you normally do
- Vomiting or feeling nauseous
- Seeing, hearing, or feeling things that weren't really there
- Feeling like you couldn't sit still
- Feeling anxious
- Having seizures or fits

1 Yes

2 No

DK/REF

DRSV12 [IF DRSV11 = 1] Please look at the symptoms listed below. During the past 12 months, did you have **2 or more of these symptoms at the same time** that lasted for longer than a day after you cut back or stopped using **prescription sedatives**?

- Sweating or feeling that your heart was beating fast
- Having your hands tremble
- Having trouble sleeping or sleeping more than you normally do
- Vomiting or feeling nauseous
- Seeing, hearing, or feeling things that weren't really there
- Feeling like you couldn't sit still
- Feeling anxious
- Having seizures or fits

1 Yes

2 No
DK/REF

DRSV13 [IF DRUGSCRg NE 95] During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of **prescription sedatives**?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV14 [IF DRSV13 = 1] Did you continue to use **prescription sedatives** even though you thought this was causing you to have problems with your emotions, nerves, or mental health?

1 Yes
2 No
DK/REF

DRSV15 [IF DRSV13 = 2 OR DK/REF OR DRSV14 = 2 OR DK/REF] During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of **prescription sedatives**?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV16 [IF DRSV15 = 1] Did you continue to use **prescription sedatives** even though you thought this was causing you to have physical problems?

1 Yes
2 No
DK/REF

DRSV17 [IF DRUGSCRg NE 95] This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.
During the past 12 months, did using **prescription sedatives** cause you to give up or spend less time doing these types of important activities?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV18 [IF DRUGSCRg NE 95] Sometimes people who use **prescription sedatives** have serious problems at home, work or school — such as:

- neglecting their children
- missing work or school
- doing a poor job at work or school
- losing a job or dropping out of school

During the past 12 months, did using **prescription sedatives** cause you to have serious problems like this either at home, work, or school?

- 1 Yes
 - 2 No
- DK/REF

DRSV19 [IF DRUGSCRg NE 95] During the past 12 months, did you regularly use **prescription sedatives** and then do something where using **prescription sedatives** might have put you in physical danger?

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV20 [IF DRUGSCRg NE 95] During the past 12 months, did using **prescription sedatives** cause you to do things that repeatedly got you in trouble with the law?

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV21 [IF DRUGSCRg NE 95] During the past 12 months, did you have any problems with family or friends that were probably caused by your use of **prescription sedatives**?

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DRSV22 [IF DRSV21 = 1] Did you continue to use **prescription sedatives** even though you thought this caused problems with family or friends?

1 Yes
2 No
DK/REF

Drug Treatment

INTROTX These next questions deal with treatment for alcohol and drug problems, **not including cigarettes**. Please report treatment or counseling designed to help you reduce or stop your alcohol or drug use. Please include detoxification and any other treatment for medical problems associated with your alcohol or drug use.

Click Next to continue.

TX01 Have you **ever received** treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

- 1 Yes
- 2 No
- DK/REF

TX02 [IF TX01 = 1] During the past 12 months, that is, since [DATEFILL], have you received treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX03 [IF TX02 = 1] During the past 12 months when you received treatment, was the treatment for alcohol use only, drug use only, or both alcohol and drug use?

- 1 Alcohol use only
- 2 Drug use only
- 3 Both alcohol and drug use
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DEFINE TXFILL1:

IF TX03 = 1, TXFILL1 = alcohol use

IF TX03 = 2, TXFILL1 = drug use

IF TX03 = 3 OR DK/REF, TXFILL1 = alcohol or drug use

ELSE, TXFILL1 = BLANK

TX04a[IF TX03 NE BLANK] During the past 12 months, have you received treatment for your [TXFILL1] in a **hospital overnight as an inpatient**?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX04a1 [IF TX03 = 3 AND TX04a = 1] Was the treatment you received in a hospital overnight as an inpatient for your alcohol use, your drug use, or both?

- 1 Alcohol use
- 2 Drug use
- 3 Both alcohol and drug use

DK/REF

TX04b[IF TX03 NE BLANK] During the past 12 months, have you received treatment for your [TXFILL1] in a **residential drug or alcohol rehabilitation facility where you stayed overnight?**

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX04b1 [IF TX03 = 3 AND TX04b = 1] Was the treatment you received in a residential **drug or alcohol rehabilitation facility where you stayed overnight** for your alcohol use, your drug use, or both?

- 1 Alcohol use
- 2 Drug use
- 3 Both alcohol and drug use

DK/REF

TX04c[IF TX03 NE BLANK] During the past 12 months, have you received treatment for your [TXFILL1] in a **drug or alcohol rehabilitation facility as an outpatient?**

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX04c1 [IF TX03 = 3 AND TX04c = 1] Was the treatment you received in a **drug or alcohol rehabilitation facility as an outpatient** for your alcohol use, your drug use, or both?

- 1 Alcohol use
- 2 Drug use
- 3 Both alcohol and drug use

DK/REF

TX04d[IF TX03 NE BLANK] During the past 12 months, have you received treatment for your [TXFILL1] in a **mental health center or facility as an outpatient?**

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX04d1 [IF TX03 = 3 AND TX04d = 1] Was the treatment you received in a **mental health center or facility as an outpatient** for your alcohol use, your drug use, or both?

1 Alcohol use

2 Drug use

3 Both alcohol and drug use

DK/REF

TX04e[IF TX03 NE BLANK] During the past 12 months, have you received treatment for your [TXFILL1] in an **emergency room?**

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX04e1 [IF TX03 = 3 AND TX04e = 1] Was the treatment you received in an **emergency room** for your alcohol use, your drug use, or both?

1 Alcohol use

2 Drug use

3 Both alcohol and drug use

DK/REF

TX04f [IF TX03 NE BLANK] During the past 12 months, have you received treatment for your [TXFILL1] in a **private doctor's office?**

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX04f1 [IF TX03 = 3 AND TX04f = 1] Was the treatment you received in a **private doctor's office** for your alcohol use, your drug use, or both?

1 Alcohol use

2 Drug use

3 Both alcohol and drug use
DK/REF

TX04g[IF TX03 NE BLANK] During the past 12 months, have you received treatment for your [TXFILL1] in a **prison or jail**?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX04g1 [IF TX03 = 3 AND TX04g = 1] Was the treatment you received in a **prison or jail** for your alcohol use, your drug use, or both?

1 Alcohol use
2 Drug use
3 Both alcohol and drug use
DK/REF

TX04h[IF TX03 NE BLANK] During the past 12 months, have you received treatment for your [TXFILL1] in a **self-help group** such as **Alcoholics Anonymous or Narcotics Anonymous**?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX04h1 [IF TX03 = 3 AND TX04h = 1] Was the treatment you received in a **self-help group** for your alcohol use, your drug use, or both?

1 Alcohol use
2 Drug use
3 Both alcohol and drug use
DK/REF

TX04i [IF TX03 NE BLANK] During the past 12 months, have you received treatment for your [TXFILL1] in **some other place** besides these that have been listed?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX04iSP [IF TX04i = 1] Please type in a description of the place where you received treatment or counseling for your [TXFILL1] other than the places just mentioned. When

you have finished typing your answer, click Next to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN TX04iSP.

TX04i1 [IF TX03 = 3 AND TX04i = 1] Was the treatment you received in this other place for your alcohol use, your drug use, or both?

- 1 Alcohol use
- 2 Drug use
- 3 Both alcohol and drug use

DK/REF

TX05 [IF (TX03 = 2 OR 3) AND ME01 = 1] During the past 12 months, that is, since [DATEFILL], did you visit a hospital emergency room to receive treatment for your use of **methamphetamine**?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX06 [IF TX05 = 1] During the past 12 months, how many times did you visit a hospital emergency room to receive treatment for your use of **methamphetamine**?

OF TIMES: _____ [RANGE: 1 - 90]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX07 [IF TX02 = 1 OR DK/REF] Are you **currently** receiving treatment or counseling for your [TXFILL1]?

- 1 Yes
- 2 No

DK/REF

TX08 [IF (TX01 = 2 OR DK/REF) OR ((TX02 =2 OR DK/REF) AND TX07 NE 1)] During the past 12 months, did you **need** treatment or counseling for your **alcohol or drug use**?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX09 [IF TX02 = 1 AND TX07 NE 1] During the past 12 months, did you need **additional**

treatment or counseling for your alcohol or drug use?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX10 [IF TX09 = 1] During the past 12 months, for which of the following drugs did you need **additional** treatment or counseling?

Select all that apply

1. Alcohol

2. Marijuana or hashish

3. Cocaine or 'crack'

4. Heroin

5. Hallucinogens

6. Inhalants

7. Methamphetamine

8. Prescription pain relievers

9. Prescription tranquilizers

10. Prescription stimulants

11. Prescription sedatives

12. Some other drug

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX11 [IF DRUGSCRa=1 AND TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **alcohol**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX12 [IF DRUGSCRa=2 AND TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **marijuana or hashish**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX13 [IF (DRUGSCRa = 3 OR 4) AND TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **cocaine or 'crack'**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX14 [IF DRUGSCRa= 5 AND TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **heroin**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX15 [IF DRUGSCRb=1 AND TX08 =1] During the past 12 months, did you **need** treatment or counseling for your use of **hallucinogens**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX16 [IF DRUGSCRc=1 AND TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **inhalants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX16a [IF DRUGSCRa=6 AND TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **methamphetamine**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX17 [IF DRUGSCRd = 1 AND TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **prescription pain relievers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX18 [IF DRUGSCRe=1 AND TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **prescription tranquilizers**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX19 [IF DRUGSCRf=1 AND TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **prescription stimulants**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX20 [IF DRUGSCRg=1 AND TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **prescription sedatives**?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX21 [IF TX08 = 1] During the past 12 months, did you **need** treatment or counseling for your use of **some other drug** besides the ones just listed?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX21SP1 [IF TX21 = 1] Please type in the name of **one** of the other drugs you needed treatment or counseling for during the past 12 months. If you're not sure how to spell the drug name, just make your best guess. When you have finished typing your answer, click Next to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN TX21SP1.

TX21SP2 [IF TX21SP1 NE (BLANK OR DK/REF)] Please type in the name of **any other drug** that you needed treatment or counseling for during the past 12 months other than those you have already mentioned. If you have not needed treatment or counseling for your use of any other drugs, click Next to go to the next question.

DK/REF

TX21SP3 [IF TX21SP2 NE (BLANK OR DK/REF)] Please type in the name of **any other drug** that you needed treatment or counseling for during the past 12 months other than those you have already mentioned. If you have not needed treatment or counseling for your use of any other drugs, click Next to go to the next question.

DK/REF

TX21SP4 [IF TX21SP3 NE (BLANK OR DK/REF)] Please type in the name of **any other drug** that you needed treatment or counseling for during the past 12 months other than those you have already mentioned. If you have not needed treatment or counseling for your use of any other drugs, click Next to go to the next question.

DK/REF

TX21SP5 [IF TX21SP4 NE (BLANK OR DK/REF)] Please type in the name of **any other drug** that you needed treatment or counseling for during the past 12 months other than those you have already mentioned. If you have not needed treatment or counseling for your use of any other drugs, click Next to go to the next question.

DK/REF

DEFINE TXFILL2:

IF TX11 = 1 AND ALL OF TX12 - TX21 = 2 OR DK/REF, TXFILL2 = alcohol
IF TX11 = 2 OR DK/REF, AND ANY IN TX12 - TX21 = 1, TXFILL2 = any drug
ELSE, TXFILL2 = alcohol or any other drug

TX22 [IF TX08 = 1] During the past 12 months, did you **make an effort** to get treatment or counseling for your use of [TXFILL2]?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX22A [IF TX22 IS NOT BLANK] Which of these statements explain why you did not get the treatment or counseling you needed for your use of [TXFILL2]?

Select all that apply.

1 You had no health care coverage, and you couldn't afford the cost.

2 You did have health care coverage, but it didn't cover treatment for [TXFILL2], or didn't cover the full cost.

- 3 You had no transportation to a program, or the programs were too far away, or the hours were not convenient.
 - 4 You didn't find a program that offered the type of treatment or counseling you wanted.
 - 5 You were not ready to stop using [TXFILL2].
 - 6 There were no openings in the programs.
 - 7 You did not know where to go to get treatment.
 - 8 You were concerned that getting treatment or counseling might cause your neighbors or community to have a negative opinion of you.
 - 9 You were concerned that getting treatment or counseling might have a negative effect on your job.
 - 10 Some other reason or reasons.
- DK/REF

TX22B [IF ANY ENTRY IN TX22A = 10] Which of these statements explain why you did not get the treatment or counseling you needed for your use of [TXFILL2]?

Select all that apply.

- 1 You didn't think you needed treatment at the time.
 - 2 You thought you could handle the problem without treatment.
 - 3 You didn't think treatment would help.
 - 4 You didn't have time (because of job, childcare, or other commitments).
 - 5 You didn't want others to find out that you needed treatment.
 - 6 Some other reason or reasons.
- DK/REF

TX22SP [IF ANY ENTRY IN TX22B = 6] Please type in the **most important** other reason you did not get the treatment you needed. When you have finished typing your answer, click Next to go to the next question.

_____ DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN TX22SP.

TX23 [IF TX09 = 1] During the past 12 months, did you **make an effort** to get **additional** treatment or counseling for your use of alcohol or any other drug?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX23A [IF TX23 IS NOT BLANK] Which of these statements explain why you did not get the **additional** treatment or counseling you needed for your use of alcohol or drugs?

Select all that apply.

- 1 You had no health care coverage, and you couldn't afford the cost.
 - 2 You did have health care coverage, but it didn't cover treatment for alcohol or drugs, or didn't cover the full cost.
 - 3 You had no transportation to a program, or the programs were too far away, or the hours were not convenient.
 - 4 You didn't find a program that offered the type of treatment or counseling you wanted.
 - 5 You were not ready to stop using alcohol or drugs.
 - 6 There were no openings in the programs.
 - 7 You did not know where to go to get treatment.
 - 8 You were concerned that getting treatment or counseling might cause your neighbors or community to have a negative opinion of you.
 - 9 You were concerned that getting treatment or counseling might have a negative effect on your job.
 - 10 Some other reason or reasons.
- DK/REF

TX23B [IF ANY ENTRY IN TX23A = 10] Which of these statements explain why you did not get the **additional** treatment or counseling you needed for your use of alcohol or drugs?

Select all that apply.

- 1 You didn't think you needed treatment at the time.
 - 2 You thought you could handle the problem without treatment.
 - 3 You didn't think treatment would help.
 - 4 You didn't have time (because of job, childcare, or other commitments).
 - 5 You didn't want others to find out that you needed treatment.
 - 6 Some other reason or reasons.
- DK/REF

TX23SP [IF ANY ENTRY IN TX23B = 6] Please type in the **most important** other reason you did not get the treatment you needed. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN TX23SP.

TX24 [IF TX07 NE 1] How long has it been since you were **last** in treatment or counseling for your alcohol or drug use, not counting cigarettes?

- 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

TX25 [IF TX01 = 1 AND TX07 NE 1 OR BLANK] What was the **main** place where you received treatment the **last time** you **started** treatment for your alcohol or other drug use, not counting cigarettes?

[IF TX01 = 1 AND TX07 = 1] What is the **main** place where you are currently receiving treatment for your alcohol or other drug use, not counting cigarettes?

1 A hospital overnight as an inpatient

2 A residential drug or alcohol rehabilitation facility where you stay at night

3 A drug or alcohol rehabilitation facility as an outpatient where you do not stay at night

4 A mental health center or facility as an outpatient

5 An emergency room

6 A private doctor's office

7 A prison or jail

8 A self-help group

9 Some other place

DK/REF

TX25SP [IF TX01 = 1 AND TX07 NE BLANK AND TX25 = 9] Please type in a description of the place where you received treatment or counseling for your drug use other than the places just mentioned. When you have finished typing your answer, click Next to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN TX25SP.

TX26 [IF DRUGSCRa=1 AND TX01 = 1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **alcohol**?

[IF DRUGSCRa=1 AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **alcohol**?

1 Yes

2 No

DK/REF

TX27 [IF DRUGSCRa=2 AND TX01 =1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **marijuana or hashish**?

[IF DRUGSCRa=2 AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **marijuana or hashish**?

- 1 Yes
- 2 No
- DK/REF

TX28 [IF DRUGSCRa=3 OR 4) AND TX01 = 1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **cocaine or 'crack'**?

[IF (DRUGSCRa=3 OR 4) AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **cocaine or 'crack'**?

- 1 Yes
- 2 No
- DK/REF

TX29 [IF DRUGSCRa=5 AND TX01 =1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **heroin**?

[IF DRUGSCRa=5 AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **heroin**?

- 1 Yes
- 2 No
- DK/REF

TX30 [IF DRUGSCRb = 1 AND TX01 =1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **hallucinogens**?

[IF DRUGSCRb=1 AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **hallucinogens**?

- 1 Yes
- 2 No
- DK/REF

TX31 [IF DRUGSCRc=1 AND TX01 =1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **inhalants**?

[IF DRUGSCRc = 1 AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **inhalants**?

- 1 Yes

2 No
DK/REF

TX31a [IF DRUGSCRa=6 AND TX01 =1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **methamphetamine**?

[IF DRUGSCRa=5 AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **methamphetamine**?

1 Yes
2 No
DK/REF

TX32 [IF DRUGSCRd=1 AND TX01 = 1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **fantanyl**?

[IF DRUGSCRd=1 AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **fantanyl**?

1 Yes
2 No
DK/REF

TX33 [IF DRUGSCRe=1 AND TX01 =1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **prescription tranquilizers**?

[IF DRUGSCRe=1 AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **prescription tranquilizers**?

1 Yes
2 No
DK/REF

TX34 [IF DRUGSCRf=1 AND TX01 =1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **prescription stimulants**?

[IF DRUGSCRf=1 AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **prescription stimulants**?

1 Yes
2 No
DK/REF

TX35 [IF DRUGSCRg=1 AND TX01 = 1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **prescription sedatives**?

[IF DRUGSCRg=1 AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **prescription sedatives**?

- 1 Yes
- 2 No
- DK/REF

TX36 [IF TX01 = 1 AND TX07 NE 1 OR BLANK] The **last time** you **entered** treatment, did you receive treatment or counseling for your use of **any other drug**?

[IF TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **any other drug**?

- 1 Yes
- 2 No
- DK/REF

TX36SP1 [IF TX36 = 1 AND TX07 NE 1 OR BLANK] Please type in the name of **one** of the drugs you received treatment for the last time. If you're not sure how to spell the name of the drug, just make your best guess.

When you have finished typing your answer, click Next to go to the next question.

[IF TX36 = 1 AND TX07 = 1] Please type in the name of **one** of the drugs for which you are currently being treated. If you're not sure how to spell the name of the drug, just make your best guess.

When you have finished typing your answer, click Next to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN TX36SP1.

TX36SP2 [IF TX36SP1 NE (BLANK OR DK/REF) AND TX07 NE 1 OR BLANK] Please type in the name of **any other drug** you received treatment or counseling for the **last time** you **entered** treatment for your drug use. If there are no other drugs you received treatment or counseling for the last time, other than those you already mentioned, click Next to go to the next question.

[IF TX36SP1 NE (BLANK OR DK/REF) AND TX07 =1] Please type in the name of **any other drug** for which you are **currently** receiving treatment or counseling. If there are no other drugs you are currently receiving treatment or counseling for, other

than those you already mentioned, click Next to go to the next question.

DK/REF

TX36SP3 [IF TX36SP2 NE (BLANK OR DK/REF) AND TX07 NE 1 OR BLANK] Please type in the name of **any other drug** you received treatment or counseling for the **last time** you **entered** treatment for your drug use. If there are no other drugs you received treatment or counseling for the last time, other than those you already mentioned, click Next to go to the next question.

[IF TX36SP2 NE (BLANK OR DK/REF) AND TX07 =1] Please type in the name of **any other drug** for which you are **currently** receiving treatment or counseling. If there are no other drugs you are currently receiving treatment or counseling for, other than those you already mentioned, click Next to go to the next question.

DK/REF

TX36SP4 [IF TX36SP3 NE (BLANK OR DK/REF) AND TX07 NE 1 OR BLANK] Please type in the name of **any other drug** you received treatment or counseling for the **last time** you **entered** treatment for your drug use. If there are no other drugs you received treatment or counseling for the last time, other than those you already mentioned, click Next to go to the next question.

[IF TX36SP3 NE (BLANK OR DK/REF) AND TX07 =1] Please type in the name of **any other drug** for which you are **currently** receiving treatment or counseling. If there are no other drugs you are currently receiving treatment or counseling for, other than those you already mentioned, click Next to go to the next question.

DK/REF

TX36SP5 [IF TX36SP4 NE (BLANK OR DK/REF) AND TX07 NE 1 OR BLANK] Please type in the name of **any other drug** you received treatment or counseling for the **last time** you **entered** treatment for your drug use. If there are no other drugs you received treatment or counseling for the last time, other than those you already mentioned, click Next to go to the next question.

[IF TX36SP4 NE (BLANK OR DK/REF) AND TX07 =1] Please type in the name of **any other drug** for which you are **currently** receiving treatment or counseling. If there are no other drugs you are currently receiving treatment or counseling for, other than those you already mentioned, click Next to go to the next question.

DK/REF

TX37 [IF MORE THAN 1 ITEM IN THE TX26 - TX36 SERIES = 1 OR DK/REF AND TX07 NE 1 OR BLANK] What was the **main** drug you entered treatment for the **last time** you were treated?

[IF MORE THAN 1 ITEM IN THE TX26 - TX36 SERIES = 1 OR DK/REF AND TX07 = 1] What is the **main** drug for which you are currently receiving treatment or counseling?

- 1 Alcohol
 - 2 Marijuana or hashish
 - 3 Cocaine or 'crack'
 - 4 Heroin
 - 5 Hallucinogens
 - 6 Inhalants
 - 7 Methamphetamine
 - 8 Prescription pain relievers
 - 9 Prescription tranquilizers
 - 10 Prescription stimulants
 - 11 Prescription sedatives
 - 12 Some other drug
- DK/REF

TX38 [IF TX25 = 1 - 8 AND TX07 NE 1 OR BLANK] What was the outcome of the treatment or counseling you last received at [FILL IN ANSWER FROM TX25]?

[IF TX25 = DK/REF OR TX25 = 9 AND TX07 NE 1 OR BLANK] What was the outcome of the treatment or counseling you last received?

- 1 You are still in treatment
 - 2 You successfully completed treatment
 - 3 You left because you had a problem with the program
 - 4 You left because you couldn't afford to continue treatment
 - 5 You left because your family needed you
 - 6 You left because you began using drugs again
 - 7 Your last treatment had some other outcome
- DK/REF

TX38SP [IF TX38 = 7] Please type in a description of the outcome of your **last** treatment or counseling for drug use. You do not need to give a detailed description — just a few words will be sufficient.

When you have finished typing your answer, click Next to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN TX38SP.

TX39 [IF TX25 = 1 - 8 AND TX38 = 2 - 7 OR DK/REF] How long did you stay in treatment for your alcohol or drug use during your **last** treatment at [FILL IN ANSWER FROM TX25]?

[IF (TX25 = 1 - 8 AND TX38 = 1) OR (TX07 = 1 AND TX25 = 1 - 8)] How long have you been in treatment for your alcohol or drug use at [FILL IN ANSWER FROM TX17]?

[IF TX25 = 9 OR DK/REF AND TX38 = 2 - 7 OR DK/REF] How long did you stay in treatment for your alcohol or drug use during your **last** treatment?

[IF (TX25 = 9 OR DK/REF AND TX38 = 1) OR TX07 = 1 AND TX25 = 9)] How long have you been in treatment for your alcohol or drug use so far?

Please indicate whether you want to give your answer in days, months, or years.

- 1 Days
- 2 Months
- 3 Years
- DK/REF

TX40DAY1 [IF (TX38 = 1 OR TX07 = 1) AND TX39 = 1 OR DK/REF] How many **days** have you been in treatment for your alcohol or drug use so far?

OF DAYS: _____ [RANGE: 1 - 366]
DK/REF

TX40DAY2 [IF TX38 = 2 - 7 OR DK/REF AND TX39 = 1 OR DK/REF] How many **days** did you stay in treatment for your alcohol or drug use the last time?

OF DAYS: _____ [RANGE: 1 - 366]
DK/REF

TX41MON1 [IF (TX38 = 1 OR TX07 = 1) AND TX39 = 2] How many **months** have you been in treatment for your alcohol or drug use so far?

OF MONTHS: _____ [RANGE: 1 - 400]
DK/REF

TX41MON2 [IF TX38 = 2 - 7 OR DK/REF AND TX39 = 2] How many **months** did you stay in treatment for your alcohol or drug use the **last** time?

OF MONTHS: _____ [RANGE: 1 - 400]
DK/REF

TX41YR1 [IF (TX38 = 1 OR TX07 = 1) AND TX39 = 3] How many **years** have you been in treatment for your alcohol or drug use so far?

OF YEARS: _____ [RANGE: 1 - 60]
DK/REF

TX41YR2 [IF TX38 = 2 - 7 OR DK/REF AND TX39 = 3] How many **years** did you stay in treatment for your alcohol or drug use the last time?

OF YEARS: _____ [RANGE: 1 - 60]
DK/REF

TX42A [IF TX01 = 1 AND TX07 NE 1 OR BLANK] Did **private health insurance** pay for the **last** treatment you received, even if it paid only part of the cost?

[IF TX01 = 1 AND TX07 = 1) OR TX38 = 1] Will **private health insurance** pay for the treatment you are currently receiving, even if it pays only part of the cost?

1 Yes
2 No
DK/REF

TX42B [IF TX01 = 1 AND TX07 NE 1 OR BLANK] Did **Medicare** pay for the **last** treatment you received, even if it paid only part of the cost?

[IF (TX01 = 1 AND TX07 = 1) OR TX38 = 1] Will **Medicare** pay for the treatment you are currently receiving, even if it pays only part of the cost?

1 Yes
2 No
DK/REF

TX42C [IF TX01 = 1 AND TX07 NE 1 OR BLANK] Did **Medicaid** pay for the **last** treatment you received, even if it paid only part of the cost?

[IF (TX01 = 1 AND TX07 = 1) OR TX38 = 1] Will **Medicaid** pay for the treatment you are currently receiving, even if it pays only part of the cost?

1 Yes
2 No
DK/REF

TX42D [IF TX01 = 1 AND TX07 NE 1 OR BLANK] Did **a public assistance program other than Medicaid** pay for the **last** treatment you received, even if it paid only part of the cost?

[IF (TX01 = 1 AND TX07 = 1) OR TX38 = 1] Will a **public assistance program other than Medicaid** pay for the treatment you are currently receiving, even if it pays only part of the cost?

- 1 Yes
- 2 No
- DK/REF

TX42E [IF TX01 = 1 AND TX07 NE 1 OR BLANK] Did you use **your own savings or earnings** to pay for the **last** treatment you received, even if you paid only part of the cost?

[IF (TX01 = 1 AND TX07 = 1) OR TX38 = 1] Will you use **your own savings or earnings** to pay for the treatment you are currently receiving, even if you pay only part of the cost?

- 1 Yes
- 2 No
- DK/REF

TX42F [IF TX01 = 1 AND TX07 NE 1 OR BLANK] Did **family members** pay for the **last** treatment you received, even if they paid only part of the cost?

[IF (TX01 = 1 AND TX07 = 1) OR TX38 = 1] Will **family members** pay for the treatment you are currently receiving, even if they pay only part of the cost?

- 1 Yes
- 2 No
- DK/REF

TX42G [IF TX01 = 1 AND TX07 NE 1 OR BLANK] Did **the courts** pay for the **last** treatment you received, even if it paid only part of the cost?

[IF (TX01 = 1 AND TX07 = 1) OR TX38 = 1] Will **the courts** pay for the treatment you are currently receiving, even if it pays only part of the cost?

- 1 Yes
- 2 No
- DK/REF

TX42H [IF TX01 = 1 AND TX07 NE 1 OR BLANK] Did **CHAMPUS or TRICARE, CHAMPVA, the VA, or some other military health care** pay for the **last** treatment you received, even if it paid only part of the cost?

[IF (TX01 = 1 AND TX07 = 1) OR TX38 = 1] Will **CHAMPUS or TRICARE,**

CHAMPVA, the VA, or some other military health care pay for the treatment you are currently receiving, even if it pays only part of the cost?

- 1 Yes
- 2 No
- DK/REF

TX42I [IF TX01 = 1 AND TX07 NE 1 OR BLANK] Did **your employer** pay for the **last** treatment you received, even if it paid only part of the cost?

[IF (TX01 = 1 AND TX07 = 1) OR TX38 = 1] Will **your employer** pay for the treatment you are currently receiving, even if it pays only part of the cost?

- 1 Yes
- 2 No
- DK/REF

TX42J [IF TX01 = 1 AND TX07 NE 1 OR BLANK] Was your **last** treatment paid for by **some other source** besides those that have been listed?

[IF (TX01 = 1 AND TX07 = 1) OR TX38 = 1] Will the treatment you are currently receiving be paid for by **some other source** besides those that have been listed?

- 1 Yes
- 2 No
- DK/REF

TX42JSP [IF TX42J = 1 AND TX07 NE 1 OR BLANK] Please type in a description of the source that paid for your last treatment or counseling for alcohol or drug use. You do not need to give a detailed description — just a few words will be sufficient. When you have finished typing your answer, press the [ENTER] key to go to the next question.

[IF TX42J = 1 AND (TX07 = 1 OR TX38 = 1)] Please type in a description of the source that will pay for your current treatment or counseling for alcohol or drug use. You do not need to give a detailed description — just a few words will be sufficient. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN TX42JSP.

TX42K [IF TX42A - TX42J = 2 AND TX07 NE 1 OR BLANK] Was the **last** treatment you received **free**?

[IF TX42A - TX42J = 2 AND (TX07 = 1 OR TX38 = 1)] Is the treatment you are currently receiving **free**?

- 1 Yes
- 2 No
- DK/REF

TX43 [IF TX01 = 1] Were you enrolled in a treatment program for your alcohol or drug use on **October 1, [CURRENT YEAR – 1]**?

For this question, please include only treatment you received at a hospital, drug rehabilitation facility, or mental health center.

- 1 Yes
- 2 No
- DK/REF

TX44 [IF TX03 NE BLANK] Think about all the treatment or counseling you received for your [TXFILL1] during the past 12 months. Was **detoxification** the **only** [TXFILL1] treatment you received during the past 12 months?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX52 [IF (TX01 NE BLANK) AND (TX04h NE 1)] The next question is about self-help groups. Some examples of self-help groups for alcohol or drug use are AA or Alcoholics Anonymous, NA or Narcotics Anonymous, CA or Cocaine Anonymous, and CMA or Crystal Meth Anonymous.

During the past 12 months, did you go to **any** self-help group meetings or 12-step programs to receive help for your **own** use of alcohol or any drug, not counting cigarettes?

- 1 Yes
- 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

TX53 [IF TX52 = 1] Did you go to the self-help group because of your alcohol use only, your drug use only, or because of both alcohol and drug use?

- 1 Alcohol use only
- 2 Drug use only
- 3 Both alcohol and drug use

DK/REF

Adult Mental Health Service Utilization
(Questions Administered only to respondents 18 or older)

ADINTRO [IF CURNTAGE = 18 OR OLDER] These next questions are about treatment and counseling for problems with emotions, nerves or mental health. [IF TX01 = 1 OR DK/REF] Please do not include treatment for alcohol or drug use.

Click Next to continue.

ADMT01 [IF CURNTAGE = 18 OR OLDER] During the past 12 months, have you stayed **overnight or longer** in a hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health? [IF TX01 = 1 OR DK/REF] Please do not include treatment for alcohol or drug use.

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMTREF1 [IF ADMT01 = REF] The answers that people give us about mental health treatment 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: During the past 12 months, have you stayed **overnight or longer** in a hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health? [IF TX01 = 1 OR DK/REF] Please do not include treatment for alcohol or drug use.

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT02 [IF ADMT01 = 1 OR ADMTREF1 = 1] Where did you stay **overnight or longer** to receive mental health treatment or counseling during the past 12 months?

Select all that apply.

1 A private or public psychiatric hospital

2 A psychiatric unit of a general hospital

3 A medical unit of a general hospital

- 4 Another type of hospital
- 5 A residential treatment center
- 6 Some other type of facility

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT04 [IF ADMT02 = 1] During the past 12 months, how many **nights** did you spend in a private or public psychiatric hospital for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT05 [IF ADMT02 = 2] During the past 12 months, how many **nights** did you spend in the psychiatric unit of a general hospital for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT06 [IF ADMT02 = 3] During the past 12 months, how many **nights** did you spend in the medical unit of a general hospital for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT07 [IF ADMT02 = 4] During the past 12 months, how many **nights** did you spend in some other type of hospital for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT08 [IF ADMT02 = 5] During the past 12 months, how many **nights** did you spend in a residential treatment center for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT09 [IF ADMT02 = 6] During the past 12 months, how many **nights** did you spend in some other type of facility for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT10 [IF ADMT02 NE BLANK] Who paid or will pay for the **inpatient** mental health care you received during the past 12 months?

Select all that apply.

- 1 Self or a family member living with you
- 2 A family member who does not live with you
- 3 Private health insurance
- 4 Medicare
- 5 Medicaid
- 6 Rehabilitation program
- 7 Employer
- 8 VA or other military program
- 9 Other public source
- 10 Other private source
- 11 No one paid because the treatment was free

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT11 [IF MORE THAN 1 RESPONSE SELECTED IN ADMT10 AND ADMT02 NE DK/REF] Who paid or will pay **most** of the cost for the **inpatient** mental health care you received during the past 12 months?

Please select only one answer from those that are shown in blue below.

[NOTE TO PROGRAMMERS: RESPONSES CHOSEN IN ADMT10 SHOULD BE SHOWN IN BLUE. IMPLEMENT AN ERROR MESSAGE IF THE RESPONDENT SELECTS ONE OF THE OTHER RESPONSES.]

- 1 Self or a family member living with you
- 2 A family member who does not live with you
- 3 Private health insurance
- 4 Medicare
- 5 Medicaid
- 6 Rehabilitation program
- 7 Employer
- 8 VA or other military program
- 9 Other public source
- 10 Other private source
- 11 No one paid because the treatment was free

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT12 [IF ADMT10 = 1 AND ADMT02 NE DK/REF] How much did you or your family pay for the **inpatient** mental health care you received during the past 12

months? Do not count any money that has been or will be reimbursed by insurance or any other source.

[IF ADMT10 = 2 AND NE 1 AND ADMT02 NE DK/REF] How much did your family pay for the **inpatient** mental health care you received during the past 12 months? Do not count any money that has been or will be reimbursed by insurance or any other source.

- 1 Less than \$100
- 2 \$100 to \$200
- 3 \$201 to \$500
- 4 \$501 to \$900
- 5 \$901 to \$1,500
- 6 \$1,501 to \$2,000
- 7 \$2,001 to \$5,000
- 8 \$5,001 to \$7,500
- 9 \$7,501 to \$10,000
- 10 More than \$10,000

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT13 [IF CURNTAGE = 18 OR OLDER] The list below includes some of the places where people can get **outpatient** treatment or counseling for problems with their emotions, nerves, or mental health.

During the past 12 months, did you receive any **outpatient** treatment or counseling for any problem you were having with your emotions, nerves, or mental health at any of the places listed below? [IF TX01 = 1 OR DK/REF] Please do not include treatment for alcohol or drug use.

- An outpatient mental health clinic or center
- The office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic
- A doctor's office that was not part of a clinic
- An outpatient medical clinic
- A partial day hospital or day treatment program
- Some other place

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMTREF13 [IF ADMT13 = REF] The answers that people give us about mental health treatment 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: During the past 12 months, did you receive any **outpatient** treatment or counseling for any problem you were having with your emotions, nerves, or mental health at any of the places listed below? [IF TX01 = 1 OR DK/REF] Please do not include treatment for alcohol or drug use.

- An outpatient mental health clinic or center
- The office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic
- A doctor's office that was not part of a clinic
- An outpatient medical clinic
- A partial day hospital or day treatment program
- Some other place

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT14 [IF ADMT13 = 1 OR ADMTREF13 = 1] Where did you receive **outpatient** mental health treatment or counseling during the past 12 months?

Select all that apply.

- 1 An outpatient mental health clinic or center
- 2 The office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic
- 3 A doctor's office that was not part of a clinic
- 4 An outpatient medical clinic
- 5 A partial day hospital or day treatment program
- 6 Some other place

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT15 [IF ADMT14 = 6] Please type in a description of this other place where you received outpatient mental health treatment or counseling. When you have finished, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN ADMT15.

ADMT16 [IF ADMT14 = 1] During the past 12 months, how many **visits** did you make to an **outpatient** mental health clinic or center for mental health care?

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

ADMT17 [IF ADMT14 = 2] During the past 12 months, how many **outpatient visits** did you make to a private therapist, psychologist, psychiatrist, social worker, or counselor for mental health care?

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

ADMT18 [IF ADMT14 = 3] During the past 12 months, how many **outpatient visits** did you make to a doctor's office for mental health care?

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

ADMT19 [IF ADMT14 = 4] During the past 12 months, how many **outpatient visits** did you make to an outpatient medical clinic for mental health care?

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

ADMT20 [IF ADMT14 = 5] During the past 12 months, how many **outpatient visits** did you make to a partial day hospital or day treatment program for mental health care?

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

ADMT21 [IF ADMT14 = 6] During the past 12 months, how many **outpatient visits** did you make to some other type of facility for mental health care?

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

ADMT22 [IF ADMT14 NE BLANK] Who paid or will pay for the **outpatient** mental health care you received during the past 12 months?

Select all that apply.

- 1 Self or a family member living with you
- 2 A family member who does not live with you
- 3 Private health insurance
- 4 Medicare
- 5 Medicaid
- 6 Rehabilitation program
- 7 Employer
- 8 VA or other military program
- 9 Other public source
- 10 Other private source
- 11 No one paid because the treatment was free

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT23 [IF MORE THAN 1 RESPONSE SELECTED IN ADMT22 AND ADMT14 NE DK/REF] Who paid or will pay **most** of the cost for the **outpatient** mental health care you received during the past 12 months?

Please select only one answer from those that are shown in blue below.
 [NOTE TO PROGRAMMERS: RESPONSES CHOSEN IN ADMT22 SHOULD BE SHOWN IN BLUE. IMPLEMENT AN ERROR MESSAGE IF THE RESPONDENT SELECTS ONE OF THE OTHER RESPONSES.]

- 1 Self or a family member living with you
- 2 A family member who does not live with you
- 3 Private health insurance
- 4 Medicare
- 5 Medicaid
- 6 Rehabilitation program
- 7 Employer
- 8 VA or other military program
- 9 Other public source
- 10 Other private source
- 11 No one paid because the treatment was free

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT24 [IF ADMT22 = 1 AND ADMT14 NE DK/REF] How much did you or your family pay for the **outpatient** mental health care you received during the past 12 months? Do not count any money that has been or will be reimbursed by insurance or any other source.

[IF ADMT22 = 2 AND NE 1 AND ADMT14 NE DK/REF] How much did your family pay for the **outpatient** mental health care you received during the past 12 months? Do not count any money that has been or will be reimbursed by insurance or any other source.

- 1 Less than \$100
- 2 \$100 to \$200
- 3 \$201 to \$500
- 4 \$501 to \$900
- 5 \$901 to \$1,500
- 6 \$1,501 to \$2,000
- 7 \$2,001 to \$5,000
- 8 More than \$5,000

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT25 [IF CURNTAGE = 18 OR OLDER] During the past 12 months, did you take any **prescription medication** that was prescribed for you to treat a mental or emotional condition?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMTREF25 [IF ADMT25 = REF] The answers that people give us about their use of prescription medications 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: During the past 12 months, did you take any **prescription medication** that was prescribed for you to treat a mental or emotional condition?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT26 [IF CURNTAGE = 18 OR OLDER] During the past 12 months, was there any time when you **needed** mental health treatment or counseling for yourself but **didn't get it**?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT27 [IF ADMT26 = 1] Which of these statements explain why you did not get the mental health treatment or counseling you needed?

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

- 1 You couldn't afford the cost.
 - 2 You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.
 - 3 You were concerned that getting mental health treatment or counseling might have a negative effect on your job.
 - 4 Your health insurance does not cover **any** mental health treatment or counseling.
 - 5 Your health insurance does not pay **enough** for mental health treatment or counseling.
 - 6 You did not know where to go to get services.
 - 7 You were concerned that the information you gave the counselor might not be kept confidential.
 - 8 You were concerned that you might be committed to a psychiatric hospital or might have to take medicine.
 - 9 Some other reason or reasons.
- DK/REF

ADMT27A [IF ANY ENTRY IN ADMT27 = 9] Which of these statements explain why you did not get the mental health treatment or counseling you needed?

Select all that apply.

- 1 You didn't think you needed treatment at the time.
 - 2 You thought you could handle the problem without treatment.
 - 3 You didn't think treatment would help.
 - 4 You didn't have time (because of job, childcare, or other commitments).
 - 5 You didn't want others to find out that you needed treatment.
 - 6 You had no transportation, or treatment was too far away, or the hours were not convenient.
 - 7 Some other reason or reasons.
- DK/REF

ADMT27SP [IF ADMT27A = 7] Please type in the **most important** other reason you did not get the mental health treatment or counseling you needed. When you have finished, click Next to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN ADMT27SP.

ADMT29a [IF CURNTAGE = 18 OR OLDER] Earlier, we asked whether you have received prescription medicines, inpatient treatment or outpatient treatment for your

emotions, nerves or mental health. The list below contains possible sources of treatment, counseling or support **that were not mentioned before.**

Acupuncturist or acupressurist
Chiropractor
Herbalist
In-person support group or self-help group
Internet support group or chat room
Spiritual or religious advisor, such as a pastor, priest, rabbi
Telephone hotline
Massage therapist

Did you receive treatment, counseling or support from any other sources such as these during the past 12 months?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT29b [IF ADMT29a = 1] From what source did you receive other treatment, counseling or support for problems with your emotions, nerves or mental health in the past 12 months?

Select all that apply.

1 Acupuncturist or acupressurist

2 Chiropractor

3 Herbalist

4 In-person support group or self-help group

5 Internet support group or chat room

6 Spiritual or religious advisor, such as a pastor, priest, rabbi

7 Telephone hotline

8 Massage therapist

9 Other (specify)

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

ADMT29bSP [IF ADMT29b = 9] Please type in the source of the other treatment, counseling or support you received. When you have finished, click Next to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN ADMT29bSP.

ADMT30 [IF ADMT01 = 1 OR ADMTREF1 = 1 OR ADMT13 = 1 OR ADMTREF13 = 1 OR ADMT25 = 1 OR ADMTREF25 = 1 OR ADMT29a=1] Please think about the mental health treatment or counseling you received during the past 12 months. Which of these statements best describes how you were prompted to get treatment?

- 1 I decided on my own to get treatment
- 2 I got treatment mainly because someone else thought I should
- 3 I was ordered to get treatment

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Mental Health

(Questions administered only to respondents 18 or older.)

DIINTRO [IF CURNTAGE = 18 OR OLDER] These questions ask how you have been feeling during the **past 30 days**.

Click Next to continue.

NERVE30 [IF CURNTAGE = 18 OR OLDER]
During the past 30 days, how often did you feel nervous?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

HOPE30 [IF CURNTAGE = 18 OR OLDER]
During the past 30 days, how often did you feel hopeless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

FIDG30 [IF CURNTAGE = 18 OR OLDER]
During the past 30 days, how often did you feel restless or fidgety?

- 1 All of the time

- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

NOCHR30 [IF CURNTAGE = 18 OR OLDER]

During the past 30 days, how often did you feel so sad or depressed that nothing could cheer you up?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

EFFORT30 [IF CURNTAGE = 18 OR OLDER]

During the past 30 days, how often did you feel that everything was an effort?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

DOWN30 [IF CURNTAGE = 18 OR OLDER]

During the past 30 days, how often did you feel down on yourself, no good or worthless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

WORST30

The last questions asked about how you have been feeling during the past 30 days. Now think about **the past 12 months**. Was there a month in the past 12 months when you felt more depressed, anxious, or emotionally stressed than you felt during the past 30 days?

- 1 Yes
- 2 No

PROGRAMMER: SHOW 12 MONTH CALENDAR

DSNERV1 [IF CURNTAGE = 18 OR OLDER AND WORST30=1] Think of one month in the past 12 months when you were the most depressed, anxious, or emotionally stressed.

During that month, how often did you feel nervous?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

DSHOPE [IF CURNTAGE = 18 OR OLDER AND WORST30=1] During that same month when you were at your worst emotionally . . .

how often did you feel hopeless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

DSFIDG [IF CURNTAGE = 18 OR OLDER AND WORST30=1] During that same month when you were at your worst emotionally . . .

how often did you feel restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

DSNOCHR [IF CURNTAGE = 18 OR OLDER AND WORST30=1] During that same month when you were at your worst emotionally . . .

how often did you feel so sad or depressed that nothing could cheer you up?

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time
- DK/REF

DSEFFORT [IF CURNTAGE = 18 OR OLDER AND WORST30=1] During that same month when you were at your worst emotionally . . .

how often did you feel that everything was an effort?

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time
- DK/REF

DSDOWN [IF CURNTAGE = 18 OR OLDER AND WORST30=1] During that same month when you were at your worst emotionally . . .

how often did you feel down on yourself, no good, or worthless?

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time
- DK/REF

DEFINE DISTRESS:

IF NERVE30 = 1-4 OR HOPE30 = 1-4 OR FIDG30 = 1-4, OR NOCHR30 = 1-4 OR
EFFORT30= 1-4 OR DOWN30 = 1-4, OR DSNERV1 = 1-4 OR DSHOPE = 1-4
OR DSFIDG = 1-4 OR DSNOCHE = 1-4 OR DSEFFORT= 1-4 OR DSDOWN =
1-4, THEN DISTRESS = 1
ELSE, DISTRESS = 2

LIKERT [IF DISTRESS=1] The next questions are about how much your emotions, nerves, or mental health caused you to have **difficulties in daily activities**.

In answering, think of the **one month** in the past 12 months when your emotions,

nerves, or mental health interfered **most** with your daily activities.

Click Next to continue.

LIREMEM [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **remembering to do things you needed to do?**

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
- DK/REF

LICONCEN [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **concentrating on doing something important when other things were going on around you?**

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
- DK/REF

LIGOOUT1 [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **going out of the house and getting around on your own?**

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
 - 5 You didn't leave the house on your own
- DK/REF

LIGOOUT2 [IF LIGOOUT1 = 5] Did problems with your emotions, nerves, or mental health keep you from leaving the house on your own?

- 1 Yes

2 No
DK/REF

LISTRAN1 [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **dealing with people you did not know well?**

1 No difficulty
2 Mild difficulty
3 Moderate difficulty
4 Severe difficulty
5 You didn't deal with people you did not know well
DK/REF

LISTRAN2 [IF LISTRAN1 = 5] Did problems with your emotions, nerves, or mental health keep you from dealing with people you did not know well?

1 Yes
2 No
DK/REF

LISOC1 [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **participating in social activities, like visiting friends or going to parties?**

1 No difficulty
2 Mild difficulty
3 Moderate difficulty
4 Severe difficulty
5 You didn't participate in social activities
DK/REF

LISOC2 [IF LISOC1=5] Did problems with your emotions, nerves, or mental health keep you from participating in social activities?

1 Yes
2 No
DK/REF

LIHHRES1 [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **taking care of household responsibilities**?

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
 - 5 You didn't take care of household responsibilities
- DK/REF

LIHHRES2 [IF LIHHRES1=5] Did problems with your emotions, nerves, or mental health keep you from taking care of household responsibilities?

- 1 Yes
 - 2 No
- DK/REF

LIWKRES1 [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **taking care of your daily responsibilities at work or school**?

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
 - 5 You didn't work or go to school
- DK/REF

LIWKRES2 [IF LIWKRES1=5] Did problems with your emotions, nerves, or mental health keep you from working or going to school?

- 1 Yes
 - 2 No
- DK/REF

LIWKQUIC [IF DISTRESS =1 AND LIWKRES1 NE 5] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **getting your daily work done as quickly as needed**?

- 1 No difficulty
- 2 Mild difficulty

- 3 Moderate difficulty
- 4 Severe difficulty
- DK/REF

IMWEEK1 [IF LIREMEM = 2 - 4 OR LICONCEN = 2 - 4 OR LIGOOUT1 = 2 - 4 OR LIGOOUT2 = 1 OR LISTRAN1 = 2 - 4 OR LISTRAN2 = 1 OR LISOC1 = 2 - 4 OR LISOC2 = 1 OR LIHHRES1 = 2 - 4 OR LIHHRES2 = 1 OR LIWKRES1 = 2 - 4 OR LIWKRES2 = 1 OR LIWKQUIC = 2 - 4] You mentioned having difficulty with or being unable to do such things as **[FILL WITH BOLDED TEXT FROM UP TO ALL ITEMS WHERE LIREMEM = 2 - 4 OR LICONCEN = 2 - 4 OR LIGOOUT1 = 2 - 4 OR LISTRAN1 = 2 - 4 OR LISOC1 = 2 - 4 OR LIHHRES1 = 2 - 4 OR LIWKRES1 = 2 - 4 OR LIWKQUIC = 2 - 4]**.

[**Note to Programmers:** Bolded text fills should appear in bold lower case and be separated by semicolons. The last fill should be preceded by the word “and.”

- IF LIREMEM = 2 – 4 THEN FILL = “**remembering to do things you needed to do**”
- IF LICONCEN = 2 – 4 THEN FILL = “**concentrating on doing something important when other things were going on around you**”
- IF LIGOOUT1 = 2 – 4 THEN FILL = “**going out of the house and getting around on your own**”
- IF LISTRAN1 = 2 – 4 THEN FILL = “**dealing with people you did not know well**”
- IF LISOC1 = 2 – 4 THEN FILL = “**participating in social activities, like visiting friends or going to parties**”
- IF LIHHRES1 = 2 – 4 THEN FILL = “**taking care of your household responsibilities**”
- IF LIWKRES1 = 2 – 4 THEN FILL = “**taking care of your daily responsibilities at work or school**”
- IF LIWKQUIC = 2 – 4 THEN FILL = “**getting your daily work done as quickly as needed**”

Further IMWEEK1 Fill Specifications:

- IF LIGOOUT2=1 USE FILL FOR LIGOOUT1.
- IF LISTRAN2=1 USE FILL FOR LISTRAN1.
- IF LISOC2=1 USE FILL FOR LISOC1.
- IF LIHHRES2=1 USE FILL FOR LIHHRES1.
- IF LIWKRES2=1 USE FILL FOR LIWKRES1.]

During the past 12 months, about how many weeks did you have any of these difficulties because of your emotions, nerves, or mental health? If you can’t remember the exact number, just give your best estimate.

OF WEEKS: _____ [RANGE: 1 - 52]

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

CREATE IMWEEK1 FILL.

IMDAYS [IF IMWEEK1 =1-52] During (**that [IMWEEK1FILL] week/those [IMWEEK1 FILL] weeks**), did you have these kinds of difficulties every day, most days, or only one or two days a week?

- 1 Every day
 - 2 Most days
 - 3 Only one or two days a week
- DK/REF

LIAD68 [IF LIREMEM = 2 – 4, OR LICONCEN = 2 - 4, OR LIGOOUT1 = 2 - 4 , OR LIGOOUT2 = 1, OR LISTRAN1 = 2 – 4, OR LISTRAN2 = 1, OR LISOC1 = 2 - 4, OR LISOC2 = 1, OR LIHHRES1 = 2 - 4, OR LIHHRES2 = 1, OR LIWKRES1 = 2 - 4, OR LIWKQUIC = 2 - 4] About how many days out of 365 in the past 12 months were you **totally unable** to work or carry out your normal activities because of your emotions, nerves or mental health?

You can use any number between 0 and 365 to answer.

OF DAYS: _____ [RANGE: 0-365]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Adult Depression

[Questions administered only to respondents 18 years of age and older]

ASC21 [IF CURNTAGE = 18 OR OLDER] Have you ever in your life had a period of time lasting several days or longer when **most of the day** you felt **sad, empty or depressed**?

- 1 Yes
 - 2 No
- DK/REF

ASC22 [IF ASC21 = 2 OR DK/REF] Have you ever had a period of time lasting several days or longer when **most of the day** you were very **discouraged** about how things were going in your life?

- 1 Yes
- 2 No

DK/REF

ASC23 [IF ASC22 = 2 or DK/REF] Have you ever had a period of time lasting several days or longer when you **lost interest** in most things you usually enjoy like work, hobbies, and personal relationships?

1 Yes

2 No

DK/REF

AD01 [IF ASC21 =1] During times when you felt **sad, empty, or depressed** most of the day, did you ever feel **discouraged** about how things were going in your life?

1 Yes

2 No

DK/REF

AD01a[IF AD01 = 1] During the times when you felt sad, empty, or depressed, did you ever **lose interest** in most things like work, hobbies, and other things you usually enjoy?

1 Yes

2 No

DK/REF

AD01b [IF AD01 = 2 OR DK/REF] During the times when you felt sad, empty, or depressed, did you ever **lose interest** in most things like work, hobbies, and other things you usually enjoy?

1 Yes

2 No

DK/REF

AD02 [IF ASC22 = 1] During times when you felt discouraged about how things were going in your life, did you ever **lose interest** in most things like work, hobbies, and other things you usually enjoy?

1 Yes

2 No

DK/REF

AD09 [IF ASC23= 1] Did you ever have a period of time like this that lasted **most of the day nearly every day** for **two weeks or longer**?

1 Yes

2 No

DK/REF

DEFINE FEELFILL:

IF (AD01a = 1), THEN FEELFILL = “were sad, discouraged, or lost interest in most things”

IF (AD01a = 2 OR DK/REF), THEN FEELFILL = “were sad or discouraged”

IF (AD01b = 1), THEN FEELFILL = “were sad or lost interest in most things”

IF (AD01b = 2 OR DK/REF) THEN FEELFILL = “were sad”

IF (AD02 = 1), THEN FEELFILL = “were discouraged or lost interest in most things”

IF (AD02 = 2 OR DK/REF), THEN FEELFILL = “were discouraged about the way things were going in your life”

IF (AD09 = 1), THEN FEELFILL = “lost interest in most things”

ELSE, FEELFILL = BLANK

DEFINE FEELNOUN:

IF (AD01a = 1), THEN FEELNOUN = “sadness, discouragement, or lack of interest”

IF (AD01a = 2 OR DK/REF), THEN FEELNOUN = “sadness or discouragement”

IF (AD01b = 1), THEN FEELNOUN = “sadness or lack of interest”

IF (AD01b = 2 OR DK/REF), THEN FEELNOUN = “sadness”

IF (AD02 = 1), THEN FEELNOUN = “discouragement or lack of interest”

IF (AD02 = 2 OR DK/REF), THEN FEELNOUN = “discouragement”

IF (AD09 = 1), THEN FEELNOUN = “lack of interest in most things”

ELSE FEELNOUN = BLANK

DEFINE NUMPROBS

IF AD01a NE BLANK OR AD01b = 1 OR AD02 = 1, THEN NUMPROBS = “these problems”

IF AD01b = (2 OR DK/REF) OR AD02 = (2 OR DK/REF) OR AD09 = 1, THEN NUMPROBS = “this problem”

ELSE NUMPROBS = BLANK

DEFINE WASWERE:

IF AD01a NE BLANK OR AD01b = 1 OR AD02 = 1, THEN WASWERE = “were”

IF AD01b = (2 OR DK/REF) OR AD02 = (2 OR DK/REF) OR AD09 = 1, THEN WASWERE = “was”

ELSE WASWERE = BLANK

AD12 [IF AD01a NE BLANK OR AD01b NE BLANK OR AD02 NE BLANK] Think about the times when you [FEELFILL]. Did you ever have a period of time like this that lasted **most of the day, nearly every day, for two weeks or longer?**

1 Yes

2 No

DK/REF

AD16 [IF AD09 = 1 OR AD12 = 1] Think of times lasting **two weeks or longer** when [NUMPROBS] with your mood [WASWERE] most **severe and frequent**. During those times, how long did your [FEELNOUN] usually last?

- 1 Less than 1 hour
 - 2 At least 1 hour but no more than 3 hours
 - 3 At least 3 hours but no more than 5 hours
 - 4 5 hours or more
- DK/REF

AD17 [IF AD16 = 2, 3, 4, OR DK/REF] Still thinking of times lasting two weeks or longer when [NUMPROBS] with your mood [WASWERE] most **severe and frequent**, how severe was your **emotional distress** during those times?

- 1 Mild
 - 2 Moderate
 - 3 Severe
 - 4 Very severe
- DK/REF

AD18 [IF AD16 = 2, 3, 4, OR DK/REF] Again, think of times lasting two weeks or longer when [NUMPROBS] with your mood [WASWERE] most **severe and frequent**.

How often, during those times, was your emotional distress so severe that **nothing could cheer you up**?

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK/REF

AD19 [IF AD16 = 2, 3, 4, OR DK/REF] Once again, please think of times lasting two weeks or longer when [NUMPROBS] with your mood [WASWERE] most **severe and frequent**.

How often, during those times, was your emotional distress so severe that you **could not carry out your daily activities**?

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK/REF

AD21 [IF AD16 = (2, 3, 4 OR DK/REF) AND NOT (AD17 = 1 AND AD18 = 4 AND AD19 = 4) AND (ASC21=1 OR ASC22=1 OR ASC23=1) AND AD09 NE (2 OR DK/REF)]
People who have problems with their mood often have other problems at the same time. These problems may include things like changes in:

- sleep

- appetite
- energy
- the ability to concentrate and remember
- feelings of low self-worth

Did you ever have any of these problems during a period of time when you [FEELFILL] for **two weeks or longer**?

- 1 Yes
 2 No
 DK/REF

AD22 [IF AD21 = 1] Think again about these other problems we just mentioned. They include things like changes in

- sleep
- appetite
- energy
- the ability to concentrate and remember
- feelings of low self-worth

Please think of a time when you [FEELFILL] for **two weeks or longer** and you also had the **largest number** of these other problems at the same time.

Is there one particular time like this that stands out in your mind as the **worst** one you ever had?

- 1 Yes
 2 No
 DK/REF

AD22a [IF AD22 = 1] How old were you when that worst period of time started?

_____ YEARS OLD [RANGE: 1-110]
 DK/REF

AD22c [IF AD22 = 2 OR DK/REF] Then think of the **most recent** time when you [FEELFILL] for **two weeks or longer** and you also had the **largest number** of these other problems at the same time.

How old were you when that time started?

_____ YEARS OLD
 DK/REF

DEFINE TIMEFILL:

IF AD22a NE BLANK, THEN TIMEFILL = 'worst'

IF AD22c NE BLANK, THEN TIMEFILL = 'most recent'

AD24a [IF AD22a NE BLANK] In answering the next questions, think about the period of time when your [FEELNOUN] and other problems were the **worst**.

[IF AD22c NE BLANK] In answering the next questions, think about the **most recent** period of time when you [FEELFILL] and had other problems at the same time.

During that time, did you feel sad, empty, or depressed **most of the day nearly every day**?

1 Yes

2 No

DK/REF

AD24c [IF AD22a NE BLANK OR AD22c NE BLANK] During that [TIMEFILL] period of time, did you feel discouraged about how things were going in your life **most of the day nearly every day**?

1 Yes

2 No

DK/REF

AD24e [IF AD22a NE BLANK OR AD22c NE BLANK] During that [TIMEFILL] period of time, did you lose interest in almost all things like work and hobbies and things you like to do for fun?

1 Yes

2 No

DK/REF

AD24f [IF AD22a NE BLANK OR AD22c NE BLANK] During that [TIMEFILL] period of time, did you lose the ability to take pleasure in having good things happen to you, like winning something or being praised or complimented?

1 Yes

2 No

DK/REF

AD26a [IF ANY AD24a – AD24f = 1] The next questions are about changes in appetite and weight.

[IF AD22a NE BLANK] In answering the next questions, think about the period of time when your [FEELNOUN] and other problems were the **worst**.

[IF AD22c NE BLANK] In answering the next questions, think about the **most recent** period of time when you [FEELFILL] and had other problems at the same time.

Did you have a much smaller appetite than usual nearly every day during that time?

- 1 Yes
- 2 No
- DK/REF

AD26b [IF AD26a = 2 OR DK/REF] Did you have a much **larger** appetite than usual nearly every day?

- 1 Yes
- 2 No
- DK/REF

AD26c [IF AD26a = 2 OR DK/REF] Did you gain weight without trying to during that [TIMEFILL] period of time?

- 1 Yes
- 2 No
- DK/REF

AD26c1 [IF AD26c = 1 AND (AD22a ≤ 21 OR AD22c ≤ 21)] Did you gain weight without trying to because you were growing?

- 1 Yes
- 2 No
- DK/REF

AD26c2 [IF AD26c = 1 AND AD26c1 NE YES AND QD01 = 9] Did you gain weight without trying to because you were pregnant?

- 1 Yes
- 2 No
- DK/REF

AD26d [IF AD26c = 1 AND AD26c1 NE YES AND AD26c2 NE YES] How many pounds did you gain?

Please enter your answer as a whole number.

OF POUNDS: _____ [RANGE: 0-200]

DK/REF

AD26e [IF (AD26a = 1 OR AD26c=(2 OR DK/REF))] Did you **lose** weight without trying to?

1 Yes

2 No

DK/REF

AD26e1 [IF AD26e = 1] Did you lose weight without trying to because you were sick or on a diet?

1 Yes

2 No

DK/REF

AD26f [IF AD26e1 = 2 OR DK/REF] How many pounds did you lose?

Please enter your answer as a whole number.

OF POUNDS:_____ [RANGE: 0-200]

DK/REF

AD26g[IF AD26a NE BLANK]

[IF AD22a NE BLANK] Again, please think about the period of time when your [FEELNOUN] and other problems were the **worst**.

[IF AD22c NE BLANK] Again, please think about the **most recent** period of time when you [FEELFILL] and had other problems at the same time.

Did you have a lot more trouble than usual falling asleep, staying asleep, or waking too early nearly every night during that [TIMEFILL] period of time?

1 Yes

2 No

DK/REF

AD26h [IF AD26g = 2 OR DK/REF] During that [TIMEFILL] period of time, did you sleep a lot more than usual nearly every night?

1 Yes

2 No

DK/REF

AD26j [IF AD26a NE BLANK] During that [TIMEFILL] period of time, did you feel tired or low in energy nearly every day, even when you had not been working very hard?

- 1 Yes
- 2 No
- DK/REF

AD26l [IF AD26a NE BLANK] Did you talk or move more slowly than is normal for you nearly every day?

- 1 Yes
- 2 No
- DK/REF

AD26m [IF AD26l = 1] Did anyone else notice that you were talking or moving slowly?

- 1 Yes
- 2 No
- DK/REF

AD26n [IF AD26l = 2 OR DK/REF] Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?

- 1 Yes
- 2 No
- DK/REF

AD26o[AD26n = 1] Did anyone else notice that you were restless?

- 1 Yes
- 2 No
- DK/REF

AD26p [IF AD26a NE BLANK] The next questions are about changes in your ability to concentrate, and your feelings about yourself.

[IF AD22a NE BLANK] Again, in answering these questions, think about the period of time when your [FEELNOUN] and other problems were the **worst**.

[IF AD22c NE BLANK] Again, in answering these questions, think about the **most recent** period of time when you [FEELFILL] and had other problems at the same time.

During that [TIMEFILL] time, did your thoughts come much more slowly than usual or seem confused nearly every day?

- 1 Yes
- 2 No
- DK/REF

AD26r [IF AD26a NE BLANK] Did you have a lot more trouble concentrating than usual nearly every day?

- 1 Yes
- 2 No
- DK/REF

AD26s [IF AD26a NE BLANK] Were you unable to make decisions about things you ordinarily have no trouble deciding about?

- 1 Yes
- 2 No
- DK/REF

AD26u [IF AD26a NE BLANK] Did you feel that you were not as good as other people nearly every day?

- 1 Yes
- 2 No
- DK/REF

AD26v [IF AD26u = 1] Did you feel totally worthless nearly every day?

- 1 Yes
- 2 No
- DK/REF

AD26aa [IF AD26a NE BLANK] The next questions are about thoughts of death or suicide.

[IF AD22a NE BLANK] Again, in answering these questions, think about the period of time when your [FEELNOUN] and other problems were the **worst**.

[IF AD22c NE BLANK] Again, in answering these questions, think about the **most recent** period of time when you [FEELFILL] and had other problems at the same time.

Did you often think a lot about death, either your own, someone else's, or death in general?

- 1 Yes
- 2 No
- DK/REF

AD26bb [IF AD26a NE BLANK] During that period, did you ever think that it would be better if you were dead?

- 1 Yes
- 2 No
- DK/REF

AD26cc [IF AD26a NE BLANK] Did you think about committing suicide?

- 1 Yes
- 2 No
- DK/REF

AD26dd [IF AD26cc = 1] Did you make a suicide plan?

- 1 Yes
- 2 No
- DK/REF

AD26ee [IF AD26cc = 1] Did you make a suicide attempt?

- 1 Yes
- 2 No
- DK/REF

DEFINE D_MDEA1:

IF AD24A = 1 OR AD24C = 1, THEN D_MDEA1= 1
ELSE IF AD24A = 2 AND AD24C = 2, THEN D_MDEA1= 2
ELSE IF AD24A = DK OR AD24C = DK, THEN D_MDEA1= DK
ELSE IF AD24A = REF OR AD24C = REF, THEN D_MDEA1= REF
ELSE D_MDEA1= BLANK

DEFINE D_MDEA2:

IF AD24E = 1 OR AD24F = 1, THEN D_MDEA2= 1
ELSE IF AD24E = 2 AND AD24F = 2, THEN D_MDEA2= 2
ELSE IF AD24E = DK OR AD24F = DK, THEN D_MDEA2= DK
ELSE IF AD24E = REF OR AD24F = REF, THEN D_MDEA2= REF
ELSE D_MDEA2= BLANK

DEFINE D_MDEA3:

IF AD26A = 1 OR AD26B = 1 OR AD26D ≥10 OR AD26F ≥10, THEN D_MDEA3= 1
ELSE IF AD26A = 2 AND AD26B = 2 AND ((AD26D < 10 OR AD26F < 10) OR (AD26C = (2 OR BLANK) AND AD26E = (2 OR BLANK))) OR (AD26C = 1 AND (AD26C1 = 1 OR AD26C2 = 1)) OR (AD26E = 1 AND AD26E1 = 1)), THEN D_MDEA3= 2
ELSE IF AD26A = DK OR AD26B = DK OR AD26C = DK OR AD26D = DK OR AD26E = DK OR AD26F = DK, THEN D_MDEA3= DK

ELSE IF AD26A = REF OR AD26B = REF OR AD26C = REF OR AD26D = REF OR AD26E
= REF OR AD26F = REF, THEN D_MDEA3= REF
ELSE D_MDEA3= BLANK

DEFINE D_MDEA4:

IF AD26G = 1 OR AD26H = 1, THEN D_MDEA4= 1
ELSE IF AD26G = 2 AND AD26H = 2, THEN D_MDEA4= 2
ELSE IF AD26G = DK OR AD26H = DK, THEN D_MDEA4= DK
ELSE IF AD26G = REF OR AD26H = REF, THEN D_MDEA4= REF
ELSE D_MDEA4= BLANK

DEFINE D_MDEA5:

IF AD26M = 1 OR AD26O = 1, THEN D_MDEA5= 1
ELSE IF (AD26L = (2 OR DK/REF) AND (AD26N = (2 OR DK/REF) OR AD26O = 2)) OR
AD26M = 2, THEN D_MDEA5= 2
ELSE IF AD26L = DK OR AD26M = DK OR AD26N = DK OR AD26O = DK, THEN
D_MDEA5= DK
ELSE IF AD26L = REF OR AD26M = REF OR AD26N = REF OR AD26O = REF, THEN
D_MDEA5= REF
ELSE D_MDEA5= BLANK

DEFINE D_MDEA6:

D_MDEA6= AD26J

DEFINE D_MDEA7:

IF AD26V = 1, THEN D_MDEA7= 1
ELSE IF AD26U = (2 OR DK/REF) OR AD26V = 2, THEN D_MDEA7= 2
ELSE D_MDEA7=AD26V
ELSE D_MDEA7= BLANK

DEFINE D_MDEA8:

IF AD26P = 1 OR AD26R = 1 OR AD26S = 1, THEN D_MDEA8= 1
ELSE IF AD26P = 2 AND AD26R = 2 AND AD26S = 2, THEN D_MDEA8= 2
ELSE IF AD26P = DK OR AD26R = DK OR AD26S = DK, THEN D_MDEA8= DK
ELSE IF AD26P = REF OR AD26R = REF OR AD26S = REF, THEN D_MDEA8= REF
ELSE D_MDEA8= BLANK

DEFINE D_MDEA9:

IF AD26AA = 1 OR D26BB = 1 OR AD26CC = 1 OR AD26DD = 1 OR AD26EE = 1, THEN
D_MDEA9= 1
ELSE IF AD26AA = 2 AND AD26BB = 2 AND AD26CC = 2, THEN D_MDEA9= 2
ELSE IF AD26AA = DK OR AD26BB = DK OR AD26CC = DK OR AD26DD = DK OR
AD26EE = DK, THEN D_MDEA9= DK
ELSE IF AD26AA = REF OR AD26BB = REF OR AD26CC = REF OR AD26DD = REF OR
AD26EE = REF, THEN D_MDEA9= REF
ELSE D_MDEA9= BLANK

DEFINE DSMMDEA2:

IF SUM (D_MDEA1 = 1, D_MDEA2 = 1, D_MDEA3 = 1, D_MDEA4 = 1, D_MDEA5 = 1, D_MDEA6 = 1, D_MDEA7 = 1, D_MDEA8 = 1, D_MDEA9 = 1) ≥ 5, THEN DSMMDEA2 = 1
ELSE IF SUM (D_MDEA1 = (1 OR DK/REF), D_MDEA2 = (1 OR DK/REF), D_MDEA3 = (1 OR DK/REF), D_MDEA4 = (1 OR DK/REF), D_MDEA5 = (1 OR DK/REF), D_MDEA6 = (1 OR DK/REF), D_MDEA7 = (1 OR DK/REF), D_MDEA8 = (1 OR DK/REF), D_MDEA9 = (1 OR DK/REF)) < 5 AND N(OFF D_MDEA1-D_MDEA9) > 0, THEN DSMMDEA2 = 2
ELSE IF D_MDEA1 = DK OR D_MDEA2 = DK OR D_MDEA3 = DK OR D_MDEA4 = DK OR D_MDEA5 = DK OR D_MDEA6 = DK OR D_MDEA7 = DK OR D_MDEA8 = DK OR D_MDEA9 = DK, THEN DSMMDEA2 = DK
ELSE IF D_MDEA1 = REF OR D_MDEA2 = REF OR D_MDEA3 = REF OR D_MDEA4 = REF OR D_MDEA5 = REF OR D_MDEA6 = REF OR D_MDEA7 = REF OR D_MDEA8 = REF OR D_MDEA9 = REF, THEN DSMMDEA2 = REF

AD28 [IF D_MDEA9 = 1 OR DSMMDEA2 = 1] You mentioned having some of the problems I just asked you about.

During that [TIMEFILL] period of time, how much did your [FEELNOUN] and these other problems interfere with your work, your social life, or your personal relationships?

- 1 Not at all
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely
- DK/REF

AD28a[IF AD28 NE (BLANK OR 1)] During that [TIMEFILL] period of time, how often were you unable to carry out your daily activities because of these problems with your mood?

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK/REF

AD37 [IF AD28 NE BLANK] Think of the **very first period of time** in your life lasting **two weeks or longer** when you [FEELFILL] for **most of the day nearly every day** and also had some of the other problems we just asked about.

Can you remember your exact age?

- 1 Yes
- 2 No

DK/REF

AD37a[IF AD37 = 1] How old were you?

_____ YEARS OLD [RANGE: 1-110]
DK/REF

AD37b [IF AD37 = 2 OR DK] **About** how old were you when you first had a period of time like this?

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

AD52 [IF AD28 NE BLANK] In your entire life, how many times did you feel [FEELNOUN] for **two weeks or longer** while also having some of the other problems we asked about?

If you are not sure of your answer, just make your best guess.

_____ NUMBER [RANGE: 1-1000]

DK/REF

AD38 [IF AD28 NE BLANK] **In the past 12 months**, did you have a period of time when you felt [FEELNOUN] for **two weeks or longer** while also having some of the other problems we asked about?

1 Yes
2 No

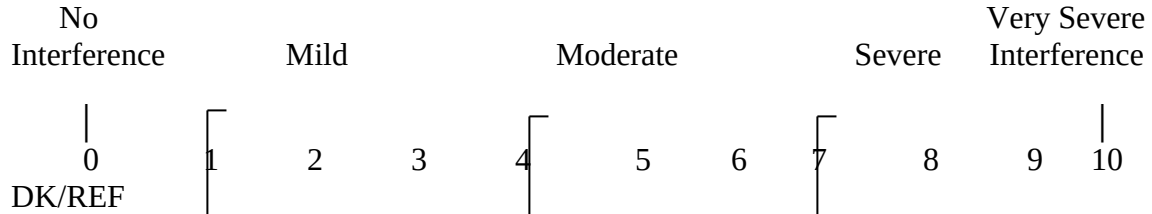
DK/REF

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AD66a[IF AD38 = 1] Think about the time in the past 12 months when [NUMPROBS] with your mood [WASWERE] **most severe**.

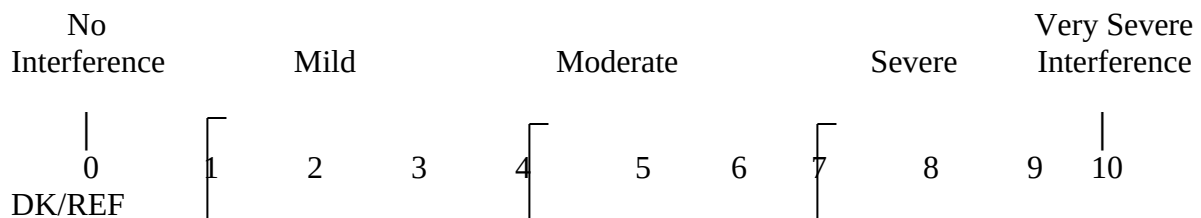
Using the 0 to 10 scale shown below, where 0 means **no** interference and 10 means very **severe** interference, select the number that describes how much [NUMPROBS] interfered with your **ability to do** each of the following activities during that period. You can use any number between 0 and 10 to answer.

How much did your [FEELNOUN] interfere with your **ability to do home management tasks**, like cleaning, shopping, and working around the house, apartment, or yard?



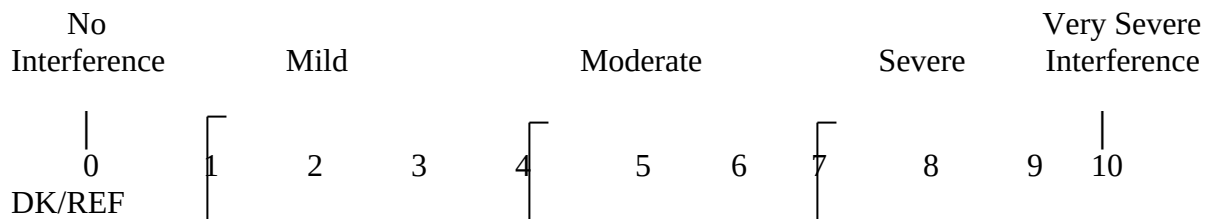
AD66b [IF AD38 = 1] During that time in the past 12 months when your [FEELNOUN] was most severe, how much did this interfere with your **ability to work**?

You can use any number between 0 and 10 to answer.



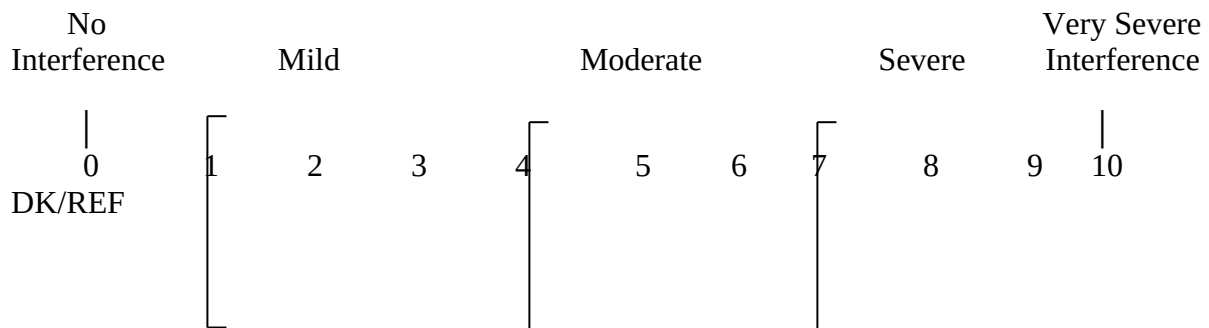
AD66c [IF AD38 = 1] How much did your [FEELNOUN] interfere with your **ability to form and maintain close relationships** with other people during that period of time?

You can use any number between 0 and 10 to answer.



AD66d [IF AD38 = 1] How much did [NUMPROBS] interfere with your **ability to have a social life** during that period of time?

You can use any number between 0 and 10 to answer.



AD68 [IF ANY RESPONSES TO AD66a – AD66d = 1-10] About how many days out of 365 in the past 12 months were you **totally unable** to work or carry out your normal activities because of your [FEELNOUN]?

You can use any number between 0 and 365 to answer.

OF DAYS: _____ [RANGE: 0-365]

DK/REF

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AD86 [IF AD38 NE BLANK] Here is a list of professionals some people talk to about the problems we have been asking about:

General practitioner or family doctor

Other medical doctor like a cardiologist, gynecologist, urologist

Psychologist

Psychiatrist or psychotherapist

Social Worker

Counselor

Other mental health professional, like a mental health nurse

A nurse, occupational therapist, or other health professional

A religious or spiritual advisor like a minister, priest, or rabbi

Another healer, like an herbalist, chiropractor, acupuncturist, or massage therapist

At any time **in the past 12 months**, did you see or talk to a medical doctor or other professional about your [FEELNOUN]?

1 Yes

2 No

DK/REF

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AD86a[IF AD86 = 1] **During the past 12 months**, which professionals did you see or talk to about [NUMPROBS] with your mood?

Select all that apply from the categories shown below. To select more than one answer from the list, press the space bar between each number you type. When you have finished, press the [ENTER] key to go to the next question.

1 General practitioner or family doctor

2 Other medical doctor like a cardiologist, gynecologist, urologist

3 Psychologist

4 Psychiatrist or psychotherapist

5 Social Worker

6 Counselor

7 Other mental health professional, like a mental health nurse

- 8 A nurse, occupational therapist, or other health professional
- 9 A religious or spiritual advisor like a minister, priest, or rabbi
- 10 An herbalist, chiropractor, acupuncturist, or massage therapist
- 11 Another type of helping professional

DK/REF

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AD86aSP [IF AD86a = 11] Please type in the other type of professional you saw or talked to **during the past 12 months** about your [FEELNOUN]. When you have finished typing in your answer, press the [ENTER] key to go to the next question.

_____ [RANGE: 50 CHARACTERS]

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN AD86aSP.

AD86b [IF AD86 = 1] Are you **currently** receiving professional treatment or counseling for [NUMPROBS] with your mood?

- 1 Yes
- 2 No

DK/REF

AD86c [IF AD38 NE BLANK] **During the past 12 months**, did you take prescription medication that was prescribed for [NUMPROBS]?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

AD86d [IF AD86c = 1] Are you **currently** taking prescription medication that was prescribed for [NUMPROBS]?

- 1 Yes
- 2 No

DK/REF

AD86e [IF AD86c = 1] **During the past 12 months**, how much has this prescription medication helped you?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot
- 5 Extremely

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

AD86f [IF AD86 = 1] **During the past 12 months**, how much has treatment or counseling helped you?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot
- 5 Extremely

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Youth Mental Health Service Utilization
(Section Administered to 12 - 17 Year Old Respondents Only)

INTROYSU [IF CURNTAGE = 12 - 17] These next questions are about treatment and counseling for problems with your behaviors or emotions that were **not** caused by alcohol or drugs.

Click Next to continue.

YSU01 [IF CURNTAGE = 12 - 17] During the past 12 months, have you stayed **overnight or longer in any type of hospital** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU02 [IF YSU01 = 1] During the past 12 months, how many **nights** altogether did you stay in a **hospital** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs?

OF NIGHTS: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU03 [IF YSU01 = 1] Think about the **last time** you stayed **overnight or longer** in a **hospital** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs. What was the reason you were admitted there?

To select more than one reason from the list, press the space bar between each number you type. When you have finished, click Next to go to the next question.

- 1 You thought about killing yourself or tried to kill yourself
 - 2 You felt depressed
 - 3 You felt very afraid and tense
 - 4 You were breaking rules and “acting out”
 - 5 You had eating problems
 - 6 Some other reason
- DK/REF

YSU03a [IF ANY ENTRY IN YSU03 = 6] What was the other emotional or behavioral problem for which you last stayed overnight in a **hospital**?

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

- 1 You had trouble controlling your anger
 - 2 You had gotten into physical fights
 - 3 You had problems at home or in your family
 - 4 You had problems with your friends
 - 5 You had problems with people other than your friends or family
 - 6 You had problems at school
 - 7 Some other reason
- DK/REF

YSU03SP [IF ANY ENTRY IN YSU03a = 7] Please type in the **most important** other reason for your last overnight stay in a **hospital** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN YSU03SP.

YSU04 [IF CURNTAGE = 12 - 17] During the past 12 months, did you stay **overnight or longer** in a **residential treatment center** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU05 [IF YSU04=1] During the past 12 months, how many **nights** altogether did you stay in a **residential treatment center** to receive treatment for emotional or behavioral problems that were **not** caused by alcohol or drugs?

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

YSU06 [IF YSU04=1] Think about the **last time** you stayed **overnight or longer** in a **residential treatment center** to receive treatment for emotional or behavioral problems that were **not** caused by alcohol or drugs. What was the reason you were admitted there?

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

- 1 You thought about killing yourself or tried to kill yourself.
- 2 You felt depressed
- 3 You felt very afraid and tense
- 4 You were breaking rules and “acting out”
- 5 You had eating problems
- 6 Some other reason

DK/REF

YSU06a [IF ANY ENTRY IN YSU06 = 6] What was the other emotional or behavioral problem for which you last stayed overnight in a **residential treatment center**?

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

- 1 You had trouble controlling your anger
- 2 You had gotten into physical fights
- 3 You had problems at home or in your family
- 4 You had problems with your friends
- 5 You had problems with people other than your friends or family
- 6 You had problems at school
- 7 Some other reason

DK/REF

YSU06SP [IF ANY ENTRY IN YSU06a=7] Please type in the **most important** other reason for your last overnight stay in a **residential treatment center** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN YSU06SP.

YSU07 [IF CURNTAGE = 12 - 17] During the past 12 months, did you stay **overnight or longer in foster care or in a therapeutic foster care home** because you had emotional or behavioral problems that were **not** caused by alcohol or drugs?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU08 [IF YSU07 = 1] During the past 12 months, how many **nights** altogether did you stay in **foster care or in a therapeutic foster care home** because you had emotional or behavioral problems that were **not** caused by alcohol or drugs?

OF NIGHTS: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU09 [IF YSU07=1] Think about the **last time** you stayed **overnight or longer in foster care or in a therapeutic foster care home** because you had emotional or behavioral problems that were **not** caused by alcohol or drugs. What was the reason you were placed there?

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

1 You thought about killing yourself or tried to kill yourself.

2 You felt depressed

3 You felt very afraid and tense

4 You were breaking rules and "acting out"

5 You had eating problems

6 Some other reason

DK/REF

YSU09a [IF ANY ENTRY IN YSU09 = 6] What was the other emotional or behavioral problem for which you last stayed overnight or longer in **foster care or a therapeutic foster care home**?

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

1 You had trouble controlling your anger

- 2 You had gotten into physical fights
 - 3 You had problems at home or in your family
 - 4 You had problems with your friends
 - 5 You had problems with people other than your friends or family
 - 6 You had problems at school
 - 7 Some other reason
- DK/REF

YSU09SP [IF ANY ENTRY IN YSU09a =7] Please type in the **most important** other reason for your last overnight stay in **foster care or in a therapeutic foster care home** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN YSU09SP.

YSU10 [IF CURNTAGE = 12 - 17] During the past 12 months, did you receive treatment or counseling at a **partial day hospital or day treatment program** because you had problems with your behavior or emotions that were **not** caused by alcohol or drugs?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU11 [IF YSU10 = 1] During the past 12 months, how many times did you visit a **partial day hospital or day treatment program** because you had emotional or behavioral problems that were **not** caused by alcohol or drugs?

OF TIMES: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU12 [IF YSU10 =1] Think about the **last time** you visited a **partial day hospital or day treatment program** because you had emotional or behavioral problems that were **not** caused by alcohol or drugs. What was the reason for your visit?

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

- 1 You thought about killing yourself or tried to kill yourself.
- 2 You felt depressed

- 3 You felt very afraid and tense
 - 4 You were breaking rules and “acting out”
 - 5 You had eating problems
 - 6 Some other reason
- DK/REF

YSU12a [IF ANY ENTRY IN YSU12 = 6] What was the other emotional or behavioral problem for which you last visited a **partial day hospital or day treatment program**?

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

- 1 You had trouble controlling your anger
 - 2 You had gotten into physical fights
 - 3 You had problems at home or in your family
 - 4 You had problems with your friends
 - 5 You had problems with people other than your friends or family
 - 6 You had problems at school
 - 7 Some other reason
- DK/REF

YSU12SP [IF ANY ENTRY IN YSU12a =7] Please type in the **most important** other reason for your last visit to a **partial day hospital or day treatment program** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN YSU12SP.

YSU13 [IF CURNTAGE = 12 - 17] During the past 12 months, did you receive treatment or counseling at a **mental health clinic or center** because you had problems with your behavior or emotions that were **not** caused by alcohol or drugs?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU14 [IF YSU13 = 1] During the past 12 months, how many times did you visit a **mental health clinic or center** to receive treatment or counseling because you had emotional or behavioral problems that were **not** caused by alcohol or drugs?

OF TIMES: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU15 [IF YSU13 =1] Think about the **last time** you visited a **mental health clinic or center** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs. What was the reason for your visit?

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

- 1 You thought about killing yourself or tried to kill yourself.
- 2 You felt depressed
- 3 You felt very afraid and tense
- 4 You were breaking rules and “acting out”
- 5 You had eating problems
- 6 Some other reason

DK/REF

YSU15a [IF ANY ENTRY IN YSU15 = 6] What was the other emotional or behavioral problem for which you last visited a **mental health clinic or center**?

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

- 1 You had trouble controlling your anger
- 2 You had gotten into physical fights
- 3 You had problems at home or in your family
- 4 You had problems with your friends
- 5 You had problems with people other than your friends or family
- 6 You had problems at school
- 7 Some other reason

DK/REF

YSU15SP [IF ANY ENTRY IN YSU15a =7] Please type in the **most important** other reason for your last visit to a **mental health clinic or center** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN YSU15SP.

YSU16 [IF CURNTAGE = 12 - 17] During the past 12 months, did you receive treatment or counseling from a **private therapist, psychologist, psychiatrist, social worker, or counselor** for emotional or behavioral problems that were **not** caused by alcohol or drugs?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU17 [IF YSU16 = 1] During the past 12 months, how many times did you receive treatment or counseling from a **private therapist, psychologist, psychiatrist, social worker, or counselor** for emotional or behavioral problems that were **not** caused by alcohol or drugs?

OF TIMES: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU18 [IF YSU16 = 1] Think about the **last time** you visited a **private therapist, psychologist, psychiatrist, social worker, or counselor** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs. What was the reason for your visit?

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

1 You thought about killing yourself or tried to kill yourself.

2 You felt depressed

3 You felt very afraid and tense

4 You were breaking rules and "acting out"

5 You had eating problems

6 Some other reason

DK/REF

YSU18a [IF ANY ENTRY IN YSU18 = 6] What was the other emotional or behavioral problem for which you last visited a **private therapist, psychologist, psychiatrist, social worker or counselor**?

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

- 1 You had trouble controlling your anger
 - 2 You had gotten into physical fights
 - 3 You had problems at home or in your family
 - 4 You had problems with your friends
 - 5 You had problems with people other than your friends or family
 - 6 You had problems at school
 - 7 Some other reason
- DK/REF

YSU18SP [IF ANY ENTRY IN YSU18a =7] Please type in the **most important** other reason for your last visit to a **private therapist, psychologist, psychiatrist, social worker, or counselor** for emotional or behavioral problems that were **not** caused by alcohol or drugs. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN YSU18SP.

YSU19 [IF CURNTAGE = 12 -17] During the past 12 months, did you receive treatment or counseling from an **in-home therapist, counselor, or family preservation worker** for emotional or behavioral problems that were **not** caused by alcohol or drugs?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU20 [IF YSU19 = 1] During the past 12 months, how many times did you receive treatment or counseling from an **in-home therapist, counselor, or family preservation worker** for emotional or behavioral problems that were **not** caused by alcohol or drugs?

OF TIMES: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU21 [IF YSU19 = 1] Think about the **last time** you saw an **in-home therapist, counselor, or family preservation worker** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs. What was the reason for this visit?

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

- 1 You thought about killing yourself or tried to kill yourself.
 - 2 You felt depressed
 - 3 You felt very afraid and tense
 - 4 You were breaking rules and “acting out”
 - 5 You had eating problems
 - 6 Some other reason
- DK/REF

YSU21a [IF ANY ENTRY IN YSU21 = 6] What was the other emotional or behavioral problem for which you last saw an **in-home therapist, counselor, or family preservation worker**?

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

- 1 You had trouble controlling your anger
 - 2 You had gotten into physical fights
 - 3 You had problems at home or in your family
 - 4 You had problems with your friends
 - 5 You had problems with people other than your friends or family
 - 6 You had problems at school
 - 7 Some other reason
- DK/REF

YSU21SP [IF ANY ENTRY IN YSU21a=7] Please type in the **most important** other reason you last saw an **in-home therapist, counselor, or family preservation worker** for emotional or behavioral problems that were **not** caused by alcohol or drugs. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN YSU21SP.

YSU22 [IF CURNTAGE = 12 -17] During the past 12 months, did you receive treatment or counseling from a **pediatrician or other family doctor** for emotional or behavioral problems that were **not** caused by alcohol or drugs?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU23 [IF YSU22 = 1] During the past 12 months, how many times did you receive

treatment or counseling from a **pediatrician or other family doctor** for emotional or behavioral problems that were **not** caused by alcohol or drugs?

OF TIMES: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU24 [IF YSU22 = 1] Think about the **last time** you visited a **pediatrician or other family doctor** to receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs. What was the reason for your visit?

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

- 1 You thought about killing yourself or tried to kill yourself.
- 2 You felt depressed
- 3 You felt very afraid and tense
- 4 You were breaking rules and “acting out”
- 5 You had eating problems
- 6 Some other reason

DK/REF

YSU24a [IF ANY ENTRY IN YSU24 = 6] What was the other emotional or behavioral problem for which you last visited a **pediatrician or other family doctor**?

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

- 1 You had trouble controlling your anger
- 2 You had gotten into physical fights
- 3 You had problems at home or in your family
- 4 You had problems with your friends
- 5 You had problems with people other than your friends or family
- 6 You had problems at school
- 7 Some other reason

DK/REF

YSU24SP [IF ANY ENTRY IN YSU24a=7] Please type in the **most important** other reason for your last visit to a **pediatrician or other family doctor** for emotional or behavioral problems that were **not** caused by alcohol or drugs. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN YSU24SP.

YSU30 [IF CURNTAGE = 12 – 17] Sometimes students get treatment or counseling through the **school system**. This counseling is often provided by school social workers, school psychologists or school counselors.

During the past 12 months, that is, since [DATEFILL], did you receive any treatment or counseling from a school social worker, a school psychologist, or a school counselor for emotional or behavioral problems that were **not** caused by alcohol or drugs?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU31 [IF YSU30 = 1] Think about the **last time** you talked with a school social worker, school psychologist, or school counselor about emotional or behavioral problems that were **not** caused by alcohol or drugs. What was the reason for your talk?

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

1 You thought about killing yourself or tried to kill yourself.

2 You felt depressed

3 You felt very afraid and tense

4 You were breaking rules and “acting out”

5 You had eating problems

6 Some other reason

DK/REF

YSU31a [IF ANY ENTRY IN YSU31 = 6] What was the other **reason for your last talk with a school social worker, school psychologist or school counselor** ?

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

1 You had trouble controlling your anger

2 You had gotten into physical fights

3 You had problems at home or in your family

4 You had problems with your friends

- 5 You had problems with people other than your friends or family
 - 6 You had problems at school
 - 7 Some other reason
- DK/REF

YSU31SP [IF ANY ENTRY IN YSU31a=7] Please type in the **most important other reason for your last talk with a school social worker, school psychologist or school counselor.** You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press the [ENTER] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN YSU31SP.

YSU32 [IF CURNTAGE = 12 – 17 AND YE09=1] At any time during the past 12 months, that is since [DATEFILL], did you attend a **school for students with emotional or behavioral problems?**

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU33 [IF CURNTAGE = 12 – 17 and YSU32=2 or DK/ref] **Regular schools** sometimes provide **programs** for students with emotional or behavioral problems.

At any time during the past 12 months, did you participate in a school program that was just for **students with emotional or behavioral problems?**

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU34 [IF CURNTAGE = 12 – 17] These next questions are about experiences with the justice system.

During the past 12 months, that is, since [DATEFILL], did you stay **overnight or longer in any type of juvenile detention center, sometimes called “juvie”, prison, or jail?**

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU35 [IF YSU34=1] During the past 12 months, how many **nights** altogether did you stay in **any type of juvenile detention center, prison or jail**?

OF NIGHTS: _____ [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YSU36 [IF YSU34 = 1] Sometimes, the court system provides treatment or counseling in **juvenile detention centers, prisons or jails**. These services are often provided by **psychiatrists, psychologists, social workers or counselors** who work for the court system.

While you were in a **juvenile detention center, prison or jail** during the past 12 months, did you receive treatment or counseling for emotional or behavioral problems that were **not** caused by alcohol or drugs?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Adolescent Depression

YDS21 [IF CURNTAGE = 12-17] Have you ever in your life had a period of time lasting several days or longer when **most of the day** you felt **sad, empty, or depressed**?

1 Yes

2 No

DK/REF

YDS22 [IF YDS21 = 2 OR DK/REF] Have you ever had a period of time lasting several days or longer when **most of the day** you felt very **discouraged or hopeless** about how things were going in your life?

1 Yes

2 No

DK/REF

YDS23 [IF YDS22 = 2 OR DK/REF] Have you ever had a period of time lasting several days or longer when you **lost interest and became bored** with most things you usually enjoy, like work, hobbies, and personal relationships?

1 Yes

2 No

DK/REF

YD01 [IF YDS21 = 1] During times when you felt **sad, empty, or depressed** most of the day, did you ever feel **discouraged** about how things were going in your life?

- 1 Yes
- 2 No
- DK/REF

YD01a[IF YD01 = 1] During the times when you felt **sad, empty, or depressed**, did you ever **lose interest and become really bored** with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies, or sports, playing computer games, or going out with friends?

- 1 Yes
- 2 No
- DK/REF

YD01b [YD01 = 2 OR DK/REF] During times when you felt sad, empty, or depressed, did you ever **lose interest and become really bored** with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies, or sports, playing computer games, or going out with friends?

- 1 Yes
- 2 No
- DK/REF

YD02 [IF YDS22 = 1] During times when you felt discouraged about how things were going in your life, did you ever **lose interest and become really bored** with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies, or sports, playing computer games, or going out with friends?

- 1 Yes
- 2 No
- DK/REF

YD09 [IF YDS23 = 1] Did you ever have a period of time like this that lasted **most of the day almost every day** for **two weeks or longer**?

- 1 Yes
- 2 No
- DK/REF

DEFINE FEELFILL:

IF (YD01a = 1), THEN FEELFILL = “were sad, discouraged, or really bored”

IF (YD01a = 2 OR DK/REF), THEN FEELFILL = “were sad or discouraged”

IF (YD01b = 1), THEN FEELFILL = “were sad or really bored”

IF (YD01b = 2 OR DK/REF) THEN FEELFILL = “were sad”

IF (YD02 = 1), THEN FEELFILL = “were discouraged or really bored”

IF (YD02 = 2 OR DK/REF), THEN FEELFILL = “were discouraged about the way things were going in your life”

IF (YD09 = 1), THEN FEELFILL = “were really bored”

ELSE, FEELFILL = BLANK

DEFINE FEELNOUN:

IF (YD01a = 1), THEN FEELNOUN = “sadness, discouragement, or boredom”

IF (YD01a = 2 OR DK/REF), THEN FEELNOUN = “sadness or discouragement”

IF (YD01b = 1), THEN FEELNOUN = “sadness or boredom”

IF (YD01b = 2 OR DK/REF), THEN FEELNOUN = “sadness”

IF (YD02 = 1), THEN FEELNOUN = “discouragement or boredom”

IF (YD02 = 2 OR DK/REF), THEN FEELNOUN = “discouragement”

IF (YD09 = 1), THEN FEELNOUN = “boredom”

ELSE FEELNOUN = BLANK

DEFINE NUMPROBS

IF YD01a NE BLANK OR YD01b = 1 OR YD02 = 1, THEN NUMPROBS = these problems

IF YD01b = (2 OR DK/REF) OR YD02 = (2 OR DK/REF) OR YD09 = 1, THEN NUMPROBS = this problem

ELSE NUMPROBS = BLANK

DEFINE WASWERE:

IF YD01a NE BLANK OR YD01b = 1 OR YD02 = 1, THEN WASWERE = “were”

IF YD01b = (2 OR DK/REF) OR YD02 = (2 OR DK/REF) OR YD09 = 1, THEN WASWERE = “was”

ELSE WASWERE = BLANK

YD12 [IF YD01a NE BLANK OR YD01b NE BLANK OR YD02 NE BLANK] Think about the times when you [FEELFILL]. Did you ever have a period of time like this that lasted **most of the day, almost every day, for two weeks or longer?**

1 Yes

2 No

DK/REF

YD16 [IF YD09 = 1 OR YD12 = 1] Think of times lasting **two weeks or longer** when [NUMPROBS] with your mood [WASWERE] **most severe and frequent**. During those times, how long did your [FEELNOUN] usually last?

- 1 Less than 1 hour
 - 2 At least 1 hour but less than 3 hours
 - 3 At least 3 hours but less than 5 hours
 - 4 5 hours or more
- DK/REF

YD17 [IF YD16 = 2, 3, 4, OR DK/REF] Still thinking of times lasting two weeks or longer when [NUMPROBS] with your mood [WASWERE] most **severe and frequent**, how strong were your **bad feelings** during those times?

- 1 Mild
 - 2 Moderate
 - 3 Severe
 - 4 Very severe
- DK/REF

YD18 [IF YD16 = 2, 3, 4, OR DK/REF] Again, think of times lasting two weeks or longer when [NUMPROBS] with your mood [WASWERE] most **severe and frequent**.

How often, during those times, did you feel so bad that **nothing could cheer you up**?

- 1 Often
 - 2 Sometimes
 - 3 Not very often
 - 4 Never
- DK/REF

YD19 [IF YD16 = 2, 3, 4, OR DK/REF] Once again, please think of times lasting two weeks or longer when [NUMPROBS] with your mood [WASWERE] most **severe and frequent**.

How often, during those times, did you feel so bad that you **could not carry out your daily activities**?

- 1 Often
 - 2 Sometimes
 - 3 Not very often
 - 4 Never
- DK/REF

YD21 [IF YD16 = (2, 3, 4 OR DK/REF) AND NOT (YD17 = 1 AND YD18 = 4 AND YD19 = 4) AND (YDS21=1 OR YDS22=1 OR YDS23=1) AND YD09 NE (2 OR DK/REF)] People who have problems with their mood often have other problems at the same time. These problems may include things like changes in:

- sleep
- eating

- energy
- the ability to keep their mind on things
- feeling badly about themselves

Did you ever have any of these problems during a period of time when you [FEELFILL] for **two weeks or longer**?

- 1 Yes
 2 No
 DK/REF

YD22 [IF YD21=1] Think again about these other problems we just mentioned. They include things like changes in:

- sleep
- eating
- energy
- the ability to keep their mind on things
- feeling badly about themselves

Can you think of the **worst** time when you [FEELFILL] for **two weeks or longer** and also had these other problems at the same time?

- 1 Yes
 2 No
 DK/REF

YD22a[IF YD22 = 1] How old were you when that worst period of time started?

AGE: _____ [RANGE: 1-17]
 DK/REF

YD22c[IF YD22 = 2 OR DK/REF] Then think of the **most recent** time you [FEELFILL] for **two weeks or longer** and you had these other problems at the same time.

How old were you when that time started?

AGE: _____ [RANGE: 1-17]
 DK/REF

DEFINE TIMEFILL:
 IF YD22a NE BLANK, THEN TIMEFILL = 'worst'
 IF YD22c NE BLANK, THEN TIMEFILL = 'most recent'

YD24a[IF YD22a NE BLANK] In answering the next questions, think about the period of time when your [FEELNOUN] and other problems were the **worst**.

[IF YD22c NE BLANK] In answering the next questions, think about the **most recent** period of time when you [FEELFILL] and had other problems at the same time.

During that time, did you feel sad, empty, or depressed for **most of the day nearly every day**?

- 1 Yes
- 2 No
- DK/REF

YD24c[IF YD22a NE BLANK OR YD22c NE BLANK] During that [TIMEFILL] period of time, did you feel discouraged about how things were going in your life **most of the day nearly every day**?

- 1 Yes
- 2 No
- DK/REF

YD24e[IF YD22a NE BLANK OR YD22c NE BLANK] During that [TIMEFILL] period of time, did you become bored with almost everything like school, work, hobbies, and things you like to do for fun?

- 1 Yes
- 2 No
- DK/REF

YD24f [IF YD22a NE BLANK OR YD22c NE BLANK] During that [TIMEFILL] period of time, did you feel like nothing was fun even when good things were happening?

- 1 Yes
- 2 No
- DK/REF

YD26a[IF ANY YD24a - YD24f = 1] The next questions are about changes in appetite and weight.

[IF YD22a NE BLANK] In answering these questions, think about the period of time when your [FEELNOUN] and other problems were the **worst**.

[IF YD22c NE BLANK] In answering these questions, think about the **most recent** period of time when you [FEELFILL] and had other problems at the same time.

Did you eat much less than usual almost every day during that time?

- 1 Yes
- 2 No
- DK/REF

YD26b[IF YD26a = 2 OR DK/REF] Did you eat much **more** than usual almost every day?

- 1 Yes
- 2 No
- DK/REF

YD26c [IF YD26a = 2 OR DK/REF]Did you gain weight without trying to during that [TIMEFILL] period of time?

- 1 Yes
- 2 No
- DK/REF

YD26c1 [IF YD26c = 1] Did you gain weight without trying to because you were growing?

- 1 Yes
- 2 No
- DK/REF

YD26c2 [IF YD26c1 = (2 OR DK/REF) AND QD01 = 9] Did you gain weight without trying to because you were pregnant?

- 1 Yes
- 2 No
- DK/REF

YD26d[IF (YD26c1=(2 OR DK/REF) AND YD26c2=BLANK, 2 OR DK/REF] How many pounds did you gain?

Please enter your answer as a whole number.

OF POUNDS:_____ [RANGE: 0-200]
DK/REF

YD26e [IF YD26a = 1 OR YD26c = (2 OR DK/REF)] Did you **lose** weight without trying to?

- 1 Yes
- 2 No
- DK/REF

YD26e1 [IF YD26e = 1] Did you lose weight without trying to because you were sick or on a diet?

- 1 Yes
- 2 No
- DK/REF

YD26f [IF YD26e1=2 OR DK/REF] How many pounds did you lose?

Please enter your answer as a whole number.

OF POUNDS:_____ [RANGE: 0-200]
DK/REF

YD26g[IF YD26a NE BLANK]

[IF YD22a NE BLANK] Again, please think about the period of time when your [FEELNOUN] and other problems were the **worst**.

[IF YD22c NE BLANK] Again, please think about the **most recent** period of time when you [FEELFILL]and had other problems at the same time.

Did you have a lot more trouble than usual falling asleep or staying asleep most nights or waking too early most mornings during that [TIMEFILL] time?

- 1 Yes
- 2 No
- DK/REF

YD26h[IF YD26g=2 OR DK/REF]During that [TIMEFILL] period of time, did you sleep a lot more than usual?

- 1 Yes
- 2 No
- DK/REF

YD26j [IF YD26a NE BLANK] On most days during that [TIMEFILL] period of time, did you feel that you didn't have much energy?

- 1 Yes
- 2 No
- DK/REF

YD26l [IF YD26a NE BLANK] Did you feel as though you were talking or moving more slowly than usual on most days during that [TIMEFILL] period of time?

- 1 Yes
- 2 No
- DK/REF

YD26m [IF YD26l = 1] Did anyone else notice that you were talking or moving more slowly than usual?

- 1 Yes
- 2 No
- DK/REF

YD26n[IF YD26l = 2 OR DK/REF] Were you so restless or jittery that you walked up or down or couldn't sit still?

- 1 Yes
- 2 No
- DK/REF

YD26o[IF YD26n = 1] Did anyone else notice that you couldn't sit still?

- 1 Yes
- 2 No
- DK/REF

YD26p[IF YD26a NE BLANK] The next questions are about changes in your ability to concentrate, and your feelings about yourself.

[IF YD22a NE BLANK] Again, in answering these questions, think about the period of time when your [FEELNOUN] and other problems were the **worst**.

[IF YD22c NE BLANK] Again, in answering these questions, think about the **most recent** period of time when you [FEELFILL] and had other problems at the same time.

On most days during that [TIMEFILL] time, did your thinking seem slower than usual or seem mixed up?

- 1 Yes
- 2 No
- DK/REF

YD26r [IF YD26a NE BLANK] On most days, did you have a lot more trouble than usual keeping your mind on things?

- 1 Yes
- 2 No

DK/REF

YD26s [IF YD26a NE BLANK] Were you unable to make up your mind about things you ordinarily have no trouble deciding about?

- 1 Yes
 - 2 No
- DK/REF

YD26u [IF YD26a NE BLANK] Did you feel that you were not as good as other people nearly every day?

- 1 Yes
 - 2 No
- DK/REF

YD26v [IF YD26u = 1] Did you feel totally worthless nearly every day?

- 1 Yes
 - 2 No
- DK/REF

YD26aa [IF YD26a NE BLANK] The next questions are about thoughts of death or suicide.

[IF YD22a NE BLANK] Again, in answering these questions, think about the period of time when your [FEELNOUN] and other problems were the **worst**.

[IF YD22c NE BLANK] Again, in answering these questions, think about the **most recent** period of time when you [FEELFILL] and had other problems at the same time.

Did you often think a lot about death, either your own, someone else's, or death in general?

- 1 Yes
 - 2 No
- DK/REF

YD26bb [IF YD26a NE BLANK] During that time, did you ever think that it would be better if you were dead?

- 1 Yes
 - 2 No
- DK/REF

YD26cc [IF YD26a NE BLANK] Did you think about killing yourself?

- 1 Yes
- 2 No
- DK/REF

YD26dd [IF YD26cc = 1] Did you make a plan to kill yourself?

- 1 Yes
- 2 No
- DK/REF

YD26ee [IF YD26cc = 1] Did you make a suicide attempt or try to kill yourself?

- 1 Yes
- 2 No
- DK/REF

DEFINE D_MDEA1Y:

IF YD24A = 1 OR YD24C = 1, THEN D_MDEA1Y= 1
ELSE IF YD24A = 2 AND YD24C = 2, THEN D_MDEA1Y= 2
ELSE IF YD24A = DK OR YD24C = DK, THEN D_MDEA1Y= DK
ELSE IF YD24A = REF OR YD24C = REF, THEN D_MDEA1Y= REF
ELSE D_MDEA1Y= BLANK

DEFINE D_MDEA2Y:

IF YD09 = 1 OR YD24E = 1 OR YD24F = 1 THEN D_MDEA2Y = 1
ELSE IF (YDS21 = 1 OR YDS22 = 1 OR YD09 = 2) AND YD24E = 2 AND YD24F = 2 THEN
D_MDEA2Y = 2
ELSE IF YD09 = DK OR YD24E = DK OR YD24F = DK THEN D_MDEA2Y = DK
ELSE IF YD09 = REF OR YD24E = REF OR YD24F = REF THEN D_MDEA2Y = REF
ELSE D_MDEA2Y=BLANK

DEFINE D_MDEA3Y:

IF YD26A = 1 OR YD26B = 1 OR YD26D ≥10 OR YD26F ≥10, THEN D_MDEA3Y= 1
ELSE IF YD26A = 2 AND YD26B = 2 AND ((YD26D < 10 OR YD26F < 10) OR (YD26C = (2
OR BLANK) AND YD26E = (2 OR BLANK)) OR (YD26C = 1 AND (YD26C1 = 1 OR
YD26C2 = 1)) OR (YD26E = 1 AND YD26E1 = 1)), THEN D_MDEA3Y= 2
ELSE IF YD26A = DK OR YD26B = DK OR YD26C = DK OR YD26D = DK OR YD26E =
DK OR YD26F = DK, THEN D_MDEA3Y= DK
ELSE IF YD26A = REF OR YD26B = REF OR YD26C = REF OR YD26D = REF OR YD26E
= REF OR YD26F = REF, THEN D_MDEA3Y= REF
ELSE D_MDEA3Y= BLANK

DEFINE D_MDEA4Y:

IF YD26G = 1 OR YD26H = 1, THEN D_MDEA4Y= 1

ELSE IF YD26G = 2 AND YD26H = 2, THEN D_MDEA4Y= 2
ELSE IF YD26G = DK OR YD26H = DK, THEN D_MDEA4Y= DK
ELSE IF YD26G = REF OR YD26H = REF, THEN D_MDEA4Y= REF
ELSE D_MDEA4Y= BLANK

DEFINE D_MDEA5Y:

IF YD26M = 1 OR YD26O = 1, THEN D_MDEA5Y= 1
ELSE IF (YD26L = (2 OR DK/REF) AND (YD26N = (2 OR DK/REF) OR YD26O = 2)) OR
YD26M = 2, THEN D_MDEA5Y= 2
ELSE IF YD26L = DK OR YD26M = DK OR YD26N = DK OR YD26O = DK, THEN
D_MDEA5Y= DK
ELSE IF YD26L = REF OR YD26M = REF OR YD26N = REF OR YD26O = REF, THEN
D_MDEA5Y= REF
ELSE D_MDEA5Y= BLANK

DEFINE D_MDEA6Y:

D_MDEA6Y= YD26J

DEFINE D_MDEA7Y:

IF YD26V = 1, THEN D_MDEA7Y= 1
ELSE IF YD26U = (2 OR DK/REF) OR YD26V = 2, THEN D_MDEA7Y= 2
ELSE D_MDEA7Y=YD26V
ELSE D_MDEA7Y= BLANK

DEFINE D_MDEA8Y:

IF YD26P = 1 OR YD26R = 1 OR YD26S = 1, THEN D_MDEA8Y= 1
ELSE IF YD26P = 2 AND YD26R = 2 AND YD26S = 2, THEN D_MDEA8Y= 2
ELSE IF YD26P = DK OR YD26R = DK OR YD26S = DK, THEN D_MDEA8Y= DK
ELSE IF YD26P = REF OR YD26R = REF OR YD26S = REF, THEN D_MDEA8Y= REF
ELSE D_MDEA8Y= BLANK

DEFINE D_MDEA9Y:

IF YD26AA = 1 OR YD26BB = 1 OR YD26CC = 1 OR YD26DD = 1 OR YD26EE = 1, THEN
D_MDEA9Y= 1
ELSE IF YD26AA = 2 AND YD26BB = 2 AND YD26CC = 2, THEN D_MDEA9Y= 2
ELSE IF YD26AA = DK OR YD26BB = DK OR YD26CC = DK OR YD26DD = DK OR
YD26EE = DK, THEN D_MDEA9Y= DK
ELSE IF YD26AA = REF OR YD26BB = REF OR YD26CC = REF OR YD26DD = REF OR
YD26EE = REF, THEN D_MDEA9Y= REF
ELSE D_MDEA9Y= BLANK

DEFINE DSMMDDEAY:

IF SUM (D_MDEA1Y = 1, D_MDEA2Y = 1, D_MDEA3Y = 1, D_MDEA4Y = 1,
D_MDEA5Y = 1, D_MDEA6Y = 1, D_MDEA7Y = 1, D_MDEA8Y = 1, D_MDEA9Y = 1) ≥ 5,
THEN DSMMDDEAY = 1

ELSE IF SUM (D_MDEA1Y = (1 OR DK/REF), D_MDEA2Y = (1 OR DK/REF),
D_MDEA3Y = (1 OR DK/REF), D_MDEA4Y = (1 OR DK/REF), D_MDEA5Y = (1 OR
DK/REF), D_MDEA6Y = (1 OR DK/REF), D_MDEA7Y = (1 OR DK/REF), D_MDEA8Y = (1
OR DK/REF), D_MDEA9Y = (1 OR DK/REF)) < 5 AND N(OF D_MDEA1Y-D_MDEA9Y) >
0, THEN DSMMDEAY = 2
ELSE IF D_MDEA1Y = DK OR D_MDEA2Y = DK OR D_MDEA3Y = DK OR D_MDEA4Y
= DK OR D_MDEA5Y = DK OR D_MDEA6Y = DK OR D_MDEA7Y = DK OR D_MDEA8Y =
DK OR D_MDEA9Y = DK, THEN DSMMDEAY = DK
ELSE IF D_MDEA1Y = REF OR D_MDEA2Y = REF OR D_MDEA3Y = REF OR
D_MDEA4Y = REF OR D_MDEA5Y = REF OR D_MDEA6Y = REF OR D_MDEA7Y = REF
OR D_MDEA8Y = REF OR D_MDEA9Y = REF, THEN DSMMDEAY = REF

YD28 [IF D_MDEA9Y = 1 OR DSMMDEAY = 1] You mentioned having some of the
problems I just asked you about.

During that [**TIMEFILL**] period of time, how much did your [**FEELNOUN**]
interfere or cause problems with your school work, your job, or your relationships with
family and friends?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot
- 5 Extremely
- DK/REF

YD28a[IF YD28 = 2, 3, 4, 5 OR DK/REF] During that [**TIMEFILL**] period of time, how often
were you unable to carry out your daily activities or to take care of yourself because of
these problems with your mood?

- 1 Often
- 2 Sometimes
- 3 Not very often
- 4 Never
- DK/REF

YD37 [IF YD28 NE BLANK] Think of the **very first period of time** in your life lasting **two
weeks or longer** when you [**FEELFILL**] and also had some of the other problems we just
asked about.

Can you remember your exact age?

- 1 Yes
- 2 No
- DK/REF

YD37a[IF YD37 = 1] How old were you?

AGE:_____ [RANGE: 1-17]
DK/REF

YD37b [IF YD37 = 2 OR DK] **About** how old were you when you first had a period of time like this?

AGE:_____ [RANGE: 1-17]
DK/REF

YD52 [IF YD28 NE BLANK] In your entire life, how many times did you feel [FEELNOUN] for **two weeks or longer** while also having some of the other problems we asked about?

If you are not sure of your answer, just make your best guess.

OF EPISODES_____ [RANGE: 1-1000]

DK/REF

YD38 [IF YD28 NE BLANK] **In the past 12 months**, did you have a period of time when you felt [FEELNOUN] for **two weeks or longer** while also having some of the other problems we asked about?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YD66a[IF YD38 = 1] Think about the time in the past 12 months when [NUMPROBS] with your mood [WASWERE] the **worst**.

Using the 0 to 10 scale shown below, where 0 means **no** problems and 10 means very **severe** problems, select the number that describes how much your [FEELNOUN] caused problems with your **ability to do** each of the following activities during that time. You can use any number between 0 and 10 to answer.

How much did your [FEELNOUN] cause problems with your chores at home?

No				Very Severe
Problems	Mild	Moderate	Severe	Problems

 0	1	2	3	4	5	6	7	8	9	 10
NUMBER: _____ [RANGE: 0-10]										
DK/REF _____										

YD66b [IF YD38 = 1] During that time in the past 12 months when your [FEELNOUN] was worst, how much did this cause problems with your **ability to do well at school or work?**

You can use any number between 0 and 10 to answer.

No									Very Severe	
Problems	Mild	Moderate			Severe	Problems				
 0	1	2	3	4	5	6	7	8	9	 10
NUMBER: _____ [RANGE: 0-10]										
DK/REF _____										

YD66c [IF YD38 = 1] How much did your [FEELNOUN] cause problems with your **ability to get along with your family** during that time?

You can use any number between 0 and 10 to answer.

No									Very Severe	
Problems	Mild	Moderate			Severe	Problems				
 0	1	2	3	4	5	6	7	8	9	 10
NUMBER: _____ [RANGE: 0-10]										
DK/REF _____										

YD66d [IF YD38 = 1] How much did your [FEELNOUN] cause problems with your **ability to have a social life** during that time?

You can use any number between 0 and 10 to answer.

No							Very Severe			
Problems	Mild		Moderate		Severe		Problems			
0	1	2	3	4	5	6	7	8	9	10
NUMBER: _____			[RANGE: 0-10]							
DK/REF										

YD68 [IF ANY RESPONSES TO YD66a – YD66d = 1-10] About how many days out of 365 in the past 12 months were you **totally unable** to go to school or work or carry out your normal activities because of your [FEELNOUN]?

You can use any number between 0 and 365 to answer.

OF DAYS: _____ [RANGE: 0-365]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YD86 [IF YD38 NE BLANK] Here is a list of professionals some people talk to about the problems we have been asking about:

- General practitioner or family doctor
- Other medical doctor like a cardiologist, gynecologist, urologist
- Psychologist
- Psychiatrist or psychotherapist
- Social Worker
- Counselor
- Other mental health professional, like a mental health nurse
- A nurse, occupational therapist, or other health professional
- A religious or spiritual advisor like a minister, priest, or rabbi
- Another healer, like an herbalist, chiropractor, acupuncturist, or massage therapist

At any time **in the past 12 months**, did you see or talk to a medical doctor or other professional about your [FEELNOUN]?

1 Yes

2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YD86a[IF YD86 = 1] **During the past 12 months**, which professionals did you see or talk to about [NUMPROBS] with your mood?

Select all that apply

- 1 General practitioner or family doctor
- 2 Other medical doctor like a cardiologist, gynecologist, urologist
- 3 Psychologist
- 4 Psychiatrist or psychotherapist
- 5 Social Worker
- 6 Counselor
- 7 Other mental health professional, like a mental health nurse
- 8 A nurse, occupational therapist, or other health professional
- 9 A religious or spiritual advisor like a minister, priest, or rabbi
- 10 An herbalist, chiropractor, acupuncturist, or massage therapist
- 11 Another type of helping professional

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

YD86aSP [IF ANY RESPONSE IN YD86a =11] Please type in the type of other professional you saw or talked to during the past 12 months about your [FEELNOUN]. When you have finished typing your answer, press the [ENTER] key to go to the next question.

_____ [RANGE: 50 CHARACTERS]

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN YD86aSP.

YD86b [IF YD86= 1] Are you **currently** receiving treatment or counseling for [NUMPROBS] with your mood?

- 1 Yes
- 2 No

DK/REF

YD86c[IF YD38 NE BLANK] **During the past 12 months**, did you take prescription medication that was prescribed for[NUMPROBS]?

- 1 Yes
- 2 No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

END Thank you for helping us out with these questions! Please click Finish to submit your answers, and you will receive your [INCENTIVE] within [INCENTIVE DISPERSAL TIME PERIOD].