

FORM APPROVED:

OMB No. 0930-0238

Approval Expires 08/31/2004

# THE 2003 NEW JERSEY STNAP MENTAL HEALTH STUDY QUESTIONNAIRE

**January, 2003**

Public reporting burden for this collection of information is estimated to average 18 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0238.

# STNAP MENTAL HEALTH SURVEY QUESTIONNAIRE

January, 2003

INTERVIEWER'S CODE: \_\_\_\_\_ CLIENT NO. \_\_\_\_\_

## DATE AND TIME INTERVIEW BEGAN:

Interview DATE: (MM:DD:YY)	___   ___   ___	
Interview Start TIME: (HH:MM)	___   ___	AM=1 / PM=2: ___

Program ID: _____
Treatment Modality: _____ 1 = Partial Care, 2 = Outpatient
CASE NO (First & third letters of first & last name): _____ _____ _____ _____

## [INTRODUCTION TO PERSON SELECTED TO BE INTERVIEWED.]

Hello, my name is \_\_\_\_\_, and I am from the Eagleton Institute at Rutgers University. We are conducting a voluntary survey for the New Jersey Department of Health on health issues, including the use of alcohol and drugs. The State needs the results to plan for health services for its citizens. The interview will take an average of about 30 minutes.

We need your help to make this study as accurate as possible. You are chosen randomly, and your participation is important for the study's validity. We do not use your name or address, and your responses will be used for research purposes only. All information you give us will be kept strictly anonymous and no individual data will be reported. May I proceed?

## INSTRUCTIONS TO INTERVIEWER

**Throughout the interview, response categories for *don't know* and *refused* have been inserted where appropriate. Whenever one of these choices applies to a question, follow the "GO TO" directions for the "NO" response unless otherwise instructed.**

**Never read the "*DON'T KNOW*" and "*REFUSED*" response categories or any capitalized and bolded text to the respondent. Do not leave response categories blank; use zero if appropriate.**

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0238.

## S. SCREENING QUESTIONS

S1. Do you live in a household, or group quarters, such as a dormitory , shelter, nursing home, or institution?

- 1. Household
- 2. Group Quarters
- 7. Don't Know
- 8. Refused

S2. How many people live in your household, including yourself?

- \_\_\_ # PEOPLE
- 77 DON'T KNOW
- 88 REFUSED

S2a. How many of the people who live in your household are adults? Adults includes everyone age 18 and older.

- \_\_\_\_\_ # Adults
- 77 DON'T KNOW
- 88 REFUSED

S3. How many different **telephone numbers** do you have in your household? Do not count any numbers that are used only for FAX machines, computers, business numbers, or extensions that use the same number. Also do not count cell phones.

- \_\_\_\_\_ **# OF TELEPHONES**
- 7 **DON'T KNOW**
- 8 **REFUSED**

S3a. [if more than 3 phone numbers in S3, confirm] Is your household in a residence or group quarters?

- 1 **RESIDENCE**
- 0 **NON-RESIDENCE**

## A. CORE DEMOGRAPHICS

A1. Please tell me how old you are now.

\_\_\_\_ **YEARS OLD (RANGE 18-110. IF LESS THAN 18 GO TO J1)**

777 ***DON'T KNOW***

888 ***REFUSED***

A2. So you are a \_\_\_\_\_-year old [female] [male], is that correct?

0 **FEMALE**

1 **MALE**

A3. What language would you like to be interviewed in? [READ ONLY IF NECESSARY]

1 English **(USE ENGLISH QUESTIONNAIRE)**

2 Spanish **(USE SPANISH QUESTIONNAIRE)**

3 Either is O.K. **(USE ENGLISH QUESTIONNAIRE)**

A4. Are you of Hispanic or Latino(a) origin or background? (USE “(a)” FOR FEMALE)

0 **NO (GO TO A5)** 7 ***DON'T KNOW***

1 **YES (GO TO A4a)** 8 ***REFUSED***

A4a. Which of these groups best describes you?

1 Mexican / Mexican American / Chicano(a) **(USE “(a)” FOR FEMALE)**

2 Puerto Rican

3 Central or South American

4 Cuban / Cuban American

5 Other [DO NOT REQUEST, ONLY USE IF VOLUNTEERED.]

**(SPECIFY)**\_\_\_\_\_

7 ***DON'T KNOW***

8 ***REFUSED***

A5. Which of these races describes you? Select one or more races.

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Native Hawaiian or Other Pacific Islander
- 5 Asian
- 6 Other [DO NOT REQUEST, ONLY USE IF VOLUNTEERED.]  
(SPECIFY) \_\_\_\_\_
- 7 *DON'T KNOW*
- 8 *REFUSED*

A6. Are you **currently** on active duty in the armed forces?

- 0 NO
- 1 YES
- 7 *DON'T KNOW*
- 8 *REFUSED*

A7. During the past 12 months, would you say your physical health has been excellent, very good, good, fair, or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 7 *DON'T KNOW*
- 8 *REFUSED*

A7a. In the past 12 months, how many times have you seen a health professional (such as a doctor or nurse) for any physical health problems? [PROBE: "Your best estimate is fine" before accepting DK.]

- \_\_\_\_\_ # OF TIMES (76=76 or more)
- 77 *DON'T KNOW*
- 88 *REFUSED*

A8. During the past 12 months, would you say your emotional or psychological health has been excellent, very good, good, fair, or poor?

- 1      **EXCELLENT**            7      ***DON'T KNOW***
- 2      **VERY GOOD**            8      ***REFUSED***
- 3      **GOOD**
- 4      **FAIR**
- 5      **POOR**

A8a. In the past 12 months, how many times have you seen a health professional (such as a counselor or therapist) for any emotional or psychological problems?  
 [PROBE: "Your best estimate is fine" before accepting DK.]

- \_\_\_\_\_ **# OF TIMES**            (**76=76 or more**)
- 77      ***DON'T KNOW***
- 88      ***REFUSED***

A9. Do you currently have health insurance coverage?

- 0      **NO**    (**GO TO SECTION K**)            7      ***DON'T KNOW***
- 1      **YES**   (**GO TO A9a**)                    8      ***REFUSED***

A9a. Now I will ask you who pays for your insurance policy, not including co-payments or deductibles. Please answer yes or no to each question. (**READ EACH TYPE. CODE AS FOLLOWS**)

- 0      **NO**    7      ***DON'T KNOW***
- 1      **YES**    8      ***REFUSED***

	<b>CODE</b>
1      You or your family?	
2      Employer or union?	
3      Public assistance (Welfare, Medicaid, etc.)?	
4      Medicare?	
5      Military health care? (Like VA, CHAMPUS, etc.)	
6      Other? (SPECIFY)_____	

## K. GAMBLING EXPERIENCES

Now I am going to ask you about your gambling experiences.

<p>K1. Thinking back to the year you (<b>BOUGHT LOTTERY TICKETS/PLAYED CASINO GAMES/PLAYED OTHER BETTING GAMES</b>) the <u><b>MOST</b></u>, about how many times did you ... (<b>ASK FOR EACH</b>) [Interviewer Probe: “Your best estimate is fine”]</p> <p style="text-align: center;">ENTER:    <i>Never</i>            0            (<b>Code 776=776 or more</b>)</p> <p style="text-align: center;">                  <i>Don't know</i>    777</p> <p style="text-align: center;">                  <i>Refused</i>        888</p>	
	Number
K1a. Buy a lottery ticket (such as daily, scratch offs, lotto)?	_____
K1b. Play casino tables or video games (such as craps, blackjack, roulette, slot machines, cards, video poker)?	_____
K1c. Play other games (such as Cards, race tracks, bingo, bet on horses, bet on sports)?	_____

**IF K1a ≥ 50 OR K1b ≥ 10 OR K1c ≥ 20 THEN CONTINUE.**

**ELSE SKIP TO MODULE B.**

K2. Have you ever spent a lot of time thinking about ways to get money together so you could gamble?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>

K3. Have you **often** spent a lot of time planning your bets, studying the odds, or kept thinking over and over about past wins or past losses when you should have been doing other things?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>

K4. Have you sometimes used gambling as a way of getting out of a bad mood, for instance when you felt nervous, sad or down?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>

K5. Over time, did you have to increase the amount of money you would gamble in order to keep it exciting?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>

K6. Have you tried to quit or cut down on your gambling more than once without being able to?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>

K7. Have you ever raised gambling money by writing a bad check, signing someone else's name to a check, stealing, cashing someone else's check, or in some other illegal way?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>



K8. Has your gambling ever put you in such financial trouble that you had to get help with living expenses from friends, family, or welfare?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>

K9. Has your gambling ever caused you any other trouble with family, friends or work?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>

**GSCREEN: IF 0, 7 OR 8 (“NO/DK/Ref”) IS CODED FOR ALL K2-K9 THEN SKIP TO K14.**

K10. I have marked experiences you had with gambling (**READ ITEMS CODED 1 IN K2-K9**). Have you had any one or more of these experiences in the past 12 months?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>

K11. How old were you the first time gambling caused you one of these problems?

ONSET AGE \_\_\_/\_\_\_ (Code 76=76 or more)

**77 *DON'T KNOW***

**88 *REFUSED***

K12. Have you ever talked to a doctor or other health professional about your gambling?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>

K13. Have you ever been to Gamblers Anonymous for your own gambling problems?

<b>NO</b>	<b>0</b>
<b>YES</b>	<b>1</b>
<b><i>DON'T KNOW</i></b>	<b>7</b>
<b><i>REFUSED</i></b>	<b>8</b>

K14. How old were you the first time you ever gambled EITHER by placing a bet on the outcome of a game of chance or skill, or by purchasing a chance on the outcome of a drawing or event?

ONSET AGE \_\_\_/\_\_\_ (Code 76=76 or more)

***77 DON'T KNOW***

***88 REFUSED***

**(GO TO MODULE B!!)**

## B. TOBACCO PREVALENCE

Now I am going to ask you a series of questions about your use of cigarettes.

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

0	<b>NO</b>	<b>(GO TO B6a)</b>	7	<b><i>DON'T KNOW</i></b>
1	<b>YES</b>		8	<b><i>REFUSED</i></b>

B1a. Have you smoked at least 100 cigarettes in your entire life?

0	<b>NO</b>
1	<b>YES</b>
7	<b><i>DON'T KNOW</i></b>
8	<b><i>REFUSED</i></b>

B2. How old were you the **first time** you smoked part or all of a cigarette?

\_\_\_\_\_ **YEARS OLD (CODE 76 FOR 76 OR MORE)**

77	<b><i>DON'T KNOW</i></b>
88	<b><i>REFUSED</i></b>

B3. How long has it been since you **last** smoked part or all of a cigarette?

1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago but within the past 3 years
4	More than 3 years ago
7	<b><i>DON'T KNOW</i></b>
8	<b><i>REFUSED</i></b>

B4. **(IF B3 = 1 ASK B4a. IF B3 = 2, 3, 4, 7 OR 8 ASK B4b.)**

B4a. During the past 30 days, on how many <b>days</b> did you smoke part or all of a cigarette?
B4b. During the 30 days when you last smoked, on how many <b>days</b> did you smoke part or all of a cigarette?

\_\_\_\_\_ # OF DAYS (RANGE 1 - 30)

77 *DON'T KNOW*

88 *REFUSED*

<b>B5. (IF B3 = 1 ASK B5a. IF B3 = 2, 3, 4, 7 OR 8 ASK B5b.)</b>
B5a. During the past 30 days, how many cigarettes did you smoke per day, on average?
B5b. During that same 30 days, how many cigarettes did you smoke per day, on average?

- 0 About 2 packs or more (more than 35 cigarettes per day)
- 1 About 12 packs (26 to 35 cigarettes per day)
- 2 About 1 pack (16 to 25 cigarettes per day)
- 3 About 2 pack (6 to 15 cigarettes per day)
- 4 2 to 5 cigarettes per day
- 5 1 cigarette per day
- 6 Less than one cigarette per day
- 7 *DON'T KNOW*
- 8 *REFUSED*

B6a. How many of the other adults in your household currently smoke cigarettes?

# smokers: \_\_\_/\_\_\_

**ENTER 0 IF NONE**

(Refer to S2a for # in household)

**77 DON'T KNOW**

**88 REFUSED**

B6b. How many adolescents (children under 18 years of age) in your household currently smoke cigarettes?

# smokers: /ENTER 0 IF NONE

**77 DON'T KNOW**

**88 REFUSED**

Now I am going to ask about your use of other tobacco products.

B7. During the past 12 months, on how many days during an average month did you ...

\_\_\_\_\_ **# OF DAYS (CODE 30 FOR 30 OR MORE)**

77 **DON'T KNOW**

88 **REFUSED**

<b>ENTER CODES FOR QUESTION B7 OPTION</b>	<b>B7.</b>
a. use chewing tobacco or snuff?	
b. smoke part or all of any type of cigar?	
c. smoke tobacco in a pipe?	

## C. ALCOHOL PREVALENCE

I am going to ask you several questions about alcohol use. 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. Count a 40 oz. bottle of beer as 4 drinks. (SEE ALCOHOL EQUIVALENTS CHART BELOW IF NEEDED)

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.

0	<b>NO (GO TO SECTION D)</b>	7	<b><i>DON'T KNOW</i></b>
1	<b>YES</b>	8	<b><i>REFUSED</i></b>

C1a. Have you ever had twelve or more drinks in the same year?

0	<b>NO</b>
1	<b>YES</b>
7	<b><i>DON'T KNOW</i></b>
8	<b><i>REFUSED</i></b>

C2. How old were you the **first time** you had a drink of an alcoholic beverage?

_____	<b>YEARS OLD</b>	<b>(CODE 76 FOR 76 OR MORE)</b>
77	<b><i>DON'T KNOW</i></b>	
88	<b><i>REFUSED</i></b>	

C3. How long has it been since you **last** drank an alcoholic beverage?

1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago but within the past 3 years
4	More than 3 years ago
7	<b><i>DON'T KNOW</i></b>
8	<b><i>REFUSED</i></b>

C3a. How many of the other adults in your household have drank any alcoholic beverages in the past 30 days?

# drinkers: \_\_/ENTER 0 IF NONE (Refer to S2a for # in household)

**77 DON'T KNOW**

**88 REFUSED**

C4. During the most recent times you were drinking, on how many days during an average month did you have at least one drink? (Refers to periods given in C3)

\_\_\_\_\_ # OF DAYS (CODE 30 FOR 30 OR MORE)

77 **DON'T KNOW** 88 **REFUSED**

C5. During this same time, about how many drinks a day have you usually had when you did drink?

\_\_\_\_\_ # OF DRINKS (SKIP TO C6a, IF MALE AND >4 DRINKS A DAY,

77 **DON'T KNOW** OR FEMALE AND >3 DRINKS A DAY)

88 **REFUSED**

**[READ AS FOUR [4] DRINKS FOR FEMALES, AND FIVE [5] DRINKS FOR MALES IN QUESTIONS C6, C6a, AND C6b.]**

C6. At any time in your life, did you ever have [4] [5] or more drinks on the same occasion? (By occasion, we mean within several hours.)

0 NO (GO TO C7) 7 **DON'T KNOW**

1 YES (GO TO C6a) 8 **REFUSED**

C6a. How long has it been since you had [4] [5] or more drinks on the same occasion?

- 1 Within the past 30 days
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

C6b. (IF C6a = 1 ASK C6b1. IF C6a = 2, 3, 7 or 8 ASK C6b2.)
C6b1. In the past 30 days, on how many days did you have [4] [5] or more drinks on the same occasion?
C6b2. In the 30 days when you last did that, on how many days did you have [4] [5] or more drinks on the same occasion?

\_\_\_\_\_ # OF DAYS (CODE 30 FOR 30 OR MORE)

- 77 ***DON'T KNOW***
- 88 ***REFUSED***

C7. At any time in your life, have you ever, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up?

- 0 **NO (GO TO C8)**
- 1 **YES**
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

C7a. When was the last time this happened?

- 1 Within the past 30 days
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- 7 ***DON'T KNOW***
- 8 ***REFUSED***



C8. Have you **ever** thought that you might have a problem with alcohol?

0 **NO**

1 **YES**

7 ***DON'T KNOW***

8 ***REFUSED***

## D. PREVALENCE OF OTHER SUBSTANCES

I want to ask some questions now about your use of other drugs that were **NOT PRESCRIBED** for you by your doctor or other health professional. You can just say yes or no as I read each drug.

**(FIRST, READ ALL DRUG NAMES DOWN COLUMN D1. THEN FOR EACH "YES" DRUG IN D1, READ ACROSS EACH COLUMN IN TURN, FROM D2 TO D6.)**

D1. Have you **ever**, even once, used [DRUG]?

0	<b>NO</b>	7	<b><i>DON'T KNOW</i></b>
1	<b>YES</b>	8	<b><i>REFUSED</i></b>

D2. How old were you the **first time** you used [DRUG]?

\_\_\_\_\_ **YEARS OLD** (CODE 76 FOR 76 OR MORE)

77 ***DON'T KNOW***

88 ***REFUSED***

D3. How long has it been since you **last** used [DRUG]?

1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago but within the past 3 years
4	More than 3 years ago
7	<b><i>DON'T KNOW</i></b>
8	<b><i>REFUSED</i></b>

D4. **(IF D3 = 1 OR 2 ASK D4a. IF D3 = 3, 4, 7 OR 8 ASK D4b.)**

D4a. During the past 12 months, on how many days did you have at least a little [DRUG]?

D4b. During the 12 months when you last used [DRUG], on how many days did you have at least a little?

\_\_\_\_\_ **# OF DAYS** (CODE 1 TO 365)

777 ***DON'T KNOW***

888 ***REFUSED***

<b>D5. (IF D3 = 1 ASK D5a. IF D3 = 2, 3, 4, 7 OR 8 ASK D5b.)</b>
D5a. During the past 30 days, on how many days did you use [DRUG]?
D5b. During the 30 days when you last used [DRUG], on how many days did you use it?

\_\_\_\_\_ # OF DAYS (RANGE 1-30)  
 77 **DON'T KNOW**  
 88 **REFUSED]**

D6. Have you ever thought that you might have a problem with [DRUG]?

0	<b>NO</b>	7	<b>DON'T KNOW</b>
1	<b>YES</b>	8	<b>REFUSED</b>

<b>D1 through D6 - Drug Prevalence*</b>						
	D1 Ever Use	D2 Age 1 <sup>st</sup> Use	D3 Last Use	D4 # -12 Mos.	D5 # -30 Days	D6 Problem
1. Marijuana	—	—   —	—	—   —	—   —	—
2. Powder Cocaine	—	—   —	—	—   —	—   —	—
3. Crack Cocaine	—	—   —	—	—   —	—   —	—
4. Heroin	—	—   —	—	—   —	—   —	—
5. Pain Relievers or Other Opiates, such as Codeine or Percocet	—	—   —	—	—   —	—   —	—
6. Methamphetamine	—	—   —	—	—   —	—   —	—
7. Other Stimulants, such as Speed	—	—   —	—	—   —	—   —	—
8. Hallucinogens, such as PCP or LSD	—	—   —	—	—   —	—   —	—
9. Tranquilizers, such as Valium	—	—   —	—	—   —	—   —	—
10. Sedatives, or Sleeping Pills	—	—   —	—	—   —	—   —	—
11. Ecstasy or MDMA	—	—   —	—	—   —	—   —	—
12. Other Club Drugs such as Ketamine, GHB,...	—	—   —	—	—   —	—   —	—
13. Steroids	—	—   —	—	—   —	—   —	—

\* All questions apply to non-prescription drug use.

**(ASK ALL RESPONDENTS)**

D7. Have you ever injected any drug in order to get high, even just once?

- |   |                             |   |                          |
|---|-----------------------------|---|--------------------------|
| 0 | <b>NO (GO TO SECTION E)</b> | 7 | <b><i>DON'T KNOW</i></b> |
| 1 | <b>YES</b>                  | 8 | <b><i>REFUSED</i></b>    |

D7a. How long has it been since you **last** injected a drug to get high?

- |   |   |
|---|---|
| 1 | Within the past 30 days                             |
| 2 | More than 30 days ago but within the past 12 months |
| 3 | More than 12 months ago                             |
| 7 | <b><i>DON'T KNOW</i></b>                            |
| 8 | <b><i>REFUSED</i></b>                               |

D8. Have you ever used other substances (i.e., alcohol or drugs) to alleviate side effects from your prescribed medication?

- |   |            |   |                          |
|---|------------|---|--------------------------|
| 0 | <b>NO</b>  | 7 | <b><i>DON'T KNOW</i></b> |
| 1 | <b>YES</b> | 8 | <b><i>REFUSED</i></b>    |

D9. Have you ever stopped or changed the way you take prescribed medication in order to use other substances (i.e., alcohol or drugs)?

- |   |                             |   |                          |
|---|-----------------------------|---|--------------------------|
| 0 | <b>NO (GO TO SECTION E)</b> | 7 | <b><i>DON'T KNOW</i></b> |
| 1 | <b>YES</b>                  | 8 | <b><i>REFUSED</i></b>    |

## E. ALCOHOL AND DRUG PROBLEM INDEX

### INTERVIEWER INSTRUCTIONS:

**ALCOHOL SCREEN:** Ask questions for Alcohol (Columns A & B) **ONLY IF:**

1. Alcohol was used in the past 12 months (if C3=1 or 2), **AND**

2. Response was “YES” to **ANY ONE** of the following:

C8. Ever had a problem with alcohol (if C8=1), **OR**

C7a. Binged in the past 12 months (if C7a=1 or 2), **OR**

**IF FEMALE:** C5. Averaged 3 or more drinks per occasion (if C5 ≥ 3), **OR**

C6a. Had 4 or more drinks at least once in the past 12 months (if C6a =1 or 2).

**IF MALE:** C5. Averaged 4 or more drinks per occasion (if C5 ≥ 4), **OR**

C6a. Had 5 or more drinks at least once in the past 12 months (if C6a =1 or 2).

Ask alcohol questions in Problem Index below? **ALC\_SCRN.** 0 NO 1 YES

**DRUG SCREEN:** Ask questions for Drugs (Columns A & B) **ONLY ONCE**, and only if **ANY** drug was used once a month or more in the past 12 months (if D4a, 10)

For positive screen results (First for Alcohol, then for all drugs combined):

Read questions E1 to E10 and record responses for Columns A and B.

Substitute “alcohol” or “any drug” for [SUBST] below.

**NOTE:** The questions are to be asked only one time for “Drugs.” Before asking the **DRUG** questions, read the following to the respondent:

“I am going to ask you **one set** of questions about things that might have happened as a result of your using **any** of the drugs you have used in the past 12 months. I won’t be asking which drug was responsible for any particular thing, but only if it happened. Before I start, you reported, that you used (recite drugs reported within past 12 months in D3). Is that correct?” (If **NO**, clarify and correct.)

Ask drug questions in Problem Index below? **DRUG\_SCRN.** 0 NO 1 YES

**A.** Was there ever a time when....

- 0     **NO**                            **(GO TO NEXT SYMPTOM)**
- 1     **YES**
- 7     ***DON'T KNOW***            **(GO TO NEXT SYMPTOM)**
- 8     ***REFUSED***                    **(GO TO NEXT SYMPTOM)**

**B.** **FOR EACH "YES" ASK:** Did it happen in the past year?

- 0     NO
- 1     YES
- 7     DON'T KNOW
- 8     REFUSED

Diagnostic Questions	Alcohol		Any Drug	
	A. Ever	B. When	A. Ever	B. When
Was there ever a time when...				
E1. You spent a lot of time using [SUBST], ( <i>pause</i> ) getting over its effects, ( <i>pause</i> ), or obtaining it?				
E2. You used [SUBST] much more often ( <i>pause</i> ) or in larger amounts than you intended to?				
E3. Using the same amount of [SUBST] had less effect than before, ( <i>pause</i> ) or it took more to feel the same effect?				
E4. Your use of [SUBST] often kept you from working, ( <i>pause</i> ) going to school, ( <i>pause</i> ) taking care of children, ( <i>pause</i> ) or taking part in recreational activities?				
E5. Your use of [SUBST] caused you to have emotional or psychological problems—such as feeling uninterested in things, depressed, suspicious of people, or paranoid? [IF NO, RECORD AND GO TO E6.] [IF YES] Did you continue to use in spite of this? [RECORD AND CONTINUE.]				
E6. Your use of [SUBST] caused you to have any physical health problems? [IF NO, RECORD AND GO TO E7.] [IF YES] Did you continue to use in spite of this? [RECORD AND CONTINUE.]				
E7. You wanted to stop using, ( <i>pause</i> ) or cut down on [SUBST] more than once, but found that you couldn't?				
E8. You made rules about where, when or how much you would use [SUBST], and then broke the rules more than once?				
E9. You had any of the following symptoms as the effect of the [SUBST] was wearing off?	X	X	X	X
E9a. Anxiety, sweating, hands trembling, or heart beating fast				
E9b. Trouble sleeping or having bad dreams				
E9c. Vomiting or feeling nauseous				
E9d. Seeing, hearing, or feeling things that weren't really there				
E9e. Feeling either very slowed down, or like you couldn't sit still				
E9f. Seizures or fits				
<b>READ THE FOLLOWING 4 SYMPTOMS (●) FOR DRUGS ONLY:</b>				
E9g. ● Feeling exhausted, or sleeping more than you normally do	X	X		
E9h. ● Diarrhea	X	X		
E9i. ● Cramps or muscle aches	X	X		
E9j. ● Eating either more or less than you usually do	X	X		
E10. You took [SUBST] to prevent or cure these problems?				

## F. OTHER BEHAVIORS

F1. To F11. I am going to ask you how many times several experiences might have happened to you in the past 12 months. For each one, if you have not had the experience, answer "none."

**(IF (C3 1 OR 2) AND (D3 1 OR 2 for any drug) THEN SKIP QUESTIONS F4, F5, F6, F7, and F11)**

A. How many times in the past 12 months ... ?

\_\_\_\_\_ # OF TIMES (CODE 20 OR MORE AS 20; if '0', skip to next behavior)  
77 *DON'T KNOW* (SKIP TO NEXT BEHAVIOR)  
88 *REFUSED* (SKIP TO NEXT BEHAVIOR)

**(IF (C3 1 OR 2) SKIP TO COLUMN C.)**

B. How many of these involved you drinking alcohol?

\_\_\_\_\_ # OF TIMES (CODE 6 OR MORE AS 6)  
7 *DON'T KNOW*  
8 *REFUSED*

**(IF D3 1 OR 2 for any drug) SKIP TO NEXT BEHAVIOR)**

C. How many involved you using drugs?

\_\_\_\_\_ # OF TIMES (CODE 6 OR MORE AS 6)  
7 *DON'T KNOW*  
8 *REFUSED*



In the past 12 months, . . .	A. Number	B. Alcohol	C. Drug
F1. Did you have any accidental injuries that required professional medical care?			
F2. Were you involved in any serious arguments?			
F3. Did you get into any physical fights?			
F4. Did friends, family members, or others complain about your using alcohol or drugs?			
F5. Did you drive at all after drinking or using drugs?			
F6. Were you arrested for driving under the influence of alcohol or drugs?			
F7. Were you arrested and booked for drunkenness or other liquor law violations?		X	
F8. Were you arrested and booked for possession or sale of drugs?			X
F9. Were you arrested and booked for any other violation of the law, other than minor traffic violations?			
F10. Were you on probation or parole at any time?			
F11. Did you do anything else that could be considered risky after you used alcohol or drugs?			

## G. TREATMENT HISTORY

**[IF ((C1 = 0 or C1a=0) AND D1 = 0 FOR ALL DRUGS), SKIP THIS SECTION]**

The next questions are about counseling or treatment **for alcohol or drugs**, but **not** cigarettes or other tobacco. First I will ask about attendance at self-help group meetings. Do not include educational classes in any of your answers.

G1. Have you ever attended even one meeting of a self help group such as Alcoholics Anonymous or Narcotics Anonymous because you thought you might have a problem?

0	<b>NO (GO TO G2)</b>	7	<b><i>DON'T KNOW</i></b>
1	<b>YES</b>	8	<b><i>REFUSED</i></b>

G1a. About how many self-help meetings have you **ever** attended in your entire life?

1	Less than 10
2	10 to 100
3	More than 100
7	<b><i>DON'T KNOW</i></b>
8	<b><i>REFUSED</i></b>

G1b. How long has it been since the last time you attended a self-help meeting?

1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago
7	<b><i>DON'T KNOW</i></b>
8	<b><i>REFUSED</i></b>

Now, I will ask about professional help, **not** including self-help groups or educational classes.

G2. Have you ever received treatment or counseling for your use of alcohol or any drug?

0	<b>NO (GO TO G8)</b>	7	<b><i>DON'T KNOW</i></b>
1	<b>YES (GO TO G2a)</b>	8	<b><i>REFUSED</i></b>

G2a. How many times in your life have you been in treatment or counseling for your use of alcohol or any drug?

\_\_\_\_\_ # OF TIMES (RANGE 1 - 6 CODE MORE THAN 6 AS 6)

7 ***DON'T KNOW***

8 ***REFUSED***

G2b. Were you last in treatment or counseling for any drug or alcohol use ...

1 Within the past 30 days?

2 More than 30 days ago but within the past 12 months?

3 More than 12 months ago?

7 ***DON'T KNOW***

8 ***REFUSED***

G3. What was the **main** place where you received treatment or counseling the last time?

1 Hospital overnight as an inpatient

2 Hospital emergency room

3 Residential drug or alcohol rehabilitation facility program

4 Outpatient drug or alcohol rehabilitation program

5 Outpatient mental health center

6 Private therapist or doctor's office

7 Prison or jail

8 Some other place

77 ***DON'T KNOW***

88 ***REFUSED***

G4. The last time you received treatment or counseling, was it for...

1 Alcohol use only?

2 Drug use only?

3 Both alcohol and drug use?

7 ***DON'T KNOW***

8 ***REFUSED***

G5. How did your treatment or counseling end? **[READ LIST]**

- 1 Still in treatment (GO TO G5c)
- 2 Successfully completed treatment (GO TO G5b)
- 3 Left treatment before completing it
- 7 ***DON'T KNOW*** (GO TO G5b)
- 8 ***REFUSED*** (GO TO G5b)

G5a. What was the **main** reason for not completing? Did you leave because ...

- 1 You had a problem with the program?
- 2 You couldn't afford to continue treatment?
- 3 Your family needed you
- 4 You began using alcohol or drugs again?
- 5 Staff discharged you
- 6 Some other reason: (specify) \_\_\_\_\_
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

G5b. How long did you stay in treatment or counseling the last time?

- \_\_\_\_\_ **# OF DAYS** (GO TO G6)
- 777 ***DON'T KNOW*** (GO TO G6)
- 888 ***REFUSED*** (GO TO G6)

G5c. How long have you been in treatment or counseling this time?

- \_\_\_\_\_ **# OF DAYS**
- 777 ***DON'T KNOW***
- 888 ***REFUSED***

G6. Did any of the following sources pay **even part** of the cost of your last treatment? Answer yes or no to each as I read them. **[READ LIST OF SOURCES.]**

0 NO 7 DON'T KNOW  
 1 YES 8 REFUSED

Payment sources	CODE	Payment sources	CODE
G6a. Private health insurance		G6f. Family members	
G6b. Medicare		G6g. The State or the courts	
G6c. Medicaid		G6h. Military health care	
G6d. Other public assistance program		G6i. Employer	
G6e. Your own savings or earnings		G6j. Some other source	

(ASK G7 ONLY IF G2b = 1, 2, OR 3)

G7. Were you enrolled in a treatment program for your alcohol or drug use on March 31, 200?  
**[STATE WILL INSERT DATE OF MOST RECENT NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES (NSSATS). SEE NOTES]**

Please include only formal inpatient or outpatient treatment you received at a hospital, drug rehabilitation facility, or mental health center.

0 NO 7 DON'T KNOW  
 1 YES 8 REFUSED

(IF C1 = 0, THEN GO TO G9)

G8. During the past 12 months, did you **need** treatment or counseling for your use of alcohol but did not receive it?

0 NO (GO TO G9) 7 DON'T KNOW  
 1 YES (GO TO G8a) 8 REFUSED

G8a. During the past 12 months, did you **try** to get treatment or counseling for your use of alcohol?

0 NO 7 DON'T KNOW  
 1 YES 8 REFUSED

**(IF D1 = 0 FOR ALL DRUGS, THEN GO TO H1)**

G9. During the past 12 months, did you **need** treatment or counseling for your use of drugs but did not receive it?

- |   |            |                          |   |                          |
|---|------------|--------------------------|---|--------------------------|
| 0 | <b>NO</b>  | <b>(GO TO SECTION H)</b> | 7 | <b><i>DON'T KNOW</i></b> |
| 1 | <b>YES</b> | <b>(GO TO G9a)</b>       | 8 | <b><i>REFUSED</i></b>    |

G9a. During the past 12 months, did you **try** to get treatment or counseling for your use of drugs?

- |   |            |   |                          |
|---|------------|---|--------------------------|
| 0 | <b>NO</b>  | 7 | <b><i>DON'T KNOW</i></b> |
| 1 | <b>YES</b> | 8 | <b><i>REFUSED</i></b>    |

G10. Have you ever received treatment or counseling for drug or alcohol use here in this facility?

- |   |            |   |                          |
|---|------------|---|--------------------------|
| 0 | <b>NO</b>  | 7 | <b><i>DON'T KNOW</i></b> |
| 1 | <b>YES</b> | 8 | <b><i>REFUSED</i></b>    |

Now I will ask you about substance use education classes.

G11. About how many substance use education classes have you **ever** attended in your entire life?

- |   |                          |
|---|--------------------------|
| 1 | None (Skip to G12)       |
| 2 | 1-2 classes              |
| 3 | 3 or more classes        |
| 7 | <b><i>DON'T KNOW</i></b> |
| 8 | <b><i>REFUSED</i></b>    |

G11a. How long has it been since the last time you attended a substance abuse education class?

- |    |   |
|----|---|
| 1  | Within the past 30 days                             |
| 2  | More than 30 days ago but within the past 12 months |
| 3  | More than 12 months ago                             |
| 77 | <b><i>DON'T KNOW</i></b>                            |
| 88 | <b><i>REFUSED</i></b>                               |

G12. What other mental health services or programs do you currently receive or participate in?

- 1 Medication monitoring
- 2 Self-help group
- 3 Residential care or supervised living
- 4 Intensive case management
- 5 Supported employment
- 77 ***DON'T KNOW***
- 88 ***REFUSED***

## H. ADDITIONAL DEMOGRAPHICS

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

H1. Are you now attending or enrolled in school? By school, I mean any public or private school, GED program, trade school, or a college or university.

0	<b>NO (GO TO H1a)</b>	7	<b><i>DON'T KNOW</i></b>
1	<b>YES (GO TO H2)</b>	8	<b><i>REFUSED</i></b>

H1a. How old were you when you stopped attending school?

\_\_\_\_\_ **YEARS OLD (CODE 76 FOR 76 OR MORE; CODE '0' IF NEVER ATTENDED SCHOOL)**

77	<b><i>DON'T KNOW</i></b>
88	<b><i>REFUSED</i></b>

H2. How much school have you completed?

0	None
1	First through 8th grade
2	Some high school, but no diploma
3	High school graduate or GED
4	Some college, but no degree
5	Associate degree (2 Year)
6	College graduate (4 Year)
7	Advanced degree (Masters or Higher)
77	<b><i>DON'T KNOW</i></b>
88	<b><i>REFUSED</i></b>



H3. Which one of the following best describes your current marital status. Are you ...

- 1 Married?
- 2 Living as married?
- 3 Never married?
- 4 Divorced or separated?
- 5 Widowed?
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

H4. Were you born in the United States?

- |   |                       |   |                                     |
|---|-----------------------|---|-------------------------------------|
| 0 | <b>NO (GO TO H4a)</b> | 7 | <b><i>DON'T KNOW (GO TO H5)</i></b> |
| 1 | <b>YES (GO TO H5)</b> | 8 | <b><i>REFUSED (GO TO H5)</i></b>    |

H4a. What country or U.S. territory were you born in?

**COUNTRY OR U.S. TERRITORY:** \_\_\_\_\_

H4b. About how many years have you lived in the United States?

\_\_\_\_\_ **# OF YEARS (CODE 76 FOR 77 OR GREATER; CODE '0' IF  
LESS THAN 1 YEAR)**

- 77 ***DON'T KNOW***
- 78 ***REFUSED***

H5. What is your current work status? [**READ LIST**]

- 1 Working full-time, 35 or more hours per week in one or more jobs (**GO TO H6**)
- 2 Working part-time (**GO TO H6**)
- 3 Not working at present (**GO TO H5a**)
- 7 ***DON'T KNOW (GO TO H6)***
- 8 ***REFUSED (GO TO H6)***

H5a. Are you not working because you are ...

- 1 A seasonal worker?
- 2 A full-time homemaker?
- 3 In school?
- 4 Retired?
- 5 Disabled for work?
- 6 Other?
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

H6. Think now about the last 12 months. Did you have any children under 18 living with you most or all of the time?

- |   |                        |   |                          |
|---|------------------------|---|--------------------------|
| 0 | <b>NO (GO TO H7)</b>   | 7 | <i><b>DON'T KNOW</b></i> |
| 1 | <b>YES (GO TO H6a)</b> | 8 | <i><b>REFUSED</b></i>    |

H6a. How many of these children did you have primary care responsibilities for? By ***primary care responsibilities***, I mean that you fed and clothed them and took care of them.

- \_\_\_\_\_ **# OF CHILDREN**
- 77 ***DON'T KNOW***
  - 88 ***REFUSED***

H7. How many children have you given birth to? This is not including adopted, still births, foster or step children. Please give me the number of males and females separately.

# of males \_\_\_\_\_

# of females \_\_\_\_\_

**77 DON'T KNOW**      **88 REFUSED**

**[SKIP H7a if both Males and Females equal 0]**

H7a. How many of these (Males/Females) are alive?

# of males alive \_\_\_\_\_ # of females alive \_\_\_\_\_

**77 DON'T KNOW**      **88 REFUSED**

**[ASK ONLY FEMALES AGE 50 OR LESS. FOR OTHERS GO TO H9.]**

H7b. Are you pregnant now?

0	<b>NO</b>	7	<b><i>DON'T KNOW</i></b>
1	<b>YES (GOTO TO H9)</b>	8	<b><i>REFUSED</i></b>

H8. Were you pregnant at any time in the last 12 months?

0	<b>NO</b>	7	<b><i>DON'T KNOW</i></b>
1	<b>YES</b>	8	<b><i>REFUSED</i></b>

H8a. Have you given birth to a child in the last 12 months?

0	<b>NO</b>	7	<b><i>DON'T KNOW</i></b>
1	<b>YES</b>	8	<b><i>REFUSED</i></b>

**[ASK ALL RESPONDENTS]**

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. **(ENTER BOTH WITH LEADING ZEROS WHERE NEEDED)**

H9. What county do you live in? \_\_\_\_ | \_\_\_\_ | \_\_\_\_ (USE FIPS CODES)

***77 DON'T KNOW***

***88 REFUSED***

H10. What is your five-digit zip code? \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_

***77777 DON'T KNOW***

***88888 REFUSED***

H11. 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?

H11a. First, please tell me whether you want to give your answer in dollars per week, every two weeks, month or year?

- 1 **PER WEEK**
- 2 **BI-WEEKLY** (every two weeks)
- 3 **PER MONTH**
- 4 **PER YEAR**
- 7 **DON'T KNOW** (GO TO SECTION W)
- 8 **REFUSED** (GO TO SECTION W)

[READ 'YOUR' INSTEAD OF 'YOUR HOUSEHOLD'S' IF S2 = 1.]

H11b. Now, if you added up [*all your*] [*every household member's income*], how much would it be each [*week*] [*two weeks*] [*month*] [*year*]?

- \$ \_\_\_\_\_ (ENTER DOLLAR AMOUNT, ENTER "100" FOR <\$100 )
- 0 **NONE**
- 7 **DON'T KNOW**      8 **REFUSED**

## W. SEPTEMBER 11<sup>th</sup> QUESTIONS

Now I would like to ask you a few questions regarding your reactions to the events of September 11, 2001. [CODE REASONS IF RESPONDENT REFUSES TO CONTINUE]

[ASK W1 ONLY TO THOSE WHO HAVE SMOKED 100 CIGARETTES IN LIFETIME (B1a=1) and SMOKED IN THE PAST 3 YEARS (B3 ne 4). OTHERWISE GO TO W2]

### Q: SMKCHANG

W1. Since September 11,2001 has your smoking **increased, decreased, or stayed at the same** level it was in the 12-month period **before** September 11, 2001?

- |  |                     |
|--|---------------------|
| 1. Increased                             | (Go to W1a)         |
| 2. Decreased                             | (Go to W1a)         |
| 3. Stayed the Same                       | (Go to W2)          |
| 7. <i>Don't Know</i>                     | (Go to Intro to W2) |
| 8. <i>Refused</i>                        | (Go to Intro to W2) |
| 9. (VOL) Refuse to continue with section | (Go to W19)         |

### Q: SMOKE911

W1a. How much of this change in smoking would you attribute to the events of September 11, 2001 – all of it, some of it, or none of it?

- |  |             |
|--|-------------|
| 1. All                                   |             |
| 2. Some                                  |             |
| 3. None                                  |             |
| 7. <i>Don't Know</i>                     |             |
| 8. <i>Refused</i>                        |             |
| 9. (VOL) Refuse to continue with section | (Go to W19) |

[ASK W2 ONLY TO THOSE WHO HAVE USED ALCOHOL IN THE PAST 3 YEARS  
(C3 = 1, 2, or 3). OTHERWISE GO TO W3]

**Q: ALCHANGE**

W2. Since September 11, 2001, has your use of alcohol **increased, decreased, or stayed at the same level** it was in the 12-month period **before** September 11?

- 1. **Increased** (Go to W2a)
- 2. **Decreased** (Go to W2a)
- 3. **Stayed the Same** (Go to W3)
- 7. *Don't Know* (Go to W3)
- 8. *Refused* (Go to W3)
- 9. (VOL) **Refuse to continue with section** (Go to W19)

**Q: ALCH911**

W2a. How much of this change in your use of alcohol would you attribute to the events of September 11, 2001 – all of it, some of it, or none of it??

- 1. **All**
- 2. **Some**
- 3. **None**
- 7. *Don't Know*
- 8. *Refused*
- 9. (VOL) **Refuse to continue with section** (Go to W19)

**Q: RXUP**

W3. Since September 11, 2001, has your use of any prescription drugs that you might take for things like anxiety, stress, sleeplessness, or depression **increased** from the level it was in the 12-months **before** September 11, 2001? (CODE 'YES' IF USE DRUG NOW THAT THEY DID NOT USE PRIOR TO 9/11.)

- 1. **Yes** (Go to W3a)
- 2. **No** (Go to W3a)
- 3. *Have never taken such drugs* (Go to W4)
- 7. *Don't Know* (Go to W3a)
- 8. *Refused* (Go to W3a)
- 9. (VOL) **Refuse to continue with section** (Go to W19)

**Q: RXDOWN**

W3a. **Since** September 11, 2001, has your use of any prescription drugs that you might take for things like anxiety, stress, sleeplessness, or depression **decreased** from the level it was in the 12-months **before** September 11, 2001? (**CODE ‘YES’ IF DO NOT USE DRUG NOW THAT THEY DID USE PRIOR TO 9/11.**)

1. Yes
2. No
3. *Have never taken such drugs* (Go to W4)
7. *Don't Know*
8. *Refused*
9. (VOL) Refuse to continue with section (Go to W19)

(IF W3=1 OR W3A=1, GO TO W3B; ELSE SKIP TO W4)

**Q: RX911**

W3b. How much of this change in your use of these prescription drugs would you attribute to the events of September 11, 2001 – all of it, some of it, or none of it?

1. All
2. Some
3. None
7. *Don't Know*
8. *Refused*
9. (VOL) Refused to continue with section (Go to W19)

[ASK W4 ONLY IF RESPONDENT HAS USED AT LEAST ONE ILLICIT OR NON-MEDICAL DRUG IN PAST 3 YEARS (IF (Any D3 =1, 2, or 3)). OTHERWISE GO TO W5)

**Q: DRUGUP**

W4. **Since** September 11, 2001, has your use of any other drugs (**INSERT NAMES OF 3 OR FEWER DRUGS USED IN D3**) **increased** from the level it was in the 12-months **before** September 11, 2001? (**CODE ‘YES’ IF USE DRUG NOW THAT THEY DID NOT USE PRIOR TO 9/11.**)

1. Yes (Go to W4a)
2. No (Go to W4a)
3. No Use (Go to W7)
7. *Don't Know* (Go to W4a)
8. *Refused* (Go to W4a)
9. (VOL) Refuse to continue with section (Go to W19)

**Q: DRUGDOWN**

W4a. **Since** September 11, 2001, has your use of any other drugs (**INSERT NAMES OF 3 OR FEWER DRUGS USED IN D3**) **decreased** from the level it was in the 12-months before September 11, 2001? (**CODE ‘YES’ IF DO NOT USE DRUG NOW THAT THEY DID USE PRIOR TO 9/11.**)

1. **Yes**
2. **No**
3. **No Use** (Go to W7)
7. *Don't Know*
8. *Refused*
9. **(VOL) Refuse to continue with section** (Go to W19)

**(IF W4=1 OR W4a=1, GO TO W4b; ELSE SKIP TO W7)**

**Q: DRUG911**

W4b. How much of this change in your use of any of these drugs would you attribute to the events of September 11, 2001 – all of it, some of it, or none of it?

1. **All**
2. **Some**
3. **None**
7. *Don't Know*
8. *Refused*
9. **(VOL) Refuse to continue with section** (Go to W19)

**DEPRESSION SECTION**

I want to ask you some questions about feelings that you might have experienced around September 11, 2001.

**Q: POSTSAD**

W7a. **Since** September 11, 2001, have you had a period of two weeks or more where you were feeling sad or down for most of the day, nearly everyday?

1. **Yes**
2. **No** (Go to W7a2)
7. *Don't Know* (Go to W7a2)
8. *Refused* (Go to W7a2)
9. **(VOL) Refuse to continue with section** (Go to W19)

**Q: SAD30**



W7a1. Have you felt this way for a prolonged period in the past 30 days? “Prolonged period” means occurring most of the time several days or more. ***{DEFINITION WILL BE PROGRAMMED SO THAT THE INTERVIEWER WILL EITHER READ IT THE FIRST TIME ONLY AND/OR BE ABLE TO PULL IT UP WHEN NEEDED}***

1. Yes
2. No
7. *Don't Know*
8. *Refused*
9. (VOL) Refuse to continue with section (Go to W19)

**Q: PRESAD**

W7a2. In the 12 months **before** September 11, 2001, did you have a period of two weeks or more where you were feeling sad or down for most of the day, nearly every day?

1. Yes
2. No
7. *Don't Know*
8. *Refused*

**Q: POSTLOST**

W7b. **Since** September 11, 2001, have you lost interest or pleasure in things you usually enjoy, for a period of two weeks or more?

1. Yes
2. No (Go to W7b2)
7. *Don't Know* (Go to W7b2)
8. *Refused* (Go to W7b2)
9. (VOL) Refuse to continue with section (Go to W19)

**Q: LOST30**

W7b1. Have you felt this way for a prolonged period in the past 30 days?

1. Yes
2. No
7. *Don't Know*
8. *Refused*
9. (VOL) Refuse to continue with section (Go to W19)

**Q: PRELOST**

W7b2. In the 12 months **before** September 11, 2001, did you lose interest or pleasure in things you usually enjoy, for a period of two weeks or more?

1. **Yes**
2. **No**
7. *Don't Know*
8. *Refused*
9. **(VOL) Refuse to continue with section (Go to W19)**

**[For W8, go through questions 1 to 3 for A through E]**

**Q: APPETITE, SLEEP, ENERGY, CONCENTR, SUICIDE**

W8\_1. **Since** September 11, 2001, have you experienced any (Insert A to E) for a **period of two weeks or more?**

- A. Change in appetite or unplanned weight loss or gain?
- B. Change in sleep patterns, such as having frequent difficulty falling asleep or frequently waking-up during the night or early morning?
- C. Times when you felt without energy or fatigued most of the time?
- D. Difficulty concentrating or making decisions?
- E. Thoughts of death, thinking that life isn't worth living, or thoughts of suicide?

1. **Yes**
2. **No** (Go to W8\_3)
7. *Don't Know* (Go to W8\_3)
8. *Refused* (Go to W8\_3)
9. **(VOL) Refuse to continue with section (Go to W19)**

**Q: APPETI30, SLEEP30, ENERGY30, CONCEN30, SUICI30**

W8\_2. **[For each item A through E]** Have you experienced this for a prolonged period in the past 30 days?

1. **Yes**
2. **No**
7. *Don't Know*
8. *Refused*
9. **(VOL) Refuse to continue with section (Go to W19)**

**Q: APPETPRE, SLEEPPRE, ENERGPRE, CONCEPRE, SUICIPRE**

W8\_3. [For each item A through E] In the 12 months before September 11, did you experience this for a period of two weeks or more?

1. Yes
2. No
7. *Don't Know*
8. *Refused*
9. (VOL) Refuse to continue with section (Go to W19)

**POSTTRAUMATIC STRESS DISORDER (PTSD) SECTION**

**Q: MEMORY, RELIVE, REACTION, AVOIDTHT, AVOIDACT**

W9\_1. Since September 11, 2001, have you (insert items A through E)?

- A. had repeated, disturbing memories, thoughts, or images of the terrorist attacks and the aftermath of the events?
- B. acted or felt as if the attacks were happening again (as if you were reliving it)?
- C. had any physical reactions, such as heart pounding, trouble breathing, or sweating - when something reminded you of the attacks?
- D. avoided thinking about or talking about the attacks and their aftermath or avoided having feelings related to these events?
- E. avoided activities or situations because they reminded you of the attacks?

1. Yes (Go to W9\_2)
2. No
7. *Don't Know*
8. *Refused*
9. (VOL) Refuse to continue with section (Go to W19)

[ASK W9\_2 IF W9\_1 = 1]

**Q: MEMORY30, RELIVE30, REACT30, AVOIDT30, AVOID30**

W9\_2. Has this happened in the past 30 days?

1. Yes
2. No
7. *Don't Know*
8. *Refused*
9. (VOL) Refuse to continue with section (Go to W19)

**Q: FEARA911, FEARB911, FEARC911, FEARD911, FEARE911**

W10\_1. Since September 11, 2001, have you often had a strong fear of (**insert items A thru E**)

- A. Being in a crowd or in public places?
- B. Flying in an airplane?
- C. Riding in cars, trains, or buses or crossing bridges or tunnels?
- D. Going into New York City?
- E. Being alone?

- 1. Yes (Go to W10\_2)
- 2. No
- 7. *Don't Know*
- 8. *Refused*
- 9. (VOL) Refuse to continue with section (Go to W19)

(Ask W10\_2 if W10\_1 = 1)

**Q: FEARCNGA, FEARCNGB, FEARCNGC, FEARCNGD, FEARCNGE**

W10\_2. Has your fear of (**rotate items A thru E**) been greater than, less than, or about the same as it was in the 12 months before September 11, 2001?

- 1. Greater than
- 2. Less than
- 3. About the Same
- 7. *Don't Know*
- 8. *Refused*
- 9. (VOL) Refuse to continue with section (Go to W19)

**Q: WORRY**

W10f. Are you personally worried that you or a close relative or friend might be the victim of a further terrorist attack in this country – is this something that worries you a great deal, somewhat, not too much or not at all?

- 1. Great deal
- 2. Somewhat
- 3. Not too much
- 4. Not at all
- 7. *Don't Know*
- 8. *Refused*
- 9. (VOL) Refuse to continue with section (Go to W19)

**Q: INC911**

W11. Have you lost your job or experienced a reduction in household income since the September 11, 2001 tragedy?

1. **Yes**
2. **No**
7. *Don't Know*
8. *Refused*
9. **(VOL) Refuse to continue with section (Go to W19)**

**Q: LOCAT911**

W14a. On September 11, 2001, in what area were you when the attack occurred?

1. NYC – Inside the World Trade Center
2. NYC – South of **Canal Street, but not in the World Trade Center**
3. NYC – In Manhattan, but north of Canal Street
4. NYC – In New York City, but not in Manhattan
5. In New York State, but not in New York City
6. In New Jersey
7. In the United States, but not in New York State or New Jersey
8. Not in the United States
77. **DON'T KNOW**
88. **REFUSED**
99. **(VOL) Refuse to continue with section (Go to W19)**

**Q: THER911**

W16. At any time **since** September 11, 2001, have you received psychological counseling or therapy as a result of the events of that day or its aftermath?

1. **Yes**
2. **No** (Go to W16b)
7. *Don't Know* (Go to W16b)
8. *Refused* (Go to W16b)
9. **(VOL) Refuse to continue with section (Go to W19)**

**Q: THERNOW**

W16a. Are you currently in therapy because of September 11, 2001 or its aftermath?

1. **Yes**
2. **No**
7. *Don't Know*
8. *Refused*
9. **(VOL) Refuse to continue with section (Go to W19)**

**IF W16=1 and W16a ne 1, insert wording (more) to W16b.**

**Q: THERNEED**

W16b. During the time **since** September 11, 2001, did you **need** (*more*) psychological counseling or therapy as a result of the events of that day or its aftermath but did not receive it?

1. Yes
2. No (Go to W17)
7. *Don't Know*
8. *Refused*
9. (VOL) Refuse to continue with section (Go to W19)

**IF W16=1 and W16a ne 1, insert wording (more) to W16c.**

**Q: THERTRY**

W16c. During the time **since** September 11, 2001, did you **try** to get (*more*) psychological counseling or therapy as a result of the events of that day or its aftermath but did not receive it?

1. Yes
2. No
7. *Don't Know*
8. *Refused*
9. (VOL) Refuse to continue with section (Go to W19)

**Q: KNEW911**

W17. As a result of the events of September 11, 2001, was anyone you know injured or killed?  
(SELECT ALL THAT APPLY)

1. Yes - Injured
2. Yes - Killed
3. Yes - both
4. No (Go to W18)
7. *Don't Know* (Go to W18)
8. *Refused* (Go to W18)
9. (VOL) Refuse to continue with section (Go to W19)

**Q: WHO911**

W17a. Was this person [or persons] a relative, friend, co-worker, or an acquaintance? (**SELECT ALL THAT APPLY; If 'relative', probe: Is that a spouse, child, parent or someone else?**)

1. **Relative - Spouse**
2. **Relative - Child**
3. **Relative - Parent**
4. **Relative - Other**
5. **Friend**
6. **Co-worker**
7. **Acquaintance**
8. **Other (Specify)**
77. *Don't Know*
88. *Refused*
99. **(VOL) Refuse to continue with section (Go to W19)**

**Q: HARASSED**

W18. As a result of September 11, 2001, have you been harassed or threatened because of your ethnicity or religion?

1. **Yes**
2. **No**
7. *Don't Know*
8. *Refused*
9. **(VOL) Refuse to continue with section (Go to W19)**

W19. Thank you for your time. (Code reason for termination)

1. Because of subject matter/Sept. 11 questions too sensitive
2. Length of survey
3. Other (Specify)

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 (STATE). We want to reassure you that your responses will be kept strictly confidential. Thank you so much. **(GO TO J2)**

## J. CLOSING

J1. People who are younger than 18 years old are not eligible to be interviewed in this study. I appreciate your taking the time to speak with me. Thank you.

J1z. Thank you for your time.

<b>DATE AND TIME INTERVIEW ENDED:</b>		
<b>DATE: (MM:DD:YY)</b>	___   ___   ___	
<b>TIME: (HH:MM)</b>	___   ___	<b>AM=1 / PM=2:</b> ___

### COMPLETE REMAINING QUESTIONS AFTER ENDING INTERVIEW.

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

- 4 Excellent (no problems at all)     **(GO 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. **(IF NOT EXCELLENT)** 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 communication                                 \_\_\_\_\_
- 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:** \_\_\_\_\_)

( THE END (