Alcohol Epidemiologic Data System
Division of Biometry and Epidemiology
National Institute on Alcohol Abuse and Alcoholism

Alcohol Epidemiologic Data Directory

2002–2003

CSR Incorporated
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TABLE OF CONTENTS

FOREWORD 1

INTRODUCTION 3

Section 1: National Health and Alcohol Data Sets 5

Alcohol and Drug Services Study (ADSS)—1996–97, 1997–99, and 1998–99 7
Behavioral Risk Factor Surveillance System (BRFSS)—1984–01, Annually 8
Drug Services Research Survey (DSRS)—1990 10
Fatality Analysis Reporting System (FARS)—1975–01 11
Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS)—1988–99 12
National Alcohol Survey (NAS)—1964–65, 1967, 1969, 1974, 1979, 1984, 1990, 1992, and Followup, 1995–96 14
National Automotive Sampling System—General Estimates System (GES)—1988–00, Annually 15
National Ambulatory Medical Care Survey (NAMCS)—1973–81, 1985, 1989–00 16
National Comorbidity Survey (NCS)—1990–92 17
National Crime Victimization Survey (NCVS)—1973–00, Annually 19
National Health and Nutrition Examination Survey I (NHANES I)—1971–75 20
National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS82)—1982–84 22
National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS86)—1986 24
National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS87)—1987 26
National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS92)—1992 28
National Health and Nutrition Examination Survey II (NHANES II)—1976–80 30
National Health and Nutrition Examination Survey II Mortality Study (NH2MS)—1976–92 31
National Health and Nutrition Examination Survey III (NHANES III)—1988–94 33
National Health Interview Survey (NHIS)— General Description, 1957–96 35
National Health Interview Survey (NHIS)—General Description, 1997–00 37
National Health Interview Survey on Disability (NHIS-D) and Year 2000 Objectives—1994–95 39
National Health Interview Survey (NHIS), Year 2000 Objectives Supplement—1993 41
National Health Interview Survey (NHIS), YRBS and Epidemiology Supplements—1992 42
National Health Interview Survey (NHIS), Drug and Alcohol Use Supplement—1991 44
National Health Interview Survey, Health Promotion and Disease Prevention Supplement (NHIS-HPDP)—1985, 1990, and 1991 45
National Health Interview Survey (NHIS), Alcohol Sections—1983 and 1988 46
National Health Interview Survey (NHIS) Cancer Risk Factor Supplement, Epidemiologic Study—1987 47
National Hospital Ambulatory Medical Care Survey (NHAMCS)—1992–00, Annually 48
National Hospital Discharge Survey (NHDS)—1970–00, Annually 50
National Household Survey on Drug Abuse (NHSDA)—1971, 1972, 1974–75, 1975–76, 1977, 1979, 1982, 1985, 1988, 1990–00, Annually 52
National Longitudinal Alcohol Epidemiologic Survey (NLAES)—1992 54
National Mortality Followback Survey (NMFS)—1986 and 1993 55
National Survey of Drinking and Driving Attitudes and Behavior—1991, 1993, 1995, 1997, and 1999 57
National Survey of Personal Health Practices and Consequences (NSPHPC), Wave I—1979 and Wave II—1980 59

National Treatment Improvement Evaluation Study (NTIES)—1990–91, 1992–97 61
Services Research Outcomes Study (SROS)—1995–96 63
Treatment Episode Data Set (TEDS), 1992–99 64
Uniform Facility Data Set (UFDS), formerly known as the National Drug and Alcoholism Treatment Unit Survey (NDATUS)—1974, 1979, 1980, 1982, 1984, 1987, 1989–99, Annually 65
Vital Statistics Mortality Data, Mortality Detail—1968–99 and Multiple Cause of Death—1968–99, Annually 67

Section 2: Special Population Data Sets 69

(Washington) DC Metropolitan Area Drug Study (DC*MADS)—1991, 1992 71
Hispanic Health and Nutrition Examination Survey (HHANES)—1982–84 72
Linked Birth and Infant Death Data Set Public-Use Data Files—1989–91 73
Monitoring the Future (MTF): A Continuing Study of American Youth—1975–01, Annually 74
National Adolescent Student Health Survey (NASHS)—1987–88 76
National Education Longitudinal Study of 1988 (NELS88) 77
National Longitudinal Study on Adolescent Health (Add Health)—Wave I (1994–95) and Wave II (1996) 79
National Longitudinal Survey of Youth (NLSY79)—1979–00 81
National Longitudinal Survey of Youth (NLSY97)—1997–00 83
National Maternal and Infant Health Survey (NMIHS)—1988, and the Longitudinal Followup of NMIHS—1991 85
National Natality Survey (NNS)—1980, and the National Fetal Mortality Survey (NFMS)—1980 87
National Pregnancy and Health Survey: Drug Use Among Women Delivering Live Births (NPHS)—1992 88
National Youth Survey (NYS)—1976–80, 1983, 1987 89
Survey of Inmates of Local Jails—1978, 1983, 1989, and 1996 90
Survey of Inmates of State and Federal Correctional Facilities—1974, 1979, 1986, 1991, 1997 91
Worldwide Surveys of Substance Abuse and Health Behaviors Among Military Personnel—1982, 1985, 1988, 1992, 1995, and 1998. Worldwide Surveys of Alcohol and Nonmedical Drug Use Among Military Personnel—1980 and 1982 92
Youth Risk Behavior Survey (YRBS)—1991, 1993, 1995, 1997, and 1999 (high school), 1998 (alternative high school), 1995 (college), 1992 (NHIS) 93

Section 3: AEDS Publications and Products 95

APPENDIX 99

FOREWORD

Research conducted by the National Institute on Alcohol Abuse and Alcoholism's (NIAAA's) Division of Biometry and Epidemiology (DBE) seeks to identify and explain factors contributing to alcohol use and abuse and the impact on society in terms of mortality, morbidity, and other medical, social, psychological, and economic consequences. This mission is accomplished in part by using data collected through epidemiologic surveillance and population-based surveys. Data collection and analysis activities of DBE are facilitated by NIAAA's Alcohol Epidemiologic Data System (AEDS), whose task it is to access, maintain, and extend an alcohol-related epidemiologic databank.

This *Alcohol Epidemiologic Data Directory* is a current listing of surveys and other relevant data suitable for epidemiologic research on alcohol. Some surveys included in the *Directory* are designed specifically to answer alcohol-related questions. Other surveys may address other issues, but still contain alcohol-related data.

Federal data collection activities are subject to change as new technologies become available and new data needs develop. Changes are reflected in the *Directory* as the alcohol-related data are publicly released. Changes in this issue include the National Survey of Drinking and Driving Attitudes and Behavior, more uniform reporting across data sets, and updated information on data sources and availability.

NIAAA sponsors other sources of alcohol-related data. ETOH, the Alcohol and Alcohol Problems Science database, contains an extensive bibliography of books, journal articles, government documents, and other publications specifically related to alcohol. NIAAA's Quick Facts, operated by AEDS, provides detailed data tables on various topics in alcohol-related research. ETOH and Quick Facts are available on NIAAA's Web site at http://www.niaaa.nih.gov. More information on accessing these sites is included in Section 3 of this report.

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INTRODUCTION

The Alcohol Epidemiologic Data System (AEDS) is operated by CSR, Incorporated under contract to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and acts as a centralized, national repository of alcohol-related data sets. Initiated in 1977, AEDS' mandate is to identify, acquire, maintain, and analyze alcohol-related epidemiologic data under the direction of NIAAA's Division of Biometry and Epidemiology (DBE).

This *Alcohol Epidemiologic Data Directory* is designed to identify raw data on alcohol and alcohol-related topics available for expanded epidemiologic study. However, it is not a comprehensive listing of all data sets that are available to alcoholism professionals. Many small-scale surveys, such as single-state surveys and local attitudinal surveys, are excluded, as are data sets that are not available to the public. The first section of the *Directory* includes data sets that are representative of the overall U.S. population, albeit many with different age categories in the sample design. The second section includes data sets on special populations (e.g., adolescents, prison inmates, military personnel, and specific racial/ethnic groups). A final section describes publications and other research products available from AEDS.

Data sets in the *Directory* are sponsored or produced by a variety of organizations. A source contact is listed for each data set to assist researchers with obtaining current information on data availability, format, and costs. Internet addresses are included to guide users to additional information from the data providers. The Internet addresses are checked for currency prior to publication of the *Directory*, but some address changes are likely over the annual period of this publication. In such cases, the source contacts can direct users to the new Internet sites. It is important to note that data are increasingly available in downloadable formats from the Internet sites, sometimes at no cost. Unless otherwise specified, the data sets in this *Directory* are not available from AEDS, but rather from sponsoring organizations or their contracted providers.

A few important conventions are used in this *Directory*. A common profile is used to describe each of the data sets (i.e., sections are uniform across different data sets). Second, data set acronyms are used extensively to condense the profiles. A list of acronyms is provided in the appendix. Third, the format on dates of the data sets indicate whether the data collection has been annual and continuous (e.g., 1984–02), or interrupted (e.g., 1996–1999). A data set with dates such as 1998–1999 indicates a single data set collected over a 2-year period. When ordering data from the different providers, consumers are advised to inquire whether the files of data are available in different formats (e.g., CD-ROM, diskette, reel tape, 8mm tape, and/or ftp files). The raw data and documentation contained in each format may vary. Increasingly, data sets are becoming available on CD-ROM at little or no cost.

Analytic results from data sets described in this *Directory* often are available on the Internet in tabular or summary form. Further, some data sets can be analyzed online with programs provided by the sponsoring organization. Some useful Internet links include the Inter-university Consortium for Political and Social Research (ICPSR) Substance Abuse and Mental Health Data Archive (SAMHDA), the National Archive of Criminal Justice Data (NACJD), and the National Center for Health Statistics (NCHS). Links to additional Federal drug data sources also are available through the "related links" option at http://www.whitehousedrugpolicy.gov and http://www.fedworld.gov. Finally, AEDS products are described on page 81 of this report and may be accessed through NIAAA's Web site http://www.niaaa.nih.gov.

AEDS welcomes any suggestions or comments on this *Directory*. Comments or any requests for additional copies of this or other AEDS publications should be directed to:

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Section 1:

National Health and Alcohol Data Sets

Title:	**Alcohol and Drug Services Study (ADSS)—1996–97, 1997–99, and 1998–99**
Sponsoring Agency:	Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.
Contact:	Anita Gadzuk Office of Applied Studies SAMHSA 5600 Fishers Lane, Room 16-105 Rockville, MD 20857 (301) 443-0465 http://www.samhsa.gov/
Overview:	ADSS, a national survey of substance abuse treatment facilities and clients, is designed to develop estimates of the duration and costs of treatment and to describe the post-treatment status of substance abuse clients. Information includes treatment cost estimates, program capacity, data on the relation of services and resources to treatment outcome, services to special populations, and data to validate annual Uniform Facility Data Set (UFDS) reports. ADSS is the continuation of the Drug Services Research Study (DSRS) and the Services Research Outcomes Study (SROS), described separately in this publication.
Survey Design/ Methodology:	ADSS comprises (1) a facility-based telephone interview with a representative sample of substance abuse treatment providers; (2) a record-based survey of patients, where patient-level information is collected on a sample of patients discharged during a 6-month time period; and (3) followup personal interviews with the sample of patients and a comparison group to determine substance use, criminal behavior, and other functional characteristics.
Sample Characteristics:	ADSS uses a sample of 2,395 treatment facilities. The sample is stratified to reflect the types of care offered in substance abuse treatment including hospitals, nonhospital residential treatment facilities, outpatient methadone treatment facilities, outpatient nonmethadone treatment facilities, and outpatient combined methadone and nonmethadone treatment facilities serving predominantly alcohol-abusing clients, and other facilities with undetermined types of care. Approximately 300 facilities per stratum were sub-sampled by a site visit. Patient-level information is collected on a sample of client records from 280 facilities in Phase 2. Phase 3 interviews are randomly selected from clients included in Phase 2.
Alcohol Variables:	Alcohol and other drug use history is recorded along with treatment type, cost, and capacity; length of stay; and source of payment. Post-treatment use is recorded in the Phase 3 followup.
Other Variables:	Demographics (age, race and sex), pregnancy status, living arrangements, and source of treatment referral are collected on patients. Recorded facility characteristics include ownership, accreditation, workload and staffing, revenue sources, and treatment cost. Followup includes post-treatment status of criminal behavior, employment, and health resources use.
Availability:	Authorized downloads of ADSS are permitted from SAMHDA. Go to http://www.icpsr.umich.edu/SAMHDA/archive.html and search on ADSS. Some data sets in SAMHDA are available for online data analysis.

Title:	**Behavioral Risk Factor Surveillance System (BRFSS)—1984–01, Annually**
Sponsoring Agency:	BRFSS surveys are conducted by the states and coordinated by the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services.
Contact:	Behavioral Surveillance Branch DACH, NCCDPHP, CDC 4770 Buford Highway, NE, Mail Stop K–30 Atlanta, GA 30341-3717 (770) 488-5292 http://www.cdc.gov/brfss/
Overview:	BRFSS is an ongoing data collection program designed to monitor state-level prevalence of the major behavioral risks associated with premature morbidity and mortality among adults. The survey was initiated in 1984, with 15 states participating in the monthly data collection. By 1994, all states and the District of Columbia were participating in BRFSS. Factors assessed by the BRFSS include alcohol and tobacco use, health care coverage, tested for HIV/AIDS, physical activity, and fruit and vegetable consumption. CDC developed standard core questions for states to use to collect data that could be compared across states. The survey also includes many optional modules.
Survey Design/ Methodology:	BRFSS is conducted in each participating state on a probability sample of the adult population ages 18 and older. Telephone interviews are conducted during a 2-week period each month throughout the year. Most states use a disproportionate stratified sample (DSS) design. A few states used a Mitofsky-Waksberg design or a simple random sample design. Deviations from sampling frame and weighting protocols exist among states. Initially conducted with paper-administered survey forms, interviews are now conducted through computer-assisted telephone interviewing (CATI).
Sample Characteristics:	BRFSS samples vary in size from state to state and from year to year, depending on the number of states participating and the availability of funds. In 2000, there were a total of 189,450 respondents from all states. The BRFSS is designed to collect state-level data, but some regional prevalence estimates are possible from a number of states that stratify their samples.
Alcohol Variables:	Alcohol variables were asked in reference to the past month or the past 30 days, including frequency of consumption, average number of drinks consumed per occasion, having 5 or more drinks per occasion, and driving after drinking. Alcohol questions were included in the core questionnaire prior to 1994. Beginning in 1994, the alcohol section rotated between the core questionnaire and optional modules. Eleven states responded to alcohol questions in 1994, all states responded in 1995, 17 in 1996, all in 1997, 12 in 1998, all in 1999, and 11 in 2000. Five states added their own alcohol questions in 2000.

Other Variables:	BRFSS covers demographics, health status, health care access, family planning, asthma, diabetes, oral health, diet, immunization, seatbelt use, history of hypertension, frequency of physical exercise, amount of recreational activity, access and storage of firearms, mammography, exposure to stress, smoking, women's health, HIV/AIDS and prevention behaviors (e.g., annual checkups, cancer screening, etc.). Optional modules allow states to address emerging health issues.
Availability:	BRFSS data from 1984 forward are available on CD-ROM from CDC's Behavioral Surveillance Branch listed above. Data from 1996 to 2001 can be accessed and downloaded directly in ASCII and DBF formats from http://www.cdc.gov/brfss/ti-docs.htm.

Title:	**Drug Services Research Survey (DSRS)—1990**
Sponsoring Agency:	Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
Contact:	Office of Applied Studies SAMHSA 5600 Fishers Lane, Room 16-105 Rockville, MD 20857 (301) 443-0465 http://www.samhsa.gov/oas/dsrs.htm
Overview:	DSRS is a national survey conducted in 1990 to obtain information on alcoholism and drug abuse treatment providers and clients to supplement data from the National Drug and Alcoholism Treatment Unit Survey (NDATUS). Treatment capacity and utilization, treatment of IV drug users and pregnant women, and training received by treatment providers was recorded. This survey provides baseline data for the SROS study of treatment outcome. For continuation of these data, see SROS, ADSS, and UFDS, described separately in this publication.
Survey Design/ Methodology:	DSRS consists of two components, a facility-based telephone interview with a representative sample of drug treatment providers, followed by a record-based survey of patients discharged from treatment. In the first phase, facility-level information was collected from facility directors. In the second phase, patient-level information was abstracted from records of sampled patients discharged during the 12-month period from September 1, 1989, through August 31, 1990.
Sample Characteristics:	DSRS uses a stratified random sample of 1,803 treatment facilities in the conterminous United States that was drawn from the 1990 NDATUS. Among them, 1,183 participated in the facility-based telephone interviews. A sub-sample of 120 facilities participated in site visits to abstract information from patient records. Client record-based data were collected on a sample of 2,222 discharged patients.
Alcohol Variables:	Facility variables include treatment modality, length of stay, principal drug of use for clients in treatment, treatment history, history of use, and source.
Other Variables:	Ownership, accreditation, capacity and workload, staffing, cost, and sources of revenue are recorded for each facility. Patient data include demographics, education, employment status, living arrangements, and source of referral to treatment.
Availability:	Authorized downloads of DSRS are permitted from SAMHDA at ICPSR's Web site. Go to http://www.icpsr.umich.edu/SAMHDA/archive.html and search on Drug Services Research Survey. Some data sets in SAMHDA are available for online data analysis.

Title:	**Fatality Analysis Reporting System (FARS)—1975–01**
Sponsoring Agency:	National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation
Contact:	Ms. Louann Hall National Center for Statistics and Analysis NRD-31, NHTSA 400 Seventh Street, SW Washington, DC 20590 (202) 366-4198 or 1-800-934-8517 http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa//fars.html
Overview:	FARS is designed to assist the traffic safety community in identifying traffic safety problems (including drinking and driving), developing and implementing vehicle and driver countermeasures, and evaluating motor vehicle safety standards and highway safety initiatives. FARS gathers detailed data on all fatal traffic crashes each year within the 50 states, the District of Columbia, and Puerto Rico. FARS has been in operation since 1975.
Survey Design/ methodology:	FARS is a census of all fatal traffic crashes. To be included in FARS, a crash must involve at least one motor vehicle moving on a roadway customarily open to the public and must result in the death of a person within 30 days of the crash. Each case has more than 100 data elements that characterize the crash and are coded at four levels: the accident, the vehicle, the driver, and the person(s) involved. Data sources may include police crash reports, state vehicle registration files, state driver licensing files, state highway department files, vital statistics documents, death certificates, coroner reports, hospital reports, and emergency medical services reports. The specific data elements may be modified slightly over the years.
Sample Characteristics:	FARS' total number of cases varies from year to year. In 2000, FARS reported 37,526 fatal traffic crashes that resulted in 41,945 deaths.
Alcohol Variables:	Alcohol variables include police officers' judgment on alcohol involvement and results of blood alcohol concentration (BAC) tests. Since 1984, NHTSA has used statistical methods to estimate BAC values for drivers with unknown BAC levels. The imputed BAC data are provided in separate data files.
Other Variables:	Other variables include age, sex, role (driver, passenger, nonoccupant) for all persons in the traffic crash, injury severity, time and date of the crash, number of vehicles involved, vehicle make and model, speed limit, road and atmospheric conditions, violations charged, and previous convictions of traffic violations for all drivers.
Availability:	Data for 1975–2001 can be downloaded in SAS or ASCII format from NHTSA at ftp://ftp.nhtsa.dot.gov/fars.

Title:	**Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS)—1988–99**
Sponsoring Agency:	Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services
Contact:	Healthcare Cost and Utilization Project AHRQ 2101 E. Jefferson Street, Suite 501 Rockville, MD 20852 (301) 594-1364 http://www.ahcpr.gov/data/hcup/
Overview:	HCUP is a Federal-state-industry partnership in health care data collection. It includes inpatient data from all payer sources. HCUP's objectives are to (1) obtain data from statewide information sources, (2) design and develop a multistate health care database for health services research and health policy analysis, and (3) release data to a broad set of public and private users. HCUP data allow for comparative studies of health care services and the use and cost of hospital care, including the effects of market forces on hospitals and the care they provide, variations in medical practice, the effectiveness of medical technology and treatments, and use of services by special populations. The Nationwide Inpatient Sample (NIS), part of HCUP, is a database containing patient-level information on inpatient hospital stays.
Survey Design/ Methodology:	NIS examines discharge data from hospitals in states that have agreed to provide the project with payer data on hospital inpatient stays. Inpatient stay records include clinical and resource use information typically available from discharge abstracts. Hospital and discharge weights are provided for national estimates. Discharge data can be linked to hospital-level data from the American Hospital Association (AHA) Annual Survey of Hospitals and to county-level data from the Bureau of Health Professions' Area Resource File (except for hospitals in Kansas and South Carolina).
Sample Characteristics:	NIS is a stratified probability sample of U.S. hospitals proportional to the number of community hospitals in each stratum. NIS contains discharge data from about 1,000 hospitals, approximating a 20-percent sample of U.S. community hospitals. Data include 5 million to 7 million hospital inpatient records. Data releases and the number of states involved are listed as follows: Release 1 Data: 1988–92 (8 states in 1988; 11 in 1989–92); Release 2 Data: 1993 (17 states); Release 3 Data: 1994 (17 states); Release 4 Data: 1995 (19 states); Release 5 Data: 1996 (19 states); Release 6 Data: 1997 (22 states); Release 7 Data: 1998 (22 states); Release 8 Data: 1999 (24 states).
Alcohol Variables:	NIS contains alcohol-related diagnoses that may be analyzed by geographic region, hospital ownership, urban/rural location, and quality-of-care outcomes.
Other Variables:	NIS includes other key variables such as principal diagnosis, any listed diagnosis, principal procedure, any listed procedure, DRG (diagnosis related group) in effect on discharge, age, race, sex, death during hospitalization, length of stay, primary and secondary payer, and income.

Availability: Data for 1988–99 are available on CD-ROM to all users who complete and sign a Data Use Agreement. Contact National Technical Information Service (NTIS) for price and ordering information. Aggregate statistics for the years 1997 to 2000 are available from HCUPNet at http://hcup.ahrq.gov/HCUPNet.asp.

Title: **National Alcohol Survey (NAS)—1964–65, 1967, 1969, 1974, 1979, 1984, 1990, 1992, and Followup, 1995–96**

Sponsoring Agency: Alcohol Research Group, and National Institute on Alcohol Abuse and Alcoholism (NIAAA), U.S. Department of Health and Human Services

Contact: Alcohol Research Group
2000 Hearst Avenue, Suite 300
Berkeley, CA 94709-2179
(510) 642-5208
http://www.arg.org/studies.html

Overview: NAS is designed to assess trends in drinking practices and problems in the national population, including attitudes, norms, treatment experiences and adverse consequences. It also studies the effects of public policy on drinking practices (i.e., alcoholic beverage warning labels).

Survey Design/ Methodology: NAS uses a multistage-area probability sample of persons ages 18 and older in households within the 48 contiguous states. Blacks and Hispanics are oversampled. Special populations in various institutional settings, including detoxification centers, jails, clinics, emergency rooms, and welfare offices may be sampled. Both in-person and telephone interviews are conducted.

Sample Characteristics: The number of respondents varies each year as shown below:

Survey	Year	Sample Size	Population
N1	1964–1965	2,746	Adults, excl. AK and HI
N2	1967	1,359	N1 respondents, reinterviewed
N3	1969	978	Men, ages 21–49
N4	1974	725	N3 respondents, reinterviewed
N5	1974	901	N2 respondents, reinterviewed
N6	1979	1,772	Adults, ages 18+
N7	1984	5,221	Adults, ages 18+
N8	1990	2,058	Adults, ages 18+
		1,110	Youth supplement, ages 12–30
N7 Followup	1992	2,247	N7 respondents, reinterviewed
		583	New youth respondents—ages 18–25
N8 Followup	1992–1993	1,027	N8 respondents, reinterviewed
		261	Family members of teens (12–17) from N8 main sample, reinterviewed
N9	1995–1996	4,925	Adults, ages 18+

Alcohol Variables: NAS data are collected on quantity/frequency measures of alcohol consumption; beverage type including beer, wine and spirits; binge drinking; attempts to reduce drinking; attitudes/opinions on drinking levels in different drinking situations; treatment status; and drinking consequences. Drinking consequences include skipping meals, shaky hands, financial harm, employment repercussions, injury or health effects, and psychological/emotional distress.

Other Variables: Demographics include age, race, sex, geographic region, education, income, and others. Other variables include attitudes and values concerning violence, injury, risk-taking behaviors, AIDS knowledge and fears, illegal behaviors, arrests, and criminal history.

Availability: The N9 data and documentation from NAS are available on request from AEDS, with the exception of the "Ethnicity and Spousal Violence" component of N9 (also referred to as "Spouse/Couple Sample), which is not yet available to the public.

Title:	**National Automotive Sampling System—General Estimates System (GES)—1988–00, Annually**
Sponsoring Agency:	National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation
Contact:	Ms. Louann Hall National Center for Statistics and Analysis NRD-31, NHTSA 400 Seventh Street, SW Washington, DC 20590 (202) 366-4198 or 1-800-934-8517 http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa//Contact.html
Overview:	GES began in 1988. It supports the development, implementation, and assessment of highway safety programs aimed at reducing the human and economic cost of motor vehicle traffic crashes. These program efforts include identifying highway safety problem areas, providing a basis for regulatory and consumer information initiatives, and forming the basis for cost and benefit analyses of highway safety initiatives.
Survey Design/ Methodology:	GES collects data from a nationally representative stratified probability sample of the estimated 6.4 million police-reported crashes that occur each year. GES collectors obtain data in weekly, biweekly, or monthly visits to approximately 400 police agencies within 60 demographic sites throughout the United States.
Sample Characteristics:	GES uses a sample of Police Accident Reports (PARs) involving at least one motor vehicle traveling on a traffic way and resulting in property damage, injury, or death. Approximately 50,000 PARs on accidents of all types, from minor to serious, are sampled each year. Information is collected at the accident, vehicle/driver, and person level.
Alcohol Variables:	Alcohol use by anyone in the traffic crash is recorded based on police-reported alcohol involvement. Alcohol use is imputed for persons with unknown value on this variable. Also included is a variable indicating violation(s) charged to the drivers of the vehicles, including driving under the influence of alcohol/drugs.
Other Variables:	Other key variables include age, sex, time and date of occurrence, vehicle make, injury information, fatalities, property damage, and sample weights.
Availability:	GES data for 1988–00 can be downloaded in SAS or ASCII formats from ftp://ftp.nhtsa.dot.gov/ges/. GES data also are available from the Bureau of Transportation Statistics National Transportation Data Archive (NTDA).

Title:	**National Ambulatory Medical Care Survey (NAMCS)—1973–81, 1985, 1989–00**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm
Overview:	NAMCS is a national survey designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States.
Survey Design/ Methodology:	NAMCS utilizes a multistage probability design involving probability samples of primary sampling units (PSUs), physician practices within PSUs, and patient visits within practices. First-stage samples include PSUs that are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships. Second-stage samples consist of a probability sample of practicing physicians contained in master files maintained by the American Medical Association (AMA) and the American Osteopathic Association (AOA). The physicians are office-based, principally engaged in patient care activities; non-federally employed; and not in specialties of anesthesiology, pathology, and radiology. All eligible physicians are stratified into 15 groups and a sample is taken of the physicians' patient visits. The physician sample is divided into 52 random sub-samples and assigned to 1 of the 52 weeks in the survey year. Random patient visit samples are selected by the physician during an assigned week. Actual data collection is carried out by the physician and aided by his/her office staff when possible.
Sample Characteristics:	NAMCS sample sizes of patients vary from year to year. The sampling rate varies from a 100-percent sample for very small practices to a 20-percent sample for very large practices. During 2000, NAMCS collected a total of 27,369 patient record forms from 1,388 physicians, a sample reflecting 823.5 million office visits.
Alcohol Variables:	Alcohol use or alcohol-related conditions cited as a reason for the visit are coded only when mentioned by the patient.
Other Variables:	Patient variables include date of visit, age, sex, race, ethnicity, reason for visit (up to three), expected source(s) of payment, diagnostic screening services, physician's diagnoses (up to three). Also included are referral and previous visit history, medication and nonmedication therapy (up to five medications), disposition and duration of visit, weight, geographic region, and SMSA code. Pregnancy status, authorization requirements, HMO status, and the major reason for the patient visit were added to the NAMCS in 1997.
Availability:	NAMCS data are available on a CD-ROM and can be purchased from NCHS and NTIS. Public use data and documentation may be downloaded from http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm. Search on NAMCS to also download data from ICSPR's Web site http://www.icpsr.umich.edu/index.html.

Title:	**National Comorbidity Survey (NCS)—1990–92**
Sponsoring Agency:	National Institute of Mental Health (NIMH), U.S. Department of Health and Human Services, and the W.T. Grant Foundation
Contact:	Ronald C. Kessler Inter-University Consortium for Political and Social Research (ICPSR) The University of Michigan P.O. Box 1248 Ann Arbor, MI 48106-1248 (734) 615-9524 or 1-888-741-7242 (SAMHDA Helpline) http://www.icpsr.umich.edu/SAMHDA/STUDIES/ncs.html http://www.hcp.med.harvard.edu/ncs/indexframe.html
Overview:	NCS is a collaborative epidemiologic investigation designed to study the prevalence and correlates of DSM III-R disorders, including patterns and correlates of service utilization. NCS contains a set of surveys, including Phase I and II (NCS-1 and NCS-2), and a planned replication survey (NCS-R). In addition, NCS-A is a planned survey of adolescents designed to provide representative data on the prevalence and correlates of mental disorders among youth. The NCS is sponsored by the National Institute of Mental Health, the National Institute on Drug Abuse, and the W.T. Grant Foundation.
Survey Design/ Methodology:	NCS uses a fully structured diagnostic interview to assess the prevalence and correlates of DSM-III-R disorders. The baseline NCS was a structured psychiatric interview with a nationally representative sample in the fall of 1990 to the spring of 1992. Sub-samples of the respondents completed the NCS-2 survey and the Tobacco Use Supplement. The study also included a nonrespondent survey and a supplemental sample of students living in campus group housing. Diagnoses were based on a modified version of the Composite International Diagnostic Interview (the UM-CIDI). NCS baseline includes respondents as young as age 15 to minimize recall bias of early onset disorders. Respondents older than age 54 were excluded from NCS based on evidence from the Epidemiologic Catchment Area Study, which suggested that active comorbidity between substance use disorders and nonsubstance psychiatric disorders is much lower among persons older than age 54 than among persons age 54 and younger.
Sample Characteristics:	NCS uses a stratified, multistage area probability sample of persons ages 15 to 54 years from civilian, noninstitutionalized population in the 48 contiguous states. The NCS household sample included over 8,000 respondents. The NCS-2 was completed by a sub-sample of 5,877 respondents. The Tobacco Use Supplement was completed by a sub-sample of 4,414 respondents.
Alcohol Variables:	Drugs listed in the NCS include alcohol, tobacco, sedatives, stimulants, tranquilizers, analgesics, inhalants, marijuana/hashish, cocaine, hallucinogens, heroin, nonmedical use of prescription drugs, and polysubstance use. Data are collected on personal and family history of substance use, abuse, and substance abuse treatment. Drug use includes recency, frequency, age at first use, and problems resulting from the use of drugs.

Other Variables: Other variables of the NCS include demographic characteristics, personal and family history of psychiatric problems, mental health treatment, symptoms of psychiatric disorders, mental health status, HIV-risk behaviors, and physical health status.

Availability: NCS data files, codebooks, and questionnaires for the original 1990–1992 survey are archived by SAMHDA at the ICPSR and can be downloaded from ICPSR at http://www.icpsr.umich.edu/SAMHDA/STUDIES/ncs.html by clicking on data and documentation. Technical support for accessing data can be obtained from ICPSR staff at samhda@icpsr.umich.edu.

Title:	**National Crime Victimization Survey (NCVS)—1973–00, Annually**
Sponsoring Agency:	Bureau of Justice Statistics (BJS), U.S. Department of Justice
Contact:	Victimization Statistics Bureau of Justice Statistics 810 Seventh Street, NW Washington, DC 20531 (202) 616-3494 http://www.ojp.usdoj.gov/bjs/cvict.htm
Overview:	NCVS collects data on the prevalence of personal and household victimization in the United States and permits comparisons over time and types of areas. The program has three primary objectives: to develop detailed information about the victims and consequences of crime, to estimate the numbers and types of crimes not reported to the police, and to provide uniform measures of selected types of crimes. A School Crime Supplement was conducted in 1989, 1995, and 1999, studying students ages 12 to 19 in schools leading toward diplomas. NCVS was redesigned in 1992 to improve data on sexual assaults and domestic violence and to improve recall ability.
Survey Design/ Methodology:	NCVS is an ongoing national probability survey of residential addresses in selected U.S. cities using a stratified multistage cluster sample. Data are collected quarterly, and six quarters comprise an annual file (four in the current year and the first two quarters of the following year). NCVS data are collected by telephone and in-person interviews.
Sample Characteristics:	NCVS employs a stratified multistage cluster sample of all persons in the United States age 12 or older.
Alcohol Variables:	NCVS inquires if the victim noticed that the offender had been drinking or used drugs in combination with alcohol.
Other Variables:	NCVS includes demographic information on the victim and offender, characteristics of the crime, situational data, and information on responses by the victim about the incident and the criminal justice system. The recorded crimes (or attempted crimes) include rape and sexual attack, robbery, assault, pickpocketing, burglary, theft, motor vehicle theft, and vandalism.
Special Issues:	NCVS interview data rely on the victims' perception of offender drug use, which may not be accurately observed.
Availability:	NCVS data and documentation for 1992-2000 are archived by NACJD at ICPSR. Go to the Web site http://www.icpsr.umich.edu and search for NCVS. Contact BJS for information about other NCVS data available on CD-ROM. Technical support on accessing data can be obtained from websupport@icpsr.umich.edu. Data questions should be addressed to nacjd@icpsr.umich.edu.

Title: **National Health and Nutrition Examination Survey I (NHANES I)—1971–75**

Sponsoring Agency: National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services

Contact: Division of Data Services
NCHS
6525 Belcrest Road
Hyattsville, MD 20782-2003
(301) 458-4636
http://www.cdc.gov/nchs/nhanes.htm
http://www.cdc.gov/nchs/about/major/nhanes/datalink.htm
http://www.cdc.gov/nchs/products/elec_prods/subject/nhanes1.htm

Overview: In 1970, the National Nutritional Surveillance System was combined with the National Health Examination Survey to form NHANES. This was done to initiate a series of surveys to collect information about health and diet of people in the U.S. Major goals of NHANES are to (1) estimate the number and percent of persons in the U.S. population and designated subgroups with selected disease and risk factors; (2) monitor trends in the prevalence, awareness, treatment, and control of selected diseases; (3) monitor trends in risk behaviors and environmental exposures; (4) analyze risk factors for selected diseases; (5) study the relationship between diet, nutrition, and health; (6) explore emerging public health issues and new technologies; and (7) establish a national probability sample of genetic material for future genetic testing. NHANES I represents the first cycle of the NHANES studies.

Survey Design/ Methodology: NHANES I used a multistage, stratified probability sample of clusters of persons ages 1 to 74, with oversampling of certain population subgroups, e.g., persons living in poverty areas, women of childbearing age (ages 25–44), and elderly persons (ages 65 and older). Data are weighted to represent the civilian, noninstitutionalized population of the U.S., excluding Alaska, Hawaii, and persons residing on Indian reservations. During 1971–1979 extensive data were collected through interviews, physical examinations, a battery of clinical measures, and various laboratory tests. On the entire sample these data include a general medical history, 24-hour dietary intake, food frequency interview, food program questionnaire, general medical exam including dental, dermatological, and ophthalmological exams; anthropometric measures; and 24 hematological, blood chemistry, and urological lab determinations. Hand–wrist x-rays were performed on children ages 1–17 and additional clinical and laboratory tests were performed on a subset of sampled adults 25–74 years of age.

Sample Characteristics: NHANES I obtained a nationwide, multistage, stratified probability sample of about 32,000 persons ages 1–74. Among them, 14,407 were medically examined.

Alcohol Variables: The NHANES I medical exam includes four alcohol questions:

- During the last year, have you had at least one drink of beer, wine, or liquor?
- How often do you drink?
- Which do you most frequently drink (beer, wine, liquor)?
- When you do drink (beer/wine/liquor), how much do you usually drink over 24 hours?

A 24-hour dietary recall questionnaire asks for the time and place of alcohol intake during a 24-hour period. Information on caloric value for each ingested food substance is included. This permits analysis of food calories, alcohol calories, and percentage of alcohol in the respondent's diet.

Other Variables: Demographic variables include age, sex, race, education, occupation, employment status, marital status, income, language, and ancestry/national origin. Other variables include participation in public assistance programs, housing type and facilities, results of the medical history, 24-hour dietary intake, food frequency interview, food program questionnaire, plus the general medical exams and laboratory tests.

Special Issues: Alcohol consumption of former drinkers is not measured, and the 24-hour recall interviews do not cover weekend consumption of alcohol.

Availability: Data tapes from NHANES I can be purchased through NTIS. Public-use data files in ASCII format and documentation/codebooks are available for download from http://www.cdc.gov/nchs/about/major/nhanes/datalink.htm.

Title: **National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS82)—1982–84**

Sponsoring Agency: National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services

Contact: Division of Data Services
NCHS
6525 Belcrest Road
Hyattsville, MD 20782-2003
(301) 458-4636
http://www.cdc.gov/nchs/products/elec_prods/subject/nhefs.htm

Overview: The purpose of the NHEFS is to investigate the relationships of clinical, nutritional, and behavioral factors assessed in NHANES I to subsequent morbidity and mortality. The three major objectives are to assess (1) morbidity and mortality associated with suspected risk factors, (2) changes in participants' characteristics, and (3) natural history of chronic disease and functional impairments.

Survey Design/ Methodology: NHANES I respondents were traced and interviewed in 1982–1984, 1986, and 1987. Whereas NHANES I contains information gathered in physical exams, laboratory tests, and interviews, NHEFS is primarily a personal interview survey that relies on self-reporting of conditions. In addition, hospital and nursing home records were collected for any episode that occurred since the respondent's NHANES I examination, and death certificates were collected for those who had died. The sample is followed annually with the use of the National Death Index to obtain death certificates for respondents who have died between followup interviews. Health care facility records and death certificates were reviewed for the decedents. Pulse rate, weight, and blood pressure measurements were recorded for surviving participants.

Sample Characteristics: NHEFS82 traced a total of 13,383 of the 14,407 NHANES I respondents. The sample was chosen from participants who were ages 25 to 74 when examined in NHANES I. Proxies were used for those who were incapacitated or deceased. A total of 10,523 living respondents were interviewed out of the 11,361 who were traced (93% response rate).

Alcohol Variables: NHEFS82 alcohol variables are derived from rather detailed drinking questions:

- Have you had at least 12 drinks of any kind of alcoholic beverage in any 1 year?
- What is your main reason for not drinking?
- Have you had at least one drink of beer, wine, or liquor during the past year?
- What is your main reason for not drinking in the past year?
- How old were you when you quit drinking?
- On average, how often do you drink alcoholic beverages (i.e., beer, wine, or liquor)?
- On days that you drink, about how many drinks do you usually have?
- In how many of the past 12 months did you have at least 1 drink of any alcoholic beverage?
- During the past 12 months, on about how many days did you have nine or more (five or more) drinks of any alcoholic beverage?

- Do you now drink more, less, or about the same as you did a year ago?
- Do you now consider yourself a light, moderate, or heavy drinker?
- Which drinking category best describes your usual drinking pattern when you were 25, 35, 45, 55, 65, 75? For each age level, the categories range from 9+ drinks a day or 60+ per week to less than 1 drink a week.
- Did you ever drink more than the amount you drank when you were (age of greatest drinking) for 3 months or longer? Which of the categories best describes your drinking during that period? About how old were you when you started drinking that amount? For about how long was this typical of your drinking?

Other Variables: Other NHEFS82 variables include demographics (age, sex, race, education, occupation, income, employment status, marital status), medical history (medical conditions), nutrition (dietary recall and food frequency), physical examination, and other measurements.

Special Issues: Appropriately weighting the data is difficult because of the oversampling of women, the elderly, and those persons residing in poverty areas with NHANES I. Only baseline weights are available, but these can be used if loss to followup is properly addressed and described to avoid bias. Data are restricted for racial groups other than White and Black.

Availability: The NHEFS series on CD-ROM can be purchased through NTIS. Public-use data files in ASCII format and documentation/codebooks are available from ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NHEFS/NHEFS92/.

Title: **National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS86)—1986**

Sponsoring Agency: National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services

Contact: Division of Data Services
NCHS
6525 Belcrest Road
Hyattsville, MD 20782-2003
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http://www.cdc.gov/nchs/products/elec_prods/subject/nhefs.htm

Overview: NHEFS86 was conducted to extend the followup period for the older NHEFS population. The main objectives of NHEFS86 were to (1) continue monitoring changes over time in health, functional status, and utilization of hospitals and nursing homes; and (2) track the incidence of various medical conditions.

Survey Design/ Methodology: NHEFS86 was restricted to 5,677 NHEFS subjects who were ages 55 and older at the time of their NHANES I examination (almost 40% of the entire cohort). Tracking and data collection in 1986 consisted of a portion of these subjects, known as the 1986 followup cohort. The design and data collection in NHEFS86 was similar to NHEFS82. In NHEFS86 each interview averaged 30 minutes and was conducted primarily by telephone. A 2-hour in-person interview was conducted in NHEFS82. No physical measures were taken in NHEFS86.

Sample Characteristics: The NHEFS86 cohort consisted of 3,980 subjects ages 55 and older at NHANES I who were not known to be deceased in NHEFS82.

Alcohol Variables: Alcohol (drinking) variables in NHEFS86 included five questions:

- Have you had at least one drink of beer, wine, or liquor during the past year?
- How often did you drink alcoholic beverages?
- How many cans or bottles of beer did you drink per day, week, month, or year?
- How many glasses of wine did you drink?
- How many shots or drinks of hard liquor, either straight or in a mixed drink, did you drink?

Other Variables: To maintain item comparability, most questions in NHEFS86 were the same as those used in previous NHEFS administrations. Other variables included demographic data. In addition, subject and proxy interviews were sectioned to provide the following: living arrangements; household composition; history of selected medical conditions; functional limitation; smoking and alcohol habits; exercise and weight; vision and hearing; pregnancy and menstrual history; community services; activity level; urinary incontinence; changes in memory; utilization of hospitals, nursing homes, and other health care facilities; and locality of subject's death.

Special Issues: Appropriately weighting the data is difficult because of the oversampling of women, the elderly, and those persons residing in poverty areas with NHANES I. Only baseline weights are available, but these can be used if loss to followup is properly addressed and described to avoid bias. Data are restricted for racial groups other than White and Black.

Availability: The NHEFS series on CD-ROM can be purchased through NTIS. Public-use data files in ASCII format and documentation/codebooks are available for download from http://www.cdc.gov/nchs/about/major/nhefs/nhefspuf.htm.

Title: **National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS87)—1987**

Sponsoring Agency: National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services

Contact: Division of Data Services
NCHS
6525 Belcrest Road
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http://www.cdc.gov/nchs/products/elec_prods/subject/nhefs.htm

Overview: NHEFS87, the third wave of the NHANES I followup, collected information on changes in the health and functional status of the entire NHEFS cohort since the last contact. The design and data collection procedures adopted in NHEFS87 were very similar to the ones developed in the previous surveys: subjects were tracked, subject and proxy interviews were conducted, and health care facility abstracts and death certificates were collected. All subjects whose vital status was not obtained through tracking procedures were considered lost to followup.

Survey Design/ Methodology: NHEFS87 consisted of all nondeceased respondents from the NHANES I cohort who completed a medical examination for the baseline survey (14,407). Interviews were conducted in a similar manner to those in NHEFS86, with each interview averaging 30 minutes and taking place primarily by telephone. No physical measurements were taken in NHEFS87.

Sample Characteristics: At the end of the data collection period for NHEFS87, 11,018 of the 11,750 members of the NHEFS cohort had been successfully tracked. Interviews were conducted for 9,998 subjects (a response rate of 91%). In addition, 7,361 facility stay records were collected for 3,472 subjects, and death certificates were obtained for 524 of the 555 subjects who were deceased since last contact.

Alcohol Variables: NHEFS87 alcohol variables were derived from the following:

- Has the subject had at least one drink of beer, wine, or liquor in the past year?
- [For each beverage type in the past year] how often did the subject drink (beer, wine, liquor) and, on average, how often has the subject drank (beer, wine, liquor)?
- On drinking days, how many (cans, glasses, shots) were consumed each day?

Other Variables: To maintain item comparability with both NHANES I and the earlier surveys in the NHEFS series, the majority of questions in NHEFS87 are the same as those used previously. Demographic data are available. In addition, subject and proxy questionnaires were divided into categories. They provided data to construct the following variables: living arrangements and household composition; history of selected medical conditions; functional limitation; smoking and alcohol habits; exercise and weight; vision and hearing; pregnancy and menstrual history; utilization of hospitals, nursing homes, and other health care facilities; and locality of subject's death.

Special Issues: Appropriately weighting the data is difficult because of the oversampling of women, the elderly, and those persons residing in poverty areas with NHANES I. Only baseline weights are available, but these can be used if loss to followup is properly addressed and described to avoid bias. Data are restricted for racial groups other than White and Black.

Availability: The NHEFS series on CD-ROM can be purchased through NTIS. Public-use data files in ASCII format and documentation/codebooks are available for download from http://www.cdc.gov/nchs/about/major/nhefs/nhefspuf.htm.

Title: **National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS92)—1992**

Sponsoring Agency: National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services

Contact: Division of Data Services
NCHS
6525 Belcrest Road
Hyattsville, MD 20782-2003
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http://www.cdc.gov/nchs/products/elec_prods/subject/nhefs.htm

Overview: NHEFS92, the fourth wave of NHEFS, collected information on changes in the health and functional status of the entire NHEFS cohort since the last contact. The design and data collection procedures adopted in NHEFS92 were very similar to those developed in NHEFS87: subjects were tracked, subject and proxy interviews were conducted, and health care facility abstracts and death certificates were collected. All subjects whose vital status was not obtained through tracking procedures were considered lost to followup.

Survey Design/ Methodology: NHEFS92 consists of all nondeceased respondents from the NHANES I cohort who completed a medical examination at the baseline survey (14,407).

Sample Characteristics: At the end of the NHEFS92 data collection period, 10,079 of the 11,195 members of the NHEFS87 cohort had been successfully tracked (90%). Interviews were conducted for 9,281 subjects of this cohort (response rate of 92%). In addition, 10,535 facility stay records were collected, and death certificates were obtained for 90 percent of subjects who were deceased since last contact.

Alcohol Variables: Alcohol questions consist of the following:

- Has subject had at least one drink of beer, wine, or liquor in past year?
- During the past year how often did subject drink beer?
- On days subject drank beer, how many cans, bottles, or glasses did subject drink?
- During the past year how often did subject drink wine?
- On days subject drank wine, how many glasses did subject drink?
- During the past year how often did subject drink liquor?
- On days subject drank liquor, how many shots of liquor did subject drink?

Other Variables: To maintain item comparability with NHANES I, NHEFS82, NHEFS86, and NHEFS87, the majority of questions in NHEFS92 are the same used in the previous surveys. Demographic information is available. In addition, subject and proxy questionnaires were divided into categories that determined the following: living arrangements and household composition; history of selected medical conditions; functional limitations; smoking and alcohol habits; exercise and weight; vision and hearing; pregnancy and menstrual history; utilization of hospitals, nursing homes, and other health care facilities; and locality of subject's death.

Special Issues:	Weighting the data appropriately is difficult because of the oversampling of women, the elderly, and those persons residing in poverty areas with NHANES I. Only baseline weights are available, but these can be used if loss to followup is properly addressed and described to avoid bias. Data are restricted for racial groups other than White and Black.
Availability:	The NHEFS series on CD-ROM can be purchased through NTIS. Public-use data files in ASCII format and documentation/codebooks are available for download from http://www.cdc.gov/nchs/about/major/nhefs/nhefspuf.htm.

Title:	**National Health and Nutrition Examination Survey II (NHANES II)—1976–80**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782-2003 (301) 458-4636 http://www.cdc.gov/nchs/products/elec_prods/subject/nhanesii.htm
Overview:	NHANES II is designed to monitor the nutritional status and medical condition of the U.S. population. It consists of eight elements, including questionnaires on household, medical histories for persons ages 6 months to 11 years and for persons 12–74 years, dietary intake (2), medication and vitamin usage, a dietary supplement, and a behavior questionnaire. To establish a baseline for assessing changes over time, data collection for NHANES II was made comparable to NHANES I. Therefore, the measurements for both surveys were taken in the same way and with the same age groups in the U.S. population.
Survey Design/ Methodology:	NHANES II, however, employed a different sample design than that used with NHANES I. Different definitions and stratification procedures were used to identify primary sampling units (PSUs). Three subgroups of the population were given special consideration in the nutritional assessment: preschool children (6 months to 5 years), persons ages 60 to 74, and persons whose income was below the poverty level as defined by the 1970 U.S. Census. These procedures resulted in 64 PSU geographic locations throughout the U.S.
Sample Characteristics:	NHANES II used a stratified, multistage probability sample of U.S. households and sampled 27,801 persons, of which 20,322 were given medical exams.
Alcohol Variables:	NHANES II includes alcoholic beverage use in both the Dietary 24-Hour Recall and the Food Frequency Questionnaire. Beer, wine, and liquor are included in the alcoholic beverages food group. The survey also has quantity–frequency (QF) questions covering a reporting window of 3 months. Drinking frequency response categories include never, less than once a week, and 1–6 times a week. Drinking quantity response categories include 1–24 times, 1–5 times, and 1–15 times per day.
Other Variables:	Demographic variables include age, sex, and race. Other variables include medical history, health history, dietary intake (24-hour recall and supplement), medications/vitamin usage, behavior questionnaire, control record, body measurements, audiometry, allergy testing, spirometry, liver function test, glucose challenge, speech pathology test, and physician's examination.
Availability:	Data tapes from the NHANES series can be purchased through NTIS. Data files in ASCII format and documentation/codebooks are available for download from http://www.cdc.gov/nchs/about/major/nhanes/datalink.htm.

Title:	**National Health and Nutrition Examination Survey II Mortality Study (NH2MS)—1976–92**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782-2003 (301) 458-4636 http://www.cdc.gov/nchs/products/elec_prods/subject/nh2ms.htm
Overview:	NH2MS, conducted from February 1976 to February 1992, is a prospective cohort study that passively followed a subset of NHANES II participants. The NH2MS is designed to investigate the association between factors measured at baseline with NHANES II and overall mortality or death from specific causes. NHANES II obtained information gathered from physical exams, laboratory tests, and interviews, whereas NH2MS involved searching national databases containing mortality and cause-of-death information about deceased NHANES II respondents. NH2MS mortality data can be linked with baseline NHANES II data to examine the relationships between health factors and specific causes of death.
Survey Design/ Methodology:	NH2MS mortality status was ascertained by searching two computerized databases containing information on deaths occurring in the U.S.: The National Death Index (NDI), compiled by NCHS, and the Social Security Administration's (SSA) Death Master File. NH2MS' design differs from that of the NHEFS series in that it is entirely passive. As a passive followup, NH2MS subjects were not recontacted NHANES II participants, nor were all death certificates obtained. Mortality status was ascertained solely by computerized matching to national databases and evaluation of the resulting matches. The length of the followup periods ranges from 12 to 16 years.
Sample Characteristics:	NH2MS is comprised of adults who were ages 30–75 at the time of their NHANES II examination (n=9,250). This cohort is a subset of the persons selected to participate in the NHANES II (which consisted of a nationwide probability sample of approximately 28,000 persons ages 6 months through 74 years from the civilian, noninstitutionalized population of the U.S.). Some NHANES II participants were interviewed but not examined, and only those examined were followed for mortality status.
Alcohol Variables:	Alcohol variables such as the frequency of alcohol use in the Dietary 24-Hour Recall and the Food Frequency Questionnaire from NHANES II (see page 32) can be linked with the mortality data.
Other Variables:	NH2MS mortality data can be linked with the earlier baseline NHANES II data to examine the relationships between specific causes of death and a wide variety of health and nutrition.
Special Issues:	For analytic purposes, persons not found to be deceased for NH2MS are assumed to be alive. As a result, the potential exists for vital status misclassification.

Availability: NH2MS data tapes can be purchased through NTIS. Public use data files in ASCII format and documentation/codebooks are available for download from ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NH2MS.

Title:	**National Health and Nutrition Examination Survey III (NHANES III)—1988–94**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Health Examination Statistics NCHS 6525 Belcrest Road Hyattsville, MD 20782-2003 (301) 458-4636 http://www.cdc.gov/nchs/products/elec_prods/subject/nhanes3.htm
Overview:	NHANES III, the third cycle in the NHANES series, was conducted on a nationwide probability sample during 1988–1994. The survey was designed to collect information on the health and nutritional status of a national sample of the U.S. population through interviews and direct physical examinations.
Survey Design/ Methodology:	NHANES III is the largest of the NHANES series so far. Because minority groups can have very different health status and characteristics, Black Americans and Mexican Americans were oversampled and comprised about 30 percent of the total sample. All selected persons were asked to complete an extensive interview and were examined in a mobile examination center. The survey period (1988–1994) consisted of two phases of equal length and sample size. Both Phase 1 and Phase 2 data collection involved random samples of the U.S. population living in households. NHANES III data are contained in five separate files (Adult Household Data, Youth Household Data, Examination Data, Laboratory Data, and Dietary Recall Data) that contain nearly all the data collected in the survey.
Sample Characteristics:	NHANES III used a nationwide probability sample of 33,994 persons age 2 months and older, including large samples of both young and old respondents. About 12,000 of the sample persons were Black, 12,000 were Mexican Americans, and the remaining 16,000 were of all other race and ethnicity groups. NHANES III consists of 20,050 adult household data records, 29,314 lab data records, 13,994 youth household data records, and 31,311 examination data records.
Alcohol Variables:	Alcohol questions were asked of respondents age 12 years or older regarding alcohol use in the past 12 months, including number of drinking days, number of drinks per day on drinking days, number of days consumed 5+ and 9+ drinks, and ever consumed 5+ drinks almost everyday (adults only). Frequency of drinking (beer, wine, hard liquor) in the past month were asked of youths ages 12 to 16 in the dietary food frequency section of NHANES III.
Other Variables:	Some of the 30 topics covered in NHANES III are high blood pressure, high blood cholesterol, obesity, passive smoking, lung disease, osteoporosis, HIV, hepatitis, helicobacter pylori, immunization status, diabetes, allergies, growth and development, blood lead, anemia, depression, food sufficiency, dietary intake, antioxidants, and nutritional blood measures.
Special Issues:	NHANES III involves a new set of respondents and cannot be linked with earlier NHANES or NHEFS data.

Availability: Data are available on tape and CD-ROM through NTIS or GPO. Data files in ASCII format and documentation/codebooks can be downloaded from ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NHANES/NHANESIII/.

Title: **National Health Interview Survey (NHIS)— General Description, 1957–96**

Sponsoring Agency: National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services

Contact: Division of Data Services
NCHS
6525 Belcrest Road
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http://www.cdc.gov/nchs/nhis.htm

Overview: Since its inception in 1957, NHIS has been a continuing nationwide sample survey in which U.S. Census Bureau interviewers collect data through personal interviews with household members. Data are used to provide national estimates on the incidence of acute conditions, the prevalence of chronic conditions and impairments, the extent of disability, the utilization of health care services (physician visits and hospital episodes), and other health-related topics. All conditions are coded according to the International Classification of Diseases (ICD).

NHIS is redesigned periodically to emphasize data collection on current health issues. The NHIS questionnaire and data preparation procedures were extensively revised in 1982. Sampling revisions were introduced in 1985 and 1995. Use of supplements also allows specialized data collection. Supplements may include health promotion and disease prevention (HPDP), knowledge of, and attitudes toward, AIDS, smoking, alcohol and other drug use, cancer and heart disease risk factors, other health risk factors, health insurance, and aging.

Survey Design/ Methodology: Conceptually, the NHIS sampling plan has remained the same since 1957. It follows a stratified multistage probability design that permits a continuous sampling of the noninstitutionalized civilian population residing in the 50 states and the District of Columbia. The survey designs for 1973–84 had 386 primary sampling units (PSUs). For the years 1985–94 there were 198 PSUs, and the current design (1995–04) employs a total of 358 PSUs. NHIS data are obtained through personal interviews with household members. Proxy reporting by a knowledgeable adult is used for absent adults and persons younger than age 19. Interviews are conducted weekly for a year by the U.S. Census Bureau interviewers using a probability sample of households. Blacks are oversampled.

Sample Characteristics: The NHIS sample size varies by component and by year, ranging from approximately 43,000 households including 106,000 persons. The technical characteristics of NHIS data for 1983–1996 are as follows:

	Number of Records		
Year	Household	Person	Supplement
1983	40,912	105,620	Alcohol Section
1984	41,471	105,290	
1985	36,399	91,531	HPDP
1986	24,698	62,052	
1987	49,569	122,859	Epidemiologic Followup
1988	50,061	122,310	Alcohol Section
1989	48,054	116,929	
1990	48,680	119,631	HPDP

(continued next page)

Year	Number of Records Household	Person	Supplement
1991	48,853	120,032	Drug and Alcohol Use and HPDP
1992	51,643	128,412	YRBS and Epidemiology
1993	43,007	109,671	Clinical and Prevention Services
1994	45,705	116,179	Disability Followback and Year 2000 Objectives
1995	39,239	102,467	
1996	24,371	63,402	

Alcohol Variables: Alcohol variables are available in several NHIS supplement surveys, as described in the following pages.

Other Variables: For each sample person there are five files in the core questionnaire containing health conditions, doctor visits, hospital stays, household characteristics, and person characteristics.

Availability: NHIS data tapes are available for individual years from 1969–96. Data on CD-ROM are available from 1987–97. ASCII files 1995–97 are available on CD-ROM and special supplements are available directly from NCHS. CD-ROMs for 1987–97 contain most of the topics collected each year. NHIS data for 1992 and 1997 to 2000 are downloadable from http://www.cdc.gov/nchs/nhis.htm, and files can be downloaded from http://www.icpsr.umich.edu by searching on NHIS.

Title: **National Health Interview Survey (NHIS)—General Description, 1997–00**

Sponsoring Agency: National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services

Contact: Division of Data Services
NCHS
6525 Belcrest Road
Hyattsville, MD 20782
(301) 458-4636
http://www.cdc.gov/nchs/nhis.htm

Overview: NHIS is a multipurpose health survey conducted continuously since 1957 by NCHS to obtain national information about the incidence and distribution of illness, its effects in terms of disability and chronic impairments, and the type of health services people receive. It is the principal source of health information on the civilian, noninstitutionalized, household population of the United States.

NHIS Core questionnaire items have been revised about every 10–15 years, with the last major revision occurring in 1997. From 1982–96 NHIS consisted of two parts: (1) a core set of basic health and demographic items and (2) one or more supplemental sets of questions on current health topics. NCHS initiated a redesign of the NHIS questionnaire that was fielded in 1997 to reduce the data collection burden and the interview length.

NHIS' redesign has three parts or modules: a Basic Module, a Periodic Module, and a Topical Module on prevention. The Basic Module functions as the new Core questionnaire. It will remain largely unchanged from year to year and will allow for trend analysis. In addition, for analytic purposes, data from more than 1 year can be pooled to increase the sample cell sizes.

Survey Design/ Methodology: NHIS is based on a stratified multistage sample design. Data are collected by the U.S. Census Bureau using computer-assisted interviews. For the Family Core component of the Basic Module, all adult members of the household age 17 and older who are at home at the time of the interview are invited to participate and to respond for themselves. For children and adults not at home during the interview, information is provided by a knowledgeable adult family member (age 18 or older) residing in the household. From each family in the survey, one sample adult and one sample child (if any children under age 18 are present) are randomly selected. This adult responds for him/herself to the questions in the Sample Adult questionnaire. Information for the Sample Child questionnaire is obtained from a knowledgeable adult in the household.

Changes in the state-level stratification increased the number of primary sampling locations from 198 to 358 in the 1995–2004 NHIS to enhance state estimation capabilities. Both Black and Hispanic populations are oversampled to allow for more precise estimation of health in these growing minority populations.

Sample Characteristics: Most NHIS families consist of a group of two or more related persons who are living together in the same housing unit (household) in the sample. Individuals living alone or, in some instances, unrelated persons sharing the same household may also be considered as one family.

The sample sizes for 1997–00 are as follows:

Year	Families	Persons	Adults	Children
1997	40,623	103,477	36,116	14,290
1998	38,773	98,785	32,440	13,645
1999	38,171	97,059	32,801	12,910
2000	39,264	100,618	32,374	13,376

Alcohol Variables: Alcohol questions are now in the NHIS core questionnaire and include the following: 12+ drinks in lifetime, 12+ drinks in the past year, frequency of drinking (number of days drank in the past year), average number of drinks on drinking days in the past year, and the number of days in the past year having had 5+ drinks.

Other Variables: Other variables include many sociodemographic characteristics and variables related to limitation of activity, injuries, poisoning, health insurance, access to health care, health care utilization, health conditions, income and assets, immunizations, and testing for AIDS. The 2000 Cancer Control Module covers Hispanic acculturation, diet and nutrition, physical activity, tobacco, cancer screening, genetic testing, and family history of cancer.

Special Issues: Because of the sample design, the 1997 structure is not comparable to that prior to 1997. For trend analyses data users are advised to pay close attention to any specific changes and their implications since 1997. For example, starting with the 2000 NHIS, Asian and Native Hawaiian/Other Pacific Islander (NHOPI) persons were collected separately according to the new OMB guidelines. The current NHIS design obtains samples from all of the states and the District of Columbia, but the NHIS is not fully designed to produce reliable state-level estimates.

Availability: NHIS public-use data for 1992 and 1997–00 are available directly from NCHS. Most NHIS data can be accessed and downloaded directly through NCHS from http://www.cdc.gov/nchs/nhis.htm. Downloadable NHIS data files are also available from http://www.icpsr.umich.edu by searching on NHIS.

Title:	**National Health Interview Survey on Disability (NHIS-D) and Year 2000 Objectives—1994–95**
Sponsoring Agency:	National Institute on Drug Abuse (NIDA) and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.cdc.gov/nchs/about/major/nhis_dis/nhis_dis.htm
Overview:	NHIS-D is a supplementary survey to the NHIS and was conducted in two phases over a 2-year period from 1994 to 1995. NHIS-D gathers more specific information than the NHIS on sample members with disabilities (e.g., diagnostic, functional, social, and behavioral characteristics; service needs and use; and general circumstances and experiences). NHIS-D uses varying definitions of disability to collect data to help understand disability, to develop public health policy, to produce simple prevalence estimates of selected health conditions, and to provide descriptive baseline statistics on the effects of disabilities. Data items related to Year 2000 objectives were included in the NHIS-D Phase I survey.
Survey Design/ Methodology:	NHIS-D Phase I was conducted concurrently with the NHIS Core survey. The regular NHIS Core and the NHIS-D Phase I supplemental data were used to identify persons with disabilities to be included in the Phase II followback interviews, which typically occurred several months after the initial household visit. Phase II NHIS-D was developed for four groups (<18 years, 18+ years, 18+ with a history of polio, and elderly persons [69+ years] without any indication of disability).
Sample Characteristics:	Phase I was administered to about 73,000 households: 42,000 in the 1994 sample and 31,000 in the 1995 sample. Taken together, about 186,000 individuals were interviewed using the Phase I questionnaire. Eighteen thousand adults and 5,000 children from the 1994 cohort and 12,800 adults and 3,600 children from the 1995 cohort were identified in Phase I as having a disability. There were 19,738 respondents to the Year 2000 Objectives Supplement.
Alcohol Variables:	Disability Supplement, Part E, Mental Health: • During the past 12 months, did respondent have an alcohol abuse disorder? Year 2000 Objectives Supplement, Part E, Clinical Preventive Services: • During your last checkup, were you asked about how much and how often you drink alcohol? Disability Followback, Child Questionnaire, Section K, Mental Health asks about substance abuse services in past 12 months. Disability Followback, Adult Questionnaire, Section M, Health Opinions and Behaviors, and Aging Questionnaire, Section K, Health Opinions and Behaviors: • Have you had at least one drink of beer, wine, or liquor in the past year?

- During the past year, on the average, on how many days did you drink alcoholic beverages?
- On those days when you drank, about how many drinks would you say you had?

Other Variables: In addition to NHIS Core items, major data collection topics included immunization, disability, family resources, Year 2000 objectives, knowledge and attitudes about AIDS, and disability followback on children, adults, and aging cohorts.

Special Issues: Because the NHIS sampling changed between 1994 and 1995, combining 1994 and 1995 data for analysis needs to treat the years independently like strata.

Availability: NHIS-D and Year 2000 Objectives supplement data files are available from the ICPSR Web site http://www.icpsr.umich.edu by searching on NHIS-D and Year 2000. Public-use data also can be obtained at NCHS' Division of Health Interview Statistics. NHIS-D data on CD-ROM are also available from NTIS and GPO.

Title:	**National Health Interview Survey (NHIS), Year 2000 Objectives Supplement—1993**
Sponsoring Agency:	National Institute on Drug Abuse (NIDA) and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.cdc.gov/nchs/products/elec_prods/subject/nhischt.htm
Overview:	One or more sets of supplemental questions are added to NHIS each year to gather information on topics that are not covered in the core set of questions. Year 2000 Objectives Supplement is one of six supplements in the 1993 NHIS. The Objectives Supplement contains items on nine selected topics that relate to the Department of Health and Human Services' (HHS) Year 2000 Health Objectives: environmental health, tobacco use, nutrition, occupational safety and health, heart disease, other chronic and disabling conditions, clinical and preventive services, mental health, and oral health.
Survey Design/ Methodology:	NHIS data in 1993 were collected in the latter half of the year for all topics. A person 18 years or older was sampled from each household.
Sample Characteristics:	There were 21,028 respondents to the Year 2000 Objectives Supplement for 1993.
Alcohol Variables:	One alcohol question included under the clinical and preventive services section of Year 2000 Objectives Supplement asks whether the respondent was asked during their last medical checkup "How much and how often do you drink alcohol?"
Other Variables:	This supplement includes variables from the NHIS Core Person File, including sex, age, race, marital status, veteran status, education, income, industry and occupation codes, and limits on activity. Other variables include type of residence, whether the home was built before 1950, whether household air was tested for radon, current smoking status, current activities to control weight, employer-sponsored exercise programs, amount of stress in the past year, and the effect of stress on health in the past year. Variables on mental health and oral health include amount of stress in the past 2 weeks and in the past year, total number of dental visits in the past 12 months, loss of teeth, and general health status.
Special Issues:	Annual estimates from this supplement may be accurate because the Year 2000 Objectives Supplement was administered only in the last half of 1993.
Availability:	NHIS Year 2000 supplement data are available ICPSR's Web site http://www.icpsr.umich.edu by searching on Year 2000 Objectives. Public-use data can also be obtained through NCHS' Division of Health Interview Statistics.

Title: **National Health Interview Survey (NHIS), YRBS and Epidemiology Supplements—1992**

Sponsoring Agency: National Institute on Drug Abuse (NIDA) and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services

Contact: Division of Data Services
NCHS
6525 Belcrest Road
Hyattsville, MD 20782
(301) 458-4636
http://www.cdc.gov/nchs/products/elec_prods/subject/nhischt.htm

Overview: The 1992 Youth Risk Behavior Survey was a followback to the 1992 NHIS and is one piece of a larger system of research, the Youth Risk Behavior Surveillance System (YRBSS) that was developed to monitor the major risk behaviors of American youth. The 1992 Cancer Epidemiology Supplement to the NHIS was designed to monitor the risk factors for cancer and the U.S. adult population's knowledge, beliefs and attitudes associated with cancer.

Survey Design/ Methodology: For the Cancer Epidemiology Supplement, one person age 18 or older was randomly sampled from each household in the 1992 NHIS sample. Hispanic Americans were oversampled. For the YRBS, the sample of children ages 12 to 21 was drawn from families who were interviewed for the 1992 NHIS. The sampled YRBS youth were contacted in person and responded for themselves. Information was obtained by the use of cassette tape recorder and tape containing the previously recorded YRBS questions. Sample youth listened to the taped interview and recorded their responses on answer sheets. Identification of out-of-school youth was achieved by inquiring whether the respondent was now going to school or on vacation from school.

Sample Characteristics: The YRBS sample included 10,645 respondents, ages 12–21. The Cancer Epidemiology Supplement included 12,005 respondents.

Alcohol Variables: Questions in the Epidemiology Supplement were repeated for beer, wine, and liquor:

- During the past year or so, how often did you drink _____?
- On the days you drank _____, how many (cans/glasses/bottles) did you drink?
- Were they small, medium, or large?

YRBS alcohol questions include age at first drink, lifetime drinking, past 30 days drinking, binge drinking in past 30 days, frequency of riding with drinking driver in past 30 days, frequency of driving after drinking in the past 30 days.

Other Variables: The Cancer Epidemiology Supplement includes questions on immunization, acculturation, food frequency, vitamin and mineral intake, height and weight, food knowledge, cancer survivorship, smoking, occupational exposure, and family resources.

YRBS questions include seatbelt and bike helmet use, physical fighting, use of weapons, tobacco use, other drug use, HIV knowledge, weight, diet, dieting history, exercise, and history of runaway and sexual behaviors.

Special Issues: Due to budgetary constraints in 1992, the Cancer Epidemiology Supplement was taken out of the field after the second week of quarter 3, thus, it did not run for a full year.

Availability: These NHIS supplement data are available from http://www.icpsr.umich.edu by searching on Cancer Epidemiology. Public-use data also can be obtained through NCHS' Division of Health Interview Statistics.

Title:	**National Health Interview Survey (NHIS), Drug and Alcohol Use Supplement—1991**
Sponsoring Agency:	National Institute on Drug Abuse (NIDA) and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.cdc.gov/nchs/products/elec_prods/subject/nhischt.htm
Overview:	The 1991 NHIS includes data on health conditions, current health status, and disabilities. The Drug and Alcohol Supplement collected additional data to study relationships between drug use and the various indicators in the NHIS (e.g., health status and health care utilization related to substance use and abuse).
Survey Design/ Methodology:	The Drug and Alcohol Supplement was a self-administered cross-sectional household interview survey of respondents ages 18–44 years using the NHIS multistage probability design that permits continuous sampling throughout the year.
Sample Characteristics:	The sample included 21,174 respondents, ages 18–44, with a response rate of 76 percent. This sample is a subset of the NHIS special topic questionnaire on Health Promotion and Disease Prevention (HPDP).
Alcohol Variables:	Questions include lifetime and past 12 month quantity and frequency of use for all beverages combined; largest number of drinks in a single day; and frequency of drinking at maximum level.
Other Variables:	Drug questions include use of prescription medicine, sedatives, tranquilizers, painkillers, inhalants, hallucinogens, heroin, marijuana, cocaine, and crack cocaine. Driving under the influence of drugs also is included. Demographic and health variables (e.g., health status and limitations, acute and chronic conditions, and health care utilization) from the core NHIS can be linked to variables in the supplement.
Special Issues:	Drinking status from the 1991 supplement is not comparable to previous NHIS surveys. Because the questionnaire was self-administered and "Don't know" was not listed as a valid response, all missing or out-of-range codes were combined into a single "unknown" data category.
Availability:	These NHIS supplement data are available from http://www.icpsr.umich.edu by searching on Drug and Alcohol Use Supplement. Public-use data can also be obtained through NCHS' Division of Health Interview Statistics.

Title:	**National Health Interview Survey, Health Promotion and Disease Prevention Supplement (NHIS-HPDP)—1985, 1990, and 1991**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.cdc.gov/nchs/products/elec_prods/subject/nhischt.htm
Overview:	In addition to the NHIS Core questionnaire, the Health Promotion and Disease Prevention Supplement (HPDP) was used to collect data to assess progress toward the Year 2000 Health Objectives for the nation. Many of the questions were directed towards knowledge of the risks and benefits of certain health practices. Questions were repetitions of those asked in 1985, allowing for examination of trends.
Survey Design/ Methodology:	This general household survey of the U.S. civilian noninstitutionalized population uses a multistage probability design that permits continuous sampling throughout the year. One randomly selected individual, age 18 or older, in each selected household was asked to respond to the HPDP supplement.
Sample Characteristics:	The sample size for the HPDP supplement was 33,630 individuals in 1985, 41,104 individuals in 1990, and 43,732 in 1991.
Alcohol Variables:	Alcohol variables include the following: quantity and frequency of alcohol consumption, number of days consumed 5+ and 9+ drinks per day, main reason for not drinking, driving when having had too much to drink, knowledge of the risk of heavy alcohol drinking on certain health conditions, miscarriages, pregnancy outcome, and knowledge of fetal alcohol syndrome.
Other Variables:	Sociodemographic variables include sex, age, race, marital status, geographic region, education, income, and employment status. Health variables include acute illness, injuries, disability days associated with acute and chronic conditions, prevalence of selected chronic conditions and impairments, limitation of activity, use of physicians, and hospital stays. The 1985 HPDP supplement also contains data on pregnancy and smoking, nutrition, seatbelt use, high blood pressure, stress, dental care, and occupational safety and health. The 1990 HPDP supplement also contains data on general health habits, mammography, injury control, child safety and health, cardiovascular diseases, stress, exercise, smoking, and dental care.
Special Issues:	The sequence of alcohol questions was changed in 1991 so that the abstainer group was defined differently than before. Consequently, the 1991 alcohol data are not compatible with the 1985 or 1990 data.
Availability:	NHIS HPDP supplement data are available from http://www.icpsr.umich.edu by searching on Health Promotion and Disease Prevention. Public-use data can also be obtained through NCHS' Division of Health Interview Statistics.

Title:	**National Health Interview Survey (NHIS), Alcohol Sections—1983 and 1988**
Sponsoring Agency:	National Institute on Alcohol Abuse and Alcoholism (NIAAA), and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.cdc.gov/nchs/products/elec_prods/subject/nhischt.htm
Overview:	The 1983 and 1988 supplements follow the general scheme of all NHIS yearly surveys. Data on health conditions, current health status, disabilities, and contacts with health practitioners are included. The 1983 supplement contains detailed, self-report information on alcohol consumption by beverage type (beer, wine, and liquor), past drinking practices, and a small set of questions on problems related to drinking.
Survey Design/ Methodology:	The 1983 and 1988 NHIS samples randomly selected one person 18 years of age or older in each household to respond to the 1983 and 1988 alcohol sections. Blacks were oversampled in 1988.
Sample Characteristics:	Alcohol data were collected on 22,418 respondents 1983 and 43,809 respondents in 1988. Questions in the 1988 alcohol supplement were asked of all appropriate respondents regardless of current drinking status.
Alcohol Variables:	Alcohol variables include detailed information on quantity and frequency of alcohol consumption by beverage type, preferred beverage, number of days consumed 5+/9+ drinks per day, and reasons for reducing consumption or not drinking. Information was also gathered on presence of selected health conditions; self-defined heavy, moderate, and light drinking; social and behavioral consequences of alcohol consumption related to family; job/work; injury; and health. The 1988 instrument included an extensive checklist of social and behavioral consequences of drinking that permitted estimates of alcohol dependence and alcohol abuse using DSM-III-R and ICD-10 definitions.
Other Variables:	Sociodemographic variables include sex, age, race, marital status, geographic region, education, income, and employment status. Health variables include acute illness, injuries, disability days associated with acute and chronic conditions, prevalence of selected chronic conditions and impairments, limitation of activity, use of physicians, and use of short-stay hospitals. Data on smoking were collected in 1983.
Special Issues:	New design features introduced in 1985 may limit comparability between 1983 and 1988 alcohol data.
Availability:	NHIS 1988 data on alcohol are available from http://www.icpsr.umich.edu by searching on NHIS Alcohol. Public-use data for NHIS 1983 can be obtained through NCHS' Division of Health Interview Statistics.

Title:	**National Health Interview Survey (NHIS) Cancer Risk Factor Supplement, Epidemiologic Study—1987**
Sponsoring Agency:	National Cancer Institute (NCI) and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.cdc.gov/nchs/products/elec_prods/subject/nhischt.htm
Overview:	Since 1957 NHIS has continuously monitored illness and injury, disability and chronic impairments, and use of health services of people in the United States. In 1987 two supplements were added for two sub-samples of NHIS respondents to gather data on cancer control and epidemiology. Self-reported information on the consumption of alcohol was collected in the Epidemiology Study.
Survey Design/ Methodology:	This general household survey of the civilian noninstitutionalized U.S. population employs a multistage probability design permitting continuous sampling throughout the year. The sample of households interviewed each week is representative of the target population, and weekly samples are additive over time. There was oversampling of adults in some Hispanic households.
Sample Characteristics:	The 1987 Epidemiologic Study included 22,080 individuals 18 years of age or older.
Alcohol Variables:	As part of the section on food frequencies, alcohol questions in the 1987 NHIS include separate quantity–frequency (QF) items on beer, wine, and liquor. The beverage-specific items ask the number of times in the past year each beverage type was consumed, the number of drinks consumed when the respondent drank, and the portion size (small, medium or large) of the drink(s). The final two questions on alcohol ask if there was any period in which the respondent drank five or more drinks of alcoholic beverage almost every day and how long the period lasted.
Other Variables:	Other variables include all items within the Core questionnaire. Further, additional questions on acculturation, food frequency consumption (over 60 food categories, including alcohol), smoking habits, other tobacco use, reproduction and hormone use, family history of cancer, cancer survivorship, occupational exposures, and relationships and social activities are included in the supplements.
Availability:	These NHIS supplement data are available from http://www.icpsr.umich.edu by searching on cancer epidemiology. Public-use data can also be obtained through NCHS' Division of Health Interview Statistics.

Title:	**National Hospital Ambulatory Medical Care Survey (NHAMCS)—1992–00, Annually**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Susan M. Schappert Division of Health Care Statistics NCHS 6525 Belcrest Road Hyattsville, MD 20782-2003 (301) 458-4480 or (301) 458-4636 http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm
Overview:	NHAMCS was initiated in late 1991 to fill the gap in coverage left by the National Ambulatory Medical Care Survey (NAMCS), which has collected data on ambulatory patient visits to physicians' offices since 1973. Part of the ambulatory component of the National Health Care Survey, NHAMCS is designed to gather, analyze, and disseminate information about the utilization and provision of ambulatory care services in hospital emergency and outpatient departments.
Survey Design/ Methodology:	NHAMCS uses a national sample of visits to emergency and outpatient departments of noninstitutional general and short-stay hospitals, exclusive of Federal hospitals, hospital units of institutions, and hospitals with less than six beds from the SMG Hospital Market Database. The survey uses a four-stage probability design with samples of geographically defined primary sampling units (PSUs), hospitals within PSUs, clinics within hospitals, and patient visits within clinics. The first-stage sample consisted of 112 PSUs that comprised a probability sub-sample of the PSUs used in the 1985–94 NHIS. A fixed panel of 600 hospitals was selected for the NHAMCS sample. A total of 550 hospitals had an emergency department (ED) and/or an outpatient department (OPD), and 50 hospitals had neither ED nor an OPD. The entire sample does not participate in a given year. Within each hospital, all outpatient clinics and emergency service areas (ESAs), or a sample of such units, are selected. Within ESAs or outpatient department clinics, patient visits are systematically selected over a randomly assigned 4-week reporting period. The actual visit sampling and data collection for the NHAMCS is primarily the responsibility of hospital staff.
Sample Characteristics:	The NHAMCS basic sampling unit is the patient visit or encounter. In 2000 the sample included 25,622 Patient Record forms provided by EDs and 27,510 Patient Record forms provided by OPDs.
Alcohol Variables:	ICD-9-CM diagnosis codes are used to identify alcohol-related morbidity. The emergency department questionnaire asks whether the problem is alcohol-related. The outpatient questionnaire asks whether alcohol abuse counseling was ordered or provided.
Other Variables:	In addition to demographics, patient information includes: expected source of payment, major reason for visit, cause of injury, patient's complaint and symptoms, physician's diagnosis, urgency of visit; services, procedures and medication ordered; referral status; and disposition of visit.

Availability: NHAMCS public use data can be obtained on CD-ROM or downloaded from http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm. Data are also available at http://www.icpsr.umich.edu/index.html by searching on NHAMCS. Data on tape or CD-ROM can be purchased from NTIS.

Title:	**National Hospital Discharge Survey (NHDS)—1970–00, Annually**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm
Overview:	NHDS is a national survey conducted annually by NCHS to collect medical and demographic information from a sample of discharge records selected from a national sample of non-Federal, short-stay hospitals. NHDS is designed to (1) provide more complete and precise information on the inpatient utilization of the nation's hospitals and on the nature and treatment of illnesses among the hospitalized population, and (2) estimate the national prevalence of morbidity from all diseases and injuries and from combinations of different diseases and injuries.
Survey Design/ Methodology:	NHDS covers discharges from community hospitals with an average patient length of stay of fewer than 30 days, general hospitals, or children's general hospitals, exclusive of Federal, military, Veterans Administration hospitals, and hospitals with fewer than six beds located in the 50 states and the District of Columbia. In 1988 NHDS implemented a new sample design that includes with certainty all hospitals with 1,000 or more beds or 40,000 or more discharges annually. The remaining sample of hospitals is based on a stratified three-stage design. The first stage consists of selection of 112 primary sampling units (PSUs) that comprise a probability sub-sample of PSUs used in the 1985–94 NHIS. The second stage consists of selection of noncertainty hospitals from the sample PSUs. At the third stage, a sample of discharges is selected by a systematic random sampling technique.
Sample Characteristics:	NHDS data are collected from a sample of approximately 270,000 inpatient records acquired from a national sample of about 500 hospitals. In 2000 the sample consisted of 509 hospitals. Of the 481 eligible hospitals, 434 hospitals responded to the survey. There were an estimated 31.7 million discharges of inpatients in 2000, based on 277,261 inpatient records, excluding newborn infants from non-Federal, short-stay hospitals in the United States.
Alcohol Variables:	NHDS diagnostic codes include those for alcohol-related morbidity (i.e., alcohol psychosis, alcohol dependence syndrome, cirrhosis of the liver, and nondependent abuse of alcohol). ICD-9-CM codes are used.
Other Variables:	Each discharge record includes the patient's demographic characteristics (sex, age, race, marital status, and geographic region/division) and hospital characteristics (ownership type and number of beds). Medical information includes disease/injury diagnoses (up to seven per record), procedures performed (up to four per record), and discharge status (dead or alive).

Special Issues: NHDS estimates of morbidity do not reflect the prevalence of morbidity in the general population because an unknown portion of the discharges may be multiple hospitalizations of the same patients. With a new 1988 sample design, some differences between 1965–87 trend statistics and those after may be due to sampling error rather than actual changes in hospital utilization.

Availability: NHDS data are available from NCHS, NTIS, and GPO on CD-ROM, tape, or diskette. Use http://www.cdc.gov/nchs/products/elec_prods/subject/nhds.htm to order single or multiyear data. Data for 1996–00 can also be ordered from http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm.

Title: **National Household Survey on Drug Abuse (NHSDA)—1971, 1972, 1974–75, 1975–76, 1977, 1979, 1982, 1985, 1988, 1990–00, Annually**

Sponsoring Agency: Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

Contact: SAMHSA, Office of Applied Studies
5600 Fishers Lane, Room 16-105
Rockville, MD 20857
(301) 443-7980 or (301) 443-6239
http://www.icpsr.umich.edu:8080/ICPSR-SERIES/00064.xml
http://www.samhsa.gov/oas/nhsda.htm

Overview: NHSDA objectives are (1) to measure prevalence, patterns and consequences of use and abuse of alcohol, tobacco, marijuana, and other illicit drugs; (2) to determine attitudes and risk awareness concerning their use; and (3) to assess nonmedical use of licit psychoactive drugs and use of selected substances in combination. The survey collects data from the U.S. civilian, noninstitutionalized population, ages 12 and older, through face-to-face interviews at the respondent's place of residence. In 1994 an additional questionnaire on access to care and mental health was introduced.

To improve the accuracy of the estimates and the utility of the data, the NHSDA underwent another major redesign in 1999; significant changes were made to the size of the survey, the sample design, and the method of administration. The sample design was changed from a strictly national design to a state-based sampling plan, supporting both national and state-level estimates. A new, interactive, bilingual, computer-assisted interview (CAI) replaced the paper-and-pencil questionnaires used previously. A key feature of the NHSDA CAI instrument is a core/supplement structure. In addition, to maximize the validity of responses to sensitive questions, an audio computer-assisted self-interview (ACASI) substituted for auxiliary self-administered answer sheets used prior to 1999.

Survey Design/ Methodology: NHSDA uses a national multistage area probability sample of households in the conterminous United States. The survey target population includes civilian persons living in households and certain group quarters (e.g., college dormitories, homeless shelters, and on military installations). Military personnel on active duty and most transient populations, such as homeless people not residing in shelters, are not included. Oversampling of special groups varies by year. Since 1985, Blacks and Hispanics have been oversampled to increase the reliability of estimates for these groups. The 1999 NHSDA redesign uses an oversample of youth (ages 12 to 17 years) and young adults (ages 18 to 25 years) rather than race/ethnicity groups, as was done in the past.

Sample Characteristics: NHSDA sample sizes vary by year. The total samples since 1990 are: 9,259 (1990), 32,594 (1991), 26,489 (1993), 17,747 (1995), 24,505 (1997), 66,706 (1999), and 71,764 (2000). Starting in 1999, sample weights have been provided to permit estimation of national and state-level distributions.

Alcohol Variables: NHSDA collects alcohol consumption information, including age at first use; most recent, lifetime, annual, and past-month use; beverage type usually consumed; number of days in past month on which respondent drank; number of drinks on days when respondent drank; and number of days the respondent had 5 or more drinks. Starting in 1999, NHSDA questions allow for the collection of year and month of first use for recent initiates. DSM-III-type items provide indications of alcohol problems and ever receiving treatment for drinking. Related variables include attitudes regarding drug use; drug laws and penalties; beliefs concerning risk of various levels of use; prevalence of alcohol, tobacco, and other drug use; use of selected drugs in combination; symptoms of dependence; general physical conditions and symptoms; and utilization of substance abuse treatment.

Other Variables: NHDSA demographics include age, sex, race, region of the country, neighborhood type, education, occupation, family income, marital status, and number and ages of children. NHDSA also covers substance abuse treatment history and perceived need for treatment, personal and family income sources and amounts, health care access and coverage, illegal activities and arrest record, problems resulting from the use of drugs, and needle sharing.

NHDSA respondents ages 12 to 17 are asked for data concerning neighborhood environment, illegal activities, gang involvement, drug use by friends, social support, extracurricular activities, exposure to substance abuse prevention and education programs, perceived adult attitudes toward drug use and activities such as school work, perceived risk of using drugs, perceived availability of drugs, driving behavior and personal behavior, and cigar smoking.

Special Issues: Data are not available for all years on persons living in group quarters or institutions. Most transient or homeless populations are excluded. Alcohol use data cannot be expressed in standard quantity/frequency units suitable for classifying users by level of alcohol consumption. Also, survey changes in 1999 limit comparisons that can be made with survey results prior to that year.

Availability: Public-use NHSDA data files for the years 1979, 1982, 1985, 1988, 1990, 1991, 1993, 1994, 1996, 1997, 1998, and 1999 can be downloaded directly from http://www.icpsr.umich.edu:8080/ICPSR-SERIES/00064.xml. NHSDA data can also be analyzed online.

Title:	**National Longitudinal Alcohol Epidemiologic Survey (NLAES)—1992**
Sponsoring Agency:	National Institute on Alcohol Abuse and Alcoholism (NIAAA), U.S. Department of Health and Human Services
Contact:	Division of Biometry and Epidemiology NIAAA Suite 514, 6000 Executive Blvd. Bethesda, MD 20892-7003 (301) 443-3306
Overview:	NLAES is the first comprehensive survey of its type designed to collect data on alcohol consumption, alcohol abuse and dependence (defined by DSM-IV criteria), and associated health conditions and other problems in the U.S. population. The survey was designed and sponsored by NIAAA.
Survey Design/ Methodology:	NLAES is a nationwide household survey with a multistage stratified probability sample design. The target population of this survey is civilian, noninstitutionalized adults, ages 18 and older, in the contiguous states and the District of Columbia. Military personnel living off base were included in the NLAES. Data were collected through face-to-face interviews in 1992.
Sample Characteristics:	NLAES collected data from 42,862 respondents ages 18 and older from a random sample of households in the U.S. Black and young adult (ages 18–29) populations were oversampled.
Alcohol Variables:	Alcohol variables include drinking status, amounts and patterns of consumption, beverage preference, age of drinking onset, hazardous drinking, DSM-IV classification items for alcohol use disorders, family history of alcoholism, and alcohol treatment utilization.
Other Variables:	NLAES' demographic and socioeconomic data include age, race, Hispanic origin, marital status, education, employment status, industry and occupation, income from all sources, children under 14 in household, and health care coverage. Health variables include diagnostic items for major depressive disorder according to DSM-IV criteria and 22 physical conditions. Detailed information on smoking and other drug use was also collected.
Availability:	Contact the Division of Biometry and Epidemiology, NIAAA, (301) 443-3306 for any NLAES data requests.

Title:	**National Mortality Followback Survey (NMFS)—1986 and 1993**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.cdc.gov/nchs/about/major/nmfs/nmfs.htm
Overview:	NMFS includes a number of surveys designed to gather information from next of kin and administrative records to supplement death certificate data on a sample of annual U.S. resident deaths. The 1986 and 1993 surveys focused on (1) socioeconomic differentials in mortality, (2) prevention of premature death by studying the association between risk factors and cause of death, (3) information on health care utilization in the last year of life, (4) disability in the last year of life and (5) the reliability of death certificate information.
Survey Design/ Methodology:	NMFS used a multicomponent sampling approach, drawing from death certificates and a proxy respondent questionnaire. Survey data were obtained by mail, telephone, or personal interviews with the next-of-kin of the decedent or others familiar with the decedent's lifestyle, care in the last year of life, and the antecedents of and circumstances surrounding the death. A facility survey also was compiled if the informant authorized contact with the facility. The 1986 NMFS collected data from hospital and other health care facilities used in the decedent's last year of life. The 1993 NMFS collected data from medical examiners or coroners if the deaths were due to homicide, suicide, or accidental injury, the deaths were certified by a medical examiner/coroner, and permission was obtained to release the records. Forty-nine states plus the District of Columbia and New York City participated in the 1993 NMFS and granted approval to sample death certificates. South Dakota declined to participate because of laws in the State that restricted the use of death certificate information.
Sample Characteristics:	NMFS used a national sample of approximately 1 percent of U.S. resident deaths. The 1986 sample included 18,733 decedents ages 25 and older. The 1993 NMFS was based on a sample of 22,957 death certificates, representing over 2.2 million individuals ages 15 and older who resided and died in the U.S. NMFS oversampled Blacks and selected causes of death (alcohol, suicide, homicide, motor vehicle or other injury, HIV) among certain age groups, plus among centenarians.
Alcohol Variables:	Alcohol questions include information on frequency and quantity of drinking in the year before death and in earlier years. ICD-9 cause of death codes are provided, allowing for examination of deaths due to alcohol-related causes. Questions on drinking and driving are included.
Other Variables:	Demographics include age, sex, race, education, occupation, and marital status. Variables describing smoking history also are included.

Availability: 1986 NMFS data tapes can be purchased only from NTIS. The NCHS Web site http://www.cdc.gov/nchs/products/elec_prods/subject/nmfs.htm permits access to 1993 NFMS provisional data in ftp files for direct download. Information for NTIS ordering is also available at the following address: http://www.cdc.gov/nchs/products/elec_prods/intro/ntsorder.htm.

Title: **National Survey of Drinking and Driving Attitudes and Behavior—1991, 1993, 1995, 1997, and 1999**

Sponsoring Agency: National Highway and Traffic Safety Administration (NHTSA), U.S. Department of Transportation

Contact:
Paul J. Tremont, Ph.D.
Office of Research and Traffic Records
NHTSA, NTS-31
400 Seventh Street, SW
Washington, DC 20590
(202) 366-5587
ptremont@nhtsa.dot.gov

Overview: The National Survey of Drinking and Driving Attitudes and Behaviors has been conducted by NHTSA every 2 years since 1991. The survey is designed to measure the scope of the drinking and driving problem and to guide efforts to reduce the severity of the problem. The survey measures the status of attitudes, knowledge, and behavior of the general driving-age public about drinking and driving. Survey topics include frequency of drinking and driving, prevention and intervention, riding with impaired drivers, designated drivers, perceptions of penalties and enforcement, knowledge of BAC levels, and alcohol-impaired crashes.

Survey Design/ Methodology: The surveys were conducted by telephone using a stratified Casady-Lepkowski Random Digit Dialing design. Only noninstitutionalized persons in households with telephones were surveyed. Non-drivers were surveyed as well as drivers. The survey was conducted in English or Spanish.

Sample Characteristics: The survey uses a nationally representative sample of the general driving-age public (ages 16 and older) selected by a multistage sampling procedure. A requirement for a minimum of 100 completed interviews in each state and the District of Columbia was added in 1999. The final record count includes:

Year	Number of Records
1991	2,406
1993	4,010
1995	4,008
1997	4,066
1999	5,127

Alcohol Variables: All versions of the drinking and driving survey include alcohol consumption items on frequency and usual quantity of alcohol consumption and beverage preferences. The 1993–97 versions include graduated frequency items asking how often (1–2, 3–4, or 5+ times) drinks were consumed. The 1999 version has graduated frequency items asking how often (1+, 2+, 3+, 5+, and 8+) drinks were consumed. Beginning in 1993, all surveys have also included the CAGE questionnaire that screens for alcohol problems. Drinking and driving variables include the following: frequency of drinking and driving, frequency of driving while intoxicated, number of DWI convictions, frequency of riding with an impaired driver, support for taking action to reduce the problem, opinions about current enforcement and penalties, expectations of consequences, intervention behavior, and efforts by hosts to prevent guests from drinking and driving. Knowledge of BAC limits was added in 1995.

Other Variables:	Demographic variables include age, sex, race, income, education, employment status, and marital status.
Special Issues:	Changes in the survey design and methodology in 1999 limit direct comparisons to data collected in previous years.
Availability:	For information on data availability, contact Dr. Paul J. Tremont at NHTSA (202) 366-5587 or by e-mail at ptremont@nhtsa.dot.gov.

Title:	**National Survey of Personal Health Practices and Consequences (NSPHPC), Wave I—1979 and Wave II—1980**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services (DHHS)
Contact:	Patricia M. Golden Office of the Director Office of Analysis, Epidemiology, and Health Promotion National Center for Health Statistics Centers for Disease Control and Prevention 6525 Belcrest Road, Room 1070 Hyattsville, MD 20782 (301) 458-4238 http://www.cdc.gov/nchs/products/elec_prods/subject/nsphpc.htm
Overview:	NSPHPC was conducted by NCHS as part of information collection for the prevention initiative of DHHS. The primary purpose was to provide data that allow analysis of the interrelationships between health practices and health status. Data collection was conducted in two waves of interviews. Wave I was conducted in the spring of 1979. Wave II was conducted in the spring of 1980. NSPHPC replicated, in part, a 1965 study conducted by the Human Population Laboratory of the California State Department of Health.
Survey Design/ Methodology:	NSPHPC's sampling plan was a three-stage stratified cluster design. It selected a national probability sample using random-digit dialing techniques. Data collection was conducted through two phases of telephone interviews among a panel of adult respondents. Respondents in randomly selected households were interviewed initially in the spring of 1979 (Wave I) and then re-interviewed one year later with essentially the same questionnaire (Wave II).
Sample Characteristics:	NSPHPC included a panel of non-institutionalized civilian persons, ages 20–64, in the conterminous United States. Wave I comprised data on 3,025 respondents and Wave II comprised data on 2,453 respondents. The Wave II was a followup to Wave I; it constituted an 81 percent response rate from the respondents previously interviewed in the first phase.
Alcohol Variables:	Questions on current drinking and drinking history, including frequency, average number of drinks per drinking day, changes in drinking patterns in the last 2 years, how health-related problems and/or conditions have affected drinking patterns, and general consumption of alcoholic beverages.
Other Variables:	Sociodemographic data and other variables include information on diet and exercise; sleeping; smoking; weight status; dental hygiene; seatbelt use; changes in preventive health behavior due to illness; perceived health status and energy level; concern about health and capability of taking care of one's own health; use of preventive health services; use of medical and hospital care; behavior with respect to high blood pressure; disability status; frequency of colds and headaches; limitations on usual activities because of health; family longevity; work status and conditions (i.e., hazards, stress, physical demands, and sick leave); socialization; free time; relations with friends and relatives; psychological well-being; stressful life events).

Availability: NSPHPC public-use data tapes and diskettes can be purchased for Waves I and II from NTIS only at the following address: http://www.cdc.gov/nchs/products/elec_prods/intro/ntsorder.htm.

Title:	**National Treatment Improvement Evaluation Study (NTIES)—1990–91, 1992–97**
Sponsoring Agency:	Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
Contact:	Ron Smith, Ph.D. Program Evaluation Branch Office of Evaluation, Scientific Analysis, and Synthesis Center for Substance Abuse Treatment SAMHSA Rockwall II, 8th Floor 5600 Fishers Lane Rockville, MD 20857 (301) 443-7730 http://www.icpsr.umich.edu/SAMHDA/STUDIES/nties.html
Overview:	NTIES is a Congressionally mandated 5-year study evaluating the impact of drug and alcohol treatment on thousands of clients in hundreds of treatment units that received funding from the Office for Treatment Improvement (OTI), Center for Substance Abuse Treatment (CSAT), under one of three demonstration grants: Target Cities, Critical Populations, or Criminal Justice.
Survey Design/ Methodology:	NTIES used a two-level study design. The first level obtained service delivery unit (SDU) administrative and clinician (SDU staff) data on orientation, size, budget, staffing distribution, and specific use of CSAT funds. Data collection was done by self-administered mail-in procedures, telephone, and fax, at two time points one year apart. Selection criteria included treatment modality, OTI Demonstration Program, and geographic distribution. The second level used a "pre/post" panel design and collected clinical-outcome data through interviews from clients enrolled in eligible units at three time points (shortly after their first day of treatment, when they left treatment, and then at approximately 12 months after the end of treatment). To corroborate clients' reports of substance abuse, urine specimens were collected on approximately 50 percent of those interviewed.
Sample Characteristics:	A total of 369 facilities completed both the first wave survey and the followup. A total of 4,411 individuals from 71 SDU's participated in all three interviews.
Alcohol Variables:	NTIES includes data on alcohol use treatment history, reasons for going to treatment, perceived treatment barriers, drug use, drug spending, and needle use.
Other Variables:	Other variables include sex, age, race, reason(s) for being incarcerated, education, living arrangements, and criminal justice involvement. Substances other than alcohol include analgesics, antianxiety medications, anticonvulsants, antidepressants, antimanics, barbiturates, cocaine (powder and crack), depressants, hallucinogens/psychedelics, heroin and other opiates, illegal methadone, inhalants, marijuana/hashish, methadone, methamphetamine/amphetamine and other stimulants, narcotics, and sedatives.

Availability: At http://www.icpsr.umich.edu/SAMHDA/STUDIES/nties.html data for 1992–97 can be downloaded directly. NTIES data for 1992–97 are also available through http://www.icpsr.umich.edu/SAMHDA/archive.html by searching on NTIES. Some data sets in SAMHDA are available for online data analysis. For assistance with downloading the data, contact samhda@umich.edu.

Title:	**Services Research Outcomes Study (SROS)—1995–96**
Sponsoring Agency:	Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
Contact:	Barbara A. Ray, Ph.D. Office of Applied Studies SAMHSA Parklawn Building, Room 16-105 5600 Fishers Lane Rockville, MD 20857 (301) 443-0747 http://www.icpsr.umich.edu/SAMHDA/STUDIES/sros.html
Overview:	SROS was designed to provide a 1990 cohort of clients in treatment to use as a baseline to measure treatment outcomes following increased treatment funding in the 1990s. It also provided a measure of sustained improvements in abstinence 5 years after treatment and a view of multiple treatment episodes. SROS is based on a national probability sample of treatment programs and clients. Client behavior was compared in the 5 years before treatment with the 5 years after treatment.
Survey Design/ Methodology:	SROS was a 5-year post-discharge followup survey. It selected drug clients from a stratified probability sample of 120 treatment programs that participated in Phase II of DSRS (see page 9). Field interviews were completed with 1,799 (59%) of the patient sample roughly 5 years after discharge. Approximately 273 (9%) of the sampled patients were deceased. Interviews were supplemented by a urine drug test for willing participants. About 80 percent of those interviewed agreed to the urine testing.
Sample Characteristics:	A total of 3,047 patients were selected for the study. Client data records were abstracted on 2,222 individuals. Client followup interviews were conducted on 1,799 patients 5 years after their discharge.
Alcohol Variables:	Alcohol use before the 1989–1990 treatment episode and 5 years post-treatment is recorded. Patterns of alcohol and drug consumption are measured. Treatment variables include duration and completion of treatment, modality, relationship with treatment counselors, treatment revenue, and further treatment episodes.
Other Variables:	SROS includes client information on ethnicity, education, child custody history, criminal behavior, employment, general health status, living arrangements, and social support. Facility data includes type and cost of treatment services.
Special Issues:	With the 1990 sample, almost half were unable to respond to the SROS because of death, refusal, or inability to locate.
Availability:	Authorized downloads of SROS are permitted from SAMHDA at ICPSR http://www.icpsr.umich.edu/SAMHDA/archive.html by searching on SROS and from http://www.icpsr.umich.edu/SAMHDA/STUDIES/sros.html. Some data sets in SAMHDA are available for online data analysis. For assistance with downloading the data, contact samhda@umich.edu.

Title:	**Treatment Episode Data Set (TEDS), 1992–99**
Sponsoring Agency:	Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
Contact:	Office of Applied Studies SAMHSA 5600 Fishers Lane, Room 16-105 Rockville, MD 20857 (301) 443-6239 http://www.samhsa.gov/oas/dasis.htm
Overview:	TEDS is one of the three components of SAMHSA's Drug and Alcohol Services Information Services (DASIS), begun in 1989. TEDS is an administrative data system that contains information about individuals admitted to treatment, primarily by providers receiving public funding. TEDS provides descriptive information about the national flow of admissions to specialty providers of substance abuse treatment annually. Optional reporting of other variables in a Supplemental Data Set also is included.
Survey Design/ Methodology:	TEDS collects data on the number and characteristics of all persons admitted to state-administered public and private nonprofit substance abuse treatment programs in all 50 states, the District of Columbia, and Puerto Rico. The unit of analysis is treatment admissions to treatment units receiving public funding. TEDS includes a required Minimum Data Set and an optional Supplemental Data Set.
Sample Characteristics:	The TEDS universe is all substance abuse treatment facilities that receive funding from state substance abuse agencies. Patient-level data are collected on approximately 1.5 million admissions per year, from 1992 to the present.
Alcohol Variables:	Patient alcohol and drug use history, including frequency and age at first use, is collected along with clinical and treatment data. Data include service setting, number of prior treatments, referral data, diagnosis codes, and payment sources. In 1999, alcohol accounted for nearly half (47%) of all TEDS admissions.
Other Variables:	Patient demographics and other drug use.
Availability:	Authorized downloads of 1992–99 TEDS data are permitted from http://www.icpsr.umich.edu/SAMHDA/archive.html by searching on TEDS. Some data sets in SAMHDA are available for online data analysis. For assistance with downloading the data, contact samhda@umich.edu.

Title:	**Uniform Facility Data Set (UFDS), formerly known as the National Drug and Alcoholism Treatment Unit Survey (NDATUS)—1974, 1979, 1980, 1982, 1984, 1987, 1989–99, Annually**
Note:	Since the year 2000, UFDS has been continued as the National Survey of Substance Abuse Treatment Services (N-SSATS)
Sponsoring Agency:	Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
Contact:	Office of Applied Studies SAMHSA 5600 Fishers Lane Rockville, MD 20857 (301) 443-6239 http://www.samhsa.gov/oas/dasis.htm
Overview:	UFDS is a national survey designed to collect data on the location, characteristics and use of substance abuse treatment facilities and services throughout the United States. Launched in the 1970s, the survey is used to assist state and local governments in determining the nature and extent of services, both public and private, provided in state-supported and other treatment facilities. UFDS also serves to help assess treatment resource needs, analyze and compare general treatment services on the national, regional, and state level, generates the *National Directory of Drug and Alcohol Abuse Treatment Programs*, and provides updated information for many other treatment facility databases. UFDS was formerly known as the National Drug and Alcoholism Treatment Survey (NDATUS), which was redesigned and renamed in 1995 with the creation of SAMHSA. The 1999 survey was conducted during the transition year for the redesign and used an abbreviated telephone survey. A redesigned mail survey was reinstated with the 2000 survey, known as the National Survey of Substance Abuse Treatment Services (N-SSATS).
Survey Design/ Methodology:	UFDS is a point prevalence census (October 1) of all known U.S. specialty treatment facilities as identified on the National Facility Register (NFR). Data collection is conducted by SAMHSA through mailed UFDS forms, followup surveys, and telephone interviews with facility staff members. State substance abuse agencies assist in the identification of facilities and in the verification of the data. In addition to analytic reports, the data are used to develop a comprehensive directory of treatment programs.
Sample Characteristics:	The number of units providing data to UFDS/NDATUS varies depending in part on the level of effort of the states and the sponsoring agencies in identifying facilities. A total of 15,239 providers identified by the NFR participated in the 1999 UFDS.
Alcohol Variables:	UFDS collects data on drug, alcohol, and combined treatment services. It is a survey of facilities rather than patients so alcohol and/or drug questions *per se* are not asked. Variables include unit orientation, types of services offered, treatment modality and status, client characteristics, capacity and utilization on the point prevalence date (around October 1), and payment source and fees charged.

Other Variables: Other variables include unit identification—location, type of environment, ownership, types of programs and drug/alcohol services provided, funding levels and sources, fees charged, hours of operation, and treatment capacity and utilization on the point prevalence date according to age, sex, race/ethnicity, and type of care by modality. In recent years, information concerning HIV testing and whether the (female) client is pregnant have been added.

Availability: Authorized downloads of UFDS data for 1997 and 1998 are available at http://www.icpsr.umich.edu/SAMHDA/archive.html by searching on UFDS. Some data sets in the data archives are available for online data analysis. For assistance in downloading the data, contact samhda@umich.edu.

Title:	**Vital Statistics Mortality Data, Mortality Detail—1968–99 and Multiple Cause of Death—1968–99, Annually**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Mortality Statistics Branch Division of Vital Statistics NCHS 6525 Belcrest Road, Room 820 Hyattsville, MD 20782 (301) 458-4666 http://www.cdc.gov/nchs/products/elec_prods/subject/mortmcd.htm
Overview:	The Vital Statistics Mortality files summarize data (e.g., demographic, cause of death, autopsy, etc.) from death certificates of all deaths occurring each year in the United States. Using an ICD coding system, the Mortality Detail (MD) records only the underlying cause of death, while Multiple Cause of Death (MCD) records the underlying cause and up to 20 contributing causes. Mortality trend data are comparable with data from many other countries as well as health-related data for small geographic areas in the U.S.
Survey Design/ Methodology:	Data are collected from death certificates of 100 percent of reported deaths occurring in the United States each year (except for 1972, 1981, and 1982).
Sample Characteristics:	The total number of deaths vary from year to year. In 1999, about 2.4 million deaths occurred in the United States.
Alcohol Variables:	Some categories in the ICD are believed to be completely or nearly completely alcohol related (i.e., alcohol psychosis, alcohol dependence syndrome, nondependent alcohol abuse, and liver cirrhosis). These may be listed in records as underlying cause of death or as contributing cause of death (MCD only). In addition, research literature shows that other causes of death (e.g., suicide, homicide, motor vehicle crashes) often result from alcohol abuse in a different proportion of the cases. Using estimated fractions of alcohol's contribution to various causes of death, estimates can be derived on overall alcohol-related mortality.
Other Variables:	Demographic characteristics include sex, age, race and Hispanic origin, educational attainment, marital status, and residence. Death information includes direct underlying cause of death, contributing cause(s) of death (MCD only), autopsy findings, and date and place of death.
Special Issues:	Beginning in 1999, ICD-10 replaced ICD-9 in coding causes of death in the U.S. mortality data. Transition from ICD-9 to ICD-10 may create limitations in the comparability of trend data due to structural changes in the classification system and the coding rules.

Data Availability: MD and MCD data tapes can be ordered only through NTIS. CD-ROMs, however, are available from both NTIS and GPO or directly from NCHS at http://www.cdc.gov/nchs/products/elec_prods/subject/mortmcd.htm. Data for 1968–97 are available on data tapes. The 1991–94 data sets are available on CD-ROM. Variables on county and actual date of death are restricted for reasons of confidentiality. Users must obtain special permission from NCHS to obtain these variables.

Section 2:

Special Population Data Sets

Title:	**(Washington) DC Metropolitan Area Drug Study (DC*MADS)—1991, 1992**
Sponsoring Agency:	National Institute on Drug Abuse (NIDA), National Institutes of Health
Contact:	Elizabeth Y. Lambert, Health Statistician Center on AIDS and Other Medical Consequences of Drug Abuse (CAMCODA) NIDA 6001 Executive Boulevard, Room 5179, MSC 9593 Bethesda, MD 20892-9593 (301) 402-1933 http://www.icpsr.umich.edu/SAMHDA/STUDIES/dcmads.html
Overview:	DC*MADS was undertaken to assess the full extent of the drug problem in one metropolitan area. The study comprised 16 separate studies that focused on different subgroups, many of which are typically not included or are underrepresented in household surveys. This data collection includes three component studies: the study of household and non-household populations (1991), the Homeless and Transient Population Study (1991), and Drug Use Among Women Delivering Livebirths in D.C. Hospitals (1992).
Survey Design/ Methodology:	The household sample for DC*MADS was drawn from the 1991 NHSDA. The non-household sample was drawn from the DC*MADS Institutionalized, Homeless, and Transient population studies of "literally homeless" or "at risk of being homeless" persons in shelters, on the street, or using a soup kitchen. Both populations included those persons ages 12 and older. Women giving birth in D.C. hospitals made up the third survey group.
Sample Characteristics:	DC*MADS's household survey consisted of 2,547 residents from a sample of 5,399 households oversampled from the NHSDA. The Homeless and Transient Population Study consisted of 908 interviews from four overlapping sampling frames including shelter residents, patrons of soup kitchens and food banks, and two types of "literally homeless" people. The Livebirth Study included eight of nine D.C. hospitals. A total of 1,020 (86.7%) of the women delivering live births in these hospitals at the time participated in the study.
Alcohol Variables:	Data were collected on alcohol and other drug use among household and non-household populations age 12 and older. The homeless/ transient data include alcohol use, treatment history, and illicit activities. Women in hospitals for delivery reported current use and patterns of use, previous experience with drug use, and perceptions of risk and consequences of use.
Other Variables:	DC*MADS includes demographic information, other drug use, physical and mental health, pregnancy, insurance, employment, and finances. Pregnancy history and maternal/infant characteristics and outcomes are collected in the Livebirth Study.
Availability:	Datasets for the three major DC*MADS components are available at http://www.icpsr.umich.edu/SAMHDA/STUDIES/dcmads.html. Data are also available for online analysis. Contact samhda@umich.edu for assistance downloading data.

Title:	**Hispanic Health and Nutrition Examination Survey (HHANES)—1982–84**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.cdc.gov/nchs/about/major/nhanes/hhanes.htm
Overview:	HHANES was the first special population survey to be conducted by NCHS in the NHANES series. As part of NHANES, the purpose of HHANES was to survey a sufficient number of Hispanic Americans (specifically Mexican Americans, Cuban Americans, and Puerto Ricans) to produce population estimates of the health of these ethnic groups.
Survey Design/ Methodology:	HHANES used a nationwide probability sample of approximately 16,000 Hispanic persons, 6 months to 74 years of age. The sample design, similar to that of NHANES, is a complex, multistage, stratified, cluster design. Data were collected in selected areas of California, Texas, Colorado, New Mexico, and Arizona (Mexican Americans); Dade County, Florida (Cuban Americans); and the New York City area (Puerto Ricans). Data were weighted to produce population prevalence estimates for the targeted populations.
Sample Characteristics:	HHANES included a total of 9,894 Mexican Americans, 2,244 Cuban Americans, and 3,786 Puerto Ricans. The weighted sample represents about 10 million Hispanic Americans in the United States.
Alcohol Variables:	Alcohol consumption data were obtained from 4,895 Mexican Americans, 1,115 Cuban Americans, and 1,975 Puerto Ricans. Alcohol questions appear in three different sections of the survey (an Adult Sample Person Supplement, a Food Frequency section, and a 24-Hour Dietary Recall. The Adult Sample Person Supplement is the main alcohol component of HHANES and consists of more than 70 questions including: quantity and frequency of consumption of beer, wine, and spirits, reasons for not drinking, and lifetime drinking patterns. The Food Frequency section asks for the number of times the sample persons consumed beer, wine, and liquor in the 3 months prior to the interview. The 24-Hour Dietary Recall section asks for the amount of alcohol consumed by the sample person in the 24 hours prior to the interview.
Other Variables:	In addition to sociodemographic characteristics and family information, HHANES contains physical examination data, medical history, specific health conditions, diet, and health status measures. Other drug use information also was collected.
Special Issues:	The number of respondents for the Puerto Rican and the Cuban American samples fell below the anticipated goals of the survey. Consequently, insufficient cell sizes are available for some detailed analyses. Further, HHANES is not a nationally representative survey.
Availability:	HHANES data sets can be downloaded from CDC's Web site at http://www.cdc.gov/nchs/about/major/nhanes/hhanes.htm.

Title:	**Linked Birth and Infant Death Data Set Public-Use Data Files—1989–91**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Marian MacDorman, Ph.D. Reproductive Statistics Branch NCHS/Centers for Disease Control and Prevention 6526 Belcrest Road, Room 840 Hyattsville, MD 20782 (301) 436-8954, ext. 171 http://www.cdc.gov/nchs/products/elec_prods/subject/linkedbd.htm
Survey Design/Purpose:	In 1983 NCHS established a unique research data set composed of linked birth and death certificates for infants born in the United States who died before reaching 1 year of age. In this data set, information from the death certificate is linked with information from the birth certificate for each infant. The purpose of this linkage is to use the many additional variables available from the birth certificate in infant mortality analysis. Analysis of this information can provide insight into the major factors influencing infant mortality by selected infant and maternal characteristics. Although the data collection is an ongoing effort, alcohol use by mothers during pregnancy was measured with only the 1989–91 cohorts.
Methodology:	The 1989–91 data set includes two linked files. The first file, the "numerator" file, contains statistical data from linked birth and infant death records. The second file, the "denominator" file, is the NCHS natality file in a compressed format. Beginning in 1995, weights were assigned to the numerator file to correct for missing data for the 2 to 3 percent of death certificates that could not be linked to their corresponding birth certificates (except for Guam, Puerto Rico, and the Virgin Islands). A file of the death certificates without corresponding birth certificates, called the "unlinked file," also is available.
Sample Characteristics:	The number of records in the numerator file has dropped steadily since the 1983 data, primarily because of falling infant mortality rates. The 1991 data set includes 35,520 records in the numerator file and 3,913,967 records in the denominator file.
Alcohol Variables:	Alcohol use by the mother is recorded in both the numerator and denominator files for 1989–1991 birth cohorts only. The survey asks if the mother used alcohol during pregnancy and the average number of drinks consumed per week.
Other Variables:	Linked files include information from the birth certificate (e.g., age, race, and Hispanic origin of the parents), plus birth weight, period of gestation, plurality, prenatal care usage, maternal education, live birth order, marital status, and maternal smoking. Information from the death certificate includes age at death and underlying and multiple cause of death.
Availability:	Data tapes can be purchased only through NTIS. CD-ROMs can be ordered from NTIS and the GPO. Public-use data sets can be downloaded from http://www.cdc.gov/nchs/products/elec_prods/subject/linkedbd.htm

Title:	**Monitoring the Future (MTF): A Continuing Study of American Youth—1975–01, Annually**
Sponsoring Agency:	National Institute on Drug Abuse (NIDA), U.S. Department of Health and Human Services, and Institute for Social Research, University of Michigan
Contact:	Dr. James Colliver Division of Epidemiology, Services & Prevention Research NIDA 6001 Executive Boulevard, Room 5153, MSC 9589 Bethesda, MD 20892-9589 (301) 402-1586 http://www.icpsr.umich.edu:8080/ICPSR-SERIES/00035.xml http://www.monitoringthefuture.org/
Overview:	MTF is designed to explore changes in important values, behaviors, and lifestyle orientations of contemporary American youth, with a particular emphasis on recent trends in the use of licit and illicit drugs. Data on high school seniors have been collected during the spring of each year since the survey began in 1975 and was expanded to include college students and young adults through followups. Eighth- and tenth-grade students were added each year after 1990.
Survey Design/ Methodology:	MTF employs a complex cohort sequential design appropriate for distinguishing and explaining period-related, age-related, and cohort-related changes. The samples were drawn with a multistage random sampling procedure from public and private secondary schools throughout the conterminous United States. The total 12th-grade sample was equally divided into six sub-samples. Each was administered a different form of the questionnaire to enable a wide coverage of questions. However, about one-third of each questionnaire consists of the "core" drug and demographic questions common to all forms. Unlike the12th-grade surveys, the 8th/10th-grade surveys only used two different questionnaire forms in 1991–96 (this expanded to four forms beginning in 1997). The study design of MTF calls for biennial followups—through age 32—of a sub-sample of the participants in each participating senior class, beginning with the class of 1976.
Sample Characteristics:	Approximately 50,000 8th-, 10th-, and 12th-grade students are surveyed each year. Sample sizes in 2001 were 16,800, 14,300, and 13,300 for 8th, 10th, and 12th graders, respectively. A total of about 44,300 students from 424 schools participated in MTF 2001.
Alcohol Variables:	MTF includes lifetime, past year, and past 30-day use of alcohol and other drugs (marijuana, inhalants, hallucinogens, cocaine, heroin, other opiates, stimulants, sedatives, tranquilizers, cigarettes, and steroids). Other alcohol questions ask how often the respondents drink enough to feel high and the number of days in the prior 2 weeks they have had 5 or more drinks in a row. Data also are collected on respondents' attitudes and beliefs regarding alcohol and other drug use, perceived harm, perceived availability, and social disapproval.

Other Variables:	Sociodemographic data include sex, age, region, population density, and parental education, and other demographic and social network variables. A variety of other variables include information on attitudes toward religion, parental influences, changing roles for women, educational aspirations, self-esteem, social networks, exposure to sex and drug education, and violence and crime—both in and out of school.
Availability:	MTF data for 1995 through 2000 are available for online analysis at http://www.icpsr.umich.edu:8080/ICPSR-SERIES/00035.xml. Bibliographic data and other documentation also are available at this site.

Title:	**National Adolescent Student Health Survey (NASHS)—1987–88**
Sponsoring Agency:	American School Health Association, Association for the Advancement of Health Education, Society for Public Health Education, Inc. Funded by a cooperative project of the U.S. Department of Health and Human Services, Public Health Service, Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, and the National Institute on Drug Abuse.
Contact:	American School Health Association 7263 State Route 43 P.O. Box 708 Kent, OH 44240 (330) 678-1601 http://www.ashaweb.org/
Overview:	NASHS was designed to assess students' health-related knowledge, attitudes, and behaviors in eight areas of critical importance to the health of youth. These include (1) injury prevention; (2) suicide; (3) AIDS; (4) sexually transmitted disease; (5) violence; (6) tobacco, drug, and alcohol use; (7) nutrition; and (8) consumer skills.
Survey Design/ Methodology:	NASHS surveyed 8th and 10th graders selected in 1987, with data gathering completed in early 1988. Three data collection instruments were administered. Each form contained a set of core questions as well as more detailed questions. Sample weights are provided for generating national estimates.
Sample Characteristics:	A national stratified sample of 11,419 students from 8th and 10th grade participated in NASHS. Core questions were answered by about a third of the respondents. Form 2, which contains an additional alcohol question, was administered to 3,789 respondents.
Alcohol Variables:	Core questions, asked in each form, include alcohol items related to lifetime, past year, and past month consumption of alcohol. In the Drugs section of Form 2, an alcohol item was included on consumption of five or more drinks per occasion in the past 2 weeks.
Other Variables:	In addition to demographic variables, data were collected on areas concerning injury prevention, suicide, AIDS, sexually transmitted disease, violence, tobacco, drug use, nutrition, and consumer skills.
Availability:	Contact the American School Health Association for information about NASHS.

Title:	**National Education Longitudinal Study of 1988 (NELS88)**
Sponsoring Agency:	National Center for Education Statistics (NCES), U.S. Department of Education
Contact:	Jeffrey A. Owings or Ilona Berkovitz NCES 1990 K Street, NW Washington, DC 20006 (202) 502-7423 or (202)219-7101 http://nces.ed.gov/surveys/nels88/
Overview:	NELS88 began with an 8th-grade cohort in 1988 and is a longitudinal survey designed to provide trend data about critical transitions of students as they enter middle school and progress through high school and into postsecondary institutions or the work force. Policy-relevant data about educational processes and outcomes are being collected over time, especially as they pertain to student learning, early and late predictors of dropping out, and school effects on students' access to programs and equal opportunity to learn. The first, second, and third followups were conducted in 1990, 1992, and 1994, respectively, when the cohort was in 10th and 12th grades and 2 years after high school. The primary goals of the 1994 round were to: (1) provide data for trend comparisons, (2) address issues of employment and postsecondary access and choice, and (3) ascertain how many dropouts have returned to school and by what route. A fourth followup, which began in early 2000 and revisited the same sample of students, many of whom had already completed postsecondary education, started or even changed careers, and started to form families, examined what this cohort had accomplished 12 years after the 8th-grade baseline survey.
Survey Design/ Methodology:	Survey data were collected from a nationally representative two-stage stratified sample of students through a group-administered questionnaire survey. Parents, teachers, and school administrators of the sampled students also were surveyed. Data collection for the third and fourth followup was primarily conducted by computer-assisted telephone interview (CATI). The fourth followup study employed both CATI and CAPI (computer-assisted personal interviews).
Sample Characteristics:	Beginning in 1988, a total of 24,599 8th graders from 1,025 schools (representing 3 million 8th graders in 40,000 public and private schools) were surveyed in a nationally representative sample. The augmentations and deletions to the sample occurred through followups to the survey. The first, second, and third followup sample sizes are 19,394, 19,200, and 14,915. respectively. Sample data are not yet available for the fourth followup.
Alcohol Variables:	Alcohol use of lifetime, past 12 months, past 30 days, and having five or more drinks in a row in the past 2 weeks were measured in the first and second followup surveys. Alcohol use of the past 30 days and 5+ drinks in the past 2 weeks were measured again in 2000 with the fourth followup.

Other Variables: In addition to demographic information, NELS collected data on school experiences, educational and occupational aspirations, academic growth and performance, features of effective schools, educational transitions and attainment, sexual activity, experience with law enforcement, community service work, job-related training, labor market experiences, marriage, family formation, and current and other activities. Use of cigarettes, marijuana, and cocaine also was surveyed.

Special Issues: The 1988 base year survey did not collect sufficient alcohol use information for comparison with the subsequent followup data.

Availability: NELS88 public use data files and electronic codebooks can be accessed at http://www.nces.ed.gov/surveys/nels88/DAS.asp under publications and products. Access to the students' transcript file or geographic information requires a restricted data license from NCES. An online data analysis system is available.

Title:	**National Longitudinal Study on Adolescent Health (Add Health)—Wave I (1994–95) and Wave II (1996)**
Sponsoring Agency:	National Institute of Child Health and Human Development (NICHD) and 17 other Federal agencies
Contact:	J. Richard Udry Carolina Population Center 123 West Franklin Street, University Square University of North Carolina at Chapel Hill Chapel Hill, NC 27516-3997 (919) 966-2829 http://www.cpc.unc.edu/addhealth
Overview:	Add Health is a school-based survey of health-related behaviors of adolescents in grades 7 through 12. The main focus of the survey is on exploring the causes of these behaviors, with an emphasis on the influence of families, friends, schools, and communities. Data were collected in surveys of students, parents, and school administrators involving three stages, of which Wave I (September 1994 through December 1995) and Wave II (April 1996 through August 1996) have been publicly released.
Survey Design/ Methodology:	The in-school phase (fall 1994) questionnaires were administered to students in 80 high schools and 52 associated middle schools identified through a stratified random sample of all high schools in the country. School administrators at each school completed a questionnaire on school characteristics and policies. In the in-home phases (Wave I, summer and fall 1995), interviews were conducted with a stratified sample of students enrolled in participating schools (core sample) and with selected oversampled students. A separate interview was conducted with a parent of each adolescent in Wave I. Information about community and neighborhood characteristics were compiled independently from 1990 Census block group-level data and linked to the individual data. The in-home sample design includes a genetic sample of sibling pairs, a saturation sample of all adolescents attending selected high schools, a disabled sample, and an oversample of Chinese, Cuban, and Puerto Rican students and students from high-education black families.
Sample Characteristics:	Add Health includes 80 high schools and 52 middle schools from the United States with an unequal probability of selection. Systematic sampling methods and implicit stratification are incorporated into the study to ensure a sample representative of U.S. schools with respect to region, urbanicity, school type, ethnicity, and school size. There were approximately 90,000 respondents in Wave I, a total of 20,745 in Wave II, and a total of 14,800 in Wave III.
Alcohol Variables:	The in-home survey includes questions on alcohol consumption; binge drinking; perceived consequences of alcohol use; substance abuse in relation to driving, violence, and sexual behavior; and access to substances in the home.
Other Variables:	Add Health data are collected on a wide range of topics concerning health behaviors and their possible determinants. The in-school and in-home survey asked questions about the student's daily activities, general health, self-esteem, personality, friends and peer networks, romantic relationship, pregnancy, contraception, AIDS and STD risk perception, biological and resident parents, siblings, fighting and

violence, delinquency, suicide, neighborhood, and religion. The school administrator's survey asked questions concerning the school's characteristics, including type, specialization, class size, attendance level, teachers' sociodemographics and health-related behaviors, health education and services, SAT test, rules and discipline policies. In addition, a public use Contextual Database provides block group characteristics such as population, poverty, housing, education, labor force, and vital statistics.

Special Issues: Add Health only includes students enrolled in school. High-risk youth such as dropouts are not included in the survey.

Availability: Data sets, codebooks, instruments, and a User's Guide can be purchased after a use agreement from http://www.socio.com/srch/summary/afda2/fam48-50.htm.

Title:	**National Longitudinal Survey of Youth (NLSY79)—1979–00**
Sponsoring Agency:	U.S. Department of Labor, National Opinion Research Center, and Center for Human Resource Research (CHRR)
Contact:	U.S. Bureau of Labor Statistics National Longitudinal Survey Program Employment Research and Program Development 2 Massachusetts Avenue, NE, Suite 4945 Washington, DC 20212-0001 (202) 691-7410 http://www.bls.gov/NLS Center for Human Resource Research Ohio State University 921 Chatham Lane, Suite 100 Columbus, OH 43221-2418 (614) 442-7300
Overview:	NLSY79 is a national longitudinal survey to help evaluate the expanded employment and training programs for youth legislated by 1977 amendments to the Comprehensive Employment and Training Act (CETA). Since then, the NLSY has expanded to examine a variety of policy issues. The survey's new aim is to obtain information on youth in the labor force and factors potentially affecting a young person's labor force attachment including employment earnings, transition from school to work, training programs and training in the workplace, family/workplace relationships, geographic mobility, juvenile delinquency, and criminal behavior.
Survey Design/ Methodology:	NLSY79 uses a multistage, stratified area probability sample designed to be representative of the noninstitutionalized civilian segment of American youth ages 14 to 22 when first interviewed in 1979. Supplemental samples oversampled civilian Hispanic, Black, and economically disadvantaged White youth. Another supplemental sample represented the military population ages 17 to 21. Annual personal interviews of the original respondents were conducted through 1984. Thereafter, interviews were biennial. The 1987 survey was conducted by phone.
Sample Characteristics:	NLSY79 sampled a total of 12,686 young persons born in 1957 to 1964. This sample includes 11,406 civilian and 1,280 military youth. Hispanic, economically disadvantaged, and youth in the military were oversampled.
Alcohol Variables:	Alcohol variables are included in the 1982–1985, 1988–1990, 1992, and 1994 followup surveys. Questions provide information on drinking patterns, consumption of various alcoholic beverages, the impact of alcohol use on schoolwork and/or job behavior, frequency of going to bars, and trying to cut down on drinking. The 1988 survey included items about respondent relatives who have been alcoholics or problem drinkers.

Other Variables: Other variables in NLSY79 include demographics, marital history and fertility, education, labor force status, jobs and employer information, training, work experience and attitudes, military service, health limitations, income and assets. Other variables include job search methods, migration, educational and occupational aspirations and expectations, self-esteem, childcare, prenatal and postnatal health behaviors, delinquency, time use, AIDS knowledge, and drug use.

Availability: Data are available from the Bureau of Labor Statistics' (BLS) Web site http://stats.bls.gov/nls/home.htm. Click on NLS Product Availability Center for a listing of the NLS data and publications. For NLS data questions, contact nls_info@bls.gov or the Center for Human Resource Research.

Title:	**National Longitudinal Survey of Youth (NLSY97)—1997–00**
Sponsoring Agency:	U.S. Department of Labor, National Opinion Research Center, and Center for Human Resource Research (CHRR)
Contact:	U.S. Bureau of Labor Statistics National Longitudinal Survey Program Employment Research and Program Development 2 Massachusetts Avenue, NE Suite 4945 Washington, DC 20212-0001 (202) 691-7410 http://www.bls.gov/NLS Center for Human Resource Research Ohio State University 921 Chatham Lane, Suite 100 Columbus, OH 43221-2418 (614) 442-7300
Overview:	NLSY97 is designed to document the transition from school to work and into adulthood. It collects extensive information about youths' labor market behavior and educational experiences over time. Employment information focuses on two types of jobs, "employee" jobs where youths work for a particular employer, and "freelance" jobs such as lawn mowing and babysitting. These distinctions will enable researchers to study effects of very early employment among youth.
Survey Design/ Methodology:	NLSY97 took place in 1997. In that round, both the eligible youth and one of that youth's parents received hour-long personal interviews. In addition, during the screening process, an extensive two-part questionnaire was administered that listed and gathered demographic information on members of the youth's household and on his or her immediate family members living elsewhere. Youths will be interviewed on an annual basis. Areas of the survey that are potentially sensitive, such as alcohol and drug use, sexual activity, and criminal behavior, make up the self-administered portion of the interview.
Sample Characteristics:	The NLSY97 consists of a nationally representative sample of approximately 9,000 youths who were 12 to 16 years old as of December 31, 1996. Two sub-samples make up the NLSY97 cohort: a cross-sectional sample of 6,748 respondents designed to be representative of the initial survey respondents in 1980–1984 and a supplemental sample of 2,236 respondents, oversampling Hispanics and Blacks.
Alcohol Variables:	Alcohol variables include lifetime and current drinking; age at first use, quantity, frequency, binge drinking (5+), and drinking before or during work or school.
Other Variables:	Subject areas in the questionnaire include demographics, the youths' relationships with parents, contact with absent parents, marital and fertility histories, dating, substance abuse, sexual activity, onset of puberty, training, participation in government assistance programs, expectations, time use, and criminal behavior.

Availability: Data are available through the Bureau of Labor Statistics' (BLS) Web site at http://stats.bls.gov/nls/home.htm. Click on NLS Product Availability Center for a listing of the NLS data products and publications. For NLS data questions, contact nls_info@bls.gov or the Center for Human Resource Research at usersvc@postoffice.chrr.ohio-state.edu.

Title:	**National Maternal and Infant Health Survey (NMIHS)—1988, and the Longitudinal Followup of NMIHS—1991**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Reproductive Statistics Branch Division of Vital Statistics NCHS 6525 Belcrest Road Room 820 Hyattsville, MD 20782 (301) 458-8954 http://www.cdc.gov/nchs/about/major/nmihs/abnmihs.htm
Overview:	The main purpose of NMIHS is to study factors related to poor pregnancy outcomes. Prenatal care is a major focus of the survey. The longitudinal survey involved followup with mothers and medical care providers of the children from the live birth cohort who reach two years of age. Data were obtained on national health issues affecting children, including child development, effects of low birthweight, child injury, childcare, pediatric care, health insurance coverage, child safety, and acute and chronic illnesses. A birth cohort study is planned to begin in 2000 in conjunction with the National Center for Education Statistics.
Survey Design/ Methodology:	NMIHS is a mailed followback survey of mothers, their prenatal care providers, and their hospital of delivery identified from certificates in 1988. The NMIHS data file consists of three independent national files of live births, fetal deaths, and infant deaths; and a small supplementary sample of Hispanic live births, fetal deaths, and infant deaths in Texas, and a supplementary sample of live births for urban American Indians. The 1991 Longitudinal Followup (LF) consists of three parts: the live birth survey, the child medical provider survey, and the fetal and infant death survey. The 1991 LF live birth survey is a nationally representative study that examines the children of women initially interviewed for the live birth cohort of the 1988 NMIHS.
Sample Characteristics:	NMIHS is a nationally representative sample of live births, fetal deaths, and infant deaths in the United States during 1988. The sample consisted of married and unmarried mothers who had 9,953 live births, 3,309 women who had a late fetal death, and 5,332 women who had an infant death in 1988. The 1991 LF includes data from 9,400 mothers in the live birth cohort, 1,000 women in the infant death cohort, and 1,000 women in the fetal death cohort. There were 8,285 completed interviews.
Alcohol Variables:	Alcohol variables include alcoholic beverage consumption during 12 months before delivery, frequency and amount consumed before and during pregnancy, change and reasons for change of drinking patterns during pregnancy, and offers/referrals to alcohol abuse programs or counseling.
Other Variables:	Other variables include demographic characteristics, smoking (including passive smoking), marijuana use, prenatal and postnatal care, WIC use patterns, charges for care, maternal and infant diagnoses and procedures, and infant hospitalization.

Availability: NMIHS and 1991 LF data tapes can be purchased through NTIS. Data on CD-ROM can also be ordered from http://www.cdc.gov/nchs/products/elec_prods/subject/lfnmihs.htm.

Title:	**National Natality Survey (NNS)—1980, and the National Fetal Mortality Survey (NFMS)—1980**
Sponsoring Agency:	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
Contact:	Division of Data Services NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 458-4636 http://www.sscnet.ucla.edu/issr/da/index/techinfo/h16101.htm
Overview:	NNS and NFMS are two different surveys that utilize the same survey instruments and are designed to enable analyses of high-risk pregnancies. The 1980 studies involved mailed followback surveys of mothers, hospital records and other medical sources identified on birth certificates (NNS) and reports or certificates of fetal death (NMFS) in 1980. Later data on natality and fetal death were collected in the National Maternal and Infant Health Survey.
Survey Design/ Methodology:	Information was abstracted from birth certificates, fetal death reports and certificates, questionnaires mailed to mothers (married only), and questionnaires mailed to medical service providers as appropriate (attendants at delivery, hospitals, radiologic services).
Sample Characteristics:	NNS selected a nationwide sample of all 1980 live births in the United States with oversampling of low birthweight infants. The 1980 NNS sample included 9,941 live births. NFMS selected a two-in-five nationwide sample of all 1980 fetal deaths in the United States involving gestation of 28 weeks or more, or delivery weight of 1,000 grams or more. NMFS included a sample of 6,387 fetal deaths in 1980.
Alcohol Variables:	Alcohol variables describing alcohol consumption during pregnancy are limited to the 4,405 married mothers who completed the mailed questionnaire. The questionnaires contained the following four questions: alcoholic beverage use during 12 months before delivery, frequency and amount of alcohol consumption before pregnancy, frequency and amount of alcohol consumption during pregnancy, and types of alcoholic beverages consumed.
Other Variables:	Other variables include demographics, health status, health practices, health resource utilization, and infant status. Pregnancy outcome variables such as birthweight, miter, Apgar score, and complications are also included. Data on smoking during the prenatal periods is limited to married mothers who completed the questionnaire.
Availability:	NNS and NFMS data are available from the Institute for Social Science Research (ISSR) Data Archives at UCLA. Access to files may be limited. For assistance in obtaining data, contact Libbie Stephenson at libbie@ucla.edu or Marty Pawlocki at pawlocki@ucla.edu or (310) 825-0716.

Title:	**National Pregnancy and Health Survey: Drug Use Among Women Delivering Live Births (NPHS)—1992**
Sponsoring Agency:	Division of Epidemiology, Services and Prevention Research, National Institute on Drug Abuse (NIDA), National Institutes of Health, U.S. Department of Health and Human Services
Contact:	Division of Epidemiology, Services and Prevention Research NIDA 6001 Executive Boulevard Bethesda, MD 20892-9589 (301) 443-1124 http://www.icpsr.umich.edu/SAMHDA/STUDIES/nphs.html
Overview:	NPHS' primary objective is to produce national estimates of the percentages and numbers of mothers of live newborns in the United States who used selected licit and illicit drugs in the 12 months prior to delivery. NPHS also describes patterns of prenatal substance use among demographic subgroups of women.
Survey Design/ Methodology:	NPHS used a two-staged sampling procedure within strata, with selection of hospitals in the first stage and selection of mothers within the sampled hospitals in the second stage. The sampling frame for hospitals included all hospitals in the contiguous United States with 200 or more births per year. Hospitals were stratified by (1) metropolitan area hospitals in the counties with high concentrations of Hispanics, (2) other metropolitan hospitals, and (3) nonmetropolitan hospitals. Hospitals were selected with probability proportionate to size using the number of births in 1989 as a measure of size. The final sample consisted of 37 hospital clusters containing 60 individual hospitals. The data were collected in 1992 and 1993.
Sample Characteristics:	A total of 2,673 women delivering live infants in hospitals in the contiguous 48 states completed the NPHS questionnaire on substance abuse.
Alcohol Variables:	NPHS data on substance use before and during pregnancy were collected through a questionnaire completed by the respondent and concealed from the interviewer. Respondents were asked about use of alcohol, amphetamines, analgesics, cocaine, crack-cocaine, barbiturates, hallucinogens, hashish, heroin, marijuana, methadone, methamphetamine, sedatives, stimulants, tobacco, and tranquilizers.
Other Variables:	NPHS included sociodemographic variables and obstetric history such as pregnancy, prenatal care, delivery, previous pregnancies, and background. Other data were obtained from the mothers' and infants' medical records. Urine specimens collected routinely by the hospital on obstetric admissions were tested for selected drugs. In a sub-sample of six hospitals, hair specimens were requested from respondents to evaluate the potential of hair as a source of toxicological data for future studies.
Availability:	NPHS data and documentation can be downloaded from the ICPSR Web site http://www.icpsr.umich.edu/SAMHDA/STUDIES/nphs.html. NPHS data are also available for online analysis. For assistance in downloading the data contact samhda@umich.edu.

Title:	**National Youth Survey (NYS)—1976–80, 1983, 1987**
Sponsoring Agency:	United States Department of Health and Human Services. National Institute of Mental Health. Center for Studies of Crime and Delinquency/Antisocial and Violent Behavior, and United States Department of Justice. National Institute of Justice
Contact:	Gayle Boyd, Ph.D. Chief, Prevention Research Branch National Institute of Alcohol Abuse and Alcoholism 6000 Executive Blvd, Room 505 Bethesda, MD 20892 (301) 443-8766 http://www.icpsr.umich.edu:8080/ICPSR-SERIES/00088.xml
Overview:	NYS was designed to gain a better understanding of both conventional and deviant types of behavior by youths and involved collecting information from a representative sample of young people in the United States. Parents and youth are both interviewed about events and behavior of the preceding year to gain a better understanding of conventional and deviant types of behavior among youth. The study explores variations in the onset, prevalence, incidence, and course of delinquency, substance abuse, criminal behavior, family violence and mental health. Data were collected 1976, 1977, 1978, 1979, 1980, 1983 and 1987.
Survey Design/ Methodology:	NYS used a prospective, longitudinal, multiple cohort design with a nationally representative sample of American males and females ages 11-17 in 1976. Respondents were followed through 1994. Personal, structured interviews were the primary source of data. Juvenile and adult arrest records were also reported.
Sample Characteristics:	The NYS sample included 1,725 male and female youth.
Alcohol Variables:	Personal use of alcohol and other drugs is self-reported. Attitudes toward deviance and delinquent behavior are also recorded.
Other Variables:	Sociodemographic variables are included in the NYS series. Also included is information on sex offenses, neighborhood problems, parental discipline and expectations, community involvement, education, employment, skills, aspirations, encouragement, normlessness, attitudes toward deviance, exposure to delinquent peers, self-reported depression, delinquency, victimization, pregnancy, abortion, use of mental health and outpatient services, violence by respondent and acquaintances, use of controlled drugs, and sexual activity.
Availability:	Data and documentation on the NYS series are available for downloading. Go to http://www.icpsr.umich.edu and search on NYS to access the surveys to download. Studies in the series are available on CD-ROM.

Title:	**Survey of Inmates of Local Jails—1978, 1983, 1989, and 1996**
Sponsoring Agency:	Bureau of Justice Statistics (BJS), U.S. Department of Justice
Contact:	National Archive of Criminal Justice Data (NACJD) P.O. Box 1248 Ann Arbor, MI 48106-1248 (734) 998-9825 or 1-800-999-0960 http://www.icpsr.umich.edu/NACJD
Overview:	This survey was designed to provide nationally representative data on the characteristics of inmates in local jails (e.g., personal and family characteristics, past alcohol and drug use, history of physical and sexual abuse, reason for incarceration, length of sentences, and behavioral attributes) for persons held prior to trial and on those convicted offenders serving sentences in local jails or awaiting transfer to state prisons. The survey is conducted by the U.S. Census Bureau for the Department of Justice about every 6 years.
Survey Design/ Methodology:	The 1996 sample was selected from 3,328 institutions listed in the 1993 Census of Jails and jails opened after the census but before 1996. The sample design used a stratified two-stage selection. In the first stage, six strata were formed based on the size of the male and female inmate population in each jail. All jails in strata 1 and 2 (jails with only females, and jails with more than 1,000 males and/or 50 females) were selected. The survey questionnaire is administered with computer-assisted personal interviewing (CAPI).
Sample Characteristics:	Approximately 6,133 inmates from 431 randomly selected local jails were interviewed in the 1996 survey.
Alcohol Variables:	Alcohol variables include alcohol use at the time of commission of crimes, prior alcohol use by inmates, treatment for alcohol or drug problems, parental abuse of alcohol, onset of use, and indicators for severity or alcohol or drug problems.
Other Variables:	Sociodemographic variables include sex, ethnicity, date of birth, marital status, education, language background, and other socioeconomic characteristics. Criminality variables include criminal history, current offense, sentence length, drug use related to offense, and income history prior to incarceration. Health variables include drug history, drug treatment in jail, health care in jail, and current health problems.
Availability:	Data and documentation for the jail surveys can be downloaded as follows: Go to http://www.icpsr.umich.edu/NACJD/archive.html and search using the name "Survey of Inmates of Local Jails". This search will give you a list of the surveys available for downloading. NACJD requires a data user's agreement, an e-mail address, and a brief information form.

Title:	**Survey of Inmates of State and Federal Correctional Facilities—1974, 1979, 1986, 1991, 1997**
Sponsoring Agency:	Bureau of Justice Statistics (BJS), U.S. Department of Justice
Contact:	National Archive of Criminal Justice Data (NACJD) P.O. Box 1248 Ann Arbor, MI 48106-1248 (734) 998-9825 or 1-800-999-0960 http://www.icpsr.umich.edu/NACJD
Overview:	This survey is designed to provide nationally representative data on the characteristics of state prison inmates and sentenced Federal inmates held in federally owned and operated facilities. About every 5 years, the survey is conducted by the U.S. Census Bureau for the U.S. Department of Justice.
Survey Design/ Methodology:	The eligible population for the survey is inmates incarcerated in states' correctional facilities.
Sample Characteristics:	The survey sample is selected from 1,239 state prisons using a stratified, two-stage selection divided into male/female facilities, census region and facility type. The 1974 survey included about 10,000 inmates and the 1979 and 1986 surveys included 11,397 and 13,711 inmates, respectively. The 1991 survey included a total of 20,558 inmates from 277 prisons and 53 Federal facilities, and the 1997 survey included a total of 18,326 inmates.
Alcohol Variables:	Alcohol variables include the following: overall frequency of drinking in the year prior to arrest, whether drinking occurs on a regular basis, age when first began drinking regularly, self-perception of degree of drunkenness reached at end of a typical drinking session, and treatment history.
Other Variables:	Other variables include the following: age, sex, race/ethnicity, marital status, education, family background, income in year prior to offense, employment in year prior to offense, current offense, number of prior convictions, use of drugs/alcohol, drug related crime, gang membership, use of weapons, and needle sharing. Data on military service, prison activities, and involvement in programs and services also are collected.
Special Issues:	Prior surveys of state prison inmates, called the Survey of Inmates of State Correctional Facilities, were conducted in 1974, 1979, 1986, and 1991. Sentenced Federal prison inmates were first interviewed in 1991 and the Federal data are combined with the state data in the 1991 and 1997 survey.
Availability:	Data and documentation for the 1997 survey can be downloaded as follows: Go to http://www.icpsr.umich.edu/NACJD/archive.html and search using the name "Survey of Inmates of State and Federal Correctional Facilities". The survey will be listed for downloading. NACJD requires a data user's agreement, an e-mail address, and a brief information form. Survey data for 1991 can be analyzed with an online data analysis system.

Title:	**Worldwide Surveys of Substance Abuse and Health Behaviors Among Military Personnel—1982, 1985, 1988, 1992, 1995, and 1998. Worldwide Surveys of Alcohol and Nonmedical Drug Use Among Military Personnel—1980 and 1982**
Sponsoring Agency:	U.S. Department of Defense Military Health System (surveys conducted by Research Triangle Institute)
Contact:	Lt. Col. Thomas Williams Director, Survey Research 5111 Leesburg Pike, Suite 810 Falls Church, VA 22041 Dr. Robert Bray Research Triangle Institute P.O. Box 12194 Research Triangle Park, NC 27709
Overview:	Begun in the early 1980s, the survey was designed to measure prevalence of substance use and health behaviors among active-duty military personnel on U.S. military bases worldwide. Trend data are available based on previous surveys. Data are used to better understand the nature, causes, and consequences of substance abuse and health practices in the military and to help evaluate and guide related programs and policies.
Survey Design/ Methodology:	The survey collects data from all active duty military personnel. A random sample of all active duty military personnel in the four U.S. military services (Army, Navy, Air Force, and Marines) worldwide is surveyed over a 6-week period. Data are collected every 2–4 years, and over 60 military installations worldwide are represented.
Sample Characteristics:	In 1998 more than 17,000 service personnel, randomly selected to represent men and women in all pay grades of the active military force throughout the world completed the survey.
Alcohol Variables:	Drug, alcohol, and tobacco use are measured in quantity and frequency use during the past 30 days. Survey questions also cover negative physical, social and work-related effects of alcohol and drug use as well as beliefs and attitudes about dangers related to use. Opinions about military alcohol and drug policies and programs are also reported.
Other Variables:	Other variables include the following: positive health practices, knowledge/attitudes about AIDS, use of tobacco, exercise, diet, gambling, and injury prevention. Stress, coping styles, and special health issues among military women also were included in the 1998 survey.
Availability:	Contact the Research Triangle Institute for information on availability.

Title:	**Youth Risk Behavior Survey (YRBS)—1991, 1993, 1995, 1997, and 1999 (high school), 1998 (alternative high school), 1995 (college), 1992 (NHIS)**
Sponsoring Agency:	Division of Adolescent and School Health, Center for Chronic Disease Control Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC)
Contact:	Steven A. Kinchen Division of Adolescent and School Health National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention 4770 Buford Highway, NE, Mail Stop K-33 Atlanta, GA 30341-3724 (770) 488-3259 http://www.cdc.gov/nccdphp/dash/yrbs/index.htm
Overview:	The Youth Risk Behavior Surveillance System (YRBSS) was established by CDC to monitor health-risk behaviors among youth and to assess trends in such behaviors over time. YRBS is one component of the YRBSS. YRBS measures youth risk behaviors in six risk areas: (1) behaviors that contribute to intentional and intentional injuries, (2) tobacco use, (3) alcohol and other drug use, (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases including HIV infection, (5) unhealthy dietary behaviors, and (6) physical inactivity. The first YRBS was fielded in 1990. Since 1991 data have been collected biannually, and the latest available survey data are for 1999. The 1992 YRBS was a supplement of the 1992 NHIS (see page 37).
Sample Design/ methodology:	YRBS uses a three-stage cluster sample design to produce a nationally representative sample of high school students in the United States. In high schools a 70- to 92-item questionnaire is administered in classrooms.
Sample Characteristics:	YRBS uses national, school-based samples of 11,000 to 16,000 students in the 9th through 12th grades. The 1999 YRBS included a national sample of 15,349 adolescents. Black and Hispanic high school students were oversampled. YRBS is not designed to represent individual states, so performing state-level analyses is not recommended.
Alcohol Variables:	Alcohol questions include age at first drink, lifetime drinking, frequency and quantity of alcohol consumption in the past 30 days, and frequency of having 5+ drinks on one or more occasions in the past 30 days. Any drinking and driving, riding with a driver who had been drinking, or use of alcohol on school property within the past 30 days are also assessed.
Other Variables:	Other variables include the following: age, sex, race, and grade, geographic region, metropolitan status, seatbelt and helmet use, physical fighting and carrying weapons, suicide attempts, tobacco use, use of marijuana, cocaine, steroids, or other illegal drugs, HIV awareness, sexual activity, diet, and exercise.
Special Issues:	The school-based surveys may under-represent certain high-risk youth, such as dropouts. Additionally, data apply only to youth who were in school on the day the YRBS was administered.

Availability: Public-use data files and documentation can be obtained either by downloads at http://www.cdc.gov/nccdphp/dash/yrbs/data/index.htm or by requesting the data on CD-ROM from the contact person listed above.

Section 3:

AEDS Publications and Products

AEDS produces a variety of publications based on our epidemiologic research. These publications are described below, along with availability information on the most current reports.

DATA REFERENCE MANUALS

This series of manuals provides in-depth coverage of demographic, economic, morbidity and mortality, and population data. Data Reference Manuals are distributed by AEDS as supplies last. They are then sold by the National Technical Information Service. Ordering information for domestic orders is given below. Prices are set by NTIS and are subject to change.

U.S. Alcohol Epidemiologic Data Reference Manual. Volume 1, Third Edition: U.S. Apparent Consumption of Alcoholic Beverages based on State Sales, Taxation of Receipt Data. October 1997. NIH Publication No. 97-4263

U.S. Alcohol Epidemiologic Data Reference Manual. Volume 2: Liver Cirrhosis Mortality in the United States. September 1985. NTIS Order No. PB86-147584.

U.S. Alcohol Epidemiologic Data Reference Manual. Volume 3, Fourth Edition: County Alcohol Problem Indicators, 1986-1990. July 1994. NIH Publication No. 94-3747.

U.S. Alcohol Epidemiologic Data Reference Manual. Volume 4: Hospital Discharges with Alcohol-Related Conditions, Hospital Discharge Survey, 1975-1985. January 1989.

U.S. Alcohol Epidemiologic Data Reference Manual. Volume 5, First Edition: State Trends in Alcohol-Related Mortality, 1979-92. September 1996. NIH Publication No. 96-4174.

U.S. Alcohol Epidemiologic Data Reference Manual. Volume 6, First Edition: Drinking in the United States: Main Findings from the 1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES). November 1998. NIH Publication No. 99-3519.

Procedures for Assessing Alcoholism Treatment Needs. NTIS Order No. PB83-106856

NTIS Publications available from:

National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161
Phone: (703) 487-4650
http://www.ntis.gov

NIH Publications available from:

NIAAA Publications Distribution Center
P.O. Box 10686
Rockville, MD 20849-0586
http://www.niaaa.nih.gov

AEDS SURVEILLANCE REPORTS

AEDS prepares annual surveillance reports that monitor long-term trends in alcohol use and its consequences. Surveillance topics include per capita alcohol consumption, alcohol-related traffic crashes, hospital discharges for alcohol-related conditions, and liver cirrhosis mortality. The most current issues are listed below:

Nephew, T.M.; Williams, G.D.; Yi, H.; Hoy, A.K., Stinson, F.S.; and Dufour, M.C. *Surveillance Report #59: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977–99*. National Institute on Alcohol Abuse and Alcoholism, Division of Biometry and Epidemiology, Alcohol Epidemiologic Data System, September 2002.

Yi, H.; Williams, G.D.; and Dufour, M.C. *Surveillance Report #56: Trends in Alcohol-Related Fatal Traffic Crashes, United States: 1977-99*. National Institute on Alcohol Abuse and Alcoholism, Division of Biometry and Epidemiology, Alcohol Epidemiologic Data System, December 2001.

Yoon, Y.; Yi, H.; Grant, B.F.; and Dufour, M.C. *Surveillance Report #57: Liver Cirrhosis Mortality in the United States, 1970-98*. National Institute on Alcohol Abuse and Alcoholism, Division of Biometry and Epidemiology, Alcohol Epidemiologic Data System, December 2001.

Whitmore, C.C.; Yi, H.; and Dufour, M.C. *Surveillance Report #58 (Revised): Trends in Alcohol-Related Morbidity Among Short-stay Community Hospital Discharges, United States: 1979-99*. National Institute on Alcohol Abuse and Alcoholism, Division of Biometry and Epidemiology, Alcohol Epidemiologic Data System, September 2002.

ADDITIONAL REPORTS

Additional citations of reports produced by AEDS, NIAAA, other Federal agencies, individual researchers and other sources are available through many research libraries via ETOH, NIAAA's online bibliographic database. ETOH is available for free through the NIAAA Web site as well as through Ovid Technologies, Incorporated, a subscription search service. The ETOH database contains over 120,000 bibliographic references to literature on all aspects of alcoholism research. Topics covered include psychology, psychiatry, physiology, biochemistry, epidemiology, sociology, animal studies, treatment, prevention, education, accidents and safety, legislation, employment, labor and industry, and public policy. For more information on using ETOH, contact Dianne Welsh at CSR, Incorporated, (703) 312-5220. Additional information on recent NIAAA publications is available on NIAAA's Web page http://www.niaaa.nih.gov.

QUICK FACTS

Quick Facts provides tables of data on alcohol-related topics. Quick Facts tables are text files that can be viewed on screen or saved for later use. The list of topics available in Quick Facts and the number of files on that topic to date are listed below:

- Per capita alcohol consumption, based on alcohol sales data (4)
- Self-reported amounts and patterns of alcohol consumption (26)
- Prevalence of alcohol abuse and alcohol dependence (4)
- Deaths from cirrhosis of the liver (7)
- Alcohol-related fatal traffic crashes (8)
- Alcohol-related short-stay hospital discharges (5)
- Alcohol-related economic data (5)
- Alcohol-related risk behaviors among adults (4)
- Alcohol-related risk behaviors among youth (7)
- Other (4)

Access to Quick Facts via NIAAA's Web site is quick and easy. Go to the Quick Facts link at http://www.niaaa.nih.gov/databases/qf.htm. Topics and file names will be highlighted for your selection. Files displayed on your computer screen can be saved using the capabilities of your browsing software. Note: Quick Facts text files are formatted using spaces to line up columns of data. If columns of data do not display or print correctly, adjust the font to courier or another monospace font.

For more information on Quick Facts, contact:

Alcohol Epidemiologic Data System (AEDS)
CSR, Incorporated
2107 Wilson Blvd., Suite 1000
Arlington, VA 22201
Phone: (703) 312-5220
FAX: (703) 312-5230
Email: hyi@csrincorporated.com

APPENDIX

List of Acronyms

AEDS	Alcohol Epidemiologic Data System
ADSS	Alcohol and Drug Services Study
Add Health	National Longitudinal Study on Adolescent Health
AHRQ	Agency for Health Care Research and Quality
BAC	Blood Alcohol Concentration
BJS	Bureau of Justice Statistics
BRFS	Behavioral Risk Factors Survey
BRFSS	Behavioral Risk Factors Surveillance System
CDC	Centers for Disease Control
DHHS	Department of Health and Human Services
DIS	Diagnostic Interview Schedule
DOT	Department of Transportation
DRG	Diagnostic Related Groups
DSM	Diagnostic and Statistical Manual
DSRS	Drug Services Research Survey
DWI	Driving While Intoxicated
DUI	Driving Under the Influence
ETOH	Alcohol and Alcohol Problems Science Database
FARS	Fatality Analysis Reporting System (formerly Fatal Accident Reporting System)
GES	General Estimates System
HCUP	Health Care Cost and Utilization Project
HHANES	Hispanic Health and Nutrition Examination Survey
HPDP	Health Prevention Disease Promotion Supplement of NHIS
ICD-9-CM	International Classification of Disease, Ninth Revision, Clinical Modification
ICPSR	Inter-university Consortium for Political and Social Research
MCD	Multiple Cause of Death
NACJD	National Archive of Criminal Justice Data
NASHS	National Adolescent Student Health Survey
NAMCS	National Ambulatory Medical Care Survey
NAS	National Alcohol Survey
NCES	National Center for Education Statistics
NCHS	National Center for Health Statistics
NCS	National Comorbidity Survey
NCVS	National Crime Victimization Survey
NDATUS	National Drug and Alcoholism Treatment Utilization (or Unit) Survey
NELS	National Education Longitudinal Study

NFMS	National Fetal Mortality Survey
NHANES	National Health and Nutrition Examination Survey
NHDS	National Hospital Discharge Survey
NHEFS	National Health and Nutrition Examination Survey I—Epidemiologic Followup Study
NHIS	National Health Interview Survey
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NICHID	National Institute of Child Health and Human Development
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NLAES	National Longitudinal Alcohol Epidemiologic Survey
NLSY	National Longitudinal Study of Youth
NMFS	National Mortality Followback Survey
NMIHS	National Maternal and Infant Health Survey
NNS	National Natality Survey
NSPHPC	National Survey of Personal Health Practices and Consequences
NTIES	National Treatment Improvement Evaluation Study
NTIS	National Technical Information Service
PHS	Public Health Service
PSU	Primary Sampling Unit
QF	Quantity–Frequency
QFV	Quantity–Frequency Variability
SAMHDA	Substance Abuse and Mental Health Data Archive
SAMHSA	Substance Abuse and Mental Health Services Administration
SMSA	Standard Metropolitan Statistical Area
SROS	Services Research Outcomes Study
TEDS	Treatment Episode Data Set
UFDS	Uniform Facility Data Set
YRBS	Youth Risk Behavior Survey
YRBSS	Youth Risk Behavior Surveillance System