

Section 3B - MEDICINE USE

Statement J

Now I'd like to ask you about your experiences with medicines and other kinds of drugs that you may have used **ON YOUR OWN** - that is, either **WITHOUT** a doctor's prescription (*PAUSE*); in **GREATER** amounts, **MORE OFTEN**, or **LONGER** than prescribed (*PAUSE*); or for a reason other than a doctor said you should use them. People use these medicines and drugs **ON THEIR OWN** to feel more alert, to relax or quiet their nerves, to feel better, to enjoy themselves, to get high or just to see how they work. N3BSTJ

(SHOW FLASHCARD 40)

1a. Have you EVER used any of these medicines or drugs?

Read list. (If "YES" to any drug category, ask: Which ones?)

Record specific drug(s) used.

1 Sedatives or tranquilizers, for example...barbs, downers, Am'-bee-en, Lunesta, phenobarbital, pentobarbital, Hal'-see-on, Tuinal, Nembutal, Seconal, Librium, Valium, Zanax, benzodiaz'-a-peens, tranks, Ativan.

N3BQ1A1 _____

2 Painkillers, for example...methadone, codeine, Demerol, Vy'-ko-din, Oxi-kon'-tin, opium, oxy, Per'-ko-set, Dill-odd'-id, Per'-ko-dan, morphine.

N3BQ1A2 _____

3 Mariwa'-na, including THC, for example...weed, pot, dope, hashish, Mary Jane, joint, blunt.

N3BQ1A3 _____

4 Cocaine or crack, for example...blow, rock, snow.

N3BQ1A4 _____

5 Stimulants, for example...Add'-erall, Concerta, Sy'-lert, Pro-vig'-il, Ritalin or Dexedrine, speed, amphetamine, methamphetamine, uppers, bennies, pep pills, crystal, crank.

N3BQ1A5 _____

6 Club drugs, for example...MDMA, ecstasy, GHB, Ro-hip'-nol, kett'-amine, Special K, XTC, roofies.

N3BQ1A6 _____

7 Hallucinogens, for example...LSD, acid, PCP, mescaline, pay-o'-tee, sillosy'-bin, mushrooms, angel dust, cactus.

N3BQ1A7 _____

8 Inhalants or solvents, for example...nitrous oxide, lighter fluid, gasoline, cleaning fluid, glue, poppers, whippets.

N3BQ1A8 _____

9 Heroin, for example...smack, black tar, poppy.

N3BQ1A9 _____

10 Any OTHER medicines or drugs, for example...steroids, Elavil, Thorazine, or Haldol.

(SELECT MOST FREQUENTLY USED OTHER DRUG) - Specify ↓

N3BQ1A10 N3BQ1A10SPECIFY _____

CHECK ITEM 3.10

Is at least one category marked in 1a?

1 Yes - *Classify as ever (drug) user*

NDRUGUSER

2 No - *Classify as non (drug) user and SKIP to Section 3E*

Section 3B - MEDICINE USE (Continued)

CHECK ITEM 3.11	For every drug category marked in 1a, mark the corresponding category below and ask 2a - g for each marked drug category.	2a. How old were you when you FIRST used (<i>Name of drug category</i>)?	b. Did you use (<i>Name of drug category</i>) in the last 12 months only, before the last 12 months only, or during both time periods?	c. During the last 12 months, about how often did you use (<i>Name of drug category</i>)? (SHOW FLASHCARD 41)
1 <input type="checkbox"/> Sedatives or Tranquilizers N3BD1CK311	_____ Age N3BD1Q2A		1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - SKIP to column d N3BD1Q2B 3 <input type="checkbox"/> Both time periods →	Code N3BD1Q2C
2 <input type="checkbox"/> Painkillers N3BD2CK311	_____ Age N3BD2Q2A		1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - SKIP to column d N3BD2Q2B 3 <input type="checkbox"/> Both time periods →	Code N3BD2Q2C
3 <input type="checkbox"/> Marijuana N3BD3CK311	_____ Age N3BD3Q2A		1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - SKIP to column d N3BD3Q2B 3 <input type="checkbox"/> Both time periods →	Code N3BD3Q2C
4 <input type="checkbox"/> Cocaine or Crack N3BD4CK311	_____ Age N3BD4Q2A		1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - SKIP to column d N3BD4Q2B 3 <input type="checkbox"/> Both time periods →	Code N3BD4Q2C
5 <input type="checkbox"/> Stimulants N3BD5CK311	_____ Age N3BD5Q2A		1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - SKIP to column d N3BD5Q2B 3 <input type="checkbox"/> Both time periods →	Code N3BD5Q2C
6 <input type="checkbox"/> Club drugs N3BD6CK311	_____ Age N3BD6Q2A		1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - SKIP to column d N3BD6Q2B 3 <input type="checkbox"/> Both time periods →	Code N3BD6Q2C
7 <input type="checkbox"/> Hallucinogens N3BD7CK311	_____ Age N3BD7Q2A		1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - SKIP to column d N3BD7Q2B 3 <input type="checkbox"/> Both time periods →	Code N3BD7Q2C
8 <input type="checkbox"/> Inhalants/Solvents N3BD8CK311	_____ Age N3BD8Q2A		1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - SKIP to column d N3BD8Q2B 3 <input type="checkbox"/> Both time periods →	Code N3BD8Q2C
9 <input type="checkbox"/> Heroin N3BD9CK311	_____ Age N3BD9Q2A		1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - SKIP to column d N3BD9Q2B 3 <input type="checkbox"/> Both time periods →	Code N3BD9Q2C
10 <input type="checkbox"/> OTHER N3BD10CK311	_____ Age N3BD10Q2A		1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - SKIP to column d N3BD10Q2B 3 <input type="checkbox"/> Both time periods →	Code N3BD10Q2C

Section 3B - MEDICINE USE (Continued)

<p>d. When was the most recent time you used (Name of drug category)?</p> <p>N3BD(1-10)Q2D(D,W,M,Y)</p>	<p>e. Think about the time when you were using (Name of drug category) the MOST. At that time about how often did you use (it/them)? (SHOW FLASHCARD 42)</p>	<p>f. About how old were you when you FIRST BEGAN using (Name of drug category) that frequently?</p>	<p>g. About how long did that period last when you were using (Name of drug category) that frequently? (If less than 1 week enter 1 week.)</p> <p>N3BD(1-10)Q2G(W,M,Y)</p>
<p>___ Day(s) ago OR N3BD1Q2D- ___ Week(s) ago OR UNIT/CONT ___ Month(s) ago OR ___ Year(s) ago</p>	<p>N3BD1Q2E <input type="text"/> <input type="text"/> Code</p>	<p>N3BD1Q2F _____ Age</p>	<p>___ Week(s) } N3BD1Q2GUNIT OR } <i>SKIP to next</i> ___ Month(s) } <i>marked drug</i> OR } <i>category</i> ___ Year(s) } N3BD1Q2GCONT</p>
<p>___ Day(s) ago OR N3BD2Q2D- ___ Week(s) ago OR UNIT/CONT ___ Month(s) ago OR ___ Year(s) ago</p>	<p>N3BD2Q2E <input type="text"/> <input type="text"/> Code</p>	<p>N3BD2Q2F _____ Age</p>	<p>___ Week(s) } N3BD2Q2GUNIT OR } <i>SKIP to next</i> ___ Month(s) } <i>marked drug</i> OR } <i>category</i> ___ Year(s) } N3BD2Q2GCONT</p>
<p>___ Day(s) ago OR N3BD3Q2D- ___ Week(s) ago OR UNIT/CONT ___ Month(s) ago OR ___ Year(s) ago</p>	<p>N3BD3Q2E <input type="text"/> <input type="text"/> Code</p>	<p>N3BD3Q2F _____ Age</p>	<p>___ Week(s) } N3BD3Q2GUNIT OR } <i>SKIP to next</i> ___ Month(s) } <i>marked drug</i> OR } <i>category</i> ___ Year(s) } N3BD3Q2GCONT</p>
<p>___ Day(s) ago OR N3BD4Q2D- ___ Week(s) ago OR UNIT/CONT ___ Month(s) ago OR ___ Year(s) ago</p>	<p>N3BD4Q2E <input type="text"/> <input type="text"/> Code</p>	<p>N3BD4Q2F _____ Age</p>	<p>___ Week(s) } N3BD4Q2GUNIT OR } <i>SKIP to next</i> ___ Month(s) } <i>marked drug</i> OR } <i>category</i> ___ Year(s) } N3BD4Q2GCONT</p>
<p>___ Day(s) ago OR N3BD5Q2D- ___ Week(s) ago OR UNIT/CONT ___ Month(s) ago OR ___ Year(s) ago</p>	<p>N3BD5Q2E <input type="text"/> <input type="text"/> Code</p>	<p>N3BD5Q2F _____ Age</p>	<p>___ Week(s) } N3BD5Q2GUNIT OR } <i>SKIP to next</i> ___ Month(s) } <i>marked drug</i> OR } <i>category</i> ___ Year(s) } N3BD5Q2GCONT</p>
<p>___ Day(s) ago OR N3BD6Q2D- ___ Week(s) ago OR UNIT/CONT ___ Month(s) ago OR ___ Year(s) ago</p>	<p>N3BD6Q2E <input type="text"/> <input type="text"/> Code</p>	<p>N3BD6Q2F _____ Age</p>	<p>___ Week(s) } N3BD6Q2GUNIT OR } <i>SKIP to next</i> ___ Month(s) } <i>marked drug</i> OR } <i>category</i> ___ Year(s) } N3BD6Q2GCONT</p>
<p>___ Day(s) ago OR N3BD7Q2D- ___ Week(s) ago OR UNIT/CONT ___ Month(s) ago OR ___ Year(s) ago</p>	<p>N3BD7Q2E <input type="text"/> <input type="text"/> Code</p>	<p>N3BD7Q2F _____ Age</p>	<p>___ Week(s) } N3BD7Q2GUNIT OR } <i>SKIP to next</i> ___ Month(s) } <i>marked drug</i> OR } <i>category</i> ___ Year(s) } N3BD7Q2GCONT</p>
<p>___ Day(s) ago OR N3BD8Q2D- ___ Week(s) ago OR UNIT/CONT ___ Month(s) ago OR ___ Year(s) ago</p>	<p>N3BD8Q2E <input type="text"/> <input type="text"/> Code</p>	<p>N3BD8Q2F _____ Age</p>	<p>___ Week(s) } N3BD8Q2GUNIT OR } <i>SKIP to next</i> ___ Month(s) } <i>marked drug</i> OR } <i>category</i> ___ Year(s) } N3BD8Q2GCONT</p>
<p>___ Day(s) ago OR N3BD9Q2D- ___ Week(s) ago OR UNIT/CONT ___ Month(s) ago OR ___ Year(s) ago</p>	<p>N3BD9Q2E <input type="text"/> <input type="text"/> Code</p>	<p>N3BD9Q2F _____ Age</p>	<p>___ Week(s) } N3BD9Q2GUNIT OR } <i>SKIP to next</i> ___ Month(s) } <i>marked drug</i> OR } <i>category</i> ___ Year(s) } N3BD9Q2GCONT</p>
<p>___ Day(s) ago OR N3BD10Q2D- ___ Week(s) ago OR UNIT/CONT ___ Month(s) ago OR ___ Year(s) ago</p>	<p>N3BD10Q2E <input type="text"/> <input type="text"/> Code</p>	<p>N3BD10Q2F _____ Age</p>	<p>___ Week(s) } N3BD10Q2GUNIT OR } <i>Go to Check</i> ___ Month(s) } <i>Item 3.12</i> OR } N3BD10Q2GCONT ___ Year(s) }</p>

Section 3B - MEDICINE USE (Continued)

CHECK ITEM 3.12	<p>What is the time period marked in 2b for marijuana?</p> <p>When did respondent use marijuana?</p>	<p>1 <input type="checkbox"/> Last 12 months only N3BCK312</p> <p>2 <input type="checkbox"/> Before last 12 months only – <i>SKIP to 4</i></p> <p>3 <input type="checkbox"/> Both time periods</p> <p>4 <input type="checkbox"/> Never – <i>SKIP to Check Item 3.13</i></p>
3.	<p>Now I would like to know a little more about your use of marijuana.</p> <p>On the days that you used marijuana in the last 12 months, about how many joints did you usually smoke in a single day?</p>	<p>_____ Number N3BQ3</p>
4.	<p>(Now I would like to know a little more about your use of marijuana.)</p> <p>At the time you were using marijuana the MOST, about how many joints did you usually smoke in a single day?</p>	<p>_____ Number N3BQ4</p>
CHECK ITEM 3.13	<p>What is the time period marked in 2b for cocaine or crack?</p> <p>When did respondent use cocaine or crack?</p>	<p>1 <input type="checkbox"/> Last 12 months only N3BCK313</p> <p>2 <input type="checkbox"/> Before last 12 months only – <i>SKIP to 6</i></p> <p>3 <input type="checkbox"/> Both time periods</p> <p>4 <input type="checkbox"/> Never – <i>SKIP to Check Item 3.13A</i></p>
5.	<p>Now I would like to know a little more about your use of cocaine or crack.</p> <p>On the days that you used cocaine or crack in the last 12 months, about how many grams, lines or rocks did you usually use in a single day?</p>	<p>_____ Gram(s) OR _____ Line(s) N3BQ5CONT, N3BQ5UNIT OR _____ Rock(s)</p>
6.	<p>(Now I would like to know a little more about your use of cocaine or crack.)</p> <p>At the time when you were using cocaine or crack the MOST, about how many grams, lines or rocks did you usually use in a single day?</p>	<p>_____ Gram(s) OR _____ Line(s) N3BQ6CONT, N3BQ6UNIT OR _____ Rock(s)</p>
7a.	<p>In which of the following ways have you used cocaine or crack?</p> <p><i>Read each response category.</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> IV, through the veins? N3BQ7A1</p> <p>2 <input type="checkbox"/> Injection under the skin? N3BQ7A2</p> <p>3 <input type="checkbox"/> Smoking, freebasing? N3BQ7A3</p> <p>4 <input type="checkbox"/> Snorting, sniffing, breathing? N3BQ7A4</p> <p>5 <input type="checkbox"/> By mouth, drinking? N3BQ7A5</p> <p>6 <input type="checkbox"/> Other method? N3BQ7A6</p>
CHECK ITEM 3.13A	<p>Is respondent only a marijuana user?</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Section 3C</i> N3BCK313A</p> <p>2 <input type="checkbox"/> No</p>
CHECK ITEM 3.13B	<p>Did respondent use stimulants in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N3BCK313B</p> <p>2 <input type="checkbox"/> No – <i>SKIP to Check Item 3.13C</i></p>
7b.	<p>In the last 12 months, did you use Add'-erall, Concerta, Sy'-lert, Pro-vig'-il, Ritalin, Dexedrine or any other prescription stimulant ON YOUR OWN?</p>	<p>1 <input type="checkbox"/> Yes N3BQ7B</p> <p>2 <input type="checkbox"/> No</p>
c.	<p>In the last 12 months, did you use a stimulant other than a prescription stimulant?</p>	<p>1 <input type="checkbox"/> Yes N3BQ7C</p> <p>2 <input type="checkbox"/> No</p>
CHECK ITEM 3.13C	<p>Did respondent use stimulants before 12 months ago?</p>	<p>1 <input type="checkbox"/> Yes N3BCK313C</p> <p>2 <input type="checkbox"/> No – <i>SKIP to 8</i></p>
7d.	<p>Did you use Add'-erall, Concerta, Sy'-lert, Pro-vig'-il, Ritalin, Dexedrine or any other prescription stimulant ON YOUR OWN before 12 months ago?</p>	<p>1 <input type="checkbox"/> Yes N3BQ7D</p> <p>2 <input type="checkbox"/> No</p>
e.	<p>Did you use a stimulant other than a prescription stimulant before 12 months ago?</p>	<p>1 <input type="checkbox"/> Yes N3BQ7E</p> <p>2 <input type="checkbox"/> No</p>
8.	<p>Have you EVER taken ANY medicines or drugs that we just talked about ON YOUR OWN by injection with a needle?</p>	<p>1 <input type="checkbox"/> Yes N3BQ8</p> <p>2 <input type="checkbox"/> No – <i>SKIP to Section 3C</i></p>
9.	<p>Did you take ANY medicines or drugs that we just talked about ON YOUR OWN by injection with a needle in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N3BQ9</p> <p>2 <input type="checkbox"/> No – <i>SKIP to 12</i></p>

