

HAND R CARD DR1

DR1 Have you ever used any of these drugs to feel good or high, or to feel more active or alert? Or did you use any prescription drugs when they were not prescribed, or more than prescribed?

	1	2	3	4	5	6	7	8	9
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>PCP</i>	<i>HAL</i>	<i>SOL</i>	<i>COMB</i>	<i>OTH</i>
DR1_1, DR1_2, DR1_3, DR1_4, DR1_5, DR1_6, DR1_7, DR1_8, DR1_9									
NO	1	1	1	1	1	1	1	1	1
YES	5	5	5	5	5	5	5	5	5

BOX DR1 IF ALL NO, SKIP TO ED1. OTHERS CONTINUE FOR EACH DRUG CODED 5.

A. How many times in your life have you used (DRUG)?

DR1a_1, DR1a_2, DR1a_3, DR1a_4, DR1a_5, DR1a_6, DR1a_7, DR1a_8, DR1a_9

TIMES — — — — — — — — —

1. **IF DK, ASK:** Would you say 11 or more times?

DR1a1_1, DR1a1_2, DR1a1_3, DR1a1_4, DR1a1_5, DR1a1_6, DR1a1_7, DR1a1_8, DR1a1_9

NO	1	1	1	1	1	1	1	1	1
YES	5	5	5	5	5	5	5	5	5

2. **IF NO, ASK:** Would you say 5 or more times?

DR1a2_1, DR1a2_2, DR1a2_3, DR1a2_4, DR1a2_5, DR1a2_6, DR1a2_7, DR1a2_8, DR1a2_9

NO	1	1	1	1	1	1	1	1	1
YES	5	5	5	5	5	5	5	5	5

B. How old were you the (first/last) time you used (DRUG)?

DR1bAgeOns_1, DR1bAgeOns_2, DR1bAgeOns_3, DR1bAgeOns_4, DR1bAgeOns_5, DR1bAgeOns_6, DR1bAgeOns_7, DR1bAgeOns_8, DR1bAgeOns_9

AGE ONS — — — — — — — — — *t*

FOR EACH AGE ONS BEFORE 15, ASK C. OTHERS SKIP TO D.

DR1bOns_1, DR1bOns_2, DR1bOns_3, DR1bOns_4, DR1bOns_5, DR1bOns_6, DR1bOns_7, DR1bOns_8, DR1bOns_9

ONS — — — — — — — — —

DR1bAgeRec_1, DR1bAgeRec_2, DR1bAgeRec_3, DR1bAgeRec_4, DR1bAgeRec_5, DR1bAgeRec_6, DR1bAgeRec_7, DR1bAgeRec_8, DR1bAgeRec_9

AGE REC — — — — — — — — — *t*

DR1bRec_1, DR1bRec_2, DR1bRec_3, DR1bRec_4, DR1bRec_5, DR1bRec_6, DR1bRec_7, DR1bRec_8, DR1bRec_9

REC — — — — — — — — —

C. Did you use (DRUG) more than once before you were 15?

DR1c_1, DR1c_2, DR1c_3, DR1c_4, DR1c_5, DR1c_6, DR1c_7, DR1c_8, DR1c_9

NO	1	1	1	1	1	1	1	1	1
YES	5	5	5	5	5	5	5	5	5

IF NEVER USED COCAINE, SKIP TO F.

D. When you first started using cocaine, did you find that you got higher or stayed high longer than other people who would use the same amount of cocaine?

NO	1	DR1d
YES	5	

IF AL1a=1, SKIP TO F.

E. Did you ever use alcohol to make yourself feel better when coming down from the effects of cocaine?

NO	1	DR1e
YES	5	

F. Have you ever injected any of these drugs?

NO	1	DR1f_aux
YES	5	

IF YES: Which ones?

IF NO, SKIP TO H.

DR1f_1, DR1f_2, DR1f_3, DR1f_4, DR1f_5, DR1f_6, DR1f_7, DR1f_8,
DR1f_9

NO	1	1	1	1	1	1	1	1	1
YES	5	5	5	5	5	5	5	5	5

DR1f1_1, DR1f1_2, DR1f1_3, DR1f1_4, DR1f1_5, DR1f1_6, DR1f1_7,
DR1f1_8, DR1f1_9

1. How many times?

TIMES — — — — — — — — —

2. How old were you the (first/last)
time?

DR1fAgeOns_1, DR1fAgeOns_2, DR1fAgeOns_3, DR1fAgeOns_4,
DR1fAgeOns_5, DR1fAgeOns_6, DR1fAgeOns_7, DR1fAgeOns_8,
DR1fAgeOns_9

AGE ONS — — — — — — — — —

DR1fOns_1, DR1fOns_2, DR1fOns_3, DR1fOns_4, DR1fOns_5, DR1fOns_6,
DR1fOns_7, DR1fOns_8, DR1fOns_9

ONS — — — — — — — — —

DR1fAgeRec_1, DR1fAgeRec_2, DR1fAgeRec_3, DR1fAgeRec_4,
DR1fAgeRec_5, DR1fAgeRec_6, DR1fAgeRec_7, DR1fAgeRec_8,
DR1fAgeRec_9

AGE REC — — — — — — — — —

DR1fRec_1, DR1fRec_2, DR1fRec_3, DR1fRec_4, DR1fRec_5, DR1fRec_6,
DR1fRec_7, DR1fRec_8, DR1fRec_9

REC — — — — — — — — —

G. Have you ever shared a needle?

DR1g

NO.....(SKIP TO H).....1

YES.....5

1. How many times?

— — — — TIMES DR1g1

2. How old were you the (first/last)
time?

AGE ONS —/— DR1gAgeOns

ONS 1 5 DR1gOns

AGE REC —/— DR1gAgeRec

REC 1 5 DR1gRec

H. Of all the drugs you have used, which
one was your favorite (including
marijuana)?

_____DR1h_specify — — — DR1h_CODE

DO NOT COUNT ALCOHOL.

IF R USED ONLY 1 DRUG, SKIP TO BOX DR2. OTHERS CONTINUE.

I. Have you ever used 2 or more drugs together (other than with marijuana and/or alcohol)?

DR1i
NO.....1
YES.....(SPECIFY).....5

1a. _____ DR1iSPECIFYa	b. _____ DR1iSPECIFYb	CODE: DR1iCODEa	CODE: DR1iCODEb
2a. _____ DR1iSPECIFYa2	b. _____ DR1iSPECIFYb2	CODE: DR1iCODEa2	CODE: DR1iCODEb2
3a. _____ DR1iSPECIFYa3	b. _____ DR1iSPECIFYb3	CODE: DR1iCODEa3	CODE: DR1iCODEb3
4a. _____ DR1iSPECIFYa4	b. _____ DR1iSPECIFYb4	CODE: DR1iCODEa4	CODE: DR1iCODEb4
5a. _____ DR1iSPECIFYa5	b. _____ DR1iSPECIFYb5	CODE: DR1iCODEa5	CODE: DR1iCODEb5

BOX DR2 CHECK DR1A. IF NO DRUG USED 11 OR MORE TIMES, SKIP TO ED1. IF USED COCAINE, STIMULANTS, SEDATIVES, AND/OR OPIATES 11 OR MORE TIMES, CONTINUE. IF USED OTHER DRUGS 11 OR MORE TIMES, CONTINUE WITH ONE USED MOST AND CODE IN COL 5. IF "OTHER" COLUMN USED, RECORD: _____ DR2_specify CODE: _____ DR2_Code

			1	2	3	4	5
			COC	STIM	SED	OP	OTH
FGNDRC	DR2	What is the longest period you used (DRUG) almost every day? IF NEVER ALMOST EVERY DAY, CODE 0 DAYS. IF USED DAILY FOR 1 MONTH OR LONGER, CODE DR2A "YES" SILENTLY.	DR2_NUM_1, DR2_NUM_2, DR2_NUM_3, DR2_NUM_4, DR2_NUM_5 _____ DR2_UNIT_1, DR2_UNIT_2, DR2_UNIT_3, DR2_UNIT_4, DR2_UNIT_5 CODE UNITS: DAYS.....1 1 1 1 1 WEEKS.....2 2 2 2 2 MONTHS.....3 3 3 3 3 YEARS.....4 4 4 4 4				
		A. Did you ever use (DRUG) at least once a week for one month or more?	DR2A_1, DR2A_2, DR2A_3, DR2A_4, DR2A_5 NO 1 1 1 1 1 YES 5 5 5 5 5				
		B. Think about the time when you were using (DRUG) the most. During that period, how many days per month did you use (DRUG)?	DR2B_1, DR2B_2, DR2B_3, DR2B_4, DR2B_5 DAYS _____ PER MO _____				
		1. How long did that period last?	DR2B1_1, DR2B1_2, DR2B1_3, DR2B1_4, DR2B1_5 MONTHS _____				
		2. During that period of heaviest use, how many times did you use (DRUG) on an average day?	DR2B2_1, DR2B2_2, DR2B2_3, DR2B2_4, DR2B2_5 TIMES _____ PER DAY _____				
		3. How old were you when that period started?	DR2AgeOns_1, DR2AgeOns_2, DR2AgeOns_3, DR2AgeOns_4, DR2AgeOns_5 AGE ONS _____ <i>t</i>				

			1	2	3	4	5
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
(3) FGNDRC	DR3	Have you ever stayed high from (DRUG) for a whole day or more?	DR3_1, DR3_2, DR3_3, DR3_4, DR3_5				
		NO	1	1	1	1	1
		YES	5	5	5	5	5
			DR3a_1, DR3a_2, DR3a_3, DR3a_4, DR3a_5				
		A. IF YES: Did this happen 3 or more times?	NO	1	1	1	1
			YES	5	5	5	5
(4)	DR4	OMITTED					
BEGIN SCORING ASTERISKED ITEMS ON DRUG TALLY SHEET							
(5) DDICD1	DR5	Have you ever had such a strong desire for (DRUG) that it was hard to think of anything else?	DR5_1, DR5_2, DR5_3, DR5_4, DR5_5				
		NO	1	1	1	1	1
		YES	5	5	5	5	5 *
		A. IF YES: How old were you the (first/last) time?	DR5AgeOns_1, DR5AgeOns_2, DR5AgeOns_3, DR5AgeOns_4, DR5AgeOns_5				
			AGE ONS — — — — —				
			DR5Ons_1, DR5Ons_2, DR5Ons_3, DR5Ons_4, DR5Ons_5				
			ONS — — — — —				
			DR5AgeRec_1, DR5AgeRec_2, DR5AgeRec_3, DR5AgeRec_4, DR5AgeRec_5				
			AGE REC — — — — —				
			DR5Rec_1, DR5Rec_2, DR5Rec_3, DR5Rec_4, DR5Rec_5				
			REC — — — — —				
(6) DD3RA3/B DD45 DDICD5 FGNDRC	DR6	Was there ever a period of a month or more when a great deal of your time was spent using (DRUG), getting (DRUG), or getting over its effects?	DR6_1, DR6_2, DR6_3, DR6_4, DR6_5				
		NO	1	1	1	1	1
		YES	5	5	5	5	5 *
(7) DD3RA2 DD44 DDICD2	DR7	Have you often wanted to stop or cut down on (DRUG)?	DR7_1, DR7_2, DR7_3, DR7_4, DR7_5				
		NO	1	1	1	1	1
		YES	5	5	5	5	5 *
DD3RA2		A. Have you ever tried to stop or cut down on (DRUG) but found that you couldn't?	DR7a_1, DR7a_2, DR7a_3, DR7a_4, DR7a_5				
		NO	1	1	1	1	1
		YES	5	5	5	5	5 *
		IF NO (COULD STOP), SKIP TO DR8. OTHERS CONTINUE.					
DD44 DDICD2		B. Were you unable to stop or cut down 3 or more times?	DR7b_1, DR7b_2, DR7b_3, DR7b_4, DR7b_5				
		NO	1	1	1	1	1
		YES	5	5	5	5	5 *
(8) DD3RA7 DD41 DDICD4	DR8	Did you ever need larger amounts of (DRUG) to get an effect or find that you could no longer get high on the amount you used to use?	DR8_1, DR8_2, DR8_3, DR8_4, DR8_5				
		NO	1	1	1	1	1
		YES	5	5	5	5	5 *

			1	2	3	4	5
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
			DR9_1, DR9_2, DR9_3, DR9_4, DR9_5				
9)	DR9	Have you ever given up or greatly reduced important activities while using (DRUG), like sports, work, or associating with friends or relatives?	NO	1	1	1	1
			YES	5	5	5	5
			DR9a_1, DR9a_2, DR9a_3, DR9a_4, DR9a_5				
DD3RA5/B		A. IF YES: Did this happen 3 or more times or	NO	1	1	1	1
DD46		for a month or more?	YES	5	5	5	5 *
DDICD5							
			DR10_1, DR10_2, DR10_3, DR10_4, DR10_5				
(10)	DR10	Have you often used (DRUG) more days or in	NO	1	1	1	1
DD3RA1		larger amounts than you intended to?	YES	5	5	5	5 *
DD43							
DDICD2							

DR11 People who stop, cut down, or go without drugs after using drugs steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover. When you stopped, cut down, or went without (DRUG), did you ever experience any of the following problems for most of the day for 2 days or longer? (NO=1, YES=5)

**ASK DR11A-F ONE COLUMN AT A TIME.
REPEAT STEM OFTEN.**

	1	2	3	4	5
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
	DR11a1_1, DR11a1_2, DR11a1_3, DR11a1_4, DR11a1_5				
A. 1. Did you feel depressed?.....	—	—	—	—	—
	DR11a2_1, DR11a2_2, DR11a2_3, DR11a2_5				
2. Did you feel restless?.....	—	—	—		—
	DR11a3_1, DR11a3_2, DR11a3_3, DR11a3_5				
3. Did you feel tired, sleepy, or weak?.....	—	—	—		—
	DR11a4_1, DR11a4_2, DR11a4_3, DR11a4_4, DR11a4_5				
4. Did you have trouble sleeping?.....	—	—	—	—	—
	DR11a5_1, DR11a5_2, DR11a5_5				
5. Did you sleep too much?.....	—	—			—
	DR11a6_1, DR11a6_2, DR11a6_4, DR11a6_5				
6. Did you have a strong desire or craving for (DRUG)?.....	—	—		—	—
	DR11a7_1, DR11a7_2, DR11a7_5				
7. Did you feel slowed down, like you could hardly move?.....	—	—			—
	DR11a8_1, DR11a8_2, DR11a8_5				
8. Did you have an increase in appetite?.....	—	—			—
	DR11a9_1, DR11a9_2, DR11a9_5				
9. Did you have nightmares?.....	—	—			—
	DR11a10_4, DR11a10_5				
10. Did you have diarrhea?.....				—	—
	DR11a11_4, DR11a11_5				
11. Did you have stomach aches or stomach cramps?.....				—	—
	DR11a12_4, DR11a12_5				
12. Did your eyes run?.....				—	—
	DR11a13_4, DR11a13_5				
13. Did your nose run?.....				—	—
	DR11a14_4, DR11a14_5				
14. Did you have muscle pains?.....				—	—
	DR11a15_4, DR11a15_5				
15. Did you yawn?.....				—	—
	DR11a16_4, DR11a16_5				
16. Were your pupils dilated or were your eyes sensitive to light?.....				—	—

	1	2	3	4	5
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
	<u>DR11a17_4, DR11a17_5</u>				
17. Did you have gooseflesh, goose bumps, or did you get the chills?...				—	—
	<u>DR11a18_3, DR11a18_4, DR11a18_5</u>				
18. Did your heart race?.....				—	—
	<u>DR11a19_3, DR11a19_4, DR11a19_5</u>				
19. Did you sweat?.....				—	—
	<u>DR11a20_3, DR11a20_4, DR11a20_5</u>				
20. Did you have a fever?.....				—	—
	<u>DR11a21_3, DR11a21_4, DR11a21_5</u>				
21. Did you have nausea, or did you vomit?.....				—	—
	<u>DR11a22_3, DR11a22_5</u>				
22. Did you have headaches?.....				—	—
	<u>DR11a23_3, DR11a23_5</u>				
23. Did you feel nervous, tense, or irritable?.....				—	—
	<u>DR11a24_3, DR11a24_5</u>				
24. Did your hands shake?.....				—	—
	<u>DR11a25_3, DR11a25_5</u>				
25. Did you tremble or twitch?.....				—	—
	<u>DR11a26_3, DR11a26_5</u>				
26. Did you experience dizziness?.....				—	—
	<u>DR11a27_3, DR11a27_5</u>				
27. Did you have seizures?.....				—	—
	<u>DR11a28_3, DR11a28_5</u>				
28. Did you see, hear, or feel things that weren't really there?.....				—	—
	<u>DR11a29_3, DR11a29_5</u>				
29. Did you think that people were plotting to harm you (PARANOID)?				—	—

**CONTINUE ASKING ONE COLUMN AT A TIME.
FOR EACH DRUG COLUMN:**

**IF ALL CODED 1, GO TO NEXT DRUG
COLUMN.**

IF ONLY ONE CODED 5, SKIP TO E.

IF TWO OR MORE 5'S CODED, CONTINUE.

DD3RA8
DD42A
DDICD3

B. Was there ever a time when 2 or more of these problems occurred together because of stopping, cutting down on, or going without (DRUG)? **REVIEW SX AS NEEDED. IF NO, SKIP TO C.**

	1	2	3	4	5
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
DR11b_1, DR11b_2, DR11b_3, DR11b_4, DR11b_5					
NO	1	1	1	1	1
YES	5	5	5	5	5 *

1. **IF YES:** Did these problems occur together for 2 days or longer? **IF NO, SKIP TO C.**

DR11b1_1, DR11b1_2, DR11b1_3, DR11b1_4, DR11b1_5					
NO	1	1	1	1	1
YES	5	5	5	5	5

2. **IF YES:** How old were you the (first/last) time?

DR11bAgeOns_1, DR11bAgeOns_2, DR11bAgeOns_3, DR11bAgeOns_4, DR11bAgeOns_5					
AGE ONS	___	___	___	___	___
DR11bOns_1, DR11bOns_2, DR11bOns_3, DR11bOns_4, DR11bOns_5					
ONS	___	___	___	___	___
DR11bAgeRec_1, DR11bAgeRec_2, DR11bAgeRec_3, DR11bAgeRec_4, DR11bAgeRec_5					
AGE REC	___	___	___	___	___
DR11bRec_1, DR11bRec_2, DR11bRec_3, DR11bRec_4, DR11bRec_5					
REC	___	___	___	___	___

DD3RB

C. Did you have any of these problems 3 or more times?

DR11c_1, DR11c_2, DR11c_3, DR11c_4, DR11c_5					
NO	1	1	1	1	1
YES	5	5	5	5	5

D. Did these problems interfere with your functioning at work, school, or home?

DR11d_1, DR11d_2, DR11d_3, DR11d_4, DR11d_5					
NO	1	1	1	1	1
YES	5	5	5	5	5

DD3RA9/B
DD42B
DDICD3

E. Have you ever used (DRUG) to keep from having any of these problems or to make them go away?

IF NO, SKIP TO NEXT DRUG. IF NO DRUG, SKIP TO DR12.

1. **IF YES:** How old were you the (first/last) time?

2. Did you do that 3 or more times?

	1	2	3	4	5
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
DR11e_1, DR11e_2, DR11e_3, DR11e_4, DR11e_5					
NO	1	1	1	1	1
YES	5	5	5	5	5

DR11eAgeOns_1, DR11eAgeOns_2,
DR11eAgeOns_3, DR11eAgeOns_4, DR11eAgeOns_5
AGE ONS — — — — —

DR11eOns_1, DR11eOns_2, DR11eOns_3,
DR11eOns_4, DR11eOns_5
ONS — — — — —

DR11eAgeRec_1, DR11eAgeRec_2,
DR11eAgeRec_3, DR11eAgeRec_4, DR11eAgeRec_5
AGE REC — — — — —

DR11eRec_1, DR11eRec_2, DR11eRec_3,
DR11eRec_4, DR11eRec_5
REC — — — — —

DR11e2_1, DR11e2_2, DR11e2_3, DR11e2_4,
DR11e2_5
NO 1 1 1 1 1
YES 5 5 5 5 5 *

		1	2	3	4	5
		<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
(12B-D)	DR12 Did using (DRUG) cause you to have any other problems like:	DR12a_1, DR12a_2, DR12a_3, DR12a_4, DR12a_5				
	A. an overdose?	NO	1	1	1	1
		YES	5	5	5	5
		DR12a1_1, DR12a1_2, DR12a1_3, DR12a1_4, DR12a1_5				
	1. IF YES: Did you require medical treatment afterwards?	NO	1	1	1	1
		YES	5	5	5	5
		DR12a2_1, DR12a2_2, DR12a2_3, DR12a2_4, DR12a2_5				
DD3RA6/B	2. IF YES: Did this happen 3 or more times? (overdose that required medical treatment)	NO	1	1	1	1
DD47		YES	5	5	5	5 *
DDICD6		DR12b_1, DR12b_2, DR12b_3, DR12b_4, DR12b_5				
DA3RA1/B	B. hepatitis?	NO	1	1	1	1
		YES	5	5	5	5
		DR12b1_1, DR12b1_2, DR12b1_3, DR12b1_4, DR12b1_5				
DD3RA6/B	1. IF YES: Did you continue to use (DRUG) knowing it caused hepatitis?	NO	1	1	1	1
DD47		YES	5	5	5	5 *
DDICD6		DR12c_1, DR12c_2, DR12c_3, DR12c_4, DR12c_5				
DA3RA1	C. other serious health problems?	NO	1	1	1	1
	SPECIFY: DR12cSpecify_1, DR12cSpecify_2, DR12cSpecify_3, DR12cSpecify_4, DR12cSpecify_5	YES	5	5	5	5
		DR12c1_1, DR12c1_2, DR12c1_3, DR12c1_4, DR12c1_5				
DD3RA6	1. IF YES: Did you continue to use (DRUG) knowing it caused health problems?	NO	1	1	1	1
DD47		YES	5	5	5	5 *
DDICD6						
DA3RA1						

			1	2	3	4	5
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
		DR13a_1, DR13a_2, DR13a_3, DR13a_4, DR13a_5					
(13A-C)	DR13 A. Were there ever objections from or problems with your family, friends, doctor, clergy, boss or people at work or school because of your (DRUG) use?	NO	1	1	1	1	1
		YES	5	5	5	5	5
		DR13b_1, DR13b_2, DR13b_3, DR13b_4, DR13b_5					
	B. Did you ever get into any physical fights while using (DRUG)?	NO	1	1	1	1	1
		YES	5	5	5	5	5
		BOX DR13 IF A AND B ARE BOTH CODED 1, SKIP TO DR14. OTHERS CONTINUE.					
		DR13c_1, DR13c_2, DR13c_3, DR13c_4, DR13c_5					
DA4A4	C. Did (this/either of these experiences) happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
		YES	5	5	5	5	5
		DR13d_1, DR13d_2, DR13d_3, DR13d_4, DR13d_5					
DD3RA6 DA34A1	D. Did you continue to use (DRUG) after you realized it was causing you any problem?	NO	1	1	1	1	1
		YES	5	5	5	5	5 *
		DR14_1, DR14_2, DR14_3, DR14_4, DR14_5					
(13D)	DR14 Did you ever have trouble with the police because of (DRUG)? IF NO, SKIP TO DR15.	NO	1	1	1	1	1
		YES	5	5	5	5	5
		DR14a_1, DR14a_2, DR14a_3, DR14a_4, DR14a_5					
DA4A3	A. IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
		YES	5	5	5	5	5
		DR14b_1, DR14b_2, DR14b_3, DR14b_4, DR14b_5					
DD3RA6 DA3RA1	B. Did you continue to use (DRUG) after you realized it was causing you trouble with the police?	NO	1	1	1	1	1
		YES	5	5	5	5	5 *

			1	2	3	4	5
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
			DR15_1, DR15_2, DR15_3, DR15_4, DR15_5				
(12A)	DR15	Have you accidentally injured yourself when you were using (DRUG); that is had a bad fall, cut or burned yourself badly, got hurt in a traffic accident, or anything like that? IF NO, SKIP TO DR16.	NO	1	1	1	1
			YES	5	5	5	5
			DR15a_1, DR15a_2, DR15a_3, DR15a_4, DR15a_5				
DD3RA4/B		A. IF YES: Did this happen 3 or more times?	NO	1	1	1	1
DDICD6			YES	5	5	5	5 *
DA3RA2/B							
			DR15b_1, DR15b_2, DR15b_3, DR15b_4, DR15b_5				
DA4A2		B. IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1
			YES	5	5	5	5
			DR16_1, DR16_2, DR16_3, DR16_4, DR16_5				
(14)	DR16	Has your being high on (DRUG) or experiencing its after-effects <u>often</u> interfered with your work, school, household, or child care responsibilities? IF NO, SKIP TO DR17.	NO	1	1	1	1
DD3RA4/B			YES	5	5	5	5 *
			DR16a_1, DR16a_2, DR16a_3, DR16a_4, DR16a_5				
DA4A1		A. IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1
			YES	5	5	5	5
			DR17_1, DR17_2, DR17_3, DR17_4, DR17_5				
(16)	DR17	Have there been 3 or more times when you have been under the influence of (DRUG) in a situation where it increased your chances of getting hurt--for instance, when driving a car or boat; using knives, machinery, or guns; crossing against traffic; climbing; or swimming? IF NO, SKIP TO DR18.	NO	1	1	1	1
DD3RA4/B			YES	5	5	5	5 *
DA3RA2/B							
ASP3RC7							
ASP4A5							
			DR17a_1, DR17a_2, DR17a_3, DR17a_4, DR17a_5				
DA4A2		A. IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1
			YES	5	5	5	5

(15)	DR18	Has your use of (DRUG) ever caused you emotional or psychological problems like:		1	2	3	4	5
				<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
			DR18_1_1, DR18_1_2, DR18_1_3, DR18_1_4, DR18_1_5					
	1.	Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1
			YES	5	5	5	5	5
			DR18_2_1, DR18_2_2, DR18_2_3, DR18_2_4, DR18_2_5					
	2.	Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	NO	1	1	1	1	1
			YES	5	5	5	5	5
			DR18_3_1, DR18_3_2, DR18_3_3, DR18_3_4, DR18_3_5					
	3.	Having trouble concentrating or thinking clearly for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1
			YES	5	5	5	5	5
			DR18_4_1, DR18_4_2, DR18_4_3, DR18_4_4, DR18_4_5					
	4.	Hearing, seeing, or smelling things that weren't really there?	NO	1	1	1	1	1
			YES	5	5	5	5	5
			DR18_5_1, DR18_5_2, DR18_5_3, DR18_5_4, DR18_5_5					
	5.	Feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1
			YES	5	5	5	5	5

IF ALL ARE CODED 1, SKIP TO DR19. OTHERS CONTINUE.

DD3RA6
DD47
DDICD6
DA3RA1

A.	Did you continue to use (DRUG) after you knew it caused any of these problems?	DR18a_1, DR18a_2, DR18a_3, DR18a_4, DR18a_5		1	2	3	4	5
			NO	1	1	1	1	1
			YES	5	5	5	5	5 *

REVIEW SX AS NEEDED.

**BOX DR19 IF ONE OR MORE SX MARKED ON DRUG TALLY SHEET, CONTINUE.
OTHERS SKIP TO DR23.**

HAND R DRUG TALLY SHEET

			1	2	3	4	5
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
DR19	Please review these experiences that you told me about (REVIEW SX). How old were you the (first/last) time you had any of these experiences when using (DRUG)?	DR19SxAgeOns_1, DR19SxAgeOns_2, DR19SxAgeOns_3, DR19SxAgeOns_4, DR19SxAgeOns_5					
		AGE ONS	—	—	—	—	—
		DR19SxOns_1, DR19SxOns_2, DR19SxOns_3, DR19SxOns_4, DR19SxOns_5					
		ONS	—	—	—	—	—
		DR19SxAgeRec_1, DR19SxAgeRec_2, DR19SxAgeRec_3, DR19SxAgeRec_4, DR19SxAgeRec_5					
		AGE REC	—	—	—	—	—
		DR19SxRec_1, DR19SxRec_2, DR19SxRec_3, DR19SxRec_4, DR19SxRec_5					
		REC	—	—	—	—	—

**BOX DR19A IF 3 OR MORE SX MARKED ON TALLY FOR ANY DRUG, CONTINUE. OTHERS
SKIP TO BOX DR22.**

HAND R DRUG TALLY

DR19A Now, I'd like you to think about the 12-month period of time when you had the greatest number of the problems or experiences we've talked about. These experiences might not have occurred together – one could have happened in March, another in November, and another the following January. But they must have occurred in the same 12-month period.

During this period of 12 months when you had the greatest number of problems, did you . . .

READ SX CHECKED ON THE TALLY SHEET. ENTER 1 FOR “NO” OR 5 FOR “YES” FOR EACH SX IN “12-MONTH” COLUMN.

IF LESS THAN 3 SX ENDORSED IN 12-MONTH COLUMN, SKIP TO NEXT DRUG. IF NO OTHER DRUG, SKIP TO BOX DR22.

OTHERS CONTINUE.

We were just talking about the time in your life when you had the greatest number of problems or experiences with (DRUG). Now, I'd like you think about the very first time you had several of these problems or experiences within a 12-month period. It might have been the same period, or it could have been earlier. How old were you when this period began?

How old were you the last time you had several of these experiences occur within the same 12-month period? It might have been the same period we just talked about, or it could have been later.

Now, I'd like you to think about the period of 30 days when you had the greatest number of the problems or experiences we've talked about.

During this period of 30 days when you had the greatest number of problems, did you . . .

READ SX CHECKED ON THE TALLY SHEET. ENTER 1 FOR “NO” OR 5 FOR “YES” FOR EACH SX IN “30 DAY” COLUMN.

1 2 3 4 5
COC STIM SED OP OTH

DR19AgeOns_1, DR19AgeOns_2,
DR19AgeOns_3, DR19AgeOns_4, DR19AgeOns_5
AGE ONS _ _ _ _ _

DR19Ons_1, DR19Ons_2, DR19Ons_3,
DR19Ons_4, DR19Ons_5
ONS _ _ _ _ _

DR19AgeRec_1, DR19AgeRec_2, DR19AgeRec_3,
DR19AgeRec_4, DR19AgeRec_5
AGE REC _ _ _ _ _

DR19Rec_1, DR19Rec_2, DR19Rec_3,
DR19Rec_4, DR19Rec_5
REC _ _ _ _ _

DR20 & DR21 OMITTED

BOX DR22 IF 2 OR MORE SX MARKED ON DRUG TALLY, CONTINUE. OTHERS SKIP TO DR23.

(22) DR22 Since the age of (ONS), what is the longest period of time you have gone without (DRUG)?

1 2 3 4 5
COC STIM SED OP OTH
DR22_1, DR22_2, DR22_3, DR22_4, DR22_5
MONTHS — — — — —

IF LESS THAN 3 MONTHS, SKIP TO DR23.

DR22A_1, DR22A_2, DR22A_3, DR22A_4, DR22A_5

A. How many times have you gone without (DRUG) for 3 months or longer?

TIMES — — — — —

When did the first period begin?

IF R HAD MORE THAN 4 ABSTINENT PERIODS, RECORD THE 4 LONGEST.

	<u>MO</u>	<u>YEAR</u>	<u>MO</u>	<u>YEAR</u>	<u>MO</u>	<u>YEAR</u>	<u>MO</u>	<u>YEAR</u>
	DR22FromMnth1_1		DR22ToMnth1_1		DR22FromMnth2_1		DR22ToMnth2_1	
	DR22FromYr1_1		DR22ToYr1_1		DR22FromYr2_1		DR22ToYr2_1	
COC	___/___/___	TO	___/___/___	;	___/___/___	TO	___/___/___	t
	DR22FromMnth3_1		DR22ToMnth3_1		DR22FromMnth4_1		DR22ToMnth4_1	
	DR22FromYr3_1		DR22ToYr3_1		DR22FromYr4_1		DR22ToYr4_1	
	___/___/___	TO	___/___/___	;	___/___/___	TO	___/___/___	t
	DR22FromMnth1_2		DR22ToMnth1_2		DR22FromMnth2_2		DR22ToMnth2_2	
	DR22FromYr1_2		DR22ToYr1_2		DR22FromYr2_2		DR22ToYr2_2	
STIM	___/___/___	TO	___/___/___	;	___/___/___	TO	___/___/___	t
	DR22FromMnth3_2		DR22ToMnth3_2		DR22FromMnth4_2		DR22ToMnth4_2	
	DR22FromYr3_2		DR22ToYr3_2		DR22FromYr4_2		DR22ToYr4_2	
	___/___/___	TO	___/___/___	;	___/___/___	TO	___/___/___	t
	DR22FromMnth1_3		DR22ToMnth1_3		DR22FromMnth2_3		DR22ToMnth2_3	
	DR22FromYr1_3		DR22ToYr1_3		DR22FromYr2_3		DR22ToYr2_3	
SED	___/___/___	TO	___/___/___	;	___/___/___	TO	___/___/___	t
	DR22FromMnth3_3		DR22ToMnth3_3		DR22FromMnth4_3		DR22ToMnth4_3	
	DR22FromYr3_3		DR22ToYr3_3		DR22FromYr4_3		DR22ToYr4_3	
	___/___/___	TO	___/___/___	;	___/___/___	TO	___/___/___	t
	DR22FromMnth1_4		DR22ToMnth1_4		DR22FromMnth2_4		DR22ToMnth2_4	
	DR22FromYr1_4		DR22ToYr1_4		DR22FromYr2_4		DR22ToYr2_4	
OP	___/___/___	TO	___/___/___	;	___/___/___	TO	___/___/___	t
	DR22FromMnth3_4		DR22ToMnth3_4		DR22FromMnth4_4		DR22ToMnth4_4	
	DR22FromYr3_4		DR22ToYr3_4		DR22FromYr4_4		DR22ToYr4_4	
	___/___/___	TO	___/___/___	;	___/___/___	TO	___/___/___	t
	DR22FromMnth1_5		DR22ToMnth1_5		DR22FromMnth2_5		DR22ToMnth2_5	
	DR22FromYr1_5		DR22ToYr1_5		DR22FromYr2_5		DR22ToYr2_5	
OTH	___/___/___	TO	___/___/___	;	___/___/___	TO	___/___/___	t
	DR22FromMnth3_5		DR22ToMnth3_5		DR22FromMnth4_5		DR22ToMnth4_5	
	DR22FromYr3_5		DR22ToYr3_5		DR22FromYr4_5		DR22ToYr4_5	
	___/___/___	TO	___/___/___	;	___/___/___	TO	___/___/___	t

(17)

DR23 Have you ever brought up any problem you might have had with drugs with any professional?

A. Did you talk with . . .

1. Psychiatrist	1	5	DR23a1
2. Another medical doctor	1	5	DR23a2
3. Psychologist.....	1	5	DR23a3
4. Another mental health professional.....	1	5	DR23a4
5. Member of the clergy	1	5	DR23a5
6. Another professional: DR23a6_specify	1	5	DR23a6

B. How old were you the (first/last) time this happened?

AGE ONS:___/___
 ONS: 1 5

[DR23AgeOns](#)
[DR23Ons](#)

AGE REC:___/___
 REC: 1 5

[DR23AgeRec](#)
[DR23Rec](#)

IF R ONLY SPOKE TO ONE PROFESSIONAL, SKIP TO DR24. OTHERS CONTINUE.

C. With whom did you speak first? ___ CODE [DR23c](#)

RECORD CODE (1-6 from DR23A)

DR23

NO.....(SKIP TO DR24).....1

YES.....5

DR24 Have you ever been treated for a problem with drugs?		DR24	
	NO.....(SKIP TO D).....	1	
	YES.....	5	
A. Were you ever treated at:		<u>NO</u>	<u>YES</u>
1. NA or another self-help group?.....	1	5	DR24a1
2. an outpatient drug program?.....	1	5	DR24a2
3. an outpatient program for something other than drugs?.....	1	5	DR24a3
4. an inpatient drug-free program?.....	1	5	DR24a4
5. when you were an inpatient for medical complications due to drug use?.....	1	5	DR24a5
6. at any other place or program?			
IF YES, SPECIFY.....	1	5	DR24a6
_____ DR24a6_Specify			
B. How old were you the (first/last) time you were treated for a drug problem?		AGE ONS:___/___	DR24bAgeOns
		ONS: 1 5	DR24bOns
		AGE REC:___/___	DR24bAgeRec
		REC: 1 5	DR24bRec
C. Where were you first treated?		CODE: ___	DR24c
RECORD CODE (1-6 from DR24A) AND SKIP TO ED1.			
		DR24d	
D. Did you ever attend a self-help group (like NA) because you had a problem with drugs?		NO.....(SKIP TO ED1).....	
		1	
		5	
1. How old were you the (first/last) time you attended a self-help group for your drug use?		AGE ONS:___/___	DR24dAgeOns
		ONS: 1 5	DR24dOns
		AGE REC:___/___	DR24dAgeRec
		REC: 1 5	DR24dRec

DRUG TALLY SHEET
(NO=1; YES=5)

ITEM	SYMPTOM	COCAINE		STIMULANTS		SEDATIVES		OPIATES		OTHER	
		12 MO	30 DAY	12 MO	30 DAY	12 MO	30 DAY	12 MO	30 DAY	12 MO	30 DAY
DR5	Have such a strong desire for (DRUG) that hard to think of anything else	DR5YrCl_1	DR5MnthCl_1	DR5YrCl_2	DR5MnthCl_2	DR5YrCl_3	DR5MnthCl_3	DR5YrCl_4	DR5MnthCl_4	DR5YrCl_5	DR5MnthCl_5
DR6	Spend a month or more using, getting, or getting over effects	DR6YrCl_1	DR6MnthCl_1	DR6YrCl_2	DR6MnthCl_2	DR6YrCl_3	DR6MnthCl_3	DR6YrCl_4	DR6MnthCl_4	DR6YrCl_5	DR6MnthCl_5
DR7	Often want to stop or cut down	DR7YrCl_1	DR7MnthCl_1	DR7YrCl_2	DR7MnthCl_2	DR7YrCl_3	DR7MnthCl_3	DR7YrCl_4	DR7MnthCl_4	DR7YrCl_5	DR7MnthCl_5
DR7A	Try to stop or cut down but find you couldn't	DR7aYrCl_1	DR7aMnthCl_1	DR7aYrCl_2	DR7aMnthCl_2	DR7aYrCl_3	DR7aMnthCl_3	DR7aYrCl_4	DR7aMnthCl_4	DR7aYrCl_5	DR7aMnthCl_5
DR7B	Try to stop or cut down but find you couldn't 3 or more times	DR7bYrCl_1	DR7bMnthCl_1	DR7bYrCl_2	DR7bMnthCl_2	DR7bYrCl_3	DR7bMnthCl_3	DR7bYrCl_4	DR7bMnthCl_4	DR7bYrCl_5	DR7bMnthCl_5
DR8	Need larger amounts to get an effect	DR8YrCl_1	DR8MnthCl_1	DR8YrCl_2	DR8MnthCl_2	DR8YrCl_3	DR8MnthCl_3	DR8YrCl_4	DR8MnthCl_4	DR8YrCl_5	DR8MnthCl_5
DR9A	Give up or reduce important activities to use (DRUG)	DR9aYrCl_1	DR9aMnthCl_1	DR9aYrCl_2	DR9aMnthCl_2	DR9aYrCl_3	DR9aMnthCl_3	DR9aYrCl_4	DR9aMnthCl_4	DR9aYrCl_5	DR9aMnthCl_5
DR10	Often use (DRUG) more days or in larger amounts than intended	DR10YrCl_1	DR10MnthCl_1	DR10YrCl_2	DR10MnthCl_2	DR10YrCl_3	DR10MnthCl_3	DR10YrCl_4	DR10MnthCl_4	DR10YrCl_5	DR10MnthCl_5
DR11B	Experience withdrawal	DR11bYrCl_1	DR11bMnthCl_1	DR11bYrCl_2	DR11bMnthCl_2	DR11bYrCl_3	DR11bMnthCl_3	DR11bYrCl_4	DR11bMnthCl_4	DR11bYrCl_5	DR11bMnthCl_5
DR11E2	Use (DRUG) to relieve or avoid withdrawal symptoms	DR11e2YrCl_1	DR11e2MnthCl_1	DR11e2YrCl_2	DR11e2MnthCl_2	DR11e2YrCl_3	DR11e2MnthCl_3	DR11e2YrCl_4	DR11e2MnthCl_4	DR11e2YrCl_5	DR11e2MnthCl_5
DR12A2	Overdose	DR12a2YrCl_1	DR12a2MnthCl_1	DR12a2YrCl_2	DR12a2MnthCl_2	DR12a2YrCl_3	DR12a2MnthCl_3	DR12a2YrCl_4	DR12a2MnthCl_4	DR12a2YrCl_5	DR12a2MnthCl_5
DR12B1	Continue to use (DRUG) knowing it caused hepatitis	DR12b1YrCl_1	DR12b1MnthCl_1	DR12b1YrCl_2	DR12b1MnthCl_2	DR12b1YrCl_3	DR12b1MnthCl_3	DR12b1YrCl_4	DR12b1MnthCl_4	DR12b1YrCl_5	DR12b1MnthCl_5
DR12C1	Continue to use (DRUG) knowing it caused other health problems	DR12c1YrCl_1	DR12c1MnthCl_1	DR12c1YrCl_2	DR12c1MnthCl_2	DR12c1YrCl_3	DR12c1MnthCl_3	DR12c1YrCl_4	DR12c1MnthCl_4	DR12c1YrCl_5	DR12c1MnthCl_5

ITEM	SYMPTOM	COCAINE		STIMULANTS		SEDATIVES		OPIATES		OTHER	
		12 MO	30 DAY	12 MO	30 DAY	12 MO	30 DAY	12 MO	30 DAY	12 MO	30 DAY
DR13D	Continue to use (DRUG) knowing it caused (objections/fights)	DR13dYrCl_1	DR13dMnthCl_1	DR13dYrCl_2	DR13dMnthCl_2	DR13dYrCl_3	DR13dMnthCl_3	DR13dYrCl_4	DR13dMnthCl_4	DR13dYrCl_5	DR13dMnthCl_5
DR14B	Continue to use knowing it caused problems with police	DR14bYrCl_1	DR14bMnthCl_1	DR14bYrCl_2	DR14bMnthCl_2	DR14bYrCl_3	DR14bMnthCl_3	DR14bYrCl_4	DR14bMnthCl_4	DR14bYrCl_5	DR14bMnthCl_5
DR15A	Find that use caused accidental injuries	DR15aYrCl_1	DR15aMnthCl_1	DR15aYrCl_2	DR15aMnthCl_2	DR15aYrCl_3	DR15aMnthCl_3	DR15aYrCl_4	DR15aMnthCl_4	DR15aYrCl_5	DR15aMnthCl_5
DR16	Find that use often interfered with responsibilities	DR16YrCl_1	DR16MnthCl_1	DR16YrCl_2	DR16MnthCl_2	DR16YrCl_3	DR16MnthCl_3	DR16YrCl_4	DR16MnthCl_4	DR16YrCl_5	DR16MnthCl_5
DR17	High when could have gotten hurt	DR17YrCl_1	DR17MnthCl_1	DR17YrCl_2	DR17MnthCl_2	DR17YrCl_3	DR17MnthCl_3	DR17YrCl_4	DR17MnthCl_4	DR17YrCl_5	DR17MnthCl_5
DR18A	Continue to use knowing it caused emotional or psychological problems	DR18aYrCl_1	DR18aMnthCl_1	DR18aYrCl_2	DR18aMnthCl_2	DR18aYrCl_3	DR18aMnthCl_3	DR18aYrCl_4	DR18aMnthCl_4	DR18aYrCl_5	DR18aMnthCl_5