

P-506. Did any of these drugs--(marijuana/stimulants/sedatives/cocaine, crack or coca leaves/heroin or other opiates/PCP or other psychedelics)--cause you considerable problems with your family, friends, on the job, at school, or with the police?

(SKIP TO Q. P-543)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-513)

P-507. Did marijuana (hashish, bhang, ganja) cause you considerable problems with your family, friends, on the job, at school, or with the police?

(SKIP TO Q. P-513)	No	1
	Yes	5

P-508. When was the first time (you had a problem with job or school, with the police, or with family or friends because of using marijuana [hashish, bhang, ganja])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-510)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-509. How old were you (the first time you had a problem with job or school, with the police, or with family or friends because of using marijuana [hashish, bhang, ganja])?

(AGE AT ONSET)

P-510. When was the last time (you had a problem with job or school, with the police, or with family or friends because of using marijuana [hashish, bhang, ganja])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-512)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-511. How old were you (the last time you had a problem with job or school, with the police, or with family or friends because of using marijuana [hashish, bhang, ganja])?

(AGE OF RECENCY)

P-512. Did you use marijuana (hashish, bhang, ganja) on more than one occasion after you realized it was causing these problems?

No	1
Yes	5

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-519)

P-513. Did stimulants (amphetamines, khat, ice) cause you considerable problems with your family, friends, on the job, at school, or with the police?

(SKIP TO Q. P-519)	No	1
	Yes	5

P-514. When was the first time (you had a problem with job or school, with the police, or with family or friends because of using stimulants [amphetamines, khat, ice])?

---

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-516)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

---

P-515. How old were you (the first time you had a problem with job or school, with the police, or with family or friends because of using stimulants [amphetamines, khat, ice])?

(AGE AT ONSET)

---

P-516. When was the last time (you had a problem with job or school, with the police, or with family or friends because of using stimulants [amphetamines, khat, ice])?

---

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-518)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

---

P-517. How old were you (the last time you had a problem with job or school, with the police, or with family or friends because of using stimulants [amphetamines, khat, ice])?

(AGE OF REGENCY)

---

P-518. Did you use stimulants (amphetamines, khat, ice) on more than one occasion after you realized it was causing these problems?

No	1
Yes	5

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-525)

P-519. Did sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) cause you considerable problems with your family, friends, on the job, at school, or with the police?

(SKIP TO Q. P-525)	No	1
	Yes	5

P-520. When was the first time (you had a problem with job or school, with the police, or with family or friends because of using sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-522)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-521. How old were you (the first time you had a problem with job or school, with the police, or with family or friends because of using sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

(AGE AT ONSET)

P-522. When was the last time (you had a problem with job or school, with the police, or with family or friends because of using sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-524)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-523. How old were you (the last time you had a problem with job or school, with the police, or with family or friends because of using sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

(AGE OF REGENCY)

P-524. Did you use sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) on more than one occasion after you realized it was causing these problems?

No	1
Yes	5

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-531)

P-525. Did cocaine, crack or coca leaves cause you considerable problems with your family, friends, on the job, at school, or with the police?

(SKIP TO Q. P-531)	No	1
	Yes	5

P-526. When was the first time (you had a problem with job or school, with the police, or with family or friends because of using cocaine, crack or coca leaves)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-528)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-527. How old were you (the first time you had a problem with job or school, with the police, or with family or friends because of using cocaine, crack or coca leaves)?

(AGE AT ONSET)

P-528. When was the last time (you had a problem with job or school, with the police, or with family or friends because of using cocaine, crack or coca leaves)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-530)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-529. How old were you (the last time you had a problem with job or school, with the police, or with family or friends because of using cocaine, crack or coca leaves)?

(AGE OF RECENCY)

P-530. Did you use cocaine, crack or coca leaves on more than one occasion after you realized it was causing these problems?

No	1
Yes	5

(IF HEROIN OR OTHER OPIATES NOT USED MORE THAN FIVE TIMES IN Q. P-75, SKIP TO Q. P-537)

P-531. Did heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) cause you considerable problems with your family, friends, on the job, at school, or with the police?

(SKIP TO Q. P-537)	No	1
	Yes	5

P-532. When was the first time (you had a problem with job or school, with the police, or with family or friends because of using heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-534)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-533. How old were you (the first time you had a problem with job or school, with the police, or with family or friends because of using heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid])?

(AGE AT ONSET)

P-534. When was the last time (you had a problem with job or school, with the police, or with family or friends because of using heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid])?

(SKIP TO Q. P-536)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-535. How old were you (the last time you had a problem with job or school, with the police, or with family or friends because of using heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid])?

(AGE OF REGENCY)

P-536. Did you use heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) on more than one occasion after you realized it was causing these problems?

No	1
Yes	5

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-543)

P-537. Did PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) cause you considerable problems with your family, friends, on the job, at school, or with the police?

(SKIP TO Q. P-543)	No	1
	Yes	5



P-538. When was the first time (you had a problem with job or school, with the police, or with family or friends because of using PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-540)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-539. How old were you (the first time you had a problem with job or school, with the police, or with family or friends because of using PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

(AGE AT ONSET)

P-540. When was the last time (you had a problem with job or school, with the police, or with family or friends because of using PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-542)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-541. How old were you (the last time you had a problem with job or school, with the police, or with family or friends because of using PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

(AGE OF RECENCY)

P-542. Did you use PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) on more than one occasion after you realized it was causing these problems?

No	1
Yes	5

P-543. Have you often been high on drugs or suffering their after-effects while working or taking care of children?

(SKIP TO Q. P-574)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-549)

P-544. Have you often been high or suffering the after-effects of marijuana (hashish, bhang, ganja) while working (or taking care of children)?

(SKIP TO Q. P-549)	No	1
	Yes	5

P-545. When was the first time (you were high or suffering the after-effects of marijuana [hashish, bhang, ganja] while working [or taking care of children])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-547)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-546. How old were you (the first time you were high or suffering the after-effects of marijuana [hashish, bhang, ganja] while working [or taking care of children])?

(AGE AT ONSET)

P-547. When was the last time (you were high or suffering the after-effects of marijuana [hashish, bhang, ganja] while working [or taking care of children])?

(SKIP TO Q. P-549)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-548. How old were you (the last time you were high or suffering the after-effects of marijuana [hashish, bhang, ganja] while working [or taking care of children])?

(AGE OF REGENCY)

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-554)

P-549. Have you often been high or suffering the after-effects of stimulants (amphetamines, khat, ice) while working (or taking care of children)?

(SKIP TO Q. P-554)	No	1
	Yes	5

P-550. When was the first time (you were high or suffering the after-effects of stimulants [amphetamines, khat, ice] while working [or taking care of children])?

(SKIP TO Q. P-552)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-551. How old were you (the first time you were high or suffering the after-effects of stimulants [amphetamines, khat, ice] while working [or taking care of children])?

(AGE AT ONSET)

P-552. When was the last time (you were high or suffering the after-effects of stimulants [amphetamines, khat, ice] while working [or taking care of children])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-554)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-553. How old were you (the last time you were high or suffering the after-effects of stimulants [amphetamines, khat, ice] while working [or taking care of children])?

(AGE OF RECENTRY)

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-559)

P-554. Have you often been high or suffering the after-effects of sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) while working (or taking care of children)?

(SKIP TO Q. P-559)	No	1
	Yes	5

P-555. When was the first time (you were high or suffering the after-effects of sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] while working [or taking care of children])?

---

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-557)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

---

P-556. How old were you (the first time you were high or suffering the after-effects of sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] while working [or taking care of children])?

(AGE AT ONSET)

P-557. When was the last time (you were high or suffering the after-effects of sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] while working [or taking care of children])?

---

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-559)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

---

P-558. How old were you (the last time you were high or suffering the after-effects of sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] while working [or taking care of children])?

(AGE OF RECENCY)

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-564)

P-559. Have you often been high or suffering the after-effects of cocaine, crack or coca leaves while working (or taking care of children)?

(SKIP TO Q. P-564)	No	1
	Yes	5

P-560. When was the first time (you were high or suffering the after-effects of cocaine, crack or coca leaves while working [or taking care of children])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-562)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-561. How old were you (the first time you were high or suffering the after-effects of cocaine, crack or coca leaves while working [or taking care of children])?

(AGE AT ONSET)

P-562. When was the last time (you were high or suffering the after-effects of cocaine, crack or coca leaves while working [or taking care of children])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-564)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-563. How old were you (the last time you were high or suffering the after-effects of cocaine, crack or coca leaves while working [or taking care of children])?

(AGE OF RECENCY)

(IF HEROIN OR OTHER OPIATES NOT USED MORE THAN FIVE TIMES IN Q. P-75, SKIP TO Q. P-569)

P-564. Have you often been high or suffering the after-effects of heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) while working (or taking care of children)?

(SKIP TO Q. P-569)	No	1
	Yes	5

P-565. When was the first time (you were high or suffering the after-effects of heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] while working [or taking care of children])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-567)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-566. How old were you (the first time you were high or suffering the after-effects of heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] while working [or taking care of children])?

(AGE AT ONSET)

P-567. When was the last time (you were high or suffering the after-effects of heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] while working [or taking care of children])?

(SKIP TO Q. P-569)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-568. How old were you (the last time you were high or suffering the after-effects of heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] while working [or taking care of children])?

(AGE OF RECENCY)

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-574)

P-569. Have you often been high or suffering the after-effects of PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) while working (or taking care of children)?

(SKIP TO Q. P-574)	No	1
	Yes	5

P-570. When was the first time (you were high or suffering the after-effects of PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] while working [or taking care of children])?

(SKIP TO Q. P-572)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6



P-571. How old were you (the first time you were high or suffering the after-effects of PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] while working [or taking care of children])?

(AGE AT ONSET)

P-572. When was the last time (you were high or suffering the after-effects of PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] while working [or taking care of children])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-574)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-573. How old were you (the last time you were high or suffering the after-effects of PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] while working [or taking care of children])?

(AGE OF RECENCY)

P-574. Did you have any emotional or psychological problems from using drugs-- such as feeling uninterested in things, depressed, suspicious of people, paranoid, or having strange ideas?

(SKIP TO Q. P-611)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-581)

P-575. Did marijuana (hashish, bhang, ganja) give you emotional or psychological problems?

(SKIP TO Q. P-581)	No	1
	Yes	5

---

P-576. When was the first time (you had an emotional or psychological problem from using marijuana [hashish, bhang, ganja])?

---

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-578)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

---

P-577. How old were you (the first time you had an emotional or psychological problem from using marijuana [hashish, bhang, ganja])?

(AGE AT ONSET)

---

P-578. When was the last time (you had an emotional or psychological problem from using marijuana [hashish, bhang, ganja])?

---

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-580)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

---

P-579. How old were you (the last time you had an emotional or psychological problem from using marijuana [hashish, bhang, ganja])?

(AGE OF RECENCY)

---

P-580. Did you use marijuana (hashish, bhang, ganja) on more than one occasion after you found out it was causing you emotional problems?

No	1
Yes	5

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-587)

P-581. Did stimulants (amphetamines, khat, ice) give you emotional or psychological problems?

(SKIP TO Q. P-587)	No	1
	Yes	5

P-582. When was the first time (you had an emotional or psychological problem from using stimulants [amphetamines, khat, ice])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-584)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-583. How old were you (the first time you had an emotional or psychological problem from using stimulants [amphetamines, khat, ice])?

(AGE AT ONSET)

P-584. When was the last time (you had an emotional or psychological problem from using stimulants [amphetamines, khat, ice])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-586)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

---

P-585. How old were you (the last time you had an emotional or psychological problem from using stimulants [amphetamines, khat, ice])?

---

(AGE OF REGENCY)

---

P-586. Did you use stimulants (amphetamines, khat, ice) on more than one occasion after you found out it was causing you emotional problems?

No	1
Yes	5

---

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-593)

P-587. Did sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) give you emotional or psychological problems?

(SKIP TO Q. P-593)	No	1
	Yes	5

---

P-588. When was the first time (you had an emotional or psychological problem from using sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-590)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

---

P-589. How old were you (the first time you had an emotional or psychological problem from using sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

---

(AGE AT ONSET)

---

P-590. When was the last time (you had an emotional or psychological problem from using sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-592)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-591. How old were you (the last time you had an emotional or psychological problem from using sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

(AGE OF REGENCY)

P-592. Did you use sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) on more than one occasion after you found out it was causing you emotional problems?

No	1
Yes	5

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-599)

P-593. Did cocaine, crack or coca leaves give you emotional or psychological problems?

(SKIP TO Q. P-599)	No	1
	Yes	5

P-594. When was the first time (you had an emotional or psychological problem from using cocaine, crack or coca leaves)?

(SKIP TO Q. P-596)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-595. How old were you (the first time you had an emotional or psychological problem from using cocaine, crack or coca leaves)?

(AGE AT ONSET)

P-596. When was the last time (you had an emotional or psychological problem from using cocaine, crack or coca leaves)?

(SKIP TO Q. P-598)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-597. How old were you (the last time you had an emotional or psychological problem from using cocaine, crack or coca leaves)?

(AGE OF RECENCY)

P-598. Did you use cocaine, crack or coca leaves on more than one occasion after you found out it was causing you emotional problems?

No	1
Yes	5

(IF HEROIN OR OTHER OPIATES NOT USED MORE THAN FIVE TIMES IN Q. P-75,  
SKIP TO Q. P-605)

P-599. Did heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) give you emotional or psychological problems?

(SKIP TO Q. P-605)	No	1
	Yes	5

P-600. When was the first time (you had an emotional or psychological problem from using heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-602)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-601. How old were you (the first time you had an emotional or psychological problem from using heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid])?

(AGE AT ONSET)

P-602. When was the last time (you had an emotional or psychological problem from using heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-604)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

---

P-603. How old were you (the last time you had an emotional or psychological problem from using heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid])?

---

(AGE OF RECENCY)

---

P-604. Did you use heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) on more than one occasion after you found out it was causing you emotional problems?

No 1

Yes 5

---

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-611)

P-605. Did PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) give you emotional or psychological problems?

---

(SKIP TO Q. P-611) No 1

Yes 5

---

P-606. When was the first time (you had an emotional or psychological problem from using PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

---

Within the last two weeks 1

---

Two weeks to less than one month ago 2

(SKIP TO Q. P-608) One month to less than six months ago 3

---

Six months to less than one year ago 4

---

In the last twelve months, DK exact time 5

---

More than one year ago 6

---

P-607. How old were you (the first time you had an emotional or psychological problem from using PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

---

(AGE AT ONSET)

---



P-608. When was the last time (you had an emotional or psychological problem from using PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-610)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-609. How old were you (the last time you had an emotional or psychological problem from using PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

(AGE OF REGENCY)

P-610. Did you use PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) on more than one occasion after you found out it was causing you emotional problems?

No	1
Yes	5

P-611. Have you ever given up or greatly reduced important activities in order to use a drug--activities like sports, work, or associating with friends or relatives?

(SKIP TO Q. P-648)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-618)

P-612. Did you give up any important activities to use marijuana (hashish, bhang, ganja)?

(SKIP TO Q. P-613)	No	1
	Yes	5

P-613. When was the first time you gave up important activities for marijuana (hashish, bhang, ganja)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-615)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-614. How old were you (the first time you gave up important activities for marijuana [hashish, bhang, ganja])?

(AGE AT ONSET)

P-615. When was the last time your use of marijuana (hashish, bhang, ganja) kept you from important activities?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-617)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-616. How old were you (the last time your use of marijuana [hashish, bhang, ganja] kept you from important activities)?

(AGE OF RECENCY)

P-617. Did you ever give up any important activities for marijuana (hashish, bhang, ganja) for a month or more, or several times?

No	1
Yes	5

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-624)

P-618. Did you give up any important activities to use stimulants (amphetamines, khat, ice)?

(SKIP TO Q. P-624)	No	1
	Yes	5

P-619. When was the first time you gave up important activities for stimulants (amphetamines, khat, ice)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-621)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-620. How old were you (the first time you gave up important activities for stimulants [amphetamines, khat, ice])?

(AGE AT ONSET)

P-621. When was the last time your use of stimulants (amphetamines, khat, ice) kept you from important activities?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-623)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-622. How old were you (the last time your use of stimulants [amphetamines, khat, ice] kept you from important activities)?

(AGE OF REGENCY)

P-623. Did you ever give up any important activities for stimulants (amphetamines, khat, ice) for a month or more, or several times?

No 1

Yes 5

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-630)

P-624. Did you give up any important activities to use sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax)?

(SKIP TO Q. P-630) No 1

Yes 5

P-625. When was the first time you gave up important activities for sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax)?

Within the last two weeks 1

Two weeks to less than one month ago 2

(SKIP TO Q. P-627) One month to less than six months ago 3

Six months to less than one year ago 4

In the last twelve months, DK exact time 5

More than one year ago 6

P-626. How old were you (the first time you gave up important activities for sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

(AGE AT ONSET)

P-627. When was the last time your use of sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) kept you from important activities?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-629)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-628. How old were you (the last time your use of sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] kept you from important activities)?

(AGE OF RECENCY)

P-629. Did you ever give up any important activities for sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) for a month or more, or several times?

No	1
Yes	5

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-636)

P-630. Did you give up any important activities to use cocaine, crack or coca leaves?

(SKIP TO Q. P-636)	No	1
	Yes	5

P-631. When was the first time you gave up important activities for cocaine, crack or coca leaves?

(SKIP TO Q. P-633)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-632. How old were you (the first time you gave up important activities for cocaine, crack or coca leaves)?

(AGE AT ONSET)

P-633. When was the last time your use of cocaine, crack or coca leaves kept you from important activities?

(SKIP TO Q. P-635)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-634. How old were you (the last time your use of cocaine, crack or coca leaves kept you from important activities)?

(AGE OF RECENCY)

P-635. Did you ever give up any important activities for cocaine, crack or coca leaves for a month or more, or several times?

No	1
Yes	5

(IF HEROIN OR OTHER OPIATES NOT USED MORE THAN FIVE TIMES IN Q. P-75,  
SKIP TO Q. P-642)

P-636. Did you give up any important activities to use heroin or other opiates  
(codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid)?

(SKIP TO Q. P-642)	No	1
	Yes	5

P-637. When was the first time you gave up important activities for heroin or  
other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon,  
opium, Dilaudid)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-639)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-638. How old were you (the first time you gave up important activities for  
heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone,  
Darvon, opium, Dilaudid])?

(AGE AT ONSET)

P-639. When was the last time your use of heroin or other opiates (codeine,  
Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) kept  
you from important activities?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-641)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-640. How old were you (the last time your use of heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] kept you from important activities)?

(AGE OF REGENCY)

P-641. Did you ever give up any important activities for heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) for a month or more, or several times?

No	1
Yes	5

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-648)

P-642. Did you give up any important activities to use PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT)?

(SKIP TO Q. P-648)	No	1
	Yes	5

P-643. When was the first time you gave up important activities for PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-645)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK. exact time	5
	More than one year ago	6

P-644. How old were you (the first time you gave up important activities for PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

(AGE AT ONSET)



P-645. When was the last time your use of PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) kept you from important activities?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-647)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-646. How old were you (the last time your use of PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] kept you from important activities)?

(AGE OF REGENCY)

P-647. Did you ever give up any important activities for PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) for a month or more, or several times?

No	1
Yes	5

P-648. Have you ever been under the effects of a drug in a situation where it increased your chances of getting hurt--for instance, when driving a car or boat, using knives, machinery, or guns, crossing against heavy traffic, climbing or swimming?

(SKIP TO Q. P-766)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-655)

P-649. Have you ever been under the effects of marijuana (hashish, bhang, ganja) in a situation where it increased your chances of getting hurt?

(SKIP TO Q. P-655)	No	1
	Yes	5

P-650. When was the first time (you took marijuana [hashish, bhang, ganja] in a situation where it increased your chances of getting hurt)?

(SKIP TO Q. P-652)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-651. How old were you (the first time you took marijuana [hashish, bhang, ganja] in a situation where it increased your chances of getting hurt)?

(AGE AT ONSET)

P-652. When was the last time (you took marijuana [hashish, bhang, ganja] in a situation where it increased your chances of getting hurt)?

(SKIP TO Q. P-654)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-653. How old were you (the last time you took marijuana [hashish, bhang, ganja] in a situation where it increased your chances of getting hurt)?

(AGE OF RECENCY)

P-654. Have you been in situations like that several times?

No	1
Yes	5

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-561)

P-655. Have you ever been under the effects of stimulants (amphetamines, khat, ice) in a situation where it increased your chances of getting hurt?

(SKIP TO Q. P-661)	No	1
	Yes	5

P-656. When was the first time (you took stimulants [amphetamines, khat, ice] in a situation where it increased your chances of getting hurt)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-658)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-657. How old were you (the first time you took stimulants [amphetamines, khat, ice] in a situation where it increased your chances of getting hurt)?

(AGE AT ONSET)

P-658. When was the last time (you took stimulants [amphetamines, khat, ice] in a situation where it increased your chances of getting hurt)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-660)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-659. How old were you (the last time you took stimulants [amphetamines, khat, ice] in a situation where it increased your chances of getting hurt)?

(AGE OF RECENCY)

P-660. Have you been in situations like that several times?

No	1
Yes	5

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-667)

P-661. Have you ever been under the effects of sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) in a situation where it increased your chances of getting hurt?

(SKIP TO Q. P-667)	No	1
	Yes	5

P-662. When was the first time (you took sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] in a situation where it increased your chances of getting hurt)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-664)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-663. How old were you (the first time you took sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] in a situation where it increased your chances of getting hurt)?

(AGE AT ONSET)

P-664. When was the last time (you took sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] in a situation where it increased your chances of getting hurt)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-666)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-665. How old were you (the last time you took sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] in a situation where it increased your chances of getting hurt)?

(AGE OF REGENCY)

P-666. Have you been in situations like that several times?

No	1
Yes	5

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-673)

P-667. Have you ever been under the effects of cocaine, crack or coca leaves in a situation where it increased your chances of getting hurt?

(SKIP TO Q. P-673)	No	1
	Yes	5

P-668. When was the first time (you took cocaine, crack or coca leaves in a situation where it increased your chances of getting hurt)?

(SKIP TO Q. P-670)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-669. How old were you (the first time you took cocaine, crack or coca leaves in a situation where it increased your chances of getting hurt)?

(AGE AT ONSET)

P-670. When was the last time (you took cocaine, crack or coca leaves in a situation where it increased your chances of getting hurt)?

(SKIP TO Q. P-672)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-671. How old were you (the last time you took cocaine, crack or coca leaves in a situation where it increased your chances of getting hurt)?

(AGE OF RECENCY)

P-672. Have you been in situations like that several times?

No	1
Yes	5

(IF HEROIN OR OTHER OPIATES NOT USED MORE THAN FIVE TIMES IN Q. P-75,  
SKIP TO Q. P-679)

P-673. Have you ever been under the effects of heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) in a situation where it increased your chances of getting hurt?

(SKIP TO Q. P-679)	No	1
	Yes	5

P-674. When was the first time (you took heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] in a situation where it increased your chances of getting hurt)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-676)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-675. How old were you (the first time you took heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] in a situation where it increased your chances of getting hurt)?

(AGE AT ONSET)

P-676. When was the last time (you took heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] in a situation where it increased your chances of getting hurt)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-678)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-677. How old were you (the last time you took heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] in a situation where it increased your chances of getting hurt)?

(AGE OF RECENCY)

P-678. Have you been in situations like that several times?

No	1
Yes	5

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-766)

P-679. Have you ever been under the effects of PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) in a situation where it increased your chances of getting hurt?

(SKIP TO Q. P-766)	No	1
	Yes	5

P-680. When was the first time (you took PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] in a situation where it increased your chances of getting hurt)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-682)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-681. How old were you (the first time you took PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] in a situation where it increased your chances of getting hurt)?

(AGE AT ONSET)



P-682. When was the last time (you took PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] in a situation where it increased your chances of getting hurt)?

(SKIP TO Q. P-684)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-683. How old were you (the last time you took PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] in a situation where it increased your chances of getting hurt)?

(AGE OF RECENCY)

P-684. Have you been in situations like that several times?

No	1
Yes	5

(ALL SKIP TO Q. P-766)

P-685. What was the longest period that you used prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) almost every day?

\*

(IF LESS THAN TWO WEEKS, SKIP TO Q. P-690)	Never daily	00
	Number of days	---
	Number of weeks	---
	Number of months	---
	Number of years	---

P-686. When was the first time you used prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) every day for at least two weeks?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-688)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-687. How old were you (when you first used prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] every day for at least two weeks)?

(AGE AT ONSET)

P-688. When was the last time (you used prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] every day for at least two weeks)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-690)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-689. How old were you (when you last used prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] every day for at least two weeks)?

(AGE OF RECENCY)

P-690. Have you used prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) to stay high for a whole day (that is, normal daytime hours) or more?

(SKIP TO Q. P-695)	No	1
	Yes	5

P-691. When was the first time (you used prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] to stay high for a whole day)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-693)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-692. How old were you (the first time you used prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] to stay high for a whole day)?

(AGE AT ONSET)

P-693. When was the last time (you used prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] to stay high for a whole day)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-695)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-694. How old were you (the last time you used prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] to stay high for a whole day)?

(AGE OF RECENCY)

P-695. Has there ever been a period when you spent a great deal of your time using prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) or getting over their effects?

(SKIP TO Q. P-701)	No	1
	Yes	5

P-696. When was the first time prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) took up a lot of your time?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-698)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-697. How old were you (the first time prescribed drugs [RESPONSES TO QQ. P-101, P-102 AND P-103] took up a lot of your time)?

(AGE AT ONSET)

P-698. When was the last time (prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] took up a lot of your time)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-700)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-699. How old were you (the last time prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] took up a lot of your time)?

(AGE OF REGENCY)

P-700. Was there ever a whole month when prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) took up a lot of your time?

No	1
Yes	5

P-701. Have you often used prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) more days in a row or in larger amounts than you intended to?

(SKIP TO Q. P-706)	No	1
	Yes	5

P-702. When was the first time you noticed that you were often using more prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) than you intended to?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-704)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-703. How old were you (the first time you noticed that you were often using more prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] than you intended to)?

(AGE AT ONSET)

P-704. When was the last time (you noticed that you were often using more prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] than you intended to)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-706)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-705. How old were you (the last time you noticed that you were often using more prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] than you intended to)?

(AGE OF RECENCY)

P-706.  Have you ever felt dependent on prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) or been unable to keep from using them?

(SKIP TO Q. P-712)	No	1
	Yes	5

P-707. When was the first time you felt dependent on prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103)?

	Within the last two weeks -	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-709)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-708. How old were you (the first time you felt dependent on prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

(AGE AT ONSET)

P-709. When was the last time (you felt dependent on prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

(SKIP TO Q. P-711)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-710. How old were you (the last time you felt dependent on prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103])?

(AGE OF RECENCY)

P-711. Was there a month or more when you felt that way about prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103)?

No	1
Yes	5

P-712. Have you ever tried to cut down on prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) but found you couldn't?

(SKIP TO Q. P-713)	No	1
	Yes	5

P-713. When was the first time (you tried to cut down on prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] and found you couldn't)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-715)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-714. How old were you (the first time you tried to cut down on prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] and found you couldn't)?

(AGE AT ONSET)

P-715. When was the last time (you tried to cut down on prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] and found you couldn't)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-717)	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-716. How old were you (the last time you tried to cut down on prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] and found you couldn't)?

(AGE OF RECENCY)

P-717. Did you try to cut down on prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) several times?

No	1
Yes	5



\* P-718. Did you ever get tolerant to prescribed drugs [RESPONSES TO QQ. 101, P-102, AND P-103] or need larger amounts of them to get an effect?

(SKIP TO Q. P-721)	No	1
	Yes	5

P-719. When was the first time (you became tolerant to, or needed larger amounts of prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] to get an effect)?

(SKIP TO Q. P-721)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6

P-720. How old were you (the first time you became tolerant to, or needed larger amounts of prescribed drugs [RESPONSES TO QQ. P-101, P-102, AND P-103] to get an effect)?

(AGE AT ONSET)

\* P-721. Has stopping or cutting down on prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) made you sick or given you withdrawal symptoms?

	No	1
(SKIP TO Q. P-723)	Yes	5

\* P-722. Have you used prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) to keep from having withdrawal symptoms?

(SKIP TO Q. P- <del>730</del> <sup>731</sup> )	No	1
(SKIP TO Q. P-725)	Yes	5

P-723. Did stopping or cutting down on prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) make you sick?

(SKIP TO Q. P-726)	No	1
	Yes	5

P-724. Did you get sick several times from cutting down on prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103)?

	No	1
(SKIP TO Q. P-726)	Yes	5

P-725. Did your withdrawal symptoms ever last at least one month?

	No	1
	Yes	5

P-726. Have you used prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103)-several times to make withdrawal symptoms go away or to keep from having them?

(SKIP TO Q. P-731)	No	1
	Yes	5

P-727. When was the first time you got sick from cutting down on prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) or used prescribed drugs (RESPONSES TO QQ. P-101, P-102, AND P-103) to keep from having withdrawal?

(SKIP TO Q. P-729)	Within the last two weeks	1
	Two weeks to less than one month ago	2
	One month to less than six months ago	3
	Six months to less than one year ago	4
	In the last twelve months, DK exact time	5
	More than one year ago	6