

ILLEGAL SUBSTANCE USE (IU)

<p>IU1INTRO. The next questions are about medicines that are often used nonmedically. By “used nonmedically” we mean either used without the recommendation of a health professional, or used in greater amounts than your health professional told you to use them, or used for any reason other than what a health professional said you should use them for. We would like to ask you about the following three medicines:</p>		
<p>INTERVIEWER INSTRUCTION: WORK ACROSS GRID</p> <p>INTERVIEWER INSTRUCTION: IF RESPONDENT CAN READ HAVE THEM LOOK AT THE RB. IF RESPONDENT CANNOT READ PLEASE READ THE LIST OF DRUGS IN THE RB FOR THEM.</p>		
<p>IU1. (RB, PG 40) Look at the top of page 40 in your booklet. The first group is sedatives or tranquilizers, sometimes called “downers” or “nerve pills.” These are medicines people sometimes use to help them stay calm and relaxed or to sleep. Examples (are shown on the list and) include valium, rohypnol, and diazepam. Have you ever used a sedative or tranquilizer nonmedically?</p> <p>YES..... 1 GO TO IU2 NO..... 5 DK..... 8 RF 9</p>	<p>IU1a. Have you ever used a sedative or tranquilizer that a doctor prescribed for you?</p> <p>YES1 NO5 GO TO IU2 DK8 GO TO IU2 RF9 GO TO IU2</p>	<p>IU1b. Was your use ever so regular that you felt you could not stop using the sedative or tranquilizer prescribed for you?</p> <p>YES 1 NO 5 DK 8 RF 9</p>
<p>IU2. (RB, PG 40) Look at the bottom of page 40 in your booklet. The second group of medicines is stimulants, sometimes called speed, ice, glass, crystal, crank, pep pills, or uppers. These are medicines that people sometimes use to stay awake, to improve their low mood, or to lose weight. Examples (are shown on the list and) include dexamyl, methamphetamine, adderall, and ritalin. Have you ever used a stimulant nonmedically?</p> <p>YES..... 1 GO TO IU3 NO..... 5 DK..... 8 RF 9</p>	<p>IU2a. Have you ever used a stimulant that a doctor prescribed for you?</p> <p>YES1 NO5 GO TO IU3 DK8 GO TO IU3 RF9 GO TO IU3</p>	<p>IU2b. Was your use ever so regular that you felt you could not stop using the stimulant prescribed for you?</p> <p>YES 1 NO 5 DK 8 RF 9</p>
<p>IU3. (RB, PG 41) Look at the top of page 41 in your booklet. The third group of medicines is analgesics. These are medicines that people usually take as pain killers. Examples (are shown on the list and) include codeine, morphine, and percodan. Have you ever used a pain killer nonmedically?</p> <p>YES..... 1 GO TO IU3c NO..... 5 DK..... 8 RF 9</p>	<p>IU3a. Have you ever used a pain killer that a doctor prescribed for you?</p> <p>YES..... 1 NO..... 5 GO TO IU3c DK..... 8 GO TO IU3c RF 9 GO TO IU3c</p>	<p>IU3b. Was your use ever so regular that you felt you could not stop using the pain killer prescribed for you?</p> <p>YES 1 NO 5 DK 8 RF 9</p>
<p>IU3c. INTERVIEWER CHECKPOINT: (SEE IU1, IU1b)</p> <p>IF IU1 OR IU1b CODED ‘1’ MARK DRUG “SEDATIVES OR TRANQUILIZERS” ON REF CARD COLUMN A</p>		
<p>IU3d INTERVIEWER CHECKPOINT: (SEE IU2, IU2b)</p> <p>IF IU2 OR IU2b CODED ‘1’ MARK DRUG “STIMULANTS” ON REF CARD COLUMN A</p>		
<p>IU3e INTERVIEWER CHECKPOINT: (SEE IU3, IU3b)</p> <p>IF IU3 OR IU3b CODED ‘1’ MARK DRUG “PAIN KILLERS” ON REF CARD COLUMN A</p>		

IU4. The next questions are about your experience with several other types of drugs.

Have you ever used either marijuana or hashish?

- YES.....1 **MARK DRUG "MARIJUANA OR HASHISH" ON REF CARD COLUMN A**
- NO.....5
- DK.....8
- RF.....9

IU5. (RB, PG 40) Looking at the middle of page 40 in your booklet, have you ever used cocaine in any form, including powder, crack, free base, coca leaves, or paste?

- YES.....1 **MARK DRUG "COCAINE" ON REF CARD COLUMN A**
- NO.....5
- DK.....8
- REF.....9

IU6. Have you ever used club drugs such as ecstasy, ketamine or MDMA?

- YES.....1 **MARK DRUG "CLUB DRUGS" ON REF CARD COLUMN A**
- NO.....5
- DK.....8
- RF.....9

IU7. Have you ever used hallucinogens including LSD, mescaline, PCP, angel dust, mushrooms or peyote?

- YES.....1 **MARK DRUG "HALLUCINOGENS" ON REF CARD COLUMN A**
- NO.....5
- DK.....8
- RF.....9

IU8. Have you ever used heroin or opium?

- YES.....1 **MARK DRUG "OPIOIDS" ON REF CARD COLUMN A**
- NO.....5
- DK.....8
- RF.....9

IU9. Have you ever used any inhalants or solvents such as nitrous oxide, glue, paint or gasoline?

- YES.....1 **MARK DRUG "INHALANTS OR SOLVENTS" ON REF CARD COLUMN A**
- NO.....5
- DK.....8
- RF.....9

IU10. Have you ever used any other illegal drug? Please specify:

- YES.....1 **MARK DRUG "OTHER DRUGS" ON REF CARD COLUMN A**
- NO.....5 **GO TO IU11**
- DK.....8 **GO TO IU11**
- RF.....9 **GO TO IU11**

***IU10a.:** What other illegal drugs have you used: _____

IU11. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD SUBSTANCE SECTION COLUMN A)

- ZERO DRUGS CHECKED IN COLUMN A..... 1 **GO TO *IU54**
- ALL OTHERS 2

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<p>IU12. INTERVIEWER INSTRUCTION: USING YOUR REFERENCE CARD CHECK BELOW EACH CHECKED ITEM FROM COLUMN A. WORK ACROSS THE GRID (IU12-IU18) FOR EACH DRUG CHECKED IN COLUMN A</p>	<p>IU12. How old were you the <u>first</u> time you used [DRUG]? IF “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens? IF NO/DK, PROBE: Was it before your twenties? BEFORE TEENS 12 BEFORE 20s 19 AFTER 20s 20 DON’T KNOW 998 REFUSED 999</p>	<p>IU13. Did you use [DRUG] at any time in the past 12 months? YES 1 NO 5 GO TO IU16 DK 8 GO TO IU16 RF 9 GO TO IU16</p>	<p>IU14. How often did you use [DRUG] in the past twelve months – every day, nearly every day, 3 to 4 days a week, 1 to 2 days a week, 1 to 3 days a month, or less than once a month? EVERY DAY 1 NEARLY EVERY DAY 2 3-4 DAYS PER WEEK 3 1-2 DAYS PER WEEK 4 1-3 DAYS PER MONTH 5 LESS THAN ONCE A MONTH 6 [IF VOL: NEVER] 7 DON’T KNOW 8 REFUSED 9</p>
<p>Sedatives or Tranquilizers <input type="checkbox"/></p>	<p>IU12a. _____ YEARS OLD</p>	<p>IU13a. YES 1 NO 5 GO TO IU16a DK 8 GO TO IU16a RF 9 GO TO IU16a</p>	<p>IU14a. 1 2 3 4 5 6 7 8 9</p>
<p>Stimulants <input type="checkbox"/></p>	<p>IU12b. _____ YEARS OLD</p>	<p>IU13b. YES 1 NO 5 GO TO IU16b DK 8 GO TO IU16b RF 9 GO TO IU16b</p>	<p>IU14b. 1 2 3 4 5 6 7 8 9</p>
<p>Pain killer <input type="checkbox"/></p>	<p>IU12c. _____ YEARS OLD</p>	<p>IU13c. YES 1 NO 5 GO TO IU16c DK 8 GO TO IU16c RF 9 GO TO IU16c</p>	<p>IU14c. 1 2 3 4 5 6 7 8 9</p>
<p>Marijuana or Hashish <input type="checkbox"/></p>	<p>IU12d. _____ YEARS OLD</p>	<p>IU13d. YES 1 NO 5 GO TO IU16d DK 8 GO TO IU16d RF 9 GO TO IU16d</p>	<p>IU14d. 1 2 3 4 5 6 7 8 9</p>
<p>Cocaine <input type="checkbox"/></p>	<p>IU12e. _____ YEARS OLD</p>	<p>IU13e. YES 1 NO 5 GO TO IU16e DK 8 GO TO IU16e RF 9 GO TO IU16e</p>	<p>IU14e. 1 2 3 4 5 6 7 8 9</p>
<p>Club drugs <input type="checkbox"/></p>	<p>IU12f. _____ YEARS OLD</p>	<p>IU13f. YES 1 NO 5 GO TO IU16f DK 8 GO TO IU16f RF 9 GO TO IU16f</p>	<p>IU14f. 1 2 3 4 5 6 7 8 9</p>
<p>Hallucinogens <input type="checkbox"/></p>	<p>IU12g. _____ YEARS OLD</p>	<p>IU13g. YES 1 NO 5 GO TO IU16g DK 8 GO TO IU16g RF 9 GO TO IU16g</p>	<p>IU14g. 1 2 3 4 5 6 7 8 9</p>
<p>Opioids <input type="checkbox"/></p>	<p>IU12h. _____ YEARS OLD</p>	<p>IU13h. YES 1 NO 5 GO TO IU16h DK 8 GO TO IU16h RF 9 GO TO IU16h</p>	<p>IU14h. 1 2 3 4 5 6 7 8 9</p>
<p>Inhalants or solvents <input type="checkbox"/></p>	<p>IU12i. _____ YEARS OLD</p>	<p>IU13i. YES 1 NO 5 GO TO IU16i DK 8 GO TO IU16i RF 9 GO TO IU16i</p>	<p>IU14i. 1 2 3 4 5 6 7 8 9</p>
<p>Other drugs <input type="checkbox"/></p>	<p>IU12j. _____ YEARS OLD</p>	<p>IU13j. YES 1 NO 5 GO TO IU16j DK 8 GO TO IU16j RF 9 GO TO IU16j</p>	<p>IU14j. 1 2 3 4 5 6 7 8 9</p>

<p>IU15. Did you ever have a 12 month period when you used [DRUG] more than you did in the past 12 months?</p> <p>YES.....1 GO TO IU17 NO.....5 GO TO IU18 DK.....8 GO TO IU18 RF.....9 GO TO IU18</p>	<p>IU16. How old were you the <u>last</u> time you used [DRUG]?</p> <p>_____ YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>IU17. Thinking of the year when you used [DRUG] the most, how often did you use – every day, nearly every day, 3 to 4 days a week, 1 to 2 days a week, 1 to 3 days a month, or less than once a month?</p> <p>EVERY DAY.....1 NEARLY EVERY DAY2 3-4 DAYS PER WEEK3 1-2 DAYS PER WEEK4 1-3 DAYS PER MONTH.....5 LESS THAN ONCE A MONTH.....6 [IF VOL: NEVER].....7 DON'T KNOW.....8 REFUSED.....9</p>	<p>IU18. In how many different years did you use [DRUG]?</p> <p>_____ YEARS</p> <p>DK..... 998 RF..... 999</p>
<p>IU15a. YES.....1 GO TO IU17a NO.....5 GO TO IU18a DK.....8 GO TO IU18a RF.....9 GO TO IU18a</p>	<p>IU16a. _____ YEARS OLD</p>	<p>IU17a.</p> <p>1 2 3 4 5 6 7 8 9</p>	<p>IU18a. ___ YEARS</p>
<p>IU15b. YES.....1 GO TO IU17b NO.....5 GO TO IU18b DK.....8 GO TO IU18b RF.....9 GO TO IU18b</p>	<p>IU16b. _____ YEARS OLD</p>	<p>IU17b.</p> <p>1 2 3 4 5 6 7 8 9</p>	<p>IU18b. ___ YEARS</p>
<p>IU15c. YES.....1 GO TO IU17c NO.....5 GO TO IU18c DK.....8 GO TO IU18c RF.....9 GO TO IU18c</p>	<p>IU16c. _____ YEARS OLD</p>	<p>IU17c.</p> <p>1 2 3 4 5 6 7 8 9</p>	<p>IU18c. ___ YEARS</p>
<p>IU15d. YES.....1 GO TO IU17d NO.....5 GO TO IU18d DK.....8 GO TO IU18d RF.....9 GO TO IU18d</p>	<p>IU16d. _____ YEARS OLD</p>	<p>IU17d.</p> <p>1 2 3 4 5 6 7 8 9</p>	<p>IU18d. ___ YEARS</p>
<p>IU15e. YES.....1 GO TO IU17e NO.....5 GO TO IU18e DK.....8 GO TO IU18e RF.....9 GO TO IU18e</p>	<p>IU16e. _____ YEARS OLD</p>	<p>IU17e.</p> <p>1 2 3 4 5 6 7 8 9</p>	<p>IU18e. ___ YEARS</p>
<p>IU15f. YES.....1 GO TO IU17f NO.....5 GO TO IU18f DK.....8 GO TO IU18f RF.....9 GO TO IU18f</p>	<p>IU16f. _____ YEARS OLD</p>	<p>IU17f.</p> <p>1 2 3 4 5 6 7 8 9</p>	<p>IU18f. ___ YEARS</p>
<p>IU15g. YES.....1 GO TO IU17g NO.....5 GO TO IU18g DK.....8 GO TO IU18g RF.....9 GO TO IU18g</p>	<p>IU16g. _____ YEARS OLD</p>	<p>IU17g.</p> <p>1 2 3 4 5 6 7 8 9</p>	<p>IU18g. ___ YEARS</p>
<p>IU15h. YES.....1 GO TO IU17h NO.....5 GO TO IU18h DK.....8 GO TO IU18h RF.....9 GO TO IU18h</p>	<p>IU16h. _____ YEARS OLD</p>	<p>IU17h.</p> <p>1 2 3 4 5 6 7 8 9</p>	<p>IU18h. ___ YEARS</p>
<p>IU15i. YES.....1 GO TO IU17i NO.....5 GO TO IU18i DK.....8 GO TO IU18i RF.....9 GO TO IU18i</p>	<p>IU16i. _____ YEARS OLD</p>	<p>IU17i.</p> <p>1 2 3 4 5 6 7 8 9</p>	<p>IU18i. ___ YEARS</p>
<p>IU15j. YES.....1 GO TO IU17j NO.....5 GO TO IU18j DK.....8 GO TO IU18j RF.....9 GO TO IU18j</p>	<p>IU16j. _____ YEARS OLD</p>	<p>IU17j.</p> <p>1 2 3 4 5 6 7 8 9</p>	<p>IU18j. ___ YEARS</p>

IU20. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD – SUBSTANCE USE column A)

IF ONE DRUG CHECKED in COLUMN A.....1 **GO TO IU21 INTRO1**
 IF MORE THAN ONE DRUG CHECKED in COLUMN A2 **GO TO IU21 INTRO2**

INTERVIEWER INSTRUCTION: USING YOUR REFERENCE CARD CHECK BELOW EACH CHECKED ITEM FROM COLUMN A.	*IU21 INTRO 1. You reported using (MENTION DRUG CHECKED ON REFERENCE CARD COLUMN A). The next questions are about any problems you ever had because of your use of (TYPE OF DRUG).	*IU21 INTRO 2. Let me review. You reported that in your lifetime you have used (MENTION ALL DRUGS CHECKED ON REFERENCE CARD COLUMN A). The next questions are about any problems you ever had because of your use of (either/ all) of these substances.			
	IU21. Was there ever a time in your life when your use of [DRUG] frequently interfered with your work or responsibilities at school, on a job, or at home? (KEY PHRASE: interfered with your work)	YES (1) CHECK REF CARD COLUMN B [DRUG] AND CIRCLE “INTERFERED WITH YOUR WORK” FOR [DRUG]	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU21a. Sedatives or tranquilizers?	1	5	8	9
<input type="checkbox"/>	IU21b. [What about your use of] Stimulants?	1	5	8	9
<input type="checkbox"/>	IU21c.[What about your use of] Pain killers?	1	5	8	9
<input type="checkbox"/>	IU21d. [What about your use of] Marijuana or hashish?	1	5	8	9
<input type="checkbox"/>	IU21e. [What about your use of] Cocaine?	1	5	8	9
<input type="checkbox"/>	IU21f. [What about your use of] Club drugs?	1	5	8	9
<input type="checkbox"/>	IU21g. [What about your use of] Hallucinogens?	1	5	8	9
<input type="checkbox"/>	IU21h. [What about your use of] Opioids?	1	5	8	9
<input type="checkbox"/>	IU21i. [What about your use of] Inhalants or solvents?	1	5	8	9
<input type="checkbox"/>	IU21j. [What about your use of] Other drugs?	1	5	8	9

INTERVIEWER INSTRUCTION: WORK ACROSS GRID. USING YOUR REFERENCE CARD CHECK BELOW EACH CHECKED ITEM FROM COLUMN A.	*IU22. Was there ever a time in your life when your use of [DRUG] caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers? (NO KEY PHRASE) FOR EACH YES RESPONSE TO IU22 ASK THE FOLLOWUP QUESTION AT IU23	YES (1) GO TO IU23	NO (5)	DK (8)	REF (9)	IU23. Did you continue to use [DRUG] even though it caused problems with these people? (KEY PHRASE: caused problems with family or friends)	Yes (1) CHECK REF CARD COLUMN B [DRUG] AND CIRCLE “CAUSED PROBLEMS WITH FAMILY OR FRIENDS”	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU22a. Sedatives or tranquilizers	1	5	8	9	IU23a.	1	5	8	9
<input type="checkbox"/>	IU22b. [What about your use of] Stimulants? Did that ever cause problems with family or friends?	1	5	8	9	IU23b.	1	5	8	9
<input type="checkbox"/>	IU22c. [What about your use of] Pain killers? Did that ever cause problems with family or friends?	1	5	8	9	IU23c.	1	5	8	9
<input type="checkbox"/>	IU22d. . [What about your use of] Marijuana or hashish? Did that ever cause problems with family or friends?	1	5	8	9	IU23d.	1	5	8	9
<input type="checkbox"/>	IU22e. [What about your use of] Cocaine? Did that ever cause problems with family or friends?	1	5	8	9	IU23e.	1	5	8	9
<input type="checkbox"/>	IU22f. .[What about your use of] Club drugs?	1	5	8	9	IU23f.	1	5	8	9
<input type="checkbox"/>	IU22g..[What about your use of] Hallucinogens? Did that ever cause problems with family or friends?	1	5	8	9	IU23g.	1	5	8	9
<input type="checkbox"/>	IU22h.[What about your use of]. Opioids? Did that ever cause problems with family or friends?	1	5	8	9	IU23h.	1	5	8	9
<input type="checkbox"/>	IU22i..[What about your use of] Inhalants or solvents? Did that ever cause problems with family or friends?	1	5	8	9	IU23i.	1	5	8	9
<input type="checkbox"/>	IU22j..[What about your use of] Other drugs? Did that ever cause problems with family or friends?	1	5	8	9	IU23j.	1	5	8	9

INTERVIEWER INSTRUCTION: USING YOUR REFERENCE CARD ASK THE FOLLOWING QUESTION OF EACH DRUG CHECKED IN COLUMN A.	*IU24. Were there times in your life when you were often under the influence of [DRUG] in situations where you could have gotten hurt, for example when riding a bicycle, driving, operating a machine, or anything else? (KEY PHRASE: occurred in situations where you could have gotten hurt)	YES (1) CHECK REF CARD COLUMN B [DRUG] AND CIRCLE "OCCURRED IN SITUATIONS WHERE YOU COULD HAVE GOTTEN HURT".	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU24a. Sedatives or tranquilizers	1	5	8	9
<input type="checkbox"/>	IU24b. [Did that happen with] Stimulants?	1	5	8	9
<input type="checkbox"/>	IU24c. [Did that happen with]Pain killers	1	5	8	9
<input type="checkbox"/>	IU24d. [Did that happen with]Marijuana or hashish	1	5	8	9
<input type="checkbox"/>	IU24e. [Did that happen with]Cocaine	1	5	8	9
<input type="checkbox"/>	IU24f. [Did that happen with]CLUB DRUGS	1	5	8	9
<input type="checkbox"/>	IU24g. [Did that happen with]Hallucinogens	1	5	8	9
<input type="checkbox"/>	IU24h. [Did that happen with]Opioids	1	5	8	9
<input type="checkbox"/>	IU24i. [Did that happen with]Inhalants or solvents	1	5	8	9
<input type="checkbox"/>	IU24j. [Did that happen with]Other drugs	1	5	8	9

INTERVIEWER INSTRUCTION: USING YOUR REFERENCE CARD ASK THE FOLLOWING QUESTION OF EACH DRUG CHECKED IN COLUMN A.	*IU25. Were you arrested or stopped by the police more than once because of driving under the influence of [DRUG] or because of your behavior while you were under the influence of [DRUG]? (KEY PHRASE: resulted in problems with the police)	YES (1) CHECK REF CARD COLUMN B [DRUG] AND CIRCLE "RESULTED IN PROBLEMS WITH THE POLICE".	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU25a. Sedatives or tranquilizers	1	5	8	9
<input type="checkbox"/>	IU25b. [Did that happen with] Stimulants	1	5	8	9
<input type="checkbox"/>	IU25c. [Did that happen with]Pain killers	1	5	8	9
<input type="checkbox"/>	IU25d. [Did that happen with]Marijuana or hashish	1	5	8	9
<input type="checkbox"/>	IU25e. [Did that happen with]Cocaine	1	5	8	9
<input type="checkbox"/>	IU25f. [Did that happen with] Club drugs?	1	5	8	9
<input type="checkbox"/>	IU25g. [Did that happen with] Hallucinogens	1	5	8	9
<input type="checkbox"/>	IU25h. [Did that happen with]Opioids	1	5	8	9
<input type="checkbox"/>	IU25i. [Did that happen with]Inhalants or solvents	1	5	8	9
<input type="checkbox"/>	IU25j. [Did that happen with]Other drugs	1	5	8	9

*IU26. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD COLUMN B)

ZERO DRUGS CHECKED IN COLUMN B1
 ALL OTHERS2

GO TO *IU31

INTERVIEWER INSTRUCTION: USING YOUR REF CARD COLUMN B CHECK EACH ITEM CHECKED. WORK ACROSS THE GRID FROM IU27 – IU30 FOR EACH DRUG CHECKED IN COLUMN B.	IU27. Your use of [DRUG] (READ KEY PHRASES CIRCLED ON REF CARD COLUMN B FOR THIS DRUG). Can you tell me your <u>exact</u> age the <u>very first</u> time you had (this/any of these) problem(s) with [DRUG]? IF “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens? IF NO/DK , PROBE: Was it before your twenties? _____ YEARS OLD BEFORE TEENS..... 12 BEFORE 20s..... 19 AFTER 20s..... 20 DON'T KNOW.....998 REFUSED.....999	IU28. How <u>recently</u> did you have [this problem/ (either/ any) of these problems] because of using [DRUG] – in the past 30 days, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?					
		PAST 30 DAYS (1) CHECK REF CARD COLUMN C FOR [DRUG] GO TO IU30	2 TO 6 MONTHS AGO (2) CHECK REF CARD COLUMN C FOR [DRUG] GO TO IU30	7 TO 12 MONTHS AGO (3) CHECK REF CARD COLUMN C FOR [DRUG] GO TO IU30	>12 MONTHS AGO (4)	DK (8) GO TO IU30	REF (9) GO TO IU30
Sedatives or Tranquilizers <input type="checkbox"/>	IU27a. _____ YEARS OLD	IU28a. 1	2	3	4	8	9
Stimulants <input type="checkbox"/>	IU27b. _____ YEARS OLD	IU28b. 1	2	3	4	8	9
Pain killers <input type="checkbox"/>	IU27c. _____ YEARS OLD	IU28c. 1	2	3	4	8	9
Marijuana or Hashish <input type="checkbox"/>	IU27d. _____ YEARS OLD	IU28d. 1	2	3	4	8	9
Cocaine <input type="checkbox"/>	IU27e. _____ YEARS OLD	IU28e. 1	2	3	4	8	9
Club Drugs <input type="checkbox"/>	IU27f. _____ YEARS OLD	IU28f. 1	2	3	4	8	9
Hallucinogens <input type="checkbox"/>	IU27g. _____ YEARS OLD	IU28g. 1	2	3	4	8	9
Opioids <input type="checkbox"/>	IU27 h. _____ YEARS OLD	IU28h. 1	2	3	4	8	9
Inhalants or solvents <input type="checkbox"/>	IU27i. _____ YEARS OLD	IU28i. 1	2	3	4	8	9
Other drugs <input type="checkbox"/>	IU27j. _____ YEARS OLD	IU28j. 1	2	3	4	8	9

<p>IU29. How old were you the <u>last</u> time (you had [this problem/ (either/ any) of these problems] because of [DRUG])?</p> <p>_____ YEARS OLD</p> <p>DON'T KNOW 998 REFUSED 999</p>	<p>IU30. In how many different years of your life did you ever have (this problem/ any of these problems) because of your use of [DRUG]?</p> <p>_____ YEARS</p> <p>DON'T KNOW 998 REFUSE 999</p>
<p>IU29a. _____ YEARS OLD</p>	<p>IU30a. _____ YEARS</p>
<p>IU29b. _____ YEARS OLD</p>	<p>IU30b. _____ YEARS</p>
<p>IU29c. _____ YEARS OLD</p>	<p>IU30c. _____ YEARS</p>
<p>IU29d. _____ YEARS OLD</p>	<p>IU30d. _____ YEARS</p>
<p>IU29e. _____ YEARS OLD</p>	<p>IU30e. _____ YEARS</p>
<p>IU29f. _____ YEARS OLD</p>	<p>IU30f. _____ YEARS</p>
<p>IU29g. _____ YEARS OLD</p>	<p>IU30g. _____ YEARS</p>
<p>IU29h. _____ YEARS OLD</p>	<p>IU30h. _____ YEARS</p>
<p>IU29i. _____ YEARS OLD</p>	<p>IU30i. _____ YEARS</p>
<p>IU29j. _____ YEARS OLD</p>	<p>IU30j. _____ YEARS</p>

IU31INTRO. The next questions are about some other problems you may have had due to your substance use.

INTERVIEWER INSTRUCTION: USING YOUR REFERENCE CARD CHECK BELOW EACH CHECKED ITEM FROM COLUMN A.	*IU31. Was there ever a time in your life when you often had such a strong desire to use [DRUG] that you couldn't stop using or found it difficult to think of anything else? (KEY PHRASE: you had a strong and irresistible urge to use [DRUG])	YES (1) CHECK REF CARD COLUMN D [DRUG] AND CIRCLE "YOU HAD A STONG AND IRRESISTIBLE URGE TO USE".	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU31a. Sedatives or tranquilizers	1	5	8	9
<input type="checkbox"/>	IU31b. [Did that happen with] Stimulants	1	5	8	9
<input type="checkbox"/>	IU31c. [Did that happen with] Pain killers	1	5	8	9
<input type="checkbox"/>	IU31d. [Did that happen with] Marijuana or hashish	1	5	8	9
<input type="checkbox"/>	IU31e. [Did that happen with] Cocaine	1	5	8	9
<input type="checkbox"/>	IU31f. [Did that happen with] Club drugs	1	5	8	9
<input type="checkbox"/>	IU31g. [Did that happen with] Hallucinogens	1	5	8	9
<input type="checkbox"/>	IU31h. [Did that happen with] Opioids	1	5	8	9
<input type="checkbox"/>	IU31i. [Did that happen with] Inhalants or solvents	1	5	8	9
<input type="checkbox"/>	IU31j. [Did that happen with] Other drugs	1	5	8	9

INTERVIEWER INSTRUCTION: USING YOUR REFERENCE CARD CHECK BELOW EACH CHECKED ITEM FROM COLUMN A..	*IU32. Did you ever need larger amounts of [DRUG] to get an effect, or did you ever find that you could no longer get high on the amount you used to use? (KEY PHRASE: you needed larger amounts of [DRUG] to get an effect)	YES (1) CHECK REF CARD COLUMN D [DRUG] AND CIRCLE "YOU NEEDED TO TAKE LARGER AMOUNTS TO GET AN EFFECT".	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU32a. Sedatives or tranquilizers	1	5	8	9
<input type="checkbox"/>	IU32b. [Did that happen with] Stimulants	1	5	8	9
<input type="checkbox"/>	IU32c. [Did that happen with] Pain killers	1	5	8	9
<input type="checkbox"/>	IU32d. [Did that happen with] Marijuana or hashish	1	5	8	9
<input type="checkbox"/>	IU32e. [Did that happen with] Cocaine	1	5	8	9
<input type="checkbox"/>	IU32f. [Did that happen with] Club drugs	1	5	8	9
<input type="checkbox"/>	IU32g. [Did that happen with] Hallucinogens	1	5	8	9
<input type="checkbox"/>	IU32h. [Did that happen with] Opioids	1	5	8	9
<input type="checkbox"/>	IU32i. [Did that happen with] Inhalants or solvents	1	5	8	9
<input type="checkbox"/>	IU32j. [Did that happen with] Other drugs	1	5	8	9

INTERVIEWER INSTRUCTION: USING YOUR REFERENCE CARD CHECK BELOW EACH CHECKED ITEM FROM COLUMN A.	*IU33. Did you ever have time when you stopped, cut down or went without using [DRUG] and then experienced withdrawal symptoms? (KEY PHRASE: you experienced withdrawal symptoms from [DRUG]) FOR EACH NO/DK/REF RESPONSE GO TO THE FOLLOW-UP QUESTION AT IU34					*IU34. Did you ever have times when you used [DRUG] to <u>keep</u> from having problems like these? (KEY PHRASE: you used [DRUG] to keep from feeling physical problems)				
		YES (1) CHECK REF CARD COLUMN D [DRUG] AND CIRCLE "YOU EXPERIENCED WITHDRAWAL SYMPTOMS" GO TO IU33 FOR NEXT DRUG CHECKED.	NO (5) GO TO IU34	DK (8) GO TO IU34	REF (9) GO TO IU34		YES (1) CHECK REF CARD COLUMN D [DRUG] AND CIRCLE "YOU EXPERIENCED WITHDRAWAL SYMPTOMS"	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU33a. Sedatives or tranquilizers	1	5	8	9	IU34a. Sedatives or tranquilizers	1	5	8	9
<input type="checkbox"/>	IU33b. Stimulants	1	5	8	9	IU34b. Stimulants	1	5	8	9
<input type="checkbox"/>	IU33c. Pain killers	1	5	8	9	IU34c. Pain Killers	1	5	8	9
<input type="checkbox"/>	IU33d. Marijuana or hashish	1	5	8	9	IU34d. Marijuana or Hashish	1	5	8	9
<input type="checkbox"/>	IU33e. Cocaine	1	5	8	9	IU34e. Cocaine	1	5	8	9
<input type="checkbox"/>	IU33f. Club drugs	1	5	8	9	IU34f. Club drugs	1	5	8	9
<input type="checkbox"/>	IU33g. Hallucinogens	1	5	8	9	IU34g. Hallucinogens	1	5	8	9
<input type="checkbox"/>	IU33h. Opioids	1	5	8	9	IU34h. Opioids	1	5	8	9
<input type="checkbox"/>	IU33i. Inhalants or solvents	1	5	8	9	IU34i. Inhalants or solvents	1	5	8	9
<input type="checkbox"/>	IU33j. Other drugs	1	5	8	9	IU34j. Other drugs	1	5	8	9

INTERVIEWER INSTRUCTION: USING YOUR REFERENCE CARD CHECK BELOW EACH CHECKED ITEM FROM COLUMN A..	*IU35. Did you ever have times when you used [DRUG] even though you planned not to or when you used a lot more than you intended? (KEY PHRASE: you used when you planned not to, or you used more than you planned) FOR EACH NO/DK/REF RESPONSE GO TO THE FOLLOW-UP QUESTION AT IU36					*IU36. Were there ever times when you used [DRUG] more frequently or for <u>more days in a row</u> than you intended? (KEY PHRASE: you used more frequently than you intended)				
		YES (1) CHECK REF CARD COLUMN D [DRUG] AND CIRCLE “YOU USED WHEN YOU PLANNED NOT TO, OR YOU USED MORE THAN YOU PLANNED” GO TO IU35 FOR NEXT DRUG CHECKED.	NO (5) GO TO IU36	DK (8) GO TO IU36	REF (9) GO TO IU36		YES (1) CHECK REF CARD COLUMN D [DRUG] AND CIRCLE “YOU USED MORE FREQUENTLY THAN YOU INTENDED”	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU35a. Sedatives or tranquilizers	1	5	8	9	IU36a. Sedatives or tranquilizers	1	5	8	9
<input type="checkbox"/>	IU35b. Stimulants	1	5	8	9	IU36b. Stimulants	1	5	8	9
<input type="checkbox"/>	IU35c. Pain killers	1	5	8	9	IU36c. Pain Killers	1	5	8	9
<input type="checkbox"/>	IU35d. Marijuana or hashish	1	5	8	9	IU36d. Marijuana or Hashish	1	5	8	9
<input type="checkbox"/>	IU35e. Cocaine	1	5	8	9	IU36e. Cocaine	1	5	8	9
<input type="checkbox"/>	IU35f. Club drugs	1	5	8	9	IU36f. Club drugs	1	5	8	9
<input type="checkbox"/>	IU35g. Hallucinogens	1	5	8	9	IU36g. Hallucinogens	1	5	8	9
<input type="checkbox"/>	IU35h. Opioids	1	5	8	9	IU36h. Opioids	1	5	8	9
<input type="checkbox"/>	IU35i. Inhalants or solvents	1	5	8	9	IU36i. Inhalants or solvents	1	5	8	9
<input type="checkbox"/>	IU35j. Other drugs	1	5	8	9	IU36j. Other drugs	1	5	8	9

INTERVIEWER INSTRUCTION: USING YOUR REF CARD COLUMN A CHECK EACH ITEM CHECKED.	*IU37. Were there times when you tried to stop or cut down on your use of [DRUG] and found that you were not able to do so? (KEY PHRASE: you tried but weren't able to stop or cut down using)	YES (1) CHECK REF CARD COLUMN D [DRUG] AND CIRCLE "YOU TRIED BUT WEREN'T ABLE TO STOP OR CUT DOWN USING"	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU37a. Sedatives or tranquilizers	1	5	8	9
<input type="checkbox"/>	IU37b. [Did that happen with] Stimulants	1	5	8	9
<input type="checkbox"/>	IU37c. [Did that happen with] Pain killers	1	5	8	9
<input type="checkbox"/>	IU37d. [Did that happen with] Marijuana or hashish	1	5	8	9
<input type="checkbox"/>	IU37e. [Did that happen with] Cocaine	1	5	8	9
<input type="checkbox"/>	IU37f. [Did that happen with] Club drugs	1	5	8	9
<input type="checkbox"/>	IU37g. [Did that happen with] Hallucinogens	1	5	8	9
<input type="checkbox"/>	IU37h. [Did that happen with] Opioid	1	5	8	9
<input type="checkbox"/>	IU37i. [Did that happen with] Inhalants or solvents	1	5	8	9
<input type="checkbox"/>	IU37j. [Did that happen with] Other drugs	1	5	8	9

INTERVIEWER INSTRUCTION: USING YOUR REF CARD COLUMN A CHECK EACH ITEM CHECKED.	*IU38. Did you ever have several days or more when you spent so much time using or recovering from the effects of [DRUG] use that you had little time for anything else? (KEY PHRASE: you spent periods of several days doing little more than using or getting over the effects of using)	YES (1) CHECK REF CARD COLUMN D [DRUG] AND CIRCLE “ YOU SPENT PERIODS OF SEVERAL DAYS DOING LITTLE MORE THAN USING OR GETTING OVER THE EFFECTS OF USING ”	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU38a. Sedatives or tranquilizers	1	5	8	9
<input type="checkbox"/>	IU38b. [Did that happen with] Stimulants	1	5	8	9
<input type="checkbox"/>	IU38c. [Did that happen with] Pain killers	1	5	8	9
<input type="checkbox"/>	IU38d. [Did that happen with] Marijuana or hashish	1	5	8	9
<input type="checkbox"/>	IU38e. [Did that happen with] Cocaine	1	5	8	9
<input type="checkbox"/>	IU38f. [Did that happen with] Club drugs	1	5	8	9
<input type="checkbox"/>	IU38g. [Did that happen with] Hallucinogens	1	5	8	9
<input type="checkbox"/>	IU38h. [Did that happen with] Opioid	1	5	8	9
<input type="checkbox"/>	IU38i. [Did that happen with] Inhalants or solvents	1	5	8	9
<input type="checkbox"/>	IU38j. [Did that happen with] Other drugs	1	5	8	9

INTERVIEWER INSTRUCTION: USING YOUR REF CARD COLUMN A CHECK EACH ITEM CHECKED.	*IU39. Did you ever have time when you gave up or greatly reduced important activities because of your [DRUG] use – like sports, work, or seeing friends and family? [KEY PHRASE: you gave up or reduced important activities because of your use]	YES (1) CHECK REF CARD COLUMN D [DRUG] AND CIRCLE “ YOU GAVE UP OR REDUCED IMPORTANT ACTIVITIES BECAUSE OF YOUR USE ”	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU39a. Sedatives or tranquilizers	1	5	8	9
<input type="checkbox"/>	IU39b. [Did that happen with] Stimulants	1	5	8	9
<input type="checkbox"/>	IU39c. [Did that happen with] Pain killers	1	5	8	9
<input type="checkbox"/>	IU39d. [Did that happen with] Marijuana or hashish	1	5	8	9
<input type="checkbox"/>	IU39e. [Did that happen with] Cocaine	1	5	8	9
<input type="checkbox"/>	IU39f. [Did that happen with] Club drugs	1	5	8	9
<input type="checkbox"/>	IU39g. [Did that happen with] Hallucinogens	1	5	8	9
<input type="checkbox"/>	IU39h. [Did that happen with] Opioid	1	5	8	9
<input type="checkbox"/>	IU39i. [Did that happen with] Inhalants or solvents	1	5	8	9
<input type="checkbox"/>	IU39j. [Did that happen with] Other drugs	1	5	8	9

INTERVIEWER INSTRUCTION: USING YOUR REF CARD COLUMN A CHECK EACH ITEM CHECKED.	*IU40. Did you ever continue to use [DRUG] when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using [DRUG]? (KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)	Yes (1) CHECK REF CARD COLUMN D [DRUG] AND CIRCLE “ YOU CONTINUED TO USE EVEN THOUGH IT CAUSED OR WORSENERED PHYSICAL OR EMOTIONAL PROBLEMS ”.	NO (5)	DK (8)	REF (9)
<input type="checkbox"/>	IU40a. Sedatives or tranquilizers	1	5	8	9
<input type="checkbox"/>	IU40b. [Did that happen with] Stimulants	1	5	8	9
<input type="checkbox"/>	IU40c. [Did that happen with] Pain killers	1	5	8	9
<input type="checkbox"/>	IU40d. [Did that happen with] Marijuana or hashish	1	5	8	9
<input type="checkbox"/>	IU40e. [Did that happen with] Cocaine	1	5	8	9
<input type="checkbox"/>	IU40f. [Did that happen with] Club drugs	1	5	8	9
<input type="checkbox"/>	IU40g. [Did that happen with] Hallucinogens	1	5	8	9
<input type="checkbox"/>	IU40h. [Did that happen with] Opioid	1	5	8	9
<input type="checkbox"/>	IU40i. [Did that happen with] Inhalants or solvents	1	5	8	9
<input type="checkbox"/>	IU40j. [Did that happen with] Other drugs	1	5	8	9

***IU41. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD COLUMN D)**

ZERO DRUGS CHECKED IN COLUMN D 1 **GO TO *IU49**
 ALL OTHERS 2

<p>INTERVIEWER INSTRUCTION: USING YOUR REFERENCE CARD CHECK BELOW EACH CHECKED ITEM FROM COLUMN D. WORK ACROSS THE GRID FOR EACH DRUG FROM IU42 – IU48 THEN GO TO NEXT CHECKED DRUG</p>	<p>IU42. You reported that during the time you were using [DRUG] (READ KEY PHRASES CIRCLED ON REF CARD COLUMN D FOR THIS DRUG). Can you tell me your <u>exact</u> age the <u>very first</u> time you had (this/any of these) problem(s) with [DRUG]?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens? IF NO/DK, PROBE: Was it before your twenties?</p> <p>_____ YEARS OLD</p> <p>BEFORE TEENS12 BEFORE 20s.....19 AFTER 20s20 Don’t Know.....998 Refused.....999</p>	<p>IU42_2. INTERVIEWER INSTRUCTION: 3 OR MORE PROBLEMS CIRCLED ON REF CARD COLUMN D FOR THIS DRUG.....1 ALL OTHERS.....2 GO TO IU45</p>	<p>IU43. Did you ever have <u>three</u> or more of these problems in the <u>same 12 month period</u> during the time you were using [DRUG]?</p> <p>YES.....1 NO5 GOTO IU45 DK8 GOTO IU45 RF9 GOTO IU45</p>	<p>IU44. How old were you the <u>first time</u> you had three (or more) of these problems in the same 12 month period because of using [DRUG]?</p> <p>IF “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens? IF NO/DK , PROBE: Was it before your twenties?</p> <p>_____ YEARS OLD</p> <p>BEFORE TEENS.....12 BEFORE 20s.....19 AFTER 20s20 Don’t Know..... 998 Refused..... ...999</p>
<p>Sedatives or Tranquilizers <input type="checkbox"/></p>	<p>IU42a. _____ YEARS OLD</p>	<p>IU42_2A. INTERVIEWER INSTRUCTION: 3 + PROBLEMS.....1 LESS THAN 3.....2 GO TO IU45a</p>	<p>IU43a. YES.....1 NO.....5 GOTO IU45a DK.....8 GOTO IU45a RF.....9 GOTO IU45a</p>	<p>IU44a. _____ YEARS OLD</p>
<p>Stimulants <input type="checkbox"/></p>	<p>IU42b. _____ YEARS OLD</p>	<p>IU42_2B. INTERVIEWER INSTRUCTION: 3 + PROBLEMS.....1 LESS THAN 3.....2 GO TO IU45b</p>	<p>IU43b. YES.....1 NO.....5 GOTO IU45b DK.....8 GOTO IU45b RF.....9 GOTO IU45b</p>	<p>IU44b. _____ YEARS OLD</p>
<p>Pain killers <input type="checkbox"/></p>	<p>IU42c. _____ YEARS OLD</p>	<p>IU42_2C. INTERVIEWER INSTRUCTION: 3 + PROBLEMS.....1 LESS THAN 3.....2 GO TO IU45c</p>	<p>IU43c. YES.....1 NO.....5 GOTO IU45c DK.....8 GOTO IU45c RF.....9 GOTO IU45c</p>	<p>IU44c. _____ YEARS OLD</p>
<p>Marijuana or Hashish <input type="checkbox"/></p>	<p>IU42d. _____ YEARS OLD</p>	<p>IU42_2D. INTERVIEWER INSTRUCTION: 3 + PROBLEMS.....1 LESS THAN 3.....2 GO TO IU45a</p>	<p>IU43d. YES.....1 NO.....5 GOTO IU45d DK.....8 GOTO IU45d RF.....9 GOTO IU45d</p>	<p>IU44d. _____ YEARS OLD</p>

IU45. How <u>recently</u> did you have [this problem/ (either/ any) of these problems] because of using [DRUG] – in the past 30 days, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?						IU46. How old were you the <u>last time</u> you had any of these problems because of using [DRUG]? _____ YEARS DK..... 998 RF..... 999	IU47. How many different years in your life did you ever have <u>at least one</u> of these problems because of using [DRUG]? _____ YEARS DON'T KNOW.....998 REFUSED...999	IU47_2. INTERVIEWER INSTRUCTION: 3 OR MORE PROBLEMS CIRCLED ON REF CARD COLUMN D FOR THIS DRUG.....1 GOTO IU48 ALL OTHERS.....2 GO TO NEXT DRUG CHECKED	IU48. How many different years in your life did you ever have <u>three (or more)</u> of these problems because of using [DRUG]? _____ YEARS DON'T KNOW.....998 REFUSED..999	
Past 30 Days (1) Check Ref Card Column E for (DRUG) GO TO IU47	2 TO 6 MONTHS AGO (2) Check Ref Card Column E for (DRUG) GO TO IU47	7 TO 12 MONTHS AGO (3) Check Ref Card Column E for (DRUG) GO TO IU47	>12 MTHS AGO (4)	DK (8) GO TO IU47	REF (9) GO TO IU47					
IU45a.	1	2	3	4	5	9	IU46a. _____ YEARS OLD	IU47a. _____ YEARS	IU47_2a. INTERVIEWER INSTRUCTION: 3 + problems.....1 GOTO IU48a ALL OTHERS.....2 GO TO NEXT DRUG CHECKED	IU48a. _____ YEARS
IU45b.	1	2	3	4	5	9	IU46b. _____ YEARS OLD	IU47b. _____ YEARS	IU47_2b. INTERVIEWER INSTRUCTION: 3 + problems.....1 GOTO IU48b ALL OTHERS.....2 GO TO NEXT DRUG CHECKED	IU48b. _____ YEARS
IU45c.	1	2	3	4	5	9	IU46c. _____ YEARS OLD	IU47c. _____ YEARS	IU47_2c. INTERVIEWER INSTRUCTION: 3 + problems.....1 GOTO IU48c ALL OTHERS.....2 GO TO NEXT DRUG CHECKED	IU48c. _____ YEARS
IU45d.	1	2	3	4	5	9	IU46d. _____ YEARS OLD	IU47d. _____ YEARS	IU47_2d. INTERVIEWER INSTRUCTION: 3 + problems.....1 GOTO IU48d ALL OTHERS.....2 GO TO NEXT DRUG CHECKED	IU48d. _____ YEARS

<p>INTERVIEWER INSTRUCTION: USING YOUR REF CARD COLUMN D CHECK EACH ITEM CHECKED . WORK ACROSS THE GRID FOR EACH DRUG FROM IU42 – IU48 THEN GO TO NEXT CHECKED DRUG</p>	<p>IU42. You reported that during the time you were using [DRUG] (READ KEY PHRASES CIRCLED ON REF CARD COLUMN D FOR THIS DRUG). Can you tell me your <u>exact</u> age the <u>very first</u> time you had (this/any of these) problem(s) with [DRUG]?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens? IF NO/DK, PROBE: Was it before your twenties?</p> <p>_____ YEARS OLD</p> <p>BEFORE TEENS 12 BEFORE 20s..... 19 AFTER 20s.....20 Don't Know.....998 Refused.....999</p>	<p>IU42_2. INTERVIEWER INSTRUCTION:</p> <p>3 OR MORE PROBLEMS CIRCLED ON REF CARD COLUMN D FOR THIS</p> <p>DRUG.....1 ALL OTHERS.....2 GO TO IU45</p>	<p>IU43. Did you ever have <u>three</u> or more of these problems in the <u>same 12 month period</u> during the time you were using [DRUG]?</p> <p>YES.....1 NO.....5 GOTO IU45 DK.....8 GOTO IU45 RF.....9 GOTO IU45</p>	<p>IU44. How old were you the <u>first time</u> you had three (or more) of these problems in the same 12 month period?</p> <p>IF “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens? IF NOT YES, PROBE: Was it before your twenties?</p> <p>_____ YEARS OLD</p> <p>BEFORE TEENS 12 BEFORE 20s..... 19 AFTER 20s.....20 Don't Know.....998 Refused.....999</p>
<p>Cocaine <input type="checkbox"/></p>	<p>IU42e. _____ YEARS OLD</p>	<p>IU42_2e. INTERVIEWER INSTRUCTION:</p> <p>3 + problems.....1 Less than 3.....2 GO TO IU45b</p>	<p>IU43e. YES.....1 NO.....5 GOTO IU45e DK.....8 GOTO IU45e RF.....9 GOTO IU45e</p>	<p>IU44e. _____ YEARS OLD</p>
<p>Club drugs <input type="checkbox"/></p>	<p>IU42f. _____ YEARS OLD</p>	<p>IU42_2f. INTERVIEWER INSTRUCTION:</p> <p>3 + problems.....1 Less than 3.....2 GO TO IU45c</p>	<p>IU43f. YES.....1 NO.....5 GOTO IU45f DK.....8 GOTO IU45f RF.....9 GOTO IU45f</p>	<p>IU44f. _____ YEARS OLD</p>
<p>Hallucinogens <input type="checkbox"/></p>	<p>IU42g. _____ YEARS OLD</p>	<p>IU42_2g. INTERVIEWER INSTRUCTION:</p> <p>3 + problems.....1 Less than 3.....2 GO TO IU45g</p>	<p>IU43g. YES.....1 NO.....5 GOTO IU45g DK.....8 GOTO IU45g RF.....9 GOTO IU45g</p>	<p>IU44g. _____ YEARS OLD</p>
<p>Opioids <input type="checkbox"/></p>	<p>IU42h. _____ YEARS OLD</p>	<p>IU42_2h. INTERVIEWER INSTRUCTION:</p> <p>3 + problems.....1 Less than 3.....2 GO TO IU45h</p>	<p>IU43h. YES.....1 NO.....5 GOTO IU45h DK.....8 GOTO IU45h RF.....9 GOTO IU45h</p>	<p>IU44h. _____ YEARS OLD</p>

IU45. How <u>recently</u> did you have [this problem/ (either/ any) of these problems] because of using [DRUG] – in the past 30 days, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?						IU46. How old were you the <u>last time</u> you had any of these problems? _____ YEARS DK..... 998 RF..... 999	IU47. How many different years in your life did you ever have <u>at least one</u> of these problems? _____ YEARS DON'T KNOW.....998 REFUSED...999	IU47_2. INTERVIEWER INSTRUCTION: 3 OR MORE PROBLEMS CIRCLED ON REF CARD COLUMN D FOR THIS DRUG.....1 GOTO IU48 ALL OTHERS.....2 GO TO NEXT DRUG CHECKED	IU48. How many different years in your life did you ever have <u>three (or more)</u> of these problems? _____ YEARS DON'T KNOW.....998 REFUSED..999
Past 30 Days (1) Check Ref Card Column E for (DRUG) GO TO IU47	2 TO 6 MONTHS AGO (2) Check Ref Card Column E for (DRUG) GO TO IU47	7 TO 12 MONTHS AGO (3) Check Ref Card Column E for (DRUG) GO TO IU47	>12 MTHS AGO (4)	DK (8) GO TO IU47	REF (9) GO TO IU47				
IU45e. 1	2	3	4	5	9	IU46e. _____ YEARS OLD	IU47e. _____ YEARS	IU47_2e. INTERVIEWER INSTRUCTION: 3 + problems.....1 GOTO IU48e ALL OTHERS.....2 GO TO NEXT DRUG CHECKED	IU48e. _____ YEARS
IU45f. 1	2	3	4	5	9	IU46f. _____ YEARS OLD	IU47f. _____ YEARS	IU47_2f. INTERVIEWER INSTRUCTION: 3 + problems.....1 GOTO IU48f ALL OTHERS.....2 GO TO NEXT DRUG CHECKED	IU48f. _____ YEARS
IU45g. 1	2	3	4	5	9	IU46g. _____ YEARS OLD	IU47g. _____ YEARS	IU47_2g. INTERVIEWER INSTRUCTION: 3 + problems.....1 GOTO IU48g ALL OTHERS.....2 GO TO NEXT DRUG CHECKED	IU48g. _____ YEARS
IU45h. 1	2	3	4	5	9	IU46h. _____ YEARS OLD	IU47h. _____ YEARS	IU47_2h. INTERVIEWER INSTRUCTION: 3 + problems.....1 GOTO IU48h ALL OTHERS.....2 GO TO NEXT DRUG CHECKED	IU48h. _____ YEARS

<p>INTERVIEWER INSTRUCTION: USING YOUR REF CARD COLUMN D CHECK EACH ITEM CHECKED. WORK ACROSS THE GRID FOR EACH DRUG FROM IU42 – IU48 THEN GO TO NEXT CHECKED DRUG</p>	<p>IU42. You reported that DURING THE TIME YOU WERE USING [DRUG] (READ KEY PHRASES CIRCLED ON REF CARD COLUMN D FOR THIS DRUG). Can you tell me your <u>exact</u> age the <u>very first</u> time you had (this/any of these) problem(s) with [DRUG]?</p> <p>IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens? IF NO/DK, PROBE: Was it before your twenties?</p> <p>_____ YEARS OLD</p> <p>BEFORE TEENS 12 BEFORE 20s 19 AFTER 20s 20 Don’t Know 998 Refused 999</p>	<p>IU42_2. INTERVIEWER INSTRUCTION:</p> <p>3 OR MORE PROBLEMS CIRCLED ON REF CARD COLUMN D FOR THIS DRUG.....1 ALL OTHERS.....2 GO TO IU45</p>	<p>IU43. Did you ever have <u>three</u> or more of these problems in the <u>same 12 month period</u> during the time you were using [DRUG]?</p> <p>YES.....1 NO.....5 GOTO IU45 DK.....8 GOTO IU45 RF.....9 GOTO IU45</p>	<p>IU44. How old were you the <u>first time</u> you had three (or more) of these problems in the same 12 month period because of using [DRUG]?</p> <p>IF “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens? IF NOT YES, PROBE: Was it before your twenties?</p> <p>_____ YEARS OLD</p> <p>BEFORE TEENS.....12 BEFORE 20s.....19 AFTER 20s.....20 Don’t Know..... 998 Refused..... 999</p>
<p>Inhalants or solvents <input type="checkbox"/></p>	<p>IU42i. _____ YEARS OLD</p>	<p>IU42_2i. INTERVIEWER INSTRUCTION:</p> <p>3 + problems.....1 Less than 3.....2 GO TO IU45i</p>	<p>IU43i. YES.....1 NO.....5 GOTO IU45i DK.....8 GOTO IU45i RF.....9 GOTO IU45i</p>	<p>IU44i. _____ YEARS OLD</p>
<p>Other drugs <input type="checkbox"/></p>	<p>IU42j. _____ YEARS OLD</p>	<p>IU42_2j. INTERVIEWER INSTRUCTION:</p> <p>3 + problems.....1 Less than 3.....2 GO TO IU45j</p>	<p>IU43j. YES.....1 NO.....5 GOTO IU45j DK.....8 GOTO IU45j RF.....9 GOTO IU45j</p>	<p>IU44j. _____ YEARS OLD</p>

IU45. How <u>recently</u> did you have [this problem/ (either/ any) of these problems] because of using [DRUG] – in the past 30 days, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?						IU46. How old were you the <u>last time</u> you had any of these problems because of using [DRUG]? _____ YEARS DON'T KNOW.....998 REFUSED...999	IU47. How many different years in your life did you ever have at least <u>one</u> of these problems because of using [DRUG]? _____ YEARS DON'T KNOW.....998 REFUSED...999	IU47_2. INTERVIEWER INSTRUCTION: 3 OR MORE PROBLEMS CIRCLED ON REF CARD COLUMN D FOR THIS DRUG.....1 GOTO IU48 ALL OTHERS.....2 GO TO NEXT DRUG ENDORSED	IU48. How many different years in your life did you ever have <u>three</u> (or <u>more</u>) of these problems because of using [DRUG]? _____ YEARS DON'T KNOW.....998 REFUSED..999
Past 30 Days (1) Check Ref Card Column E for (DRUG) GO TO IU47	2 TO 6 MONTHS AGO (2) Check Ref Card Column E for (DRUG) GO TO IU47	7 TO 12 MONTHS AGO (3) Check Ref Card Column E for (DRUG) GO TO IU47	>12 MTHS AGO (4)	DK (8) GO TO IU47	REF (9) GO TO IU47				
IU45i. 1	2	3	4	5	9	IU46i. _____ YEARS OLD	IU47i. _____ YEARS	IU47_2i. INTERVIEWER INSTRUCTION: 3 + problems.....1 GOTO IU48i ALL OTHERS.....2 GO TO NEXT DRUG ENDORSED	IU48i. _____ YEARS
IU45j. 1	2	3	4	5	9	IU46j. _____ YEARS OLD	IU47j. _____ YEARS	IU47_2j. INTERVIEWER INSTRUCTION: 3 + problems.....1 GOTO IU48j ALL OTHERS.....2 GO TO NEXT DRUG ENDORSED	IU48j. _____ YEARS

***IU49. INTERVIEWER CHECKPOINT: (SEE REFERENCE COLUMN C AND COLUMN E)**

ZERO DRUGS CHECKED IN BOTH COLUMN C AND COLUMN E.....1 GO TO *IU54

ALL OTHERS.....2

*IU50. During the past 12 months you reported some problems because of your use of (READ LIST OF DRUGS CHECKED ON REFERENCE CARD COLUMN C AND COLUMN E). During the <u>past 12 months</u> , how often have you had each of the following experiences because of using [DRUG/ (either/ any) of these substances]:	ALMOST ALWAYS (1)	OFTEN (2)	SOMETIMES (3)	RARELY (4)	NEVER (5)	DK (8)	RF (9)
*IU50a. How often in the past 12 months was your use of [DRUG/ (either/ any) of these substances] out of control? Would you say almost always, often, sometimes, rarely or never?	1	2	3	4	5	8	9
*IU50b. How often in the past 12 months did the thought of missing a fix (or a dose) make you anxious or worried? Would you say almost always, often, sometimes, rarely or never?	1	2	3	4	5	8	9
*IU50c. How often in the past 12 months did you worry about your use of [DRUG/ (either/ any) of these substances] (- almost always, often, sometimes, rarely, or never)?	1	2	3	4	5	8	9
*IU50d. How often in the past 12 months did you wish you could stop using (- almost always, often, sometimes, rarely, or never)?	1	2	3	4	5	8	9

IU50e. How difficult did you find it in the past 12 months to stop or go without using ([DRUG/ (either/ any) of these substances])? Would you say not difficult, somewhat difficult, very difficult or impossible?

- NOT DIFFICULT 1
- SOMEWHAT DIFFICULT..... 2
- VERY DIFFICULT 3
- IMPOSSIBLE..... 4
- [IF VOL: NEVER TRIED]..... 5
- DON'T KNOW 8
- REFUSED 9



***IU51.** (RB, PG 9) Think about the period lasting one month or longer in the past 12 months when you were using ([DRUG/ (either/ any) of these substances]) the most. Using the 0 to 10 scale on page 9 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much using ([DRUG/ (either/ any) of these substances]) interfered with each of the following activities during that period?

(IF NEC: How much did using (TYPE OF DRUG) interfere with (ACTIVITY) during that period?)

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

***IU51a.** Your home management, like cleaning, shopping, and working around the (house/ apartment) (or yard)?

DOES NOT APPLY 97
 DON'T KNOW 98
 REFUSED 99

***IU51b.** Your ability to work?

DOES NOT APPLY 97
 DON'T KNOW 98
 REFUSED 99

***IU51c.** Your ability to form and maintain close relationships with other people?

DOES NOT APPLY 97
 DON'T KNOW 98
 REFUSED 99

***IU51d.** Your social life?

DOES NOT APPLY 97
 DON'T KNOW 98
 REFUSED 99

***IU52.** INTERVIEWER CHECKPOINT: (SEE ***IU51 SERIES**)

ALL RESPONSES CODED '0' OR '97' 1 **GO TO *IU54**
 ALL OTHERS 2

***IU53.** About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your using [DRUG/ (either/ any) of these substances]?

(IF NEC: You can use any number between 0 and 365 to answer.)

_____ NUMBER OF DAYS

DON'T KNOW 998
 REFUSED 999

***IU54.** The next questions are about the first time you had an opportunity to use any drugs, whether or not you used them. By “an opportunity to use” I mean someone either offered drugs, or you were present when others were using and you could have used if you wanted to. Please do not include times when a health care provider may have offered you free samples.

(Thinking back over your entire lifetime,) About how old were you the very first time you had an opportunity to use drugs?

INITIAL DK, PROBE: Was it before your teens?

IF NO/DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS12
BEFORE 20s19
AFTER 20s20
NEVER997
DON'T KNOW998
REFUSED999

GOTO *IU56

***IU55.** About how many different times did you have the opportunity to use drugs (before ever using them)?

_____ TIMES

“MORE TIMES THAN CAN COUNT” 997
DON'T KNOW 998
REFUSED 999

***IU56. INTERVIEWER CHECKPOINT: (SEE Substance REFERENCE CARD COLUMNS B AND D)**

AT LEAST ONE DRUG CHECKED ON REFERENCE CARD COLUMN B or D.....1
ALL OTHERS2 **GO TO NEXT SECTION**

***IU57.** Did you ever in your life talk to a medical doctor or other professional about your drug use? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES 1
NO 5 **GO TO *IU65**
DON'T KNOW 8 **GO TO *IU65**
REFUSED..... 9 **GO TO *IU65**

***IU59a.** How old were you the first time (you talked to a professional about your drug use)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED..... 999

***IU58.** Did you ever get treatment for your drug use that you considered helpful or effective?

YES..... 1
NO 5 **GO TO *IU58c**
DON'T KNOW 8 **GO TO *IU58c**
REFUSED 9 **GO TO *IU58c**

***IU58a.** How old were you the first time (you got helpful treatment for your drug use)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

***IU58b.** How many professionals did you ever talk to about your drug use, up to and including the first time you got helpful treatment?

_____ NUMBER OF PROFESSIONALS **GO TO *IU59**

DON'T KNOW 98 **GO TO *IU59**
REFUSED 99 99 **GO TO *IU59**

***IU58c.** How many professionals did you ever talk to about your drug use?

_____ NUMBER OF PROFESSIONALS

DON'T KNOW 98
REFUSED 99

*IU59. Did you receive professional treatment for your drug use at any time in the past 12 months?

YES..... 1
NO 5
DON'T KNOW 8
REFUSED 9

*IU60. Were you ever hospitalized overnight for your drug use?

YES 1
NO..... 5 **GO TO *IU62**
DON'T KNOW 8 **GO TO *IU62**
REFUSED..... 9 **GO TO *IU62**

*IU61. How old were you the first time (you were hospitalized overnight because of your drug use)?

_____ YEARS OLD

DON'T KNOW..... 998
REFUSED..... 999

*IU62. Did you ever go to a self-help group like Rational Recovery for help with your drug use?

YES 1
NO..... 5 **GO TO *IU65**
DON'T KNOW 8 **GO TO *IU65**
REFUSED..... 9 **GO TO *IU65**

*IU63. How old were you the first time (you went to a self-help group of this sort)?

_____ YEARS OLD

DON'T KNOW..... 998
REFUSED..... 999

*IU64. How many meetings of such a group did you attend in the past 12 months?

_____ MEETINGS

MORE THAN '97' 97
DON'T KNOW..... 98
REFUSED..... 99

*IU65. How many of your close relatives -- including your biological parents, brothers and sisters, and children -- ever had problems with drug use?

_____ NUMBER

DON'T KNOW 98
REFUSED..... 99

GO TO NEXT SECTION