

**WASHINGTON STATE NEEDS ASSESSMENT  
HOUSEHOLD SURVEY 2002-03 (WANAHS-II)**

**January 7, 2003**

WASHINGTON STATE NEEDS ASSESSMENT  
HOUSEHOLD SURVEY 2002-03 (WANAHS-II)

INTRODUCTION

{IWR: IF A CHILD ANSWERS, ASK FOR AN ADULT.}

SAMPLE FRAME:

1. RDD – UNLISTED
2. RDD – LISTED
3. AFRICAN AMERICAN GEOGRAPHIC – UNLISTED
4. AFRICAN AMERICAN GEOGRAPHIC – LISTED
5. HISPANIC SURNAME – LISTED
6. ASIAN SURNAME – LISTED
7. AMERICAN INDIAN GEOGRAPHIC – UNLISTED
8. AMERICAN INDIAN GEOGRAPHIC – LISTED
9. AMERICAN INDIAN FOOD STAMPS – LISTED
10. AMERICAN INDIAN SCHOOL DISTRICT – LISTED
11. AMERICAN INDIAN BIRTH CERTIFICATE – LISTED

IF UNLISTED SAMPLE THEN CONTINUE; ELSE SKIP TO S2

S1. Hello, this is \_\_\_\_\_ from Washington State University. We have been asked by the Department of Social and Health Services to call adults throughout Washington to ask about health issues. This survey will be used to improve health services in your community.

UNCONDITIONAL SKIP TO S3

S2. Hello, this is \_\_\_\_\_ from Washington State University. Is this the \_\_\_\_\_ residence? We have been asked by the Department of Social and Health Services to call adults throughout Washington to ask about health issues. This survey will be used to improve health services in your community. A letter was mailed to your household recently describing the study. Do you remember receiving it?

- 1 Yes
- 2 No -----> {IWR READ: "It was a brief letter to let people know that we would be calling."}

S3. First, I need to ask how many adults 18 or older live in your household, including yourself, so that I can determine whom to interview.

\_\_\_\_ Number

IF S3 > 1 THEN SKIP TO S4a; ELSE CONTINUE

- S4. Would that be you or someone else?
- 1 Self -----> SKIP TO S13
  - 2 Someone else, available ---> {IWR: ASK TO SPEAK TO ADULT} SKIP TO S12
  - 3 Someone else, not available -----> SKIP TO S5
  - 4 Person may not be able to complete survey -----> SKIP TO S6

S4a. How many are 18 to 29 years of age?

\_\_\_\_ Number

- D Don't know
- R Refused

S4b. How many are 30 to 54?

\_\_\_\_ Number

- D Don't know
- R Refused

S4c. And how many are 55 or older?

\_\_\_\_ Number

- D Don't know
- R Refused

TEXT FILL:

CATI SELECTS AGE CATEGORY ["18 to 29", "30 to 54", OR "55 or older"] OF  
RESPONDENT ACCORDING TO PREDETERMINED SELECTION  
PROBABILITIES

IF MORE THAN ONE ADULT IN SELECTED AGE CATEGORY THEN BIRTHDAY = "and  
had the most recent birthday"; ELSE BIRTHDAY IS NULL

- S4d. Then I need to talk to the person in your household who is age [AGE CATEGORY]  
[BIRTHDAY]. Would that be you or someone else?
- 1 Self -----> SKIP TO S13
  - 2 Someone else, available -----> SKIP TO S12
  - 3 Someone else, not available -----> SKIP TO S5
  - 4 Person may not be able to complete survey -----> SKIP TO S6

S5. When would be a good time to call the person back? Could you tell me the person's first  
name so that I know whom to ask for? We won't keep any names of people we contact for  
this study after we talk with them.

TIME/DATE AVAILABLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ -----> SKIP TO END

S6. {IWR: IF PERSON IS UNABLE TO COME TO THE PHONE, PROBE IF NECESSARY TO DETERMINE CAUSE AND ENTER THE APPROPRIATE CODE FROM THE LIST BELOW.}

- 1 Only speaks foreign language(s)
- 2 Severely hearing-impaired -----> SKIP TO S10
- 3 Other communication problem {stroke, Alzheimers, cerebral palsy, or handicapping condition which affects communication} -----> SKIP TO J1a
- 4 Severe illness -----> SKIP TO J1a
- 5 Severe handicap -----> SKIP TO J1a
- 6 Respondent not available: in jail -----> SKIP TO S11
- 7 R not available: out of town -----> SKIP TO S11
- 8 Other problem\_\_\_\_\_----->SKIP TO J1a

S7. Which language does (he/she/the person) speak?

- 1 Spanish -----> SKIP TO S9
- 2 Chinese -----> SKIP TO S9
- 3 Vietnamese -----> SKIP TO S9
- 4 Cambodian -----> SKIP TO S9
- 5 Korean -----> SKIP TO S9
- 6 Russian -----> SKIP TO S9
- 7 Other language

S8. {IWR: ENTER OTHER LANGUAGE.}

\_\_\_\_\_ Other language -----> SKIP TO J1a

S9. I can arrange to have an interpreter call at another time. When should the interpreter call? Could you tell me the person's first name so that the interpreter knows whom to ask for? We won't keep any names of people we contact for this study after we talk with them.

- 1 Yes, interpreter may call  
TIME/DATE AVAILABLE\_\_\_\_ FIRST NAME\_\_\_\_\_ -----> SKIP TO END
- 2 No, interpreter may not call -----> SKIP TO END

S10. Would it be possible to interview [her/him/the person] using a TDD?

- 1 Yes
- 2 No ----->SKIP TO END

S10a. When would be a good time to call the person back? Could you tell me the person's first name so that I know whom to ask for? We won't keep any names of people we contact for this study after we talk with them.

TIME/DATE AVAILABLE\_\_\_\_\_ FIRST NAME\_\_\_\_\_ -----> SKIP TO END

S11. This study will continue through May of 2003. Will [he/she/the person] return by next May?

- 1 Yes
- 2 No ----->SKIP TO END

S11a. When would be a good time to call the person back? Could you tell me the person's first name so that I know whom to ask for? We won't keep any names of people we contact for this study after we talk with them.

TIME/DATE AVAILABLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ -----> SKIP TO END

S12. Hello, this is \_\_\_\_\_ from Washington State University. We have been asked by the Department of Social and Health Services to call adults throughout Washington to ask about health issues. This survey will be used to improve health services in your community.

S13. The questions are about health issues, such as your health, health insurance, alcohol and drug use, and gambling. This interview is voluntary, and while parts of it may be monitored by my supervisor, your answers will be kept strictly confidential. The questions will take about 15 minutes, and if I ask anything you would prefer not to answer, just let me know and I'll skip over it. If you have any questions about this survey, I can tell you how to get more information. Okay?

- 1 Yes -----> SKIP TO S15
- 2 No

S14. When would be a good time to call you back? Could you tell me your first name so that I know whom to ask for? We won't keep any names of people we contact for this study after we talk with them.

TIME/DATE AVAILABLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ -----> SKIP TO END

S15. For survey purposes I need to ask whether you are male or female.

- 1 Male
- 2 Female
- D Other
- R Refused

S16. Please tell me how old you are now.

- \_\_\_\_\_ Years old
- D Don't know
- R Refused

TEXT FILL: IF S15 = 2 THEN LGENDER = "Latina"; ELSE LGENDER = "Latino"

S17. Are you Hispanic or [LGENDER]?

- 1 Yes
- 2 No
- D Don't know
- R Refused

S18. For survey purposes, I need to ask you what race you consider yourself to be. I will read several categories, and you may select one or more. Are you...?

- 1 WHITE
- 2 BLACK OR AFRICAN AMERICAN
- 3 AMERICAN INDIAN OR ALASKA NATIVE
- 4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5 ASIAN
- 6 Other {IWR: DO NOT REQUEST, USE ONLY IF VOLUNTEERED.}  
{IWR: SPECIFY} \_\_\_\_\_
- D Don't know
- R Refused

S19. What is the total number of adults and children living in your household, including yourself?

\_\_\_\_\_ Total number of people in household

TEXT FILL: AMOUNT = \$11,560 + (S19) \* \$6,160  
(200% OF 2002 FEDERAL POVERTY THRESHOLD)

S20. For the last twelve month period, would you say that the total income for your household was less than or equal to [AMOUNT] or that it was greater than [AMOUNT]?

- 1 Less than or equal to amount
- 2 Greater than amount
- D Don't know
- R Refused

IF SAMPLE FRAME IS UNLISTED THEN CONTINUE; ELSE SKIP TO S22

S21. Is this a private residence, or is this a dormitory, shelter, nursing home, or other kind of group quarters?

- 1 Private residence
- 2 Group quarters -----> SKIP TO J1b
- D Don't know -----> SKIP TO J1b
- R Refused -----> SKIP TO J1b

S22. IF (SAMPLE FRAME IS NOT RDD) AND (RESPONDENT REPORTS WHITE NON-HISPANIC IN S17 AND S18 OR DK/R TO BOTH S17 AND S18) THEN SKIP TO J1b; ELSE CONTINUE; [ADDITIONAL RESPONDENT SELECTION CRITERIA WILL BE IMPOSED AS DATA COLLECTION PROCEEDS AND SAMPLE DESIGN CELLS ARE FILLED]

## A. HEALTH AND DEMOGRAPHICS

- A1. During the past 12 months, would you say your physical health has been...?
- 1 EXCELLENT
  - 2 VERY GOOD
  - 3 GOOD
  - 4 FAIR
  - 5 POOR
  - D Don't know
  - R Refused
- A1a. In the past 12 months, how many times have you seen a health professional for any physical health problems?
- \_\_\_\_\_ # of times
- D Don't know
  - R Refused
- A2. During the past 12 months, would you say your emotional or psychological health has been...?
- 1 EXCELLENT
  - 2 VERY GOOD
  - 3 GOOD
  - 4 FAIR
  - 5 POOR
  - D Don't know
  - R Refused
- A2a. In the past 12 months, how many times have you seen a health professional for any emotional or psychological problems?
- \_\_\_\_\_ # of times
- D Don't know
  - R Refused
- A3. Do you suffer from a long-lasting condition, such as blindness, deafness, or a severe vision or hearing impairment?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- A4. Do you have a long-lasting condition that substantially limits activities such as walking, climbing stairs, reaching, lifting, or carrying?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

- A5. I am going to read a list of difficulties some people experience. For each one, please tell me if you CURRENTLY have this difficulty because of a physical, mental, or emotional condition that has lasted for 6 months or more. The first one is LEARNING, REMEMBERING, OR CONCENTRATING.
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- A6. The next one is DRESSING, BATHING, OR GETTING AROUND INSIDE THE HOME. (Do you currently have difficulty DRESSING, BATHING, OR GETTING AROUND INSIDE THE HOME because of a physical, mental, or emotional condition that has lasted 6 months or more?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- A7. Going outside the home alone to shop or visit a doctor's office?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- A8. Working at a job or business?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- A9. Do you currently have health insurance coverage?
- 1 Yes
  - 2 No -----> SKIP TO A20
  - D Don't know
  - R Refused -----> SKIP TO SECTION B
- A10. I'm going to read a list of types of health care coverage that people may have. As I read each one, please tell me whether YOU currently have this type of health care coverage. Are you covered by an employer or union provided plan?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- A11. Are you covered by Medicare, the health insurance for persons who are 65 or older?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

- A12. Are you covered by a DSHS medical assistance program such as Medicaid, Healthy Options, Children's Health, ADATSA, or GAU?  
1 Yes  
2 No  
D Don't know  
R Refused
- A13. Next, a military health care plan such as CHAMPUS, CHAMP VA, TRICARE, or VA? (Are you covered by a military health care plan?)  
1 Yes  
2 No  
D Don't know  
R Refused
- A14. Indian Health Service? (Are you covered by the Indian Health Service?)  
1 Yes  
2 No  
D Don't know  
R Refused
- A15. Washington State Basic Health Plan? (Are you covered by the Basic Health Plan?)  
1 Yes  
2 No  
D Don't know  
R Refused
- A16. A plan you bought on your own?  
1 Yes  
2 No  
D Don't know  
R Refused
- A17. A plan provided by someone outside the household?  
1 Yes  
2 No  
D Don't know  
R Refused
- A18. Do you have any other health care plan?  
1 Yes  
2 No  
D Don't know  
R Refused

IF RESPONDENT ANSWERED "Yes" TO MORE THAN ONE QUESTION FROM A10 TO A18, THEN CONTINUE. ELSE SKIP TO SECTION B.

A19. What is your primary type of health care coverage? {IWR: IF R IDENTIFIES A PRIMARY COVERAGE TYPE THAT WAS NOT PREVIOUSLY IDENTIFIED IN RESPONSE TO QUESTIONS A10 THROUGH A18, THEN GO BACK AND CONFIRM THAT R HAS THAT COVERAGE TYPE}

- 1 An employer or union paid plan
- 2 Medicare
- 3 A DSHS medical assistance program such as Medicaid, Healthy Options, Children's health, ADATSA or GAU
- 4 Military health care such as CHAMPUS, CHAMP-VA, TRICARE, or VA
- 5 Indian Health service
- 6 Washington State Basic Health Plan
- 7 Plan you bought on your own
- 8 Plan of someone outside the household
- 9 Any other kind of coverage
- D Don't know
- R Refused

UNCONDITIONAL SKIP TO SECTION B

A20. What is the main reason that you do not have health insurance?

- 1 Can't afford
- 2 Doesn't need insurance
- 3 Existing plans won't cover condition
- 4 Doesn't know where to get insurance
- 5 Doesn't believe in medicine
- 6 Plans not available
- 7 Other\_\_\_\_\_
- D Don't know
- R Refused

## B. TOBACCO PREVALENCE

Now I am going to ask about the use of cigarettes.

B1. Have you ever smoked part or all of a cigarette?

- 1 Yes
- 2 No -----> SKIP TO B6a
- D Don't know -----> SKIP TO B6a
- R Refused -----> SKIP TO B6a

B1a. Have you smoked more than 100 cigarettes in your entire life? (That's 5 packs.)

- 1 Yes
- 2 No -----> SKIP TO B6a
- D Don't know -----> SKIP TO B6a
- R Refused -----> SKIP TO B6a

B2. How old were you the first time you smoked a cigarette?

- \_\_\_\_\_ Years old
- D Don't know
- R Refused

B3. During the past 12 months, that is, since [MONTH, YEAR], have you smoked a cigarette?

- 1 Yes
- 2 No -----> SKIP TO B6a
- D Don't know -----> SKIP TO B6a
- R Refused -----> SKIP TO B6a

B3a. During the past 12 months, how often did you smoke cigarettes? Was it...?

- 1 EVERYDAY
- 2 ALMOST EVERY DAY
- 3 3 OR 4 DAYS A WEEK
- 4 1 OR 2 DAYS A WEEK
- 5 LESS THAN ONCE A WEEK
- D Don't know
- R Refused

B3b. On the days you smoked during the past 12 months, how many cigarettes did you usually smoke per day? Was it...?

- 1 LESS THAN ONE CIGARETTE PER DAY
- 2 1 CIGARETTE PER DAY
- 3 2 TO 5 CIGARETTES PER DAY
- 4 ABOUT ½ PACK (6 to 15 cigarettes per day)
- 5 ABOUT 1 PACK (16 to 25 cigarettes per day)
- 6 ABOUT 1½ PACKS (26 to 35 cigarettes per day)
- 7 ABOUT 2 PACKS OR MORE (more than 35 cigarettes per day)
- D Don't know
- R Refused

- B4. During the past 30 days, that is since [MONTH, DAY, YEAR], have you smoked a cigarette?
- 1 Yes
  - 2 No -----> SKIP TO B6a
  - D Don't know -----> SKIP TO B6a
  - R Refused -----> SKIP TO B6a
- B5a. During the past 30 days, on how many days did you smoke a cigarette?
- \_\_\_\_\_ # of days RANGE: 1 - 30
- D Don't know
  - R Refused
- B5b. On the days you smoked during the past 30 days, how many cigarettes did you usually smoke per day? Was it...?
- 1 LESS THAN ONE CIGARETTE PER DAY
  - 2 1 CIGARETTE PER DAY
  - 3 2 TO 5 CIGARETTES PER DAY
  - 4 ABOUT ½ PACK (6 to 15 cigarettes per day)
  - 5 ABOUT 1 PACK (16 to 25 cigarettes per day)
  - 6 ABOUT 1½ PACKS (26 to 35 cigarettes per day)
  - 7 ABOUT 2 PACKS OR MORE (more than 35 cigarettes per day)
  - D Don't know
  - R Refused
- B6a. Now I am going to ask about your use of other tobacco products. In the past 12 months, did you even once use chewing tobacco or snuff?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- B6b. In the past 12 months, did you even once smoke part or all of any type of cigar?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- B6c. In the past 12 months, did you even once smoke tobacco in a pipe?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

## C. ALCOHOL PREVALENCE

I am going to ask you several questions about drinks of alcohol. Count as a drink a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink.

C1. Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

- 1 Yes
- 2 No -----> SKIP TO SECTION D
- D Don't know -----> SKIP TO SECTION D
- R Refused ----->SKIP TO SECTION D

C2. How old were you the first time you had more than just a sip of beer, wine, or liquor?

- \_\_\_\_\_Years old
- D Don't know
- R Refused

C3. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you had a drink?

- 1 Yes
- 2 No -----> SKIP TO C4
- D Don't know -----> SKIP TO C4
- R Refused ----->SKIP TO C4

C3a. During the past 30 days, on about how many different days did you have at least one drink of beer, wine, or liquor? RANGE: 1-30

- \_\_\_\_\_# of days
- D Don't know
- R Refused

{IWR: USE CHART BELOW IF THE RESPONDENT GIVES AN ANSWER IN C3b, C4b, OR C5b IN A UNIT OTHER THAN “# OF DRINKS”;}

RESPONDENT'S ANSWER	# OF DRINKS
1 shot	1
½ pint of liquor	6
1 pint of liquor	12
1 fifth of liquor	20
1 quart of liquor	24
1 glass of wine	1
1 wine cooler	1
1 pint of wine	4
1 bottle of wine	6
1 12 oz can of beer	1
1 20 oz can of beer	2
1 40 oz can of beer	4

C3b. On days when you drank an alcoholic beverage in the past 30 days, on average, about how many drinks would you have?

\_\_\_\_\_ # of drinks

D Don't know

R Refuse

UNCONDITIONAL SKIP TO C4a

C4. Have you had a drink in the last 12 months, that is, since [MONTH, YEAR]?

1 Yes

2 No -----> SKIP TO C5

D Don't know -----> SKIP TO C5

R Refused ----->SKIP TO C5

TEXT FILL:

IF C3 = 2, D, or R THEN INTRO1 = 'In the last 12 months,'

ELSE IF C3 = 1 THEN INTRO1 = 'In the last 12 months, that is, since [MONTH, YEAR]'

C4a. [INTRO1] have you had at least a little to drink...?

1 ALMOST EVERY DAY

2 3 TO 4 DAYS A WEEK

3 1 OR 2 DAYS A WEEK

4 1 TO 3 DAYS A MONTH

5 LESS THAN ONCE A MONTH

D Don't know

R Refused

C4b. On days when you drank an alcoholic beverage in the past 12 months, on average, about how many drinks would you have?

\_\_\_\_\_ # of drinks

D Don't know

R Refuse

UNCONDITIONAL SKIP TO C6

C5. When was the last time you had a drink? Please tell me the month and year?

MON\_\_\_\_\_ YR\_\_\_\_\_

D Don't know

R Refused

IF MONTH/YEAR IN C5 IS WITHIN THE PAST 12 MONTHS, THEN CONTINUE;

ELSE SKIP TO C6

C5a. This date is within the past 12 months. Therefore I need to ask: In the last 12 months, that is, since [MONTH, YEAR], have you had at least a little to drink...?

- 1 ALMOST EVERY DAY
- 2 3 TO 4 DAYS A WEEK
- 3 1 OR 2 DAYS A WEEK
- 4 1 TO 3 DAYS A MONTH
- 5 LESS THAN ONCE A MONTH
- D Don't know
- R Refused

C5b. On days when you drank an alcoholic beverage in the past 12 months, on average, about how many drinks would you have?

- \_\_\_\_\_ # of drinks
- D Don't know
  - R Refuse

TEXT FILL: IF S15=1 THEN NUMDRINK="5"; ELSE NUMDRINK="4"

C6. At any time in your life, did you ever have [NUMDRINK] or more drinks in one day?

- 1 Yes
- 2 No -----> SKIP TO C7
- D Don't know -----> SKIP TO C7
- R Refused -----> SKIP TO C7

C6a. When was the last time? Please tell me the month and the year.

- MON\_\_\_\_\_ YR\_\_\_\_\_
- D Don't know
  - R Refused

C7. Have you ever gone on binges where you kept drinking for a couple of days or more without sobering up?

- 1 Yes
- 2 No -----> SKIP TO C8
- D Don't know -----> SKIP TO C8
- R Refused -----> SKIP TO C8

C7a. When was the last time? Please tell me the month and the year.

- MON\_\_\_\_\_ YR\_\_\_\_\_
- D Don't know
  - R Refused

C8. Have you ever had a drinking problem or been addicted to alcohol?

- 1 Yes
- 2 No
- D Don't know
- R Refused

## D. PREVALENCE OF OTHER SUBSTANCES

I want to ask some questions now about your non-medical use of drugs. By non-medical I mean drugs that were NOT PRESCRIBED for you by your doctor or other health professional. Remember, all information in this survey is strictly confidential. I will read a list of drug categories. For each one, please tell me if you have ever used that sort of drug for non-medical purposes even once in your life.

D1a. The first category is MARIJUANA OR HASHISH. Have you ever used MARIJUANA OR HASHISH for non-medical reasons even once in your life?

- 1 Yes
- 2 No
- D Don't know
- R Refused

D1b. The next category is POWDER COCAINE. Have you ever used POWDER COCAINE even once in your life?

- 1 Yes
- 2 No
- D Don't know
- R Refused

D1c. CRACK COCAINE. (Have you ever used CRACK COCAINE even once in your life?)

- 1 Yes
- 2 No
- D Don't know
- R Refused

D1d. HEROIN. (Have you ever used HEROIN even once in your life?)

- 1 Yes
- 2 No
- D Don't know
- R Refused

D1e. The next category is PAIN RELIEVERS OR OTHER OPIATES. These include such things as codeine, Percocet, Percodan, Demerol, morphine, methadone, or OxyContin. Have you ever used PAIN RELIEVERS OR OTHER OPIATES for non-medical reasons even once in your life?

- 1 Yes
- 2 No
- D Don't know
- R Refused

D1f. Next, METHAMPHETAMINE OR METH. (Have you ever used METH even once in your life?)

- 1 Yes
- 2 No
- D Don't know
- R Refused

D1g. OTHER STIMULANTS such as Speed? (Have you ever used OTHER STIMULANTS even once in your life?)

- 1 Yes
- 2 No
- D Don't know
- R Refused

D1h. The next category is HALLUCINOGENS, such as Ecstasy, PCP, LSD, Mescaline, Peyote, or mushrooms. (Have you ever used HALLUCINOGENS even once in your life?)

- 1 Yes
- 2 No
- D Don't know
- R Refused

D1i. TRANQUILIZERS, such as Valium? Have you ever used tranquilizers for NON-MEDICAL REASONS even once in your life?

- 1 Yes
- 2 No
- D Don't know
- R Refused

D1j. SEDATIVES or sleeping pills? (Have you ever used SEDATIVES for non-medical reasons even once in your life?)

- 1 Yes
- 2 No
- D Don't know
- R Refused

D1k. INHALANTS such as glue, gasoline, or nitrous oxide to get high? (Have you ever used INHALANTS for non-medical reasons even once in your life?)

- 1 Yes
- 2 No
- D Don't know
- R Refused

D2. Have you ever used any other drug or anything else for non-medical reasons to get high, even once in your life?

- 1 Yes
- 2 No -----> SKIP TO D3
- D Don't know -----> SKIP TO D3
- R Refused -----> SKIP TO D3

D2a. What did you use? {IWR: LIST ALL NAMES GIVEN.}

\_\_\_\_\_

\_\_\_\_\_

D2b. {IWR: ENTER THE NUMBER OF DRUGS FROM D2a WHICH MAY FIT ONE OF THE CATEGORIES FROM D1a THROUGH D1k.}

\_\_\_\_\_ # Drugs that may fit one of the drug categories

IF DRUGS = 0, SKIP TO D3

D2c. {IWR: ENTER NAME OF DRUG FROM D2a THAT MAY FIT ONE OF THE DRUG CATEGORIES.}

---

D2d. {IWR: ENTER THE DRUG'S APPARENT CATEGORY FROM D1a TO D1k.}

- 1 Marijuana or hashish
- 2 Powder cocaine
- 3 Crack Cocaine
- 4 Heroin
- 5 Pain relievers or other opiates
- 6 Methamphetamine
- 7 Other stimulants
- 8 Hallucinogens
- 9 Tranquilizers
- 10 Sedatives
- 11 Inhalants

D2e. Many people consider [SUBSTANCE FROM D2c] to be [DRUG CATEGORY FROM D2d]. Would you agree?

- 1 Yes --- > MARK YES FOR DRUG CATEGORY IN D1a-D1k
- 2 No --- > GO TO D2c FOR NEXT DRUG OR SKIP TO D3
- D Don't know--->GO TO D2c FOR NEXT DRUG OR SKIP TO D3
- R Refused --->GO TO D2c FOR NEXT DRUG OR SKIP TO D3

{IWR: REPEAT D2c – D2e UNTIL YOU REACH TOTAL # OF DRUGS ENTERED IN D2b. THEN SKIP TO D3.}

MARIJUANA

IF D1a <> 1 THEN SKIP TO D4a; ELSE CONTINUE

D3a. How old were you the first time you used marijuana or hashish?

\_\_\_\_\_ Years old

D Don't know

R Refused

D3b. During the past 12 months, that is, since [MONTH, YEAR], have you used marijuana?

1 Yes

2 No -----> SKIP TO D3f

D Don't know -----> SKIP TO D3f

R Refused -----> SKIP TO D3f

D3c. During the past 12 months, on how many days did you use marijuana?

\_\_\_\_\_ # of days

D Don't know

R Refused

D3d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used marijuana?

1 Yes

2 No -----> SKIP TO D3f

D Don't know -----> SKIP TO D3f

R Refused -----> SKIP TO D3f

D3e. During the past 30 days, on how many days did you use marijuana?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know

R Refused

D3f. Have you ever thought that you might have a problem with marijuana?

1 Yes

2 No

D Don't know

R Refused

POWDER COCAINE

IF D1b <> 1 THEN SKIP TO D5a; ELSE CONTINUE

D4a. How old were you the first time you used powder cocaine?

\_\_\_\_\_ Years old

D Don't know

R Refused

D4b. During the past 12 months, that is, since [MONTH, YEAR], have you used powder cocaine?

1 Yes

2 No -----> SKIP TO D4f

D Don't know -----> SKIP TO D4f

R Refused -----> SKIP TO D4f

D4c. During the past 12 months, on how many days did you use powder cocaine?

\_\_\_\_\_ # of days

D Don't know

R Refused

D4d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used powder cocaine?

1 Yes

2 No -----> SKIP TO D4f

D Don't know -----> SKIP TO D4f

R Refused -----> SKIP TO D4f

D4e. During the past 30 days, on how many days did you use powder cocaine?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know

R Refused

D4f. Have you ever thought that you might have a problem with powder cocaine?

1 Yes

2 No

D Don't know

R Refused

CRACK COCAINE

IF D1c <> 1 THEN SKIP TO D6a; ELSE CONTINUE

D5a. How old were you the first time you used crack cocaine?

\_\_\_\_\_ Years old

D Don't know

R Refused

D5b. During the past 12 months, that is, since [MONTH, YEAR], have you used crack cocaine?

1 Yes

2 No -----> SKIP TO D5f

D Don't know -----> SKIP TO D5f

R Refused -----> SKIP TO D5f

D5c. During the past 12 months, on how many days did you use crack cocaine?

\_\_\_\_\_ # of days

D Don't know

R Refused

D5d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used crack cocaine?

1 Yes

2 No -----> SKIP TO D5f

D Don't know -----> SKIP TO D5f

R Refused -----> SKIP TO D5f

D5e. During the past 30 days, on how many days did you use crack cocaine?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know

R Refused

D5f. Have you ever thought that you might have a problem with crack cocaine?

1 Yes

2 No

D Don't know

R Refused

HEROIN

IF D1d <> 1 THEN SKIP TO D7a; ELSE CONTINUE

D6a. How old were you the first time you used heroin?

\_\_\_\_\_ Years old

D Don't know

R Refused

D6b. During the past 12 months, that is, since [MONTH, YEAR], have you used heroin?

1 Yes

2 No -----> SKIP TO D6f

D Don't know -----> SKIP TO D6f

R Refused -----> SKIP TO D6f

D6c. During the past 12 months, on how many days did you use heroin?

\_\_\_\_\_ # of days

D Don't know

R Refused

D6d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used heroin?

1 Yes

2 No -----> SKIP TO D6f

D Don't know -----> SKIP TO D6f

R Refused -----> SKIP TO D6f

D6e. During the past 30 days, on how many days did you use heroin?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know

R Refused

D6f. Have you ever thought that you might have a problem with heroin?

1 Yes

2 No

D Don't know

R Refused

PAIN RELIEVERS OR OTHER OPIATES

IF D1e <> 1 THEN SKIP TO D8a; ELSE CONTINUE

D7a. How old were you the first time you used pain relievers or other opiates?

\_\_\_\_\_ Years old

D Don't know

R Refused

D7b. During the past 12 months, that is, since [MONTH, YEAR], have you used pain relievers or other opiates?

1 Yes

2 No -----> SKIP TO D7f

D Don't know -----> SKIP TO D7f

R Refused -----> SKIP TO D7f

D7c. During the past 12 months, on how many days did you use pain relievers or other opiates?

\_\_\_\_\_ # of days

D Don't know

R Refused

D7d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used pain relievers or other opiates?

1 Yes

2 No -----> SKIP TO D7f

D Don't know -----> SKIP TO D7f

R Refused -----> SKIP TO D7f

D7e. During the past 30 days, on how many days did you use pain relievers or other opiates?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know

R Refused

D7f. Have you ever thought that you might have a problem with pain relievers or other opiates?

1 Yes

2 No

D Don't know

R Refused

METHAMPHETAMINE

IF D1f <> 1 THEN SKIP TO D9a; ELSE CONTINUE

D8a. How old were you the first time you used meth?

\_\_\_\_\_ Years old

D Don't know

R Refused

D8b. During the past 12 months, that is, since [MONTH, YEAR], have you used meth?

1 Yes

2 No -----> SKIP TO D8f

D Don't know -----> SKIP TO D8f

R Refused -----> SKIP TO D8f

D8c. During the past 12 months, on how many days did you use meth?

\_\_\_\_\_ # of days

D Don't know

R Refused

D8d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used meth?

1 Yes

2 No -----> SKIP TO D8f

D Don't know -----> SKIP TO D8f

R Refused -----> SKIP TO D8f

D8e. During the past 30 days, on how many days did you use meth?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know

R Refused

D8f. Have you ever thought that you might have a problem with meth?

1 Yes

2 No

D Don't know

R Refused

OTHER STIMULANTS

IF D1g <> 1 THEN SKIP TO D10a; ELSE CONTINUE

D9a. How old were you the first time you used stimulants other than meth?

\_\_\_\_\_ Years old

D Don't know

R Refused

D9b. During the past 12 months, that is, since [MONTH, YEAR], have you used other stimulants?

1 Yes

2 No -----> SKIP TO D9f

D Don't know -----> SKIP TO D9f

R Refused -----> SKIP TO D9f

D9c. During the past 12 months, on how many days did you use other stimulants?

\_\_\_\_\_ # of days

D Don't know

R Refused

D9d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used other stimulants?

1 Yes

2 No -----> SKIP TO D9f

D Don't know -----> SKIP TO D9f

R Refused -----> SKIP TO D9f

D9e. During the past 30 days, on how many days did you use other stimulants?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know

R Refused

D9f. Have you ever thought that you might have a problem with other stimulants?

1 Yes

2 No

D Don't know

R Refused

HALLUCINOGENS

IF D1h <> 1 THEN SKIP TO D11a; ELSE CONTINUE

D10a. How old were you the first time you used hallucinogens?

\_\_\_\_\_ Years old

D Don't know

R Refused

D10b. During the past 12 months, that is, since [MONTH, YEAR], have you used hallucinogens?

1 Yes

2 No -----> SKIP TO D10f

D Don't know -----> SKIP TO D10f

R Refused -----> SKIP TO D10f

D10c. During the past 12 months, on how many days did you use hallucinogens?

\_\_\_\_\_ # of days

D Don't know

R Refused

D10d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used hallucinogens?

1 Yes

2 No -----> SKIP TO D10f

D Don't know -----> SKIP TO D10f

R Refused -----> SKIP TO D10f

D10e. During the past 30 days, on how many days did you use hallucinogens?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know

R Refused

D10f. Have you ever thought that you might have a problem with hallucinogens?

1 Yes

2 No

D Don't know

R Refused

TRANQUILIZERS

IF D1i <> 1 THEN SKIP TO D12a; ELSE CONTINUE

D11a. How old were you the first time you used tranquilizers for non-medical reasons?

\_\_\_\_\_ Years old

D Don't know

R Refused

D11b. During the past 12 months, that is, since [MONTH, YEAR], have you used tranquilizers?

1 Yes

2 No -----> SKIP TO D11f

D Don't know -----> SKIP TO D11f

R Refused -----> SKIP TO D11f

D11c. During the past 12 months, on how many days did you use tranquilizers?

\_\_\_\_\_ # of days

D Don't know

R Refused

D11d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used tranquilizers?

1 Yes

2 No -----> SKIP TO D11f

D Don't know -----> SKIP TO D11f

R Refused -----> SKIP TO D11f

D11e. During the past 30 days, on how many days did you use tranquilizers?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know

R Refused

D11f. Have you ever thought that you might have a problem with tranquilizers?

1 Yes

2 No

D Don't know

R Refused

SEDATIVES

IF D1j <> 1 THEN SKIP TO D13a; ELSE CONTINUE

D12a. How old were you the first time you used sedatives or sleeping pills for non-medical reasons?

\_\_\_\_\_ Years old

D Don't know  
R Refused

D12b. During the past 12 months, that is, since [MONTH, YEAR], have you used sedatives?

1 Yes  
2 No -----> SKIP TO D12f  
D Don't know -----> SKIP TO D12f  
R Refused -----> SKIP TO D12f

D12c. During the past 12 months, on how many days did you use sedatives?

\_\_\_\_\_ # of days

D Don't know  
R Refused

D12d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used sedatives?

1 Yes  
2 No -----> SKIP TO D12f  
D Don't know -----> SKIP TO D12f  
R Refused -----> SKIP TO D12f

D12e. During the past 30 days, on how many days did you use sedatives?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know  
R Refused

D12f. Have you ever thought that you might have a problem with sedatives?

1 Yes  
2 No  
D Don't know  
R Refused

INHALANTS

IF D1k <> 1 THEN SKIP TO D14; ELSE CONTINUE

D13a. How old were you the first time you used inhalants for non-medical reasons?

\_\_\_\_\_ Years old

D Don't know

R Refused

D13b. During the past 12 months, that is, since [MONTH, YEAR], have you used inhalants?

1 Yes

2 No -----> SKIP TO D13f

D Don't know -----> SKIP TO D13f

R Refused -----> SKIP TO D13f

D13c. During the past 12 months, on how many days did you use inhalants?

\_\_\_\_\_ # of days

D Don't know

R Refused

D13d. During the past 30 days, that is, since [MONTH, DAY, YEAR], have you used inhalants?

1 Yes

2 No -----> SKIP TO D13f

D Don't know -----> SKIP TO D13f

R Refused -----> SKIP TO D13f

D13e. During the past 30 days, on how many days did you use inhalants?

\_\_\_\_\_ # of days RANGE: 1-30

D Don't know

R Refused

D13f. Have you ever thought that you might have a problem with inhalants?

1 Yes

2 No

D Don't know

R Refused

INJECTION DRUG USE

IF D1a THROUGH D1k AND D2 ARE ALL NO, SKIP TO SECTION E.

D14. Have you ever injected any drug in order to get high, even just once?

1 Yes

2 No -----> SKIP TO SECTION E

D Don't know -----> SKIP TO SECTION E

R Refused -----> SKIP TO SECTION E

D14a. When was the last time? Please tell me the month and the year.

MON\_\_\_\_\_ YR\_\_\_\_\_

D Don't know

R Refused

E. ALCOHOL PROBLEM DSM-IV DIAGNOSIS

ALCOHOL SCREEN

IF ((C3 = 1 OR C4=1) AND C8 = 1) OR  
(DATE IN C7a IS IN PAST 12 MONTHS) OR  
(DATE IN C6a IS IN PAST 12 MONTHS) OR  
(S15=1 AND (C4b>2 OR C5b>2)) OR (S15^=1 AND (C4b>1 OR C5b>1))

THEN CONTINUE; ELSE SKIP TO SECTION F

E1. The next questions are about things that might have happened because of your drinking. Was there ever a time in your life when your drinking or being hung over frequently interfered with your work or responsibilities at school, on a job, or at home?

- 1 Yes
- 2 No
- D Don't know
- R Refused

E2. Have there been times when your drinking caused arguments or other serious or repeated problems with your family, friends, neighbors, or other people?

- 1 Yes
- 2 No ----->SKIP TO E4
- D Don't know ----->SKIP TO E4
- R Refused ----->SKIP TO E4

E3. Did you continue to drink even though they caused problems with these people?

- 1 Yes
- 2 No
- D Don't know
- R Refused

E4. Have there been times when you were often under the influence of alcohol in situations where you could get hurt, for example when driving a car or boat, swimming, using knives or guns, operating a machine, or anything else?

- 1 Yes
- 2 No
- D Don't know
- R Refused

E5. Did the police ever stop or arrest you more than once in any 12-month period because of drunk driving or drunk behavior?

- 1 Yes
- 2 No
- D Don't know
- R Refused

TEXT FILL:

IF E1 = 'YES' THEN ABUSE1 = 'interfered with your work or responsibilities';

ELSE ABUSE1 IS NULL;

IF E2 = 'YES' AND E3 = 'YES' THEN ABUSE2 = 'caused you to have problems with family, friends, or others';

ELSE ABUSE2 IS NULL;

IF E4 = 'YES' THEN ABUSE3 = 'jeopardized your safety';

ELSE ABUSE3 IS NULL;

IF E5 = 'YES' THEN ABUSE4 = 'resulted in problems with the police';

ELSE ABUSE4 IS NULL;

IF (E1 = 'YES' OR (E2 = 'YES' AND E3 = 'YES') OR E4 = 'YES' OR E5 = 'YES');

THEN CONTINUE; ELSE SKIP TO E7;

E6. You just said there were times when your drinking [ABUSE1, ABUSE2, ABUSE3, ABUSE4]. When was the last time you had [this problem/one of these problems]? Please tell me the month and year.

MONTH\_\_\_\_\_ YEAR\_\_\_\_\_

D Don't know

R Refused

E7. Have you ever spent a great deal of time drinking or getting over the effects of alcohol?

1 Yes

2 No

D Don't know

R Refused

E8. Was there ever a time when you often drank more or for a longer period than you intended to?

1 Yes

2 No

D Don't know

R Refused

E9. Did you ever need to drink a larger amount of alcohol to get an effect, or did you ever find that you could no longer get a "buzz" or a high on the amount you used to drink?

1 Yes

2 No

D Don't know

R Refused

E10. Did you ever give up or greatly reduce important activities like work, school, taking care of children, sports, or seeing relatives and friends because of your drinking?

1 Yes

2 No

D Don't know

R Refused

E11. Was there ever a time when your drinking caused you physical health problems like liver disease, hepatitis, stomach disease, vomiting blood, tingling feet or numbness, memory problems even when you weren't drinking, or anything else?

- 1 Yes
- 2 No ----->SKIP TO E13
- D Don't know ----->SKIP TO E13
- R Refused ----->SKIP TO E13

E12. Did you continue to drink in spite of this?

- 1 Yes
- 2 No
- D Don't know
- R Refused

E13. Was there ever a time when your drinking caused you emotional problems such as feeling uninterested in things, feeling depressed, being suspicious of people, having strange thoughts, or anything else?

- 1 Yes
- 2 No ----->SKIP TO E15
- D Don't know ----->SKIP TO E15
- R Refused ----->SKIP TO E15

E14. Did you continue to drink in spite of this?

- 1 Yes
- 2 No
- D Don't know
- R Refused

E15. Was there ever a time when you often wanted to cut down or tried to cut down on your drinking, but found you couldn't?

- 1 Yes
- 2 No
- D Don't know
- R Refused

E16. People who cut down or stop drinking after drinking steadily for some time may not feel well. These feelings are more intense and can last longer than a hangover. Did you ever have times when you stopped drinking, cut down, or went without drinking and then:

- had the shakes;
- had trouble sleeping;
- felt nervous, anxious, or restless;
- felt your heart beat fast;
- started to sweat;
- threw up or felt nauseous;
- had a seizure or fit;
- saw, heard, or felt things that others couldn't?

- 1 Yes ----->SKIP TO E18
- 2 No
- D Don't know
- R Refused

- E17. Did you ever have times when you took a drink to keep from having problems like these?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

TEXT FILL:

IF E7 = 'YES' THEN DEP1= 'spent a lot of time drinking or getting over it'; ELSE DEP1 IS NULL;

IF E8 = 'YES' THEN DEP2= 'often drank more than you intended to'; ELSE DEP2 IS NULL;

IF E9 = 'YES' THEN DEP3= 'needed to drink more to feel the effect'; ELSE DEP3 IS NULL;

IF E10 = 'YES' THEN DEP4= 'gave up important activities to drink'; ELSE DEP4 IS NULL;

IF (E11 = 'YES' AND E12 = 'YES') THEN DEP5A = 'continued to drink when you knew it caused you health problems'; ELSE DEP5A IS NULL;

IF (E13 = 'YES' AND E14 = 'YES') THEN DEP5B= 'continued to drink when you knew it caused you emotional problems'; ELSE DEP5B IS NULL;

IF E15 = 'YES' THEN DEP6= 'wanted to cut down or tried to cut down but couldn't'; ELSE DEP6 IS NULL;

IF (E16 = 'YES' OR E17 = 'YES') THEN DEP7= 'had withdrawal symptoms or drank to avoid withdrawal symptoms'; ELSE DEP7 IS NULL;

IF [E7 = 'YES' OR E8 = 'YES' OR E9 = 'YES' OR E10 = 'YES' OR ((E11 = 'YES' AND E12 = 'YES') OR (E13 = 'YES' AND E14 = 'YES')) OR E15 = 'YES' OR (E16 = 'YES' OR E17 = 'YES')] THEN CONTINUE; ELSE SKIP TO SECTION F

- E18. You just reported that there were times when you [DEP1, DEP2, DEP3, DEP4, DEP5A, DEP5B, DEP6, DEP7]. When was the last time [this happened/any of these things happened]? Please tell me the month and year.

MONTH\_\_\_\_\_ YEAR\_\_\_\_\_

D Don't know

R Refused

IF AT LEAST 3 OF THE FOLLOWING 7 CONDITIONS ARE TRUE:

1 E7 = 'YES'

2 E8 = 'YES'

3 E9 = 'YES'

4 E10 = 'YES'

5 (E11 = 'YES' AND E12 = 'YES') OR (E13 = 'YES' AND E14 = 'YES')

6 E15 = 'YES'

7 E16 = 'YES' OR E17 = 'YES'

THEN CONTINUE;

ELSE SKIP TO SECTION F;

- E19. Have you ever had [all 3/3 or more] of these things happen in the same 12-month period?
- 1 Yes
  - 2 No ----->SKIP TO SECTION F
  - D Don't know ----->SKIP TO SECTION F
  - R Refused ----->SKIP TO SECTION F

IF DATE REPORTED IN E18 IS WITHIN THE PAST 12 MONTHS THEN CONTINUE;  
ELSE SKIP TO SECTION F

- E20. Have you had [all 3/3 or more] of these things happen in the last 12 months?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

**F. DRUG PROBLEM DSM-IV DIAGNOSIS**

**DRUG SCREEN**

IF:

- 1) ANY DRUG WAS USED MORE THAN 5 DAYS IN THE PAST 12 MONTHS:  
(D3c > 5 OR D4c > 5 OR D5c > 5 OR D6c > 5 OR D7c > 5 OR D8c > 5 OR  
D9c > 5 OR D10c > 5 OR D11c > 5 OR D12c > 5 OR D13c > 5)

OR

- 2) RESPONDENT EVER THOUGHT HE/SHE MIGHT HAVE A PROBLEM WITH ANY  
DRUG:  
(D3f = 1 OR D4f = 1 OR D5f = 1 OR D6f = 1 OR D7f = 1 OR D8f = 1 OR  
D9f = 1 OR D10f = 1 OR D11f = 1 OR D12f = 1 OR D13f = 1)

THEN CONTINUE;  
ELSE SKIP TO SECTION G;

- F1. I am going to ask you questions about things that might have happened as a result of any of the drugs you have ever used. I won't be asking which drug was responsible for any particular thing, but only if it happened. First, was there ever a time in your life when your use of drugs frequently interfered with your work or responsibilities at school, on a job, or at home?

1 Yes  
2 No  
D Don't know  
R Refused

- F2. Have there been times when your use of drugs caused arguments or other serious or repeated problems with your family, friends, neighbors, or other people?

1 Yes  
2 No ----->SKIP TO F4  
D Don't know ----->SKIP TO F4  
R Refused ----->SKIP TO F4

- F3. Did you continue to use drugs even though they caused problems with these people?

1 Yes  
2 No  
D Don't know  
R Refused

- F4. Have there been times when you were often under the influence of drugs in situations where you could get hurt, for example when driving a car or boat, swimming, using knives or guns, operating a machine, or anything else?

1 Yes  
2 No  
D Don't know  
R Refused

F5. Did the police ever stop or arrest you more than once in any 12-month period for using drugs, driving under the influence of drugs, or because of your behavior while you were high?

- 1 Yes
- 2 No
- D Don't know
- R Refused

TEXT FILL:

IF F1 = 'YES' THEN D\_ABUSE1 = 'caused problems with your work or responsibilities';  
ELSE D\_ABUSE1 IS NULL;

IF F2 = 'YES' AND F3 = 'YES' THEN D\_ABUSE2 = 'caused problems with family, friends, or others';  
ELSE D\_ABUSE2 IS NULL;

IF F4 = 'YES' THEN D\_ABUSE3 = 'jeopardized your safety';  
ELSE D\_ABUSE3 IS NULL;

IF F5 = 'YES' THEN D\_ABUSE4 = 'caused problems with the police';  
ELSE D\_ABUSE4 IS NULL;

IF (F1 = 'YES' OR (F2 = 'YES' AND F3 = 'YES')) OR F4 = 'YES' OR F5 = 'YES');  
THEN CONTINUE; ELSE SKIP TO F7;

F6. You just said there were times when your drug use [D\_ABUSE1, D\_ABUSE2, D\_ABUSE3, D\_ABUSE4]. When was the last time you had [this problem/one of these problems]? Please tell me the month and year.

MONTH\_\_\_\_\_ YEAR\_\_\_\_\_  
D Don't know  
R Refused

F7. Have you ever spent a great deal of time getting, using, or getting over the effects of drugs?

- 1 Yes
- 2 No
- D Don't know
- R Refused

F8. Was there ever a time when you often used drugs in larger amounts or for a longer period than you had intended?

- 1 Yes
- 2 No
- D Don't know
- R Refused

F9. Did you ever need to use more than you used to in order to get high, or did you ever find that you could no longer get high on the amount you used to use?

- 1 Yes
- 2 No
- D Don't know
- R Refused

- F10. Did you ever give up or greatly reduce important activities like work, school, taking care of children, sports, or seeing relatives and friends because of your use of drugs?
- 1 Yes  
 2 No  
 D Don't know  
 R Refused
- F11. Was there ever a time when your use of drugs caused you physical health problems like an accidental overdose, a cough that wouldn't go away, a fit or seizure, an injury, an infection like AIDS or hepatitis, or anything else?
- 1 Yes  
 2 No ----->SKIP TO F13  
 D Don't know ----->SKIP TO F13  
 R Refused ----->SKIP TO F13
- F12. Did you continue to use in spite of this?
- 1 Yes  
 2 No  
 D Don't know  
 R Refused
- F13. Was there ever a time when your use of drugs caused you emotional problems such as feeling uninterested in things, feeling depressed, being suspicious of people, having strange thoughts, or anything else?
- 1 Yes  
 2 No ----->SKIP TO F15  
 D Don't know ----->SKIP TO F15  
 R Refused ----->SKIP TO F15
- F14. Did you continue to use in spite of this?
- 1 Yes  
 2 No  
 D Don't know  
 R Refused
- F15. Was there ever a time when you often wanted to cut down or tried to cut down on your use of drugs, but found you couldn't?
- 1 Yes  
 2 No  
 D Don't know  
 R Refused
- F16. People who cut down or stop using drugs may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than a hangover. Did you ever have times when you stopped using drugs, cut down, or went without drugs and then experienced things like fatigue, headaches, diarrhea, the shakes, feeling anxious or depressed, or other physical or emotional problems?
- 1 Yes ----->SKIP TO F18  
 2 No  
 D Don't know  
 R Refused

- F17. Did you ever have times when you used drugs to keep from having problems like these?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

TEXT FILL:

IF F7 = 'YES' THEN D\_DEP1= 'spent a lot of time using drugs'; ELSE D\_DEP1 IS NULL;

IF F8 = 'YES' THEN D\_DEP2= 'used more drugs than you intended to'; ELSE D\_DEP2 IS NULL;

IF F9 = 'YES' THEN D\_DEP3= 'needed to use more drugs to get an effect'; ELSE D\_DEP3 IS NULL;

IF F10 = 'YES' THEN D\_DEP4= 'gave up important activities because you used drugs'; ELSE D\_DEP4 IS NULL;

IF (F11 = 'YES' AND F12 = 'YES') THEN D\_DEP5A= 'continued to use drugs after you knew it caused you health problems'; ELSE D\_DEP5A IS NULL;

IF (F13 = 'YES' AND F14 = 'YES') THEN D\_DEP5B= 'continued to use drugs after you knew it caused you emotional problems'; ELSE D\_DEP5B IS NULL;

IF F15 = 'YES' THEN D\_DEP6= 'wanted to cut down or tried to cut down on drugs but couldn't'; ELSE D\_DEP6 IS NULL;

IF (F16 = 'YES' OR F17 = 'YES') THEN D\_DEP7= 'had withdrawal symptoms or used drugs to avoid withdrawal symptoms'; ELSE D\_DEP7 IS NULL;

IF [F7 = 'YES' OR F8 = 'YES' OR F9 = 'YES' OR F10 = 'YES' OR ((F11 = 'YES' AND F12 = 'YES') OR (F13 = 'YES' AND F14 = 'YES')) OR F15 = 'YES' OR (F16 = 'YES' OR F17 = 'YES')] THEN CONTINUE; ELSE SKIP TO SECTION G

- F18. You just reported that there were times when you [D\_DEP1, D\_DEP2, D\_DEP3, D\_DEP4, D\_DEP5A, D\_DEP5B, D\_DEP6, D\_DEP7]. When was the last time [this happened/any of these things happened]? Please tell me the month and year.

MONTH\_\_\_\_\_ YEAR\_\_\_\_\_

D Don't know

R Refused

IF AT LEAST 3 OF THE FOLLOWING 7 CONDITIONS ARE TRUE:

1 F7 = 'YES'

2 F8 = 'YES'

3 F9 = 'YES'

4 F10 = 'YES'

5 (F11 = 'YES' AND F12 = 'YES') OR (F13 = 'YES' AND F14 = 'YES')

6 F15 = 'YES'

7 F16 = 'YES' OR F17 = 'YES'

THEN CONTINUE;

ELSE SKIP TO SECTION G;

- F19. Have you ever had [all 3/3 or more] of these things happen in the same 12-month period?
- 1 Yes
  - 2 No ----->SKIP TO SECTION G
  - D Don't know ----->SKIP TO SECTION G
  - R Refused ----->SKIP TO SECTION G

IF DATE REPORTED IN F18 IS WITHIN THE PAST 12 MONTHS THEN CONTINUE;  
ELSE SKIP TO SECTION G

- F20. Have you had [all 3/3 or more] of these things happen in the last 12 months?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

## G. TREATMENT HISTORY

IF C1 OR ANY QUESTION FROM D1a THROUGH D1k AND D2 IS ANSWERED "Yes"  
THEN CONTINUE; ELSE SKIP TO SECTION H

TEXT FILL:

IF C1 IS 'Yes' AND D1a-D1k AND D2 ARE ALL 'No' THEN DO;

SUB\_USE = 'alcohol'

SUB\_USE1 = 'alcohol'

SELFHELP = 'Alcoholics Anonymous'

END;

ELSE IF C1 IS 'No' AND AT LEAST ONE VALUE IN D1a-D1k SERIES AND D2 IS 'Yes'  
THEN DO;

SUB\_USE = 'drugs'

SUB\_USE1 = 'drug'

SELFHELP = 'Narcotics Anonymous'

END;

ELSE DO;

SUB\_USE = 'alcohol or drugs'

SUB\_USE1 = 'alcohol or drug'

SELFHELP = 'Alcoholics Anonymous or Narcotics Anonymous'

END;

G1. Have you ever thought you needed to cut down on [SUB\_USE], or has anyone ever told  
you that you needed to cut down on [SUB\_USE]?

1 Yes

2 No

D Don't know

R Refused

G1a. Now, I am going to ask you whether you have ever used any help, counseling, or  
treatment for alcohol or drug use. This includes going to self-help groups or getting  
counseling ABOUT DRUG OR ALCOHOL PROBLEMS from a drug or alcohol  
specialist, a therapist, a minister, priest, or rabbi. It also includes being detoxed, or  
getting treatment from a treatment center, a hospital, a halfway house, or a mental health  
center. Have you ever used any of these kinds of help, counseling, or treatment for your  
use of [SUB\_USE]?

1 Yes

2 No -----> SKIP TO SECTION H

D Don't know -----> SKIP TO SECTION H

R Refused -----> SKIP TO SECTION H

G1b. The next question is about self-help groups only. Have you ever attended even one meeting of a self-help group such as [SELFHELP] because you thought you might have a problem?

- 1 Yes
- 2 No -----> SKIP TO G1d
- D Don't know -----> SKIP TO G1d
- R Refused -----> SKIP TO G1d

G1c. Have you attended a self-help meeting in the last 12 months?

- 1 Yes
- 2 No
- D Don't know
- R Refused

G1d. The next question is about detoxification. People are usually detoxed for a few days to get help with withdrawal sickness. Did you ever receive detoxification, either by itself or as part of a longer program?

- 1 Yes
- 2 No -----> SKIP TO G2
- D Don't know -----> SKIP TO G2
- R Refused -----> SKIP TO G2

G1e. Have you received detoxification in the last 12 months?

- 1 Yes
- 2 No
- D Don't know
- R Refused

G2. Now I will ask about professional counseling or treatment, not including self-help groups or detox. This includes counseling or treatment in a residential drug and alcohol treatment facility, where a person lives away from home for weeks or months in a hospital, residential center, or halfway house. This also includes outpatient drug and alcohol treatment, where you live at home but go to a treatment center to talk to a counselor or meet with a group. Have you ever received professional counseling or treatment for your use of [SUB\_USE]?

- 1 Yes
- 2 No -----> SKIP TO SECTION H
- D Don't know -----> SKIP TO SECTION H
- R Refused -----> SKIP TO SECTION H

G2a. Have you used professional counseling or treatment for your use of [SUB\_USE] in the last 12 months?

- 1 Yes
- 2 No -----> SKIP TO SECTION H
- D Don't know -----> SKIP TO SECTION H
- R Refused -----> SKIP TO SECTION H

- G3a. Now I'm going to read a list of the places where people might receive professional counseling or treatment for [SUB\_USE1] use. For each one, please tell me if you received counseling or treatment in that type of setting in the past 12 months. The first one is a DRUG OR ALCOHOL TREATMENT PROGRAM AS AN OUTPATIENT. Have you been in a drug or alcohol treatment program as an outpatient in the past 12 months?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G3b. The next one is a drug or alcohol treatment facility while staying overnight. (Have you received treatment in a residential drug or alcohol treatment facility in the past 12 months?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G3c. The next one is a hospital. Have you received treatment for [SUB\_USE1] use while staying in a hospital in the past 12 months?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G3d. The next one is a community mental health center as an outpatient. (Have you received counseling or treatment for [SUB\_USE1] use from a mental health center in the past 12 months?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G3e. The next one is a private therapist or doctor's office. (Have you received counseling or treatment for [SUB\_USE1] use in a therapist or doctor's office in the past 12 months?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G3f. The next one is a prison or jail. (Have you received counseling or treatment for [SUB\_USE1] use in a prison or jail in the past 12 months?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

- G3g. Did you receive counseling or treatment for [SUB\_USE1] use in some other place in the past 12 months?
- 1 Yes Specify\_\_\_\_\_
  - 2 No
  - D Don't know
  - R Refused
- G4a. Now I'm going to read a list of sources for paying for counseling or treatment. For each one, please tell me if it was used to help pay even part of the cost of the [SUB\_USE1] use counseling or treatment you received in the past 12 months. The first one is private health insurance. Did PRIVATE HEALTH INSURANCE help pay even part of the cost of the [SUB\_USE1] use counseling or treatment you received in the past 12 months?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G4b. The next one is Medicare. Did Medicare help pay even part of the cost of the [SUB\_USE1] use counseling or treatment you received in the past 12 months?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G4c. The next one is Medicaid. (Did Medicaid help pay even part of the cost of the [SUB\_USE1] use counseling or treatment you received in the past 12 months?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G4d. Next, some other public assistance program. (Did some other public assistance program help pay even part of the cost of the [SUB\_USE1] use counseling or treatment you received in the past 12 months?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G4e. Your own savings or earnings? (Did your own savings or earnings help pay even part of the cost of the [SUB\_USE1] use counseling or treatment you received in the past 12 months?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

- G4f. Your family members? (Did your family members help pay even part of the cost of the [SUB\_USE1] use counseling or treatment you received in the past 12 months?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G4g. The State or the courts? (Did the State or the courts help pay even part of the cost of the [SUB\_USE1] use counseling or treatment you received in the past 12 months?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G4h. Military health care? (Did military health care help pay even part of the cost of the [SUB\_USE1] use counseling or treatment you received in the past 12 months?)
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- G4i. Was the [SUB\_USE1] use counseling or treatment you received in the past 12 months paid for by some other source?
- 1 Yes Specify \_\_\_\_\_
  - 2 No
  - D Don't know
  - R Refused

## H. GAMBLING

H1. Now I am going to ask you some questions about gambling. The first question is about how often you have bet or gambled for money in the past 12 months. In answering, think about all the times you made a bet of any sort – including gambling at a casino, buying lottery tickets, playing bingo, playing golf, pool, or cards for money, betting on sports, betting on horse races, or any other kind of gambling. Taking all these things together, have you gambled or made a bet of any kind in the past 12 months?

- 1 Yes
- 2 No -----> SKIP TO SECTION I
- D Don't Know
- R Refused -----> SKIP TO SECTION I

H2. How many times have you gambled or made a bet of any kind in the past 12 months, that is, since [MONTH, YEAR]?

- \_\_\_\_\_ Times
- D Don't Know
- R Refused -----> SKIP TO SECTION I

IF H2 <= 5 THEN SKIP TO SECTION I; ELSE CONTINUE

H3. Now I am going to ask you about things that might have happened EVER IN YOUR LIFETIME because of gambling, not just in the past 12 months. First, have there ever been any periods lasting two weeks or longer when you spent a lot of time thinking about gambling or planning future gambling ventures or bets?

- 1 Yes
- 2 No
- D Don't Know
- R Refused

H4. Have there ever been periods lasting two weeks or longer when you spent a lot of time thinking about ways of getting money to gamble with?

- 1 Yes
- 2 No
- D Don't Know
- R Refused

H5. Have there ever been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement?

- 1 Yes
- 2 No
- D Don't Know
- R Refused

- H6. Have you ever tried to stop, cut down, or control your gambling?  
1 Yes  
2 No -----> SKIP TO H10  
D Don't Know -----> SKIP TO H10  
R Refused -----> SKIP TO H10
- H7. On one or more of the times when you tried to stop, cut down, or control your gambling, were you restless or irritable?  
1 Yes  
2 No  
D Don't Know  
R Refused
- H8. Have you ever tried but not succeeded in stopping, cutting down, or controlling your gambling?  
1 Yes  
2 No -----> SKIP TO H10  
D Don't Know -----> SKIP TO H10  
R Refused -----> SKIP TO H10
- H9. Has this happened three or more times?  
1 Yes  
2 No  
D Don't Know  
R Refused
- H10. Have you ever gambled as a way to escape from personal problems?  
1 Yes  
2 No  
D Don't Know  
R Refused
- H11. Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression?  
1 Yes  
2 No  
D Don't Know  
R Refused
- H12. Has there ever been a period when, if you lost money gambling on one day, you would often return another day to get even?  
1 Yes  
2 No  
D Don't Know  
R Refused

- H13. Have you ever lied to family members, friends, or others about how much you gamble or how much money you lost on gambling?  
1 Yes  
2 No -----> SKIP TO H15  
D Don't Know -----> SKIP TO H15  
R Refused -----> SKIP TO H15
- H14. Has this happened three or more times?  
1 Yes  
2 No  
D Don't Know  
R Refused
- H15. Have you ever written a bad check or taken money that didn't belong to you from family members or anyone else in order to pay for your gambling?  
1 Yes  
2 No  
D Don't Know  
R Refused
- H16. Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?  
1 Yes  
2 No  
D Don't Know  
R Refused
- H17. Has your gambling ever caused you any problems in school, such as missing classes or days of school or getting worse grades?  
1 Yes  
2 No  
D Don't Know  
R Refused
- H18. Has your gambling ever caused you to lose a job, have trouble with your job, or miss out on an important job or career opportunity?  
1 Yes  
2 No  
D Don't Know  
R Refused
- H19. Have you ever needed to ask family members or anyone else to loan you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?  
1 Yes  
2 No  
D Don't Know  
R Refused

IF AT LEAST ONE QUESTION IN THE SET (H3, H4, H5, H7, H9, H10-H12, H14-H19) IS ANSWERED YES THEN CONTINUE; ELSE SKIP TO SECTION I

TEXT FILL:

IF H3 = 1 THEN GAMB\_1 = 'spent a lot of time thinking about gambling or planning future bets'; ELSE GAMB\_1 IS NULL;

IF H4 = 1 THEN GAMB\_2 = 'spent a lot of time thinking about ways to get money to gamble'; ELSE GAMB\_2 IS NULL;

IF H5 = 1 THEN GAMB\_3 = 'needed to make larger bets to keep it exciting'; ELSE GAMB\_3 IS NULL;

IF H7 = 1 THEN GAMB\_4 = 'felt restless or irritable when you tried to control your gambling'; ELSE GAMB\_4 IS NULL;

IF H9 = 1 THEN GAMB\_5 = 'tried but were unable to control your gambling'; ELSE GAMB\_5 IS NULL;

IF H10 = 1 THEN GAMB\_6 = 'gambled to escape from personal problems'; ELSE GAMB\_6 IS NULL;

IF H11 = 1 THEN GAMB\_7 = 'gambled to relieve uncomfortable feelings'; ELSE GAMB\_7 IS NULL;

IF H12 = 1 THEN GAMB\_8 = 'would go back to try to get even if you lost money gambling'; ELSE GAMB\_8 IS NULL;

IF H14 = 1 THEN GAMB\_9 = 'tried to keep people from knowing how much you gambled'; ELSE GAMB\_9 IS NULL;

IF H15 = 1 THEN GAMB\_10 = 'wrote a bad check or took money to pay for gambling'; ELSE GAMB\_10 IS NULL;

IF H16 = 1 THEN GAMB\_11 = 'had problems with family or friends because of gambling'; ELSE GAMB\_11 IS NULL;

IF H17 = 1 THEN GAMB\_12 = 'had problems in school because of gambling'; ELSE GAMB\_12 IS NULL;

IF H18 = 1 THEN GAMB\_13 = 'had trouble getting or holding a job because of gambling'; ELSE GAMB\_13 IS NULL;

IF H19 = 1 THEN GAMB\_14 = 'were in financial trouble because of gambling'; ELSE GAMB\_14 IS NULL;

H20. You just reported that there were times when you [GAMB\_1, GAMB\_2, GAMB\_3, GAMB\_4, GAMB\_5, GAMB\_6, GAMB\_7, GAMB\_8, GAMB\_9, GAMB\_10, GAMB\_11, GAMB\_12, GAMB\_13, GAMB\_14]. Have you had any of these experiences in the past 12 months, that is, since [MONTH, YEAR]?

1 Yes

2 No

D Don't Know

R Refused

## I. ADDITIONAL DEMOGRAPHICS

Now I am going to ask you a few more questions about your background and living situation before we complete the interview.

IF RESPONDENT INDICATES HISPANIC IN S17 THEN CONTINUE;  
ELSE SKIP TO I2;

TEXT FILL: IF S15=2, THEN CGENDER = "Chicana"; ELSE CGENDER = "Chicano"

- I1. Earlier you said you were Hispanic or [LGENDER]. Which of these groups best describes you?
- 1 MEXICAN / MEXICAN AMERICAN / [CGENDER]
  - 2 PUERTO RICAN
  - 3 CENTRAL OR SOUTH AMERICAN
  - 4 CUBAN / CUBAN AMERICAN
  - 5 Other {IWR: DO NOT REQUEST, USE ONLY IF VOLUNTEERED.}  
{IWR: SPECIFY} \_\_\_\_\_
  - D Don't know
  - R Refused
- I2. Are you currently on active duty in the armed forces?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- I3. How much school have you completed?
- 0 None
  - 1 First through 8th grade
  - 2 Some high school, no diploma
  - 3 High school graduate or GED
  - 4 Some college, but no degree
  - 5 Associate degree
  - 6 College graduate
  - 7 Advanced degree
  - D Don't know
  - R Refused
- I4. Are you now attending or enrolled in school or a GED program?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

- I5. Which one of the following best describes your CURRENT marital status. Are you...?
- 1 MARRIED
  - 2 LIVING WITH A PARTNER
  - 3 NEVER MARRIED
  - 4 DIVORCED OR SEPARATED
  - 5 WIDOWED
  - 6 Other {IWR: DO NOT REQUEST, USE ONLY IF VOLUNTEERED.}  
{IWR: SPECIFY}\_\_\_\_\_
  - D Don't know
  - R Refused
- I6. Think now about the last 12 months. Did you have any children under 18 living with you most or all of the time?
- 1 Yes
  - 2 No -----> SKIP TO I8
  - D Don't know -----> SKIP TO I8
  - R Refused -----> SKIP TO I8
- I7. How many of these children did you have primary care responsibilities for? By primary care responsibilities, I mean that you fed and clothed and took care of them.
- \_\_\_\_\_ # of children
- D Don't know
  - R Refused

IF AGE < 51 AND S15=2 THEN CONTINUE; ELSE SKIP TO I10

- I8. Are you pregnant now?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- I9. Have you given birth to a child in the last 12 months?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused
- I10. Very often in health studies like this, information on the general area where people live is used for health planning purposes. For this reason, we would like to know your county of residence and five-digit zip code. {IWR: USE FIPS CODES AND ENTER LEADING ZEROES WHERE NEEDED}
- What county do you live in?
- \_\_\_\_ | \_\_\_\_ | \_\_\_\_
- I11. What is your five-digit zip code?
- \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_

- I12. Were you born in the United States?  
 1 Yes -----> SKIP TO I15  
 2 No  
 D Don't know -----> SKIP TO I15  
 R Refused -----> SKIP TO I15
- I13. What country or U.S. territory were you born in?  
 Country or U.S. territory: \_\_\_\_\_  
 D Don't know  
 R Refused
- I14. About how many years have you lived in the United States?  
 \_\_\_\_\_ # of years  
 D Don't know  
 R Refused
- I15. In studies like this, households are often grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on, for all household members combined? Was it less or more than \$25,000 a year?  
 1 Less  
 2 More  
 D Don't know -----> SKIP TO I17  
 R Refused -----> SKIP TO I17
- I16. IF I15 = 1 THEN READ SET 1  
 ELSE IF I15 = 2 THEN READ SET 2

{SET 1} Was it ...		{SET 2} Was it ...	
1	\$20,000 to \$25,000	6	\$25,000 to \$30,000
2	\$15,000 to \$20,000	7	\$30,000 to \$35,000
3	\$10,000 to \$15,000	8	\$35,000 to \$40,000
4	\$5,000 to \$10,000	9	\$40,000 to \$50,000
5	Less than \$5,000	10	\$50,000 to \$75,000
		11	Over \$75,000

\_\_\_\_\_ {IWR: ENTER CODE}

- D Don't know  
 R Refused
- I17. Including all jobs, are you currently working...?  
 1 35 OR MORE HOURS PER WEEK -----> SKIP TO I19  
 2 LESS THAN 35 HOURS PER WEEK -----> SKIP TO I19  
 3 OR ARE YOU NOT CURRENTLY WORKING  
 D Don't know -----> SKIP TO I19  
 R Refused -----> SKIP TO I19

- I18. Which of the following BEST describes why you are not working? Are you...?
- 1 UNEMPLOYED
  - 2 A FULL-TIME HOMEMAKER
  - 3 IN SCHOOL
  - 4 RETIRED
  - 5 DISABLED FOR WORK
  - 6 Other
  - D Don't know
  - R Refused

TEXT FILL: IF S15=2 THEN SORIEN = "LESBIAN"; ELSE SORIEN = "GAY"

- I19. Which of the following best describes you?
- 1 HETEROSEXUAL OR STRAIGHT
  - 2 HOMOSEXUAL, OR [SORIEN]
  - 3 BISEXUAL
  - 4 other
  - D Don't know
  - R Refused

- I20. For survey purposes, I need to ask whether you are talking to me on a cell phone?
- 1 Yes
  - 2 No
  - D Don't know
  - R Refused

- I21. I also need to ask: How many different phone numbers do you have in this household, not counting cell phones or any numbers that are used ONLY for FAX machines, computers, or a business phone?
- \_\_\_\_\_ # of telephones
- D Don't know
  - R Refused

-----> SKIP TO J1b

## J. CLOSING

J1a. Your household does not qualify for our survey. I appreciate your taking the time to speak with me. Thank you.

SKIP TO END

J1b. That completes our survey. We appreciate your time and cooperation. Your answers, along with those of others, will help us better provide for the residents of Washington State. We want to reassure you that your responses will be kept strictly confidential. Thank you so much.

DATE AND TIME INTERVIEW ENDED:		
DATE: {MM:DD:YY}	___   ___   __ __	
TIME: {HH:MM}	___   ___	AM=1 / PM=2: ___

COMPLETE REMAINING QUESTIONS AFTER ENDING PHONE CALL.

J2. How would you (the interviewer) rate the quality of the information obtained in this interview?

- 4 Excellent (no problems at all)      SKIP TO THE END
- 3 Good (a few problems but overall comprehension good)
- 2 Fair (a number of problems, but overall acceptable)
- 1 Poor (many problems, overall quality open to question)
- 0 Inadequate (interview was terminated by interviewer, or quality judged too poor to be included in data set)

J3. What were the reasons that the quality of information was less than excellent? Check all that apply.

- 1 Interview not in respondent's native language      \_\_\_\_\_
- 2 Hearing (hearing loss or background noise)      \_\_\_\_\_
- 3 Interruptions or distractions      \_\_\_\_\_
- 4 Poor phone connection      \_\_\_\_\_
- 5 Infirm (too old, weak, sick)      \_\_\_\_\_
- 6 Intoxication      \_\_\_\_\_
- 7 Respondent was rushed      \_\_\_\_\_
- 8 Respondent did not take interview seriously      \_\_\_\_\_
- 9 Respondent did not understand the meaning of some of the questions.      \_\_\_\_\_
- 10 Respondent was offended by interview      \_\_\_\_\_
- 11 Respondent may not have been truthful because someone else was listening      \_\_\_\_\_
- 12 Other SPECIFY: \_\_\_\_\_