

CARD 1

| | |
|---|----|
| ALASKAN NATIVE/ESKIMO/ALEUT | 10 |
| AMERICAN INDIAN | 20 |
| ASIAN OR ASIAN-AMERICAN | |
| Chinese | 30 |
| (East) Indian | 31 |
| Filipino | 32 |
| Japanese | 33 |
| Other (Specify):_____ | 34 |
| BLACK | |
| African American | 40 |
| Caribbean or West Indian | 41 |
| Latino: | |
| Cuban | 42 |
| Dominican | 43 |
| Puerto Rican | 44 |
| Other (Specify):_____ | 45 |
| LATINO OR HISPANIC, NON-BLACK | |
| Cuban | 50 |
| Dominican | 51 |
| Mexican | 52 |
| Puerto Rican | 53 |
| Other (Specify):_____ | 54 |
| MIDDLE EASTERN (Specify):_____ ... | 60 |
| PACIFIC ISLANDER (Specify):_____ ... | 70 |
| WHITE, CAUCASIAN, EURO-AMERICAN NOT OF LATINO ORIGIN | 80 |
| BIRACIAL OR MULTIRACIAL | |
| (Specify):_____ | 90 |
| OTHER (Specify):_____ | 96 |

CARD 2

1. A doctor or nurse advised you to
2. Your family or friends asked you to
3. It cost too much
4. You got tired of it
5. It's bad for you
6. It caused unpleasant side effects
7. It was too inconvenient to continue
8. Pregnancy

CARD 3

B10 made special trips or planned ahead so you wouldn't run out of tobacco
or
B10A chain-smoked

B11 needed much more tobacco than you used to
or
B11A same amount of tobacco had much less effect than before

B12 often (smoked/used) more tobacco than you intended

B13 had a period of wanting to quit or cut down on (smoking/using tobacco)
or
B15A more than once were unable to quit or cut down for at least one month

B18A1 had withdrawal symptoms when you have gone without tobacco
or
B19 (smoked/used tobacco) to avoid or get rid of withdrawal symptoms

continued to (smoke/use tobacco) after you realized it:
B21A caused a serious health problem
or
B22 made a serious illness worse
or
B23A caused a mental or emotional problem

B27 gave up or reduced important activities to (smoke/use tobacco)

CARD 4

| | |
|------|--|
| B10 | made special trips or planned ahead so you wouldn't run out of tobacco |
| | or |
| B10A | chain-smoked |
| | or |
| B27 | gave up or reduced important activities to (smoke/use tobacco) |

| | |
|------|---|
| B11 | needed much more tobacco than you used to |
| | or |
| B11A | same amount of tobacco had much less effect than before |

| | |
|------|--|
| B12 | often (smoked/used) more tobacco than you intended |
| | or |
| B13 | had a period of wanting to quit or cut down on (smoking/using tobacco) |
| | or |
| B15A | more than once were unable to quit or cut down for at least one month |

| | |
|-------|--|
| B18B1 | had withdrawal symptoms when you have gone without tobacco |
| | or |
| B19 | (smoked/used tobacco) to avoid or get rid of withdrawal symptoms |

| | |
|------|---|
| | continued to (smoke/use tobacco) after you realized it: |
| B21A | caused a serious health problem |
| | or |
| B22 | made a serious illness worse |
| | or |
| B23A | caused a mental or emotional problem |

| | |
|-----|--|
| B26 | had a strong desire or craving for tobacco |
|-----|--|

CARD 5

ALCOHOL EQUIVALENTS

HARD LIQUOR

| | | |
|-------------------------|---|-----------|
| 1 SHOT MIXED DRINK | = | 1 DRINK |
| 1 SHOT GLASS | = | 1 DRINK |
| 1/2 PINT OF LIQUOR | = | 6 DRINKS |
| 1 PINT OF LIQUOR | = | 12 DRINKS |
| 1 FIFTH OF LIQUOR | = | 20 DRINKS |
| 1 QUART/LITER OF LIQUOR | = | 24 DRINKS |

WINE

| | | |
|--------------------------------|---|-----------|
| 1 GLASS OF WINE | = | 1 DRINK |
| 1 BOTTLE OF WINE (LITER) | = | 6 DRINKS |
| 1 "WINE COOLER" | = | 1 DRINK |
| 1 CARAFE OF WINE | = | 9 DRINKS |
| 1 GALLON | = | 30 DRINKS |
| 1 SMALL BOTTLE OF WINE (SPLIT) | = | 2 DRINKS |

BEER

| | | |
|---------------------------------|---|-----------|
| 1 - 12 OZ BOTTLE OF BEER | = | 1 DRINK |
| 1 - 12 OZ CAN OF BEER | = | 1 DRINK |
| 1 CAN OF MALT LIQUOR | = | 1 DRINK |
| 1 - 40 OZ BOTTLE OF BEER | = | 3 DRINKS |
| 1 - 40 OZ BOTTLE OF MALT LIQUOR | = | 6 DRINKS |
| 1 - 6 PACK OF BEER | = | 6 DRINKS |
| 1 PITCHER OF BEER | = | 5 DRINKS |
| 1 CASE OF BEER | = | 24 DRINKS |

CARD 6

1. A doctor or nurse advised you to
2. Your family or friends asked you to
3. It cost too much
4. You got tired of it
5. Drinking is bad for you
6. It caused unpleasant side effects
7. Pregnancy
8. Legal Problems

CARD 7

C16 often drank more than you intended
or
C16A often kept drinking for longer than you intended

C17 drank much more than you used to for the effect you wanted
or
C17A found the same amount had much less effect than it once did

C18 had a period of wanting to quit or cut down on drinking
or
C20A more than once were unable to quit or cut down for at least a month

C25 spent a lot of time on drinking or recovering from the effects of alcohol

C26 gave up or reduced important activities that would interfere with drinking

C27A1 had withdrawal symptoms in the first few hours of not drinking
or
C28 had alcohol, a tranquilizer, or sedative to avoid or get rid of withdrawal symptoms

continued to drink after you realized it:
C29A caused a physical health problem
or
C30 made a serious physical illness worse
or
C33A caused a psychological or emotional problem

CARD 8

C15 had a strong desire or urge to drink

C16 often drank more than you intended to
or
C16A often kept drinking for longer than you intended
or
C18 had a period of wanting to quit or cut down on drinking
or
C20A more than once were unable to quit or cut down for at least a month

C17 drank much more than you used to for the effect you wanted
or
C17A found the same amount had much less effect than it once did

C25 spent a lot of time on drinking or recovering from the effects of alcohol
or
C26 gave up or reduced important activities that would interfere with drinking

C27B1 had withdrawal symptoms in the first few hours of not drinking
or
C28 had alcohol, a tranquilizer, or sedative to avoid or get rid of withdrawal symptoms

continued to drink after you realized it:
C29A caused a physical health problem
or
C30 made a serious physical illness worse
or
C33A caused a psychological or emotional problem

CARD 9

Stimulants

Amphetamines
Diet pills
Ritalin
Other stimulant

Sedatives

Barbiturates
Librium
Seconal
Sleeping pills
Tranquilizers
Valium
Xanax
Other sedative

Opioids

Codeine
Darvon
Demerol
Dilaudid
Methadone
Morphine
Percodan
Talwin
Other opioid

CARD 10

| | | | | |
|---|--|---|--|---|
| <p style="text-align: center;"><u>Marijuana</u> or Grass or Pot</p> <p style="text-align: center;">Hashish</p> | <p style="text-align: center;"><u>Stimulants</u></p> <p style="text-align: center;">Ice Khat Methamphetamine Speed Uppers Other stimulant</p> | <p style="text-align: center;"><u>Club Drugs</u></p> <p style="text-align: center;">Ecstasy or MDMA GHB Ketamine Rohypnol Other club drug</p> | <p style="text-align: center;"><u>Cocaine</u></p> <p style="text-align: center;">Crack</p> | <p style="text-align: center;"><u>Heroin</u></p> |
| <p style="text-align: center;"><u>Opioids</u></p> <p style="text-align: center;">Opium T's & blues</p> | <p style="text-align: center;"><u>PCP</u></p> | <p style="text-align: center;"><u>Hallucinogens</u></p> <p style="text-align: center;">DMT LSD or Acid Mescaline Mushrooms Peyote Psilocybin Other hallucinogen</p> | <p style="text-align: center;"><u>Inhalants</u></p> <p style="text-align: center;">Glue Toluene Gasoline Paint Paint thinner</p> | <p style="text-align: center;"><u>Other drugs</u></p> <p style="text-align: center;">Amyl nitrite or Poppers Anabolic steroids Nitrous oxide or Anything else</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">specify</p> |

CARD 11

| | | | | | |
|---|--|---|--|---|---|
| <p style="text-align: center;"><u>Marijuana</u> or Grass or Pot</p> <p style="text-align: center;">Hashish</p> | <p style="text-align: center;"><u>Stimulants</u></p> <p style="text-align: center;">Amphetamines Diet pills Ice Khat Methamphetamine Ritalin Speed Uppers Other stimulant</p> | <p style="text-align: center;"><u>Sedatives</u></p> <p style="text-align: center;">Barbiturates Librium Seconal Sleeping pills Tranquilizers Valium Xanax Other sedative</p> | <p style="text-align: center;"><u>Club Drugs</u></p> <p style="text-align: center;">Ecstasy or MDMA GHB Ketamine Rohypnol Other club drug</p> | <p style="text-align: center;"><u>Cocaine</u></p> <p style="text-align: center;">Crack</p> | <p style="text-align: center;"><u>Heroin</u></p> |
| <p style="text-align: center;"><u>Opioids</u></p> <p style="text-align: center;">Codeine Darvon Demerol Dilaudid Methadone Morphine Opium Percodan Talwin T's & blues Other opioid</p> | <p style="text-align: center;"><u>PCP</u></p> | <p style="text-align: center;"><u>Hallucinogens</u></p> <p style="text-align: center;">DMT LSD or Acid Mescaline Mushrooms Peyote Psilocybin Other hallucinogen</p> | <p style="text-align: center;"><u>Inhalants</u></p> <p style="text-align: center;">Glue Toluene Gasoline Paint Paint thinner</p> | <p style="text-align: center;"><u>Other drugs</u></p> <p style="text-align: center;">Amyl nitrite or Poppers Anabolic steroids Nitrous oxide or Anything else</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">specify</p> | |

CARD 12

HOW TAKEN

- | | | |
|----------|----------|--|
| 1 | = | By mouth, pills, drinking, or chewing |
| 2 | = | Smoking or freebasing |
| 3 | = | Snorting, sniffing, breathing, or huffing |
| 4 | = | Injection into the veins (IV) |
| 5 | = | Injection into the skin or muscle |
| 6 | = | Other methods |

CARD 13

1 = ampules

2 = bags

3 = blotters

4 = blunts

5 = breaths

6 = buttons

7 = capsules

8 = cigarettes

9 = grams

10 = hits

11 = huffs

12 = joints

13 = lines

14 = milligrams

15 = ounces

16 = panes

17 = pills

18 = pipefuls

19 = rocks

20 = sheets

21 = suppositories

22 = tablespoons

23 = teaspoons

24 = other (specify)

CARD 14

1. A doctor or nurse advised you to
2. Your family or friends asked you to
3. It cost too much
4. You got tired of it
5. Using drugs is bad for you
6. It caused unpleasant side effects
7. Pregnancy
8. Legal Problems

CARD 15

DRUG COLUMN

| EXPERIENCES | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|-------------|--|-----------|------------|-----------|------------|---------|--------|---------|-----|---------------|-----------|-------|
| | | MARIJUANA | STIMULANTS | SEDATIVES | CLUB DRUGS | COCAINE | HEROIN | OPIOIDS | PCP | HALLUCINOGENS | INHALANTS | OTHER |
| ROW A | Often used more (DRUG CATEGORY) than you intended or for longer than you intended | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW B | Used much more (DRUG CATEGORY) than you used to for the effect or the same amount had much less effect than it once did | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW C | Wanted to quit or cut down on (DRUG CATEGORY) or tried to, but were unable to for at least a month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW D | Spent a lot of time on using, getting, or recovering from the effects of (DRUG CATEGORY) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW E | Gave up or reduced important activities to get or use (DRUG CATEGORY) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW F | Had withdrawal symptoms from (DRUG CATEGORY) or used drugs to avoid or get rid of withdrawal symptoms from (DRUG CATEGORY) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW G | Continued using (DRUG CATEGORY) after realizing it caused physical or emotional problems | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |

CARD 16

DRUG COLUMN

| EXPERIENCES | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|-------------|--|-----------|------------|-----------|------------|---------|--------|---------|-----|---------------|-----------|-------|
| | | MARIJUANA | STIMULANTS | SEDATIVES | CLUB DRUGS | COCAINE | HEROIN | OPIOIDS | PCP | HALLUCINOGENS | INHALANTS | OTHER |
| ROW A | Had a strong desire or craving for (DRUG CATEGORY) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW B | Often used more (DRUG CATEGORY) than you intended or for longer than you intended, or wanted to quit or cut down on (DRUG CATEGORY) or tried to, but were unable to for at least a month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW C | Used much more (DRUG CATEGORY) than you used to for the effect or same amount had much less effect than it once did | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW D | Spent a lot of time using, getting, or recovering from the effects of (DRUG CATEGORY) or gave up or reduced important activities to get or use it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW E | Had withdrawal symptoms from (DRUG CATEGORY) or used drugs to avoid or get rid of withdrawal symptoms from (DRUG CATEGORY) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| ROW F | Continued using (DRUG CATEGORY) after realizing it caused physical or emotional problems | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |

CARD 16A

1. Unintended weight loss or gain
2. A seizure
3. A persistent cough
4. Eye problems
5. An injury or burn
6. Heart pounding
7. Sexual difficulties
8. An overdose
9. A sore throat or sinus problems
10. Trembling, twitching, or numbness
11. Headaches or dizziness
12. Stomach problems
13. Kidney problems

CARD 17

1. A doctor or nurse advised you to
2. Your family or friends asked you to
3. It cost too much
4. You got tired of it
5. It's bad for you
6. It caused unpleasant side effects
7. Pregnancy

CARD 17A

1. feeling depressed or empty
2. being paranoid or suspicious
3. feeling confused
4. feeling anxious or tense
5. being irritable or aggressive
6. feeling keyed up or overactive
7. seeing, hearing, smelling or feeling things that weren't there
8. laughing or crying for no reason
9. being jumpy or easily startled
10. feeling overconfident or fearless

CARD 18

- | | |
|------|--|
| E7 | made special trips or planned ahead so you wouldn't run out of caffeinated beverages |
| E8 | needed to drink more caffeinated beverages than you used to for the effect |
| E8A | usual amount of a caffeinated beverages had much less effect than before |
| E9 | often drank more caffeinated beverages than you intended |
| E10 | had a period of wanting to quit or cut down on caffeinated beverages |
| E12A | more than once were unable to quit or cut down on caffeinated beverages for at least one month |
| E14A | had withdrawal symptoms when you have gone without or reduced caffeinated beverages |
| E15 | used a caffeinated product or beverage to avoid or get rid of withdrawal symptoms |
| | continued to use caffeinated beverages after realizing you: |
| E17A | had a physical problem caused by caffeine |
| E18 | had a medical condition or health problem that could be made worse by caffeine |
| E19A | you had a psychological or emotional problem caused by caffeine |
| E23 | avoided doing things or going places because caffeine would not be available |

CARD 19

E7 made special trips or planned ahead so you wouldn't run out of caffeinated beverages
or
E23 avoided doing things or going places because caffeinated beverages would not be available

E8 needed to drink much more caffeinated beverages than you used to for the effect
or
E8A usual amount of caffeinated beverages had much less effect than before

E9 often drank more caffeinated beverages than you intended
or
E10 had a period of wanting to quit or cut down on caffeinated beverages
or
E12A more than once were unable to quit or cut down on caffeinated beverages for at least one month

E14A had withdrawal symptoms when you have gone without or reduced caffeinated beverages
or
E15 used a caffeinated product or beverage to avoid or get rid of withdrawal symptoms

continued to use caffeine after realizing you:
E17A had a physical problem caused by caffeine
E18 had a medical condition or health problem that could be made worse by caffeine
E19A had a psychological or emotional problem caused by caffeine

E22 often had a strong desire or craving for caffeinated beverages