

**TOBACCO AND ALCOHOL STUDY**

**RESPONDENT**

**BOOKLET**

**VERSION FOR BROTHERS AND SISTERS**

*Version 1.0*

**LIST A**

- |                      |                             |
|----------------------|-----------------------------|
| A. Baptist           | H. Orthodox (Greek/Russian) |
| B. Church of Christ  | I. Presbyterian             |
| C. Church of England | J. Roman Catholic           |
| D. Jehovah's Witness | K. Seventh Day Adventist    |
| E. Jewish            | L. Other Protestant         |
| F. Methodist         | N. Other                    |
| G. Mormon            | O. Uniting Church           |
|                      | P. No religion              |

**LIST B**

How often do you attend church (or other religious meetings)?

- T. More than once a week
- U. Once a week
- W. Every month or so
- X. Once or twice a year
- Y. Rarely
- Z. Never

## **LIST A**

Highest educational level completed:

- A. 7 or less years schooling
- B. 8-10 years' schooling
- C. 8-10 years' schooling and apprenticeship or diploma
- F. 11-12 years' schooling
- G. 11-12 years' schooling and apprenticeship or diploma
- H. Technical or teachers' college
- I. University first degree
- J. University post-graduate training

## ANCESTRAL ORIGINS/ETHNIC BACKGROUND

- |    |   |    |   |
|----|---|----|---|
| 01 | Afghanistani                                    | 35 | Japanese  |
| 02 | African   | 36 | Jordanian   |
| 67 | Aleutian Islander                               | 37 | Korean  |
| 04 | American Indian                                 | 71 | Laotian   |
| 06 | Australian Aboriginal                           | 38 | Lebanese  |
| 07 | Austrian  | 39 | Malaysian   |
| 08 | Bosnian   | 40 | Mexican   |
| 09 | Brazilian                                       | 42 | Native New Zealander (Maori)  |
| 68 | Burmese   | 43 | Norwegian   |
| 69 | Cambodian                                       | 44 | Pakistani   |
| 10 | Canadian  | 45 | Polish  |
| 11 | Caribbean or West Indian (Spanish-speaking)     | 46 | Portuguese  |
| 12 | Caribbean or West Indian (Non-Spanish-speaking) | 47 | Puerto Rican  |
| 13 | Central American (e.g., Nicaraguan, Guatemalan) | 48 | Russian   |
| 15 | Chinese   | 49 | Scottish  |
| 70 | Croatian  | 50 | Samoan  |
| 16 | Cuban   | 72 | Serbian   |
| 17 | Czech   | 73 | Slovakian   |
| 18 | Danish  | 51 | Spanish   |
| 19 | Dutch   | 52 | Swedish   |
| 20 | English   | 53 | Swiss   |
| 21 | Filipino  | 54 | Thai  |
| 22 | Finnish   | 55 | Torres Strait Islander  |
| 23 | French  | 56 | Turkish   |
| 24 | German  | 57 | Vietnamese  |
| 25 | Greek   | 58 | Welsh   |
| 26 | Guamanian                                       | 60 | Other Asian (e.g. Taiwan, Singapore, Bangladesh, Sri Lanka, Nepal, Bhutan)  |
| 27 | Hungarian                                       | 61 | Other Eastern European (e.g., Romanian, Bulgarian, Albanian)                |
| 28 | Indian  | 62 | Other Middle Eastern (e.g., Arabian, Saudi, Kuwaiti, Qatari, Syrian, Omani) |
| 29 | Indonesian                                      | 63 | Other Pacific Islander (e.g., Okinawan, Tahitian)                           |
| 30 | Iranian   | 64 | Other South American (e.g., Chilean, Colombian)                             |
| 31 | Iraqi   |    |   |
| 32 | Irish   |    |   |
| 33 | Israeli   |    |   |
| 34 | Italian   |    |   |

**LIST A**

- J. 1 puff only
- K. 2 puffs
- L. 3-5 puffs
- N. 6-10 puffs
- O. More than 10 puffs
- P. A whole cigarette
- Q. More than a whole cigarette

**LIST C**

- 1. A little bit
- 2. Some
- 3. Quite a bit
- 4. A great deal

**LIST B**

- S. In my lungs, and deeply
- T. In my lungs, but not deeply
- U. Back in my throat
- V. Just in my mouth

**LIST F**

- A. 200 or more
- B. 100-199
- C. 26-99
- F. 20-25
- G. 16-19
- H. 11-15
- I. 6-10
- J. 3-5
- K. 1 or 2

**LIST A**

- E. Every day
- F. 5-6 days per week
- G. 3-4 days per week
- H. 2 days per week
- I. 1 day per week
- J. Less often

**LIST B**

- P. 1-2 per day
- Q. 3-5 per day
- S. 6-10 per day
- T. 11-15 per day
- U. 16-19 per day
- W. 20-25 per day
- X. 26-39 per day
- Y. 40 or more per day

**LIST F**

- A. Down to the filter
- B. Most of the cigarette
- C.  $\frac{1}{2}$  of the cigarette
- F.  $\frac{1}{4}$  of the cigarette
- H. Less than  $\frac{1}{4}$  of the cigarette

### **LIST A**

1. Were you more irritable or angry than usual?
2. Were you more nervous?
3. Were you more restless?
4. Did you have more trouble concentrating than usual?
5. Did your heart slow down?
6. Did your appetite increase?
7. Did you feel more down or depressed than usual?
8. Did you have more trouble sleeping than usual?

### **LIST F**

5. Never
6. Rarely
7. Sometimes
8. Most of the time
9. Always

<u>FIRST</u>	<u>LAST</u>	<i>Circle</i>	<u>BOX A</u>
		A1	Typically smoked 20 or more cigarettes a day for a period of time.
		<b>OR</b>	
		A2	Smoked more cigarettes more often than when you first started to smoke, or used a stronger type of tobacco to feel satisfied.

<u>FIRST</u>	<u>LAST</u>	<i>Circle</i>	<u>BOX B</u>
		B1	Often chain smoked cigarettes.

<u>FIRST</u>	<u>LAST</u>	<i>Circle</i>	<u>BOX C</u>
		C1	Have given up important activities, or not gone places with family or friends, because you would be unable to smoke cigarettes.

<u>FIRST</u>	<u>LAST</u>	<i>Circle</i>	<u>BOX E</u>
		E1	Often smoked cigarettes a lot more than intended.

<u>FIRST</u>	<u>LAST</u>	<i>Circle</i>	<u>BOX F</u>
		F1	Wanted to stop or cut down on smoking cigarettes
		<b>OR</b>	
		F2	Thought a lot about wanting to quit or cut down on your smoking cigarettes.
		<b>OR</b>	
		F3	Tried to stop or cut down on smoking but found you could not.

<u>FIRST</u>	<u>LAST</u>	<i>Circle</i>	<u>BOX G</u>
		G1	Experienced 4 or more problems within the first 24 hours after you quit or cut down on cigarettes (such as being irritable or angry or frustrated, nervous, restless, having trouble concentrating, heart slowing down, an appetite increase, feeling down or depressed, or trouble sleeping).
		<b>OR</b>	
		G2	Started smoking cigarettes again to prevent any of these problems or to make any of them go away.

<u>FIRST</u>	<u>LAST</u>	<i>Circle</i>	<u>BOX H</u>
		H1	Continued to smoke cigarettes knowing that it was causing you a health problem.
		<b>OR</b>	
		H2	Continued to smoke cigarettes knowing you had a serious illness that was made worse by smoking.
		<b>OR</b>	
		H3	Continued to smoke cigarettes knowing that it made you nervous or jittery.

**LIST A**

- A) Never smoked
- B) Smoked one or two times, "just to try"
- C) Used to smoke but quit successfully
- F) Current smoker/continued to smoke

## **LIST A**

1. High places, steep escalators or stairs, cliffs or edges
2. Storms, thunder or lightning
3. Being in water, like a swimming pool or lake
4. Snakes, birds, insects, rats, or other animals
5. Seeing blood, getting an injection or going to a dentist
6. Flying
7. Elevators
8. Closed spaces (other than lifts)
9. Trains or buses
10. Tunnels
11. Bridges
12. Driving

## **LIST B**

1. Starting or continuing conversations
2. Going to parties
3. Dating
4. Speaking to your teachers, boss or others in authority
5. Speaking in public
  
6. Eating or drinking in public
7. Using public toilets – not counting concerns about dirt or germs
8. Talking to a group of strangers – because you might have nothing to say or sound foolish
9. Writing while someone watches
10. Calling someone on the telephone
  
11. Taking a test or exam
12. Asking for directions
13. Performing in front of others
14. Anything else like that?

**LIST A**

- A. Every day
- B. 5-6 days per week
- C. 3-4 days per week
- F. 2 days per week
- G. 1 day per week
- H. 2-3 days per month
- I. 1 day per month
- J. 3-11 days per year
- K. Less often
- L. Never

**LIST B**

- N. 1-2 drinks
- O. 3-4 drinks
- P. 5-6 drinks
- Q. 7-8 drinks
- S. 9-11 drinks
- T. 12-15 drinks
- U. 16-18 drinks
- W. 19-24 drinks
- X. 25-30 drinks
- Z. 31 or more drinks

When you cut down or went without drinking (not just the usual hangovers):

- A. Did you have the shakes (your hands trembled)?
- B. Did you have headaches?
- C. Did you have trouble sleeping?
- D. Did you feel anxious or scared for no reason?
- E. Did you feel depressed or irritable?
  
- F. Did you sweat?
- G. Did your heart pound in your chest?
- H. Did you feel sick to your stomach or throw up?
- I. Did you feel weak all over?
- J. Did you feel jittery and couldn't sit still?
  
- K. Did you see or hear things that weren't really there?
- L. Did you feel things crawling on your skin?
- M. Did you have a fit or seizure (where you lost consciousness, fell to the floor, and had difficulty remembering what happened)?
- N. Did you have the DTs? -- you were very confused, extremely shaky, felt very frightened or nervous, or saw things that weren't really there?

- A. Liver disease or yellow jaundice
- B. Stomach disease or vomiting blood
- C. Pancreatitis
- D. Damaged your heart (cardiomyopathy)
  
- E. Caused your feet to tingle or feel numb for many hours
- F. Caused memory problems or forgetfulness even when you weren't drinking, not counting blackouts
- G. Caused any other serious health problem

## EXPERIENCES WITH ALCOHOL

<u>FIRST</u>	<u>LAST</u>	
		<b><u>BOX A</u></b> <i>Circle</i> A1 Could drink more drinks before feeling any effect/getting drunk A2 Could drink a lot more before getting drunk/feeling any effect A3 Could no longer get the same effect on the amount you used to drink
		<b><u>BOX B</u></b> B1 Drunk when you didn't want to be Drank much more than you intended Drank for more days in a row that you intended to
		<b><u>BOX C</u></b> C1 Wanted to stop/cut down on drinking C2 Spent a lot of time thinking about wanting to stop or cut down C3 Tried unsuccessfully to stop or cut down
		<b><u>BOX D</u></b> D1 A period of several days when you spent so much time drinking or recovering from effects of alcohol that you had little time for anything else
		<b><u>BOX E</u></b> E1 Gave up or reduced important activities to drink
		<b><u>BOX F</u></b> F1 Continued to drink knowing alcohol caused you to have trouble thinking clearly OR to feel depressed/uninterested in things OR to feel jumpy/easily startled OR to feel paranoid/suspicious of people OR to hear/see/smell things that weren't really there F2 Continued to drink knowing alcohol caused you health problems F3 Continued to drink despite serious illness made worse by alcohol F4 Had blackouts
		<b><u>BOX G</u></b> G1 Experienced 2 or more problems when you went without drinking G2 Drank to avoid experiencing such problems, or to make them go away G3 Took medication or drugs to avoid such problems or to make them go away

**LIST A**

1. A psychiatrist
2. A General Practitioner or other medical doctor
3. A psychologist
4. Another mental health professional (e.g., social worker, marriage guidance or other counsellor)
5. A member of the clergy
6. Anyone else like that?

**LIST B**

7. AA or NA or other self help group
8. Outpatient alcohol program  
OR Outpatient drug program
9. Outpatient, other
10. Inpatient alcohol program  
OR Inpatient drug program
11. Inpatient for medical complications
12. Anything else?

**LIST C**

- A. Every day
- B. 5-6 days per week
- C. 4 days per week
- F. 3 days per week
- G. 2 days per week
- H. 1 day per week
- I.. 3 days per month
- J. 2 days per month
- K. 1 day per month
- L. 6-11 days per year
- N. 3-5 days per year
- O. 2 days per year
- P. 1 day per year

**LIST N**

1. Marijuana

**LIST O**

2. Cocaine
3. Crack

**LIST P** (when not prescribed,  
or more than prescribed)

4. Amphetamine (Speed, Ice)
6. Ritalin or Dexamphetamine
7. Ecstasy (X), XTC
8. Methamphetamine
10. Diet pills
11. Other stimulants

**LIST Q** (when not prescribed,  
or more than prescribed)

12. Codeine
13. Panadine Forte
14. Pethadine
15. Methadone
16. Morphine
17. Heroin
18. Opium
19. Physeptone
21. Other opiates, major pain killers

**LIST R** (when not prescribed,  
or more than prescribed)

23. Valium
24. Serapax (serries)
25. Rohypnol (rowies)
26. Xanax
27. Temazepam
28. Amytal
32. Other sedatives

**LIST S**

33. LSD
35. Mushrooms
37. Other hallucinogens

**LIST T**

38. PCP (angel dust)

**LIST V**

39. Lighter fluid
40. Cleaning fluid
41. Glue
42. Paint thinner
43. Petrol
44. Other solvents

**LIST W**

46. Amyl Nitrate (rush, poppers)
47. Nitrous Oxide (laughing gas)
48. Butyl nitrate
49. Other inhalants

	<b>COLUMN 1</b>	<b>COLUMN 2</b>	<b>COLUMN 3</b>	<b>COLUMN 4</b>
<p align="center"><b><u>BOX A</u></b></p> <p><b>A1</b> Used for more days in a row, or in larger amounts, than you intended to.</p>	<p align="center"><b>A1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>A1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>A1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>A1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>
<p align="center"><b><u>BOX B</u></b></p> <p><b>B1</b> Found you needed to use larger amounts of ____ to get an effect, or that you could no longer get the same effect on the amount you</p>	<p align="center"><b>B1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>B1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>B1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>B1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>
<p align="center"><b><u>BOX C</u></b></p> <p><b>C1</b> Wanted to stop or cut down on your use of ____.</p> <p align="center"><b>OR</b></p> <p><b>C2</b> Tried to stop or cut down on your use of ____ but found you were unable to.</p>	<p align="center"><b>C1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>C2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>C1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>C2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>C1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>C2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>C1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>C2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>
<p align="center"><b><u>BOX E</u></b></p> <p><b>E1</b> Spent so much time getting ____, using it, or recovering from its effects that you had little time for anything else.</p>	<p align="center"><b>E1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>E1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>E1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>E1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>
<p align="center"><b><u>BOX F</u></b></p> <p><b>F1</b> Have given up or greatly reduced important activities because you would be unable to use ____.</p>	<p align="center"><b>F1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>F1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>F1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>F1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>
<p align="center"><b><u>BOX G</u></b></p> <p><b>G1</b> Continued to use ____ knowing it caused a health problem or made a health problem worse.</p> <p align="center"><b>OR</b></p> <p><b>G2</b> Continued to use ____ knowing it caused you emotional or</p>	<p align="center"><b>G1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>G2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>G1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>G2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>G1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>G2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>G1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>G2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>
<p align="center"><b><u>BOX H</u></b></p> <p><b>H1</b> After you stopped or cut down or went without ____, you experienced physical or emotional problems.</p> <p align="center"><b>OR</b></p> <p><b>H2</b> Used ____ or some other medication or drug to avoid having any of these problems or</p>	<p align="center"><b>H1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>H2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>H1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>H2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>H1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>H2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>	<p align="center"><b>H1</b></p> <p>FIRST: _____</p> <p>LAST: _____</p> <p align="center"><b>H2</b></p> <p>FIRST: _____</p> <p>LAST: _____</p>

For how many weeks were problems from five or more boxes, including Box A or Box B, occurring together nearly every day?

**BOX A**

- A1** Felt depressed or down, sad, blue, low, or discouraged most of the day
- A2** Felt a lot more irritable than usual, most of the day (BEFORE AGE 18 ONLY)

**BOX B**

- B1** Felt a lot less interested in most things, or unable to enjoy the things you used to enjoy

**BOX C**

- C1** Had a change in weight or appetite

**BOX E**

- E1** Had more trouble with sleeping than usual
- E2** Slept much more than usual

**BOX F**

- F1** Was so fidgety or restless that other people noticed it
- F2** Was talking or moving much more slowly than is normal for you so that other people noticed it

**BOX G**

- G1** Felt more tired than usual, as if you had no energy

**BOX H**

- H1** Felt excessively guilty or that you were a bad person, a failure or worthless

**BOX I**

- I1** Had trouble thinking or concentrating
- I2** Found it hard to make decisions about everyday things

**BOX J**

- J1** More than once had thoughts about death or dying (not just about a dead or dying loved one, and not just a fear of dying)
- J2** More than once thought about taking your own life
- J3** Made a plan to take your own life
- J4** Tried to take your own life

1. Shortness of breath or feeling that you were smothering.
2. Palpitations or a pounding heart.
3. Dizziness, light-headedness, or feeling faint or unsteady.
4. Chest tightness or chest pain.
5. Numbness or tingling in fingers or toes or around the lips or mouth.
6. Feeling like you were choking.
7. Sweating.
8. Shaking or trembling.
9. Flushes, hot flashes or chills.
10. Feeling that you were unreal or that things were unreal.
11. Afraid that you would die.
12. Afraid that you might lose control or act in a crazy way.
13. Nausea or pain or discomfort in your stomach or abdomen.

1. Going outside of the house alone (not due to a dangerous neighborhood)
2. Being home alone
3. Being on a bridge or in a tunnel
4. Traveling in a bus, train, car or plane
5. Being in a crowd or standing in a line
6. Being in a lift

**MORE THAN MOST CHILDREN OR ADULTS YOUR AGE**, did you ever:

- A.1 **OFTEN** make a lot of careless mistakes in your work at home, at work, or in school or with other tasks because you didn't pay attention to details.
- A.2 Have **A LOT** more trouble than most people in sticking with games or work.
- A.3 **OFTEN** not listened when your friends, family, teachers or supervisors spoke directly to you, not because of hearing problems.

**MORE THAN MOST CHILDREN OR ADULTS YOUR AGE**, did you ever:

- A.4 **OFTEN** leave tasks or work unfinished when told to do them.
- A.5 **OFTEN** have problems organizing your work at home, at school, at work, or your leisure activities - for example, often not having everything you needed.
- A.6 **OFTEN** try to avoid or put off doing things that would take a lot of thought or concentration.

**MORE THAN MOST CHILDREN OR ADULTS YOUR AGE**, did you ever:

- A.7 **OFTEN** lose things you needed such as pencils and papers for school, or things you needed for work, or for leisure activities.
- A.8 Become **EASILY** distracted from work or other activities when something else was going on in the room.
- A.9 **OFTEN** forgot things you were supposed to do, like taking things to work or school, keeping appointments, or picking things up from the store.

**MORE THAN MOST CHILDREN OR ADULTS YOUR AGE**, did you ever:

- B.1 Have **A LOT** of trouble staying still in your seat - fidgeting and squirming all the time.
- B.2 **OFTEN** get out of your seat when you were not supposed to.
- B.3 **OFTEN** run or walk around when you were not supposed to, or **OFTEN** have feelings of restlessness.

**MORE THAN MOST CHILDREN OR ADULTS YOUR AGE**, did you ever:

- B.4 **OFTEN** have difficulty engaging quietly in leisure activities.
- B.5 Seem "always on the go", as if you were 'driven by a motor'.
- B.6 Seem to never stop talking.

**MORE THAN MOST CHILDREN OR ADULTS YOUR AGE**, did you ever:

- B.7 **OFTEN** blurt out answers before others finished asking the question.
- B.8 **OFTEN** have a hard time waiting your turn - for example, waiting in line or waiting your turn in a game or other activity.
- B.9 **OFTEN** interrupt when people were talking, or butt into conversations or other people's games.

**THANK YOU!**