

Drug Treatment

INTROTXX [IF AL01 = 1 OR ALREF = 1 OR MJ01 = 1 OR MJREF = 1 OR CC01 = 1 OR CCREF = 1 OR CK01 = 1 OR CKREF = 1 OR HE01 = 1 OR HEREF = 1 OR LS01a = 1 OR LSREF1 = 1 OR LS01b = 1 OR LSREF2 = 1 OR LS01c = 1 OR LS01d = 1 OR LS01e = 1 OR LS01f = 1 OR LSREF3 = 1 OR LS01h = 1 OR LS01i = 1 OR LS01j = 1 OR LS01k = 1 OR IN01a = 1 OR IN01b = 1 OR IN01c = 1 OR IN01d = 1 OR IN01e = 1 OR IN01f = 1 OR IN01g = 1 OR IN01h = 1 OR IN01h1 = 1 OR IN01i = 1 OR IN01ii = 1 OR IN01j = 1 OR IN01l = 1 OR INREF = 1 OR ME01 = 1 OR MEREFF = 1 OR PRMISUSE12 = 1 OR PRL01 = 1 OR PRL02 = 1 OR TRMISUSE12 = 1 OR TRL01 = 1 OR TRL02 = 1 OR STMISUSE12 = 1 OR STL01 = 1 OR STL02 = 1 OR SVMISUSE12 = 1 OR SVL01 = 1 OR SVL02 = 1] 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.

Press [ENTER] to continue.

TX01 [IF AL01 = 1 OR ALREF = 1 OR MJ01 = 1 OR MJREF = 1 OR CC01 = 1 OR CCREF = 1 OR CK01 = 1 OR CKREF = 1 OR HE01 = 1 OR HEREF = 1 OR LS01a = 1 OR LSREF1 = 1 OR LS01b = 1 OR LSREF2 = 1 OR LS01c = 1 OR LS01d = 1 OR LS01e = 1 OR LS01f = 1 OR LSREF3 = 1 OR LS01h = 1 OR LS01i = 1 OR LS01j = 1 OR LS01k = 1 OR IN01a = 1 OR IN01b = 1 OR IN01c = 1 OR IN01d = 1 OR IN01e = 1 OR IN01f = 1 OR IN01g = 1 OR IN01h = 1 OR IN01h1 = 1 OR IN01i = 1 OR IN01ii = 1 OR IN01j = 1 OR IN01l = 1 OR INREF = 1 OR ME01 = 1 OR MEREFF = 1 OR PRMISUSE12 = 1 OR PRL01 = 1 OR PRL02 = 1 OR TRMISUSE12 = 1 OR TRL01 = 1 OR TRL02 = 1 OR STMISUSE12 = 1 OR STL01 = 1 OR STL02 = 1 OR SVMISUSE12 = 1 OR SVL01 = 1 OR SVL02 = 1] 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

TXSBTELE [SUBUSE2= 1] During the past 12 months, have you received any professional counseling, medication or treatment for your alcohol or drug use **over the phone, by email, or through video calling?**

- 1 Yes
 - 2 No
- DK/REF

TXSBSRVS IF (TXSBTELE=1 OR TXSBJAIL=1 OR TXSBDTOX=1 OR TXSBPEER) AND ALCUSE=1 AND SUBUSE=1]When you received the following treatment services in the past 12 months, was it for your alcohol use only, your drug use only, or both your alcohol and drug use?

Treatment services received	For Alcohol use only	For Drug use only	For both alcohol and drug use
[If TXSBTELE=1] Professional treatment over the phone, by email, or through video calling			

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, press the [Enter] key 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 (MJ01 = 1 OR MJREF = 1 OR CC01 = 1 OR CCREF = 1 OR CK01 = 1 OR CKREF = 1 OR HE01 = 1 OR HEREF = 1 OR LS01a = 1 OR LSREF1 = 1 OR LS01b = 1 OR LSREF2 = 1 OR ME01 = 1 OR MEREFF = 1)] During the past 12 months, that is, since [DATEFILL], did you visit a hospital emergency room to receive treatment for your use of **cocaine, heroin, marijuana, PCP, LSD, or 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 **cocaine, heroin, marijuana, PCP, LSD, or 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?

Type the number of each drug for which you needed additional treatment or counseling during the past 12 months. To select more than one drug from the list, press the space bar between each number you type. When you have finished, press [ENTER].

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 (AL01 = 1 OR ALREF = 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 (MJ01 = 1 OR MJREF = 1) 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 (CC01 = 1 OR CCREF = 1 OR CK01 = 1 OR CKREF = 1) 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 (HE01 = 1 OR HEREF = 1) 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 (LS01a =1 OR LSREF1 = 1 OR LS01b = 1 OR LSREF2 = 1 OR LS01c = 1 OR LS01d =1 OR LS01e = 1 OR LS01f =1 OR LSREF3 = 1 OR LS01h = 1 OR LS01i=1 OR LS01j=1 OR LS01k=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 (IN01a =1 OR IN01b =1 OR IN01c =1 OR IN01d = 1 OR IN01e = 1 OR IN01f = 1 OR IN01g = 1 OR IN01h = 1 OR IN01h1=1 OR IN01i = 1 OR IN01ii=1 OR IN01j = 1 OR IN01l = 1 OR INREF = 1) 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 (ME01=1 OR ME01REF=1) 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 (PRMISUSE12=1 OR PRL01=1 OR PRL02=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 (TRMISUSE12=1 OR TRL01=1 OR TRL02=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 STMISUSE12=1 OR STL01=1 OR STL02=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 (SVMISUSE12=1 OR SVL01=1 OR SVL02=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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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]?

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 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]?

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 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, press the [ENTER] key 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?

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 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?

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 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, press the [Enter] key to go to the next question.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN TX25SP.

TX26 [IF (AL01 = 1 OR ALREF = 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 (AL01 = 1 OR ALREF = 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 (MJ01 =1 OR MJREF = 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 **marijuana or hashish**?

[IF (MJ01 = 1 OR MJREF = 1) 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 (CC01 =1 OR CCREF = 1 OR CK01 =1 OR CKREF = 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 **cocaine or 'crack'**?

[IF (CC01 = 1 OR CCREF = 1 OR CK01 =1 OR CKREF = 1) 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 (HE01 =1 OR HEREF = 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 **heroin**?

[IF (HE01 = 1 OR HEREF = 1) 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 (LS01a =1 OR LSREF1 = 1 OR LS01b =1 OR LSREF2 = 1 OR LS01c =1 OR LS01d =1 OR LS01e =1 OR LS01f = 1 OR LS01i=1 OR LS01j=1 OR LS01k=1 OR LSREF3 = 1 OR LS01h =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 (LS01a =1 OR LSREF1 = 1 OR LS01b =1 OR LSREF2 = 1 OR LS01c =1 OR LS01d = 1 OR LS01e = 1 OR LS01f = 1 OR LSREF3 = 1 OR LS01h =1 OR LS01i=1 OR LS01j=1 OR LS01k=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 (IN01a =1 OR IN01b =1 OR IN01c =1 OR IN01d = 1 OR IN01e = 1 OR IN01f = 1 OR IN01g = 1 OR IN01h = 1 OR IN01h1=1 OR IN01i = 1 OR IN01ii=1 OR IN01j = 1 OR IN01l = 1 OR INREF = 1) 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 (IN01a = 1 OR IN01b =1 OR IN01c =1 OR IN01d =1 OR IN01e = 1 OR IN01f =1 OR IN01g=1 OR IN01h =1 OR IN01h1=1 OR IN01i =1 OR IN01ii=1 OR IN01j =1 OR IN01l =1 OR INREF = 1) 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 (ME01 =1 OR MEREf = 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 **methamphetamine**?

[IF (ME01 = 1 OR MEREf = 1) 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 (PRMISUSE12=1 OR PRL01=1 OR PRL02=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 pain relievers**?

[IF (PRMISUSE12=1 OR PRL01=1 OR PRL02=1) AND TX01 = 1 AND TX07 = 1] Are you **currently** receiving treatment or counseling for your use of **prescription pain relievers**?

- 1 Yes
 - 2 No
- DK/REF

TX33 [IF (TRMISUSE12=1 OR TRL01=1 OR TRL02=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 (TRMISUSE12=1 OR TRL01=1 OR TRL02=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 (STMISUSE12=1 OR STL01=1 OR STL02=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 (STMISUSE12=1 OR STL01=1 OR STL02=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 (SVMISUSE12=1 OR SVL01=1 OR SVL02=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 (SVMISUSE12=1 OR SVL01=1 OR SVL02=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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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, press the [ENTER] key 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

TX45 [IF TX01=1 AND TX02=2 AND (AL01 = 1 OR ALREF = 1) AND MJ01 NE 1 AND MJREF NE 1 AND CC01 NE 1 AND CCREF NE 1 AND CK01 NE 1 AND CKREF NE 1 AND HE01 NE 1 AND HEREF NE 1 AND LS01a NE 1 AND LSREF1 NE 1 AND LS01b NE 1 AND LSREF2 NE 1 AND LS01c NE 1 AND LS01d NE 1 AND LS01e NE 1 AND LS01f NE 1 AND LSREF3 NE 1 AND LS01h NE 1 AND LS01i NE 1 AND LS01j NE 1 AND LS01k NE 1 AND IN01a NE 1 AND IN01b NE 1 AND IN01c NE 1 AND IN01d NE 1 AND IN01e NE 1 AND IN01f NE 1 AND IN01g NE 1 AND IN01h NE 1 AND IN01h1 NE 1 AND IN01i NE 1 AND IN01ii NE 1 AND IN01j NE 1 AND IN01l NE 1 AND INREF NE 1 AND ME01 NE 1 AND MEREF NE 1 AND (PRMISUSE12 NE 1 OR PRL01 NE 1 OR PRL02 NE 1) AND (TRMISUSE12 NE 1 OR TRL01 NE 1 OR TRL02 NE 1) AND (STMISUSE12 NE 12 OR STL01 NE 1 OR STL02 NE 1) AND (SVMISUSE12 NE 1 OR SVL01 NE 1 OR SVL02 NE 1)] Earlier you reported that at some time in your life you received treatment or counseling for your use of alcohol or any drug, not counting cigarettes. Have you **ever received** treatment for your alcohol use?

1 Yes

2 No

DK/REF

TX45a[IF TX45 = 1] How old were you when you **first** received treatment for your alcohol use?

_____ [RANGE: 1-110]

DK/REF

TX46 [IF TX01=1 AND TX02=2 AND (AL01 NE 1 AND ALREF NE 1) AND MJ01 = 1 OR MJREF = 1 OR CC01 = 1 OR CCREF = 1 OR CK01 = 1 OR CKREF = 1 OR HE01 = 1 OR HEREF = 1 OR LS01a = 1 OR LSREF1 = 1 OR LS01b = 1 OR LSREF2 = 1 OR LS01c = 1 OR LS01d = 1 OR LS01e = 1 OR LS01f = 1 OR LSREF3 = 1 OR LS01h = 1 OR LS01i = 1 OR LS01j = 1 OR LS01k = 1 OR IN01a = 1 OR IN01b = 1 OR IN01c = 1 OR IN01d = 1 OR IN01e = 1 OR IN01f = 1 OR IN01g = 1 OR IN01h = 1 OR IN01h1 = 1 OR IN01i = 1 OR IN01ii = 1 OR IN01j = 1 OR IN01l = 1 OR INREF = 1 OR ME01 = 1 OR MEREF = 1 OR PRMISUSE12 = 1 OR PRL01 = 1 OR PRL02 = 1 OR TRMISUSE12 = 1 OR TRL01 = 1 OR TRL02 = 1 OR STMISUSE12 = 1 OR STL01 = 1 OR STL02 = 1 OR SVMISUSE12 = 1 OR SVL01 = 1 OR SVL02 = 1] Earlier you reported that at some time in your life you received treatment or counseling for your use of alcohol or any drug, not

counting cigarettes. Have you **ever received** treatment or counseling for your drug use?

- 1 Yes
- 2 No
- DK/REF

TX46a[IF TX46 = 1] How old were you when you **first** received treatment or counseling for your drug use?

_____ [RANGE: 1-110]
DK/REF

TX47 [IF TX01=1 AND TX02=2 AND (AL01 = 1 OR ALREF = 1) AND (MJ01 = 1 OR MJREF = 1 OR CC01 = 1 OR CCREF = 1 OR CK01 = 1 OR CKREF = 1 OR HE01 = 1 OR HEREF = 1 OR LS01a = 1 OR LSREF1 = 1 OR LS01b = 1 OR LSREF2 = 1 OR LS01c = 1 OR LS01d = 1 OR LS01e = 1 OR LS01f = 1 OR LSREF3 = 1 OR LS01h = 1 OR LS01i=1 OR LS01j=1 OR LS01k=1 OR IN01a = 1 OR IN01b = 1 OR IN01c = 1 OR IN01d = 1 OR IN01e = 1 OR IN01f = 1 OR IN01g = 1 OR IN01h = 1 OR IN01h1=1 OR IN01i = 1 OR IN01ii=1 OR IN01j = 1 OR IN01l = 1 OR INREF = 1 OR ME01=1 OR MEREF=1 OR PRMISUSE12=1 OR PRL01=1 OR PRL02=1 OR TRMISUSE12=1 OR TRL01=1 OR TRL02=1 OR STMISUSE12=1 OR STL01=1 OR STL02=1 OR SVMISUSE12=1 OR SVL01=1 OR SVL02=1)] Earlier you reported that at some time in your life you received treatment or counseling for your use of alcohol or any drug, not counting cigarettes. Have you **ever received** treatment or counseling for your alcohol use?

- 1 Yes
- 2 No
- DK/REF

TX47a[IF TX47 = 1] How old were you when you **first** received treatment or counseling for your alcohol use?

_____ [RANGE: 1-110]
DK/REF

TX48 [IF TX01=1 AND TX02=2 AND (AL01 = 1 OR ALREF = 1) AND (MJ01 = 1 OR MJREF = 1 OR CC01 = 1 OR CCREF = 1 OR CK01 = 1 OR CKREF = 1 OR HE01 = 1 OR HEREF = 1 OR LS01a = 1 OR LSREF1 = 1 OR LS01b = 1 OR LSREF2 = 1 OR LS01c = 1 OR LS01d = 1 OR LS01e = 1 OR LS01f = 1 OR LSREF3 = 1 OR LS01h = 1 OR LS01i=1 OR LS01j=1 OR LS01k=1 OR IN01a = 1 OR IN01b = 1 OR IN01c = 1 OR IN01d = 1 OR IN01e = 1 OR IN01f = 1 OR IN01g = 1 OR IN01h = 1 OR IN01h1=1 OR IN01i = 1 OR IN01ii=1 OR IN01j = 1 OR IN01l = 1 OR INREF = 1 OR ME01=1 OR MEREF=1 OR PRMISUSE12=1 OR PRL01=1 OR PRL02=1 OR TRMISUSE12=1 OR TRL01=1 OR TRL02=1 OR STMISUSE12=1 OR STL01=1 OR STL02=1 OR SVMISUSE12=1 OR SVL01=1 OR SVL02=1)] Have you **ever received** treatment or

counseling for your drug use?

- 1 Yes
- 2 No
- DK/REF

TX48a [IF TX48 = 1] How old were you when you **first** received treatment or counseling for your drug use?

_____ [RANGE: 1-110]
DK/REF

TX49 [IF TX03 = 1] Earlier you reported that you received treatment or counseling for your use of alcohol during the past 12 months. How old were you when you **first** received treatment or counseling for your alcohol use?

_____ [RANGE: 1-110]
DK/REF

TX49a [IF TX03 = 1 AND (MJ01 = 1 OR MJREF = 1 OR CC01 = 1 OR CCREF = 1 OR CK01 = 1 OR CKREF = 1 OR HE01 = 1 OR HEREF = 1 OR LS01a = 1 OR LSREF1 = 1 OR LS01b = 1 OR LSREF2 = 1 OR LS01c = 1 OR LS01d = 1 OR LS01e = 1 OR LS01f = 1 OR LSREF3 = 1 OR LS01h = 1 OR LS01i = 1 OR LS01j = 1 OR LS01k = 1 OR IN01a = 1 OR IN01b = 1 OR IN01c = 1 OR IN01d = 1 OR IN01e = 1 OR IN01f = 1 OR IN01g = 1 OR IN01h = 1 OR IN01h1 = 1 OR IN01i = 1 OR IN01ii = 1 OR IN01j = 1 OR IN01l = 1 OR INREF = 1 OR ME01 = 1 OR MEREF = 1 OR PRMISUSE12 = 1 OR PRL01 = 1 OR PRL02 = 1 OR TRMISUSE12 = 1 OR TRL01 = 1 OR TRL02 = 1 OR STMISUSE12 = 1 OR STL01 = 1 OR STL02 = 1 OR SVMISUSE12 = 1 OR SVL01 = 1 OR SVL02 = 1)] Have you **ever received** treatment or counseling for your use of any drug, not including cigarettes or alcohol?

- 1 Yes
- 2 No
- DK/REF

TX49b [IF TX49a = 1] How old were you when you **first** received treatment or counseling for your drug use?

_____ [RANGE: 1-110]
DK/REF

TX50 [IF TX03 = 2] Earlier you reported that you received treatment or counseling for your drug use during the past 12 months. How old were you when you **first** received treatment or counseling for your drug use?

_____ [RANGE: 1-110]
DK/REF

TX50a [IF TX03 = 2 AND (AL01 = 1 OR ALREF = 1)] Have you **ever received** treatment or counseling for your alcohol use?

1 Yes
2 No
DK/REF

TX50b [IF TX50a = 1] How old were you when you **first** received treatment or counseling for your alcohol use?

_____ [RANGE: 1-110]
DK/REF

TX51 [IF TX03=3] Earlier, you reported that you received treatment or counseling for your drug and alcohol use during the past 12 months. How old were you when you **first** received treatment or counseling for your use of alcohol?

_____ [RANGE: 1-110]
DK/REF

TX51a [IF TX03=3] How old were you when you **first** received treatment or counseling for your drug use?

_____ [RANGE: 1-110]
DK/REF

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

Health

HLTHINT These next questions are about your health and health care.

Press [ENTER] to continue.

HLTH02[IF QD01 = 9 AND CURNTAGE = 12 - 44] Are you currently pregnant?

- 1 Yes
- 2 No
- DK/REF

HLTH03[IF HLTH02 = 1] How many months pregnant are you?

OF MONTHS: _____ [RANGE: 1 - 9]
DK/REF

HLTH04 This question asks about your height.

To answer in feet and inches, press 1. To answer in meters and centimeters, press 2. To answer in inches only, press 3. To answer in centimeters only, press 4. Then press [ENTER] to continue.

- 1 I would rather answer in feet and inches
- 2 I would rather answer in meters and centimeters
- 3 I would rather answer only in inches
- 4 I would rather answer only in centimeters
- DK/REF

HLTH05 [IF HLTH04=1] About how tall are you, without shoes? First, please type in the number of **feet**, then press [ENTER].

_____ feet [RANGE: 2-8]
DK/REF

HLTH06a [IF HLTH04 = 1 AND HLTH05 NE DK/RF] Please type in the number of **inches** and then press [ENTER].

_____ inch(es) [RANGE: 0-11.]
DK/REF

HLTH06b

(IF HLTH04 = 3) About how tall are you, without shoes? Please type in the number of **inches** and then press [ENTER].

_____inch(es) [RANGE: 24-96]
DK/REF

HLTH07

[IF HLTH04=2] About how tall are you, without shoes? First, please type in the number of **meters**, then press [ENTER].

_____meters [RANGE: 0-2]
DK/REF

HLTH08a

[IF HLTH04 = 2 AND HLTH07 NE DK/REF] Please type in the number of **centimeters** and then press [ENTER].

_____centimeter(s) [RANGE: 0-99.]
DK/REF

HLTH08b

(IF HLTH04 = 4) About how tall are you, without shoes? Please type in the number of **centimeters** and then press [ENTER].

_____centimeter(s) [RANGE: 60-250]
DK/REF

HLTH09

The next question asks about your weight.

To answer in pounds, press 1. To answer in kilograms, press 2. Then press [ENTER] to continue.

1 I would rather answer in pounds
2 I would rather answer in kilograms
DK/REF

HLTH10

[IF HLTH09=1 AND HLTH02 NE 1] About how much do you weigh? Please type in the number of **pounds** and then press [ENTER].

_____pounds [RANGE: 40-999]
DK/REF

HLTH12

[IF HLTH09=2 AND HLTH02 NE 1] About how much do you weigh? Please type in the number of **kilograms** and then press [ENTER].

_____ kilograms [RANGE: 18.00-999.00]
DK/REF

HLTH13

[IF HLTH02=1 AND HLTH09=1] About how much did you weigh before you got pregnant? Please type in the number of **pounds** and then press [ENTER].

_____ pounds [RANGE: 40-999]
DK/REF

HLTH14

[IF HLTH02=1 AND HLTH09 =2] About how much did you weigh before you got pregnant? Please type in the number of **kilograms** and then press [ENTER].

_____ kilograms [RANGE: 18.00-999.00]
DK/REF

HLTH16 During the past 12 months, that is, since **[DATEFILL]**, how many different times have you been treated in an emergency room for any reason?

OF TIMES: _____ [RANGE: 0 - 90]
DK/REF

SHOW 12-MONTH CALENDAR

HLTH17 During the past 12 months, have you stayed overnight or longer as an inpatient in a hospital?

1 Yes
2 No
DK/REF

SHOW 12-MONTH CALENDAR

HLTH18 [IF HLTH17 = 1] During the past 12 months, **how many nights** were you an inpatient in a hospital?

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

SHOW 12-MONTH CALENDAR

HLTH19 During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or nurse practitioner about your **own** health at a doctor's office, a clinic, or some other place?

NUMBER OF VISITS: _____ [(RANGE: 0 - 366)]
DK/REF

SHOW 12-MONTH CALENDAR

HLTH19DK[IF HLTH19=DK/REF] What is your best guess of how many times you have visited a doctor, nurse, physician assistant or nurse practitioner about your **own** health at a doctor's office, a clinic, or some other place in the past 12 months?

- 0. I have not visited a health care professional in the past 12 months
 - 1. 1 time
 - 2. 2-3 times
 - 3. 4-5 times
 - 4. 6-7 times
 - 5. 8-9 times
 - 6. 10-12 times
 - 7. 13-15 times
 - 8. 16 or more times
- DK/REF

SHOW 12-MONTH CALENDAR

TELEHLTH During the past 12 months, have you talked to a doctor, physician assistant, or nurse practitioner about your own health **over the phone, by email, or through video calling** instead of going to an in-person appointment?

- 1 Yes
 - 2 No
- DK/REF

DEFINE VISITFILL:

IF HLTH16=1 THEN VISITFILL= "your visit to the Emergency Room"
IF HLTH16>1 THEN VISITFILL = "your visits to the Emergency Room"
IF HLTH17=1 THEN VISITFILL= "your hospitalization"

[VISITFILL] during the past 12 months when you answer this question. Choose the statement or statements below that describe any discussion you may have had **in person** with a doctor or other health professional about your **alcohol use**.

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

1. The doctor asked how much I drink.
 2. The doctor asked how often I drink.
 3. The doctor asked if I have any problems because of my drinking.
 4. The doctor advised me to cut down on my drinking.
 5. The doctor offered to give me more information about alcohol use and treatment for problems with alcohol use.
 - 95 The doctor didn't discuss my alcohol use with me in the past 12 months.
- DK/REF

HARD ERROR: [IF 95 AND AT LEAST ONE IN (1-5) SELECTED]: You have entered "The doctor didn't discuss my alcohol use with me in the past 12 months," but you have also entered one or more statements from the list. Press [Enter] to answer the question again.

HLTH23 [(IF HLTH16>0 OR HLTH17=1 OR HLTH19>0 OR HLTH19DK>0) AND [(MJLAST3=1 OR 2 OR MJRECDK=1 OR 2 OR MJRECRE=1 OR 2) OR COC12MON=1 OR CRK12MON=1 OR HER12MON=1 OR INH12MON = 1 OR HAL12MON = 1 OR MET12MON=1] During the past 12 months, did any doctor or other health care professional talk to you about your use of [FILLMARIJUANA/COCAINE/CRACK/HEROIN/ INHALANTS / HALLUCINOGENS/METHAMPHETAMINE]?
PROGRAMMERS: SEPARATE MULTIPLE FILLS WITH AN 'OR'
1 Yes
2 No
DK/REF

HLTH24 These next questions are about certain medical conditions.

During the past 12 months, did you have a sexually transmitted disease such as chlamydia, gonorrhea, herpes or syphilis?

- 1 Yes
- 2 No

DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

HLTH25 Below is a list of health conditions that you may have had during your **lifetime**.

Please read the list and type in the numbers of all of the conditions that a doctor or other health care professional has **ever** told you that you had.

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

1. Any kind of heart condition or heart disease
2. Diabetes or sugar diabetes
3. Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD
4. Cirrhosis of the liver
5. Hepatitis B or C
6. Kidney disease, not including bladder infection or incontinence
7. Asthma
8. HIV or AIDS
9. Cancer or a malignancy of any kind
10. Hypertension, also called high blood pressure
- 95 None of the above - I have never had any of these conditions

DK/REF

HARD ERROR: [IF 95 AND AT LEAST ONE IN (1-10) SELECTED]: You have entered "I have never had any of these conditions," but you have also entered one or more health conditions from the list. Press [ENTER] to answer the question again.

DEFINE NONCACOUNT:
INITIALIZE NONCACOUNT TO 0.
ADD 1 TO NONCACOUNT FOR EVERY RESPONSE OF 1 TO 8 OR 10 IN HLTH25.

DEFINE NONCAFILL:
NONCAFILL LISTS SPECIFIC HEALTH CONDITIONS OTHER THAN CANCER WHEN ONLY 1 OTHER CONDITION BESIDES CANCER WAS REPORTED.

IF HLTH25=9 AND HLTH25=1 AND NONCACOUNT=1 THEN NONCAFILL = "your heart condition or heart disease"
ELSE IF HLTH25=9 AND HLTH25=2 AND NONCACOUNT=1 THEN NONCAFILL = "your diabetes or sugar diabetes"

ELSE IF HLTH25=9 AND HLTH25=3 AND NONCACOUNT=1 THEN NONCAFILL = “your chronic bronchitis, emphysema, or chronic obstructive pulmonary disease, also called COPD”
ELSE IF HLTH25=9 AND HLTH25=4 AND NONCACOUNT=1 THEN NONCAFILL = “your cirrhosis of the liver”
ELSE IF HLTH25=9 AND HLTH25=5 AND NONCACOUNT=1 THEN NONCAFILL = “your hepatitis”
ELSE IF HLTH25=9 AND HLTH25=6 AND NONCACOUNT=1 THEN NONCAFILL = “your kidney disease”
ELSE IF HLTH25=9 AND HLTH25=7 AND NONCACOUNT=1 THEN NONCAFILL = “your asthma”
ELSE IF HLTH25=9 AND HLTH25=8 AND NONCACOUNT=1 THEN NONCAFILL = “your HIV or AIDS”
ELSE IF HLTH25=9 AND HLTH25=10 AND NONCACOUNT=1 THEN NONCAFILL = “your high blood pressure”
ELSE IF HLTH25=9 AND NONCACOUNT >1 THEN NONCAFILL = “the other health conditions you reported”

HLTH26 [IF HLTH25=9] What kind of cancer was it? Enter all that apply.

To select more than one category, press the space bar between the numbers. When you have finished, press [ENTER].

1. Bladder
2. Blood
3. Bone
4. Brain
5. Breast
6. [IF QD01 = 9] Cervix
7. Colon
8. Esophagus
9. Gallbladder
10. Kidney
11. Larynx/windpipe
12. Leukemia
13. Liver
14. Lung
15. Lymphoma
16. Melanoma
17. Mouth/tongue/lip
18. [IF QD01 = 9] Ovary
19. Pancreas
20. [IF QD01 = 5] Prostate
21. Rectum
22. Skin (not melanoma)
23. Skin (don't know which kind)

- 24. Soft tissue (muscle or fat)
- 25. Stomach
- 26. [IF QD01 = 5] Testis
- 27. Throat/pharynx
- 28. Thyroid
- 29. [IF QD01 = 9] Uterus
- 30. Other

HLTH26othr [IF HLTH26=30] Please tell me which other kind of cancer you had.

DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN HTLH26othr.

HLTH27 [IF HLTH26=1] How old were you when your bladder cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH27 > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28a [IF HLTH26=2] How old were you when your blood cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28a > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28b [IF HLTH26=3] How old were you when your bone cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28b > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28c [IF HLTH26=4] How old were you when your brain cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28c > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28d [IF HLTH26=5] How old were you when your breast cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28d > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28e [IF HLTH26=6] How old were you when your cervical cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28e > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28f [IF HLTH26=7] How old were you when your colon cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28f > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28g [IF HLTH26=8] How old were you when your esophageal cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28g > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28h [IF HLTH26=9] How old were you when your gallbladder cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28h > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28i [IF HLTH26=10] How old were you when your kidney cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28i > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28j [IF HLTH26=11] How old were you when your larynx/windpipe cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28j > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28k [IF HLTH26=12] How old were you when your leukemia was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28k > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28l [IF HLTH26=13] How old were you when your liver cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28l > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28m [IF HLTH26=14] How old were you when your lung cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28m > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28n [IF HLTH26=15] How old were you when your lymphoma was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28n > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28o [IF HLTH26=16] How old were you when your melanoma was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28o > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28p [IF HLTH26=17] How old were you when your mouth/tongue/lip cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28p > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28q [IF HLTH26=18] How old were you when your ovarian cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28q > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28r [IF HLTH26=19] How old were you when your pancreatic cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28r > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28s [IF HLTH26=20] How old were you when your prostate cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28s > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28t [IF HLTH26=21] How old were you when your rectal cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28t > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28u [IF HLTH26=22] How old were you when your skin [not melanoma] cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28u > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28v [IF HLTH26=23] How old were you when your skin cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28v > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28w [IF HLTH26=24] How old were you when your soft tissue cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28w > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28x [IF HLTH26=25] How old were you when your stomach cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28x > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28y [IF HLTH26=26] How old were you when your testicular cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28y > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28z [IF HLTH26=27] How old were you when your throat/pharynx cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28z > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28aa [IF HLTH26=28] How old were you when your thyroid cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28aa > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28bb [IF HLTH26=29] How old were you when your uterine cancer was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28bb > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH28cc [IF HLTH26=30] How old were you when the type of cancer listed below was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

[FILL HLTH26othr]

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH28cc > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH29 [IF HLTH25=9 AND HLTH27 AND HLTH28a AND HLTH28b AND HLTH28c AND HLTH28c AND HLTH28d AND HLTH28e AND HLTH28f AND HLTH28g AND HLTH28h AND HLTH28i AND HLTH28j AND HLTH28k AND HLTH28l AND HLTH28m AND HLTH28n AND HLTH28o AND HLTH28p AND HLTH28q AND HLTH28r AND HLTH28s AND HLTH28t AND HLTH28u AND HLTH28v AND HLTH28w AND HLTH28x AND HLTH28y AND HLTH28z AND HLTH28aa AND HLTH28bb AND HLTH28cc NE CALCAGE] Did you have cancer during the past 12 months?
1 Yes
2 No
DK/REF
PROGRAMMER: SHOW 12 MONTH CALENDAR

HLTHOTHint [IF HLTH25=9 AND (NONCACOUNT > 1 OR (NONCACOUNT = 1 AND (NONCAFILL = "your heart condition or heart disease" OR NONCAFILL = "your asthma" OR NONCAFILL = "your high blood pressure")))] The next questions are about [NONCAFILL].

[IF HLTH25=9 AND NONCACOUNT = 1 AND NONCAFILL NE "your heart condition or heart disease" AND NONCAFILL NE "your asthma" AND NONCAFILL NE "your high blood pressure"] The next question is about [NONCAFILL].

Press [ENTER] to continue.

HLTH30 [IF HLTH25=1] How old were you when your heart condition or heart disease was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH30 > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH31 [IF HLTH25=1 AND HLTH30 NE CALCAGE] Did you have any kind of heart condition or heart disease in the past 12 months?

1 Yes
2 No
DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

HLTH32 [IF HLTH25=2] How old were you when your diabetes or sugar diabetes was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH32 > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH33 [IF HLTH25=3] How old were you when your chronic bronchitis, emphysema, or chronic obstructive pulmonary disease, also called COPD were first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH33 > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH34 [IF HLTH25=4] How old were you when your cirrhosis of the liver was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH34 > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH35 [IF HLTH25=5] How old were you when your hepatitis was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH35 > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH36 [IF HLTH25=6] How old were you when your kidney disease was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH36 > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH37 [IF HLTH25=7] How old were you when your asthma was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH37 > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH38 [IF HLTH25=7] Do you still have asthma?

- 1 Yes
- 2 No
- DK/REF

HLTH39 [IF HLTH25=8] How old were you when you found out you had HIV/AIDS?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH39 > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

HLTH40 [IF HLTH25=10] Are you currently taking prescription medicine for your high blood pressure?

- 1 Yes
- 2 No
- DK/REF

HLTH41 [IF HLTH40=1] How old were you when your high blood pressure was first diagnosed?

If you were first diagnosed before you were 1 year old, please enter 1.

Age: _____ [RANGE: 1-CURNTAGE]
DK/REF

HARD ERROR: [HLTH41 > CURNTAGE] The age you entered when you were first diagnosed is older than your current age. Press [Enter] to answer the question again.

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.

Press [ENTER] 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?

To select more than one place, press the space bar between each number you type. When you have finished, press the [ENTER] key to go to the next question.

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?

To select more than one answer, press the space bar between each number you type. When you have finished, press the [ENTER] key to go to the next question.

- 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?

To select more than one place, press the space bar between each number you type. When you have finished, press the [ENTER] key to go to the next question.

- 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?

To select more than one answer, press the space bar between each number you

type. When you have finished, press the [ENTER] key to go to the next question.

- 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

ATXMHTEL [IF CURNTAGE = 18 OR OLDER] During the past 12 months have you received any professional counseling, medication or treatment for your mental health, emotions, or behavior **over the phone, by email, or through video calling?**

- 1 Yes
- 2 No
- DK/REF

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?

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 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, press the [ENTER] key 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?

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

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, press the [ENTER] key 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

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.

Press [ENTER] 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, 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

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 and YE09=1] 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

YTXMHTEL [IF CURNTAGE = 12 – 17] During the past 12 months have you received any professional counseling, medication or treatment for your mental health, emotions, or behavior **over the phone, by email, or through video calling?**

1 Yes

2 No

DK/REF