

(IF HEROIN OR OTHER OPIATE NOT USED MORE THAN FIVE TIMES IN Q. P-75, ...
SKIP TO Q. P-289)

P-283. Have you ever spent much of your time getting, using or getting over the effects of heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid)?

(SKIP TO Q. P-289)	No	1
	Yes	5

P-284. When was the first time heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) took up a lot of your time?

(SKIP TO Q. P-286)	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-285. How old were you (the first time heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] took up a lot of your time)?

(AGE AT ONSET)

P-286. When was the last time (heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] took up a lot of your time)?

(SKIP TO Q. P-288)	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-287. How old were you (the last time heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] took up a lot of your time)?

(AGE OF REGENCY)

P-288. Was there ever a whole month when heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) took up a lot of your time?

No 1

Yes 5

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-295)

P-289. Have you ever spent much of your time getting, using or getting over the effects of PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT)?

(SKIP TO Q. P-295) No 1

Yes 5

P-290. When was the first time PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) 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-292) 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-291. How old were you (the first time PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] took up a lot of your time)?

(AGE AT ONSET)

P-292. When was the last time (PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] took up a lot of your time)?

(SKIP TO Q. P-294)	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-293. How old were you (the last time PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] took up a lot of your time)?

(AGE OF RECENCY)

P-294. Was there ever a whole month when PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) took up a lot of your time?

No	1
Yes	5

P-295. Have you often used much larger amounts of a drug than you intended to, or for more days in a row than you intended to?

(SKIP TO Q. P-326)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-301)

P-296. Have you often used marijuana (hashish, bhang, ganja) more days or in larger amounts than you intended to?

(SKIP TO Q. P-301)	No	1
	Yes	5

P-297. When was the first time you noticed that you were often using more marijuana (hashish, bhang, ganja) than you intended to?

(SKIP TO Q. P-299)	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-298. How old were you (the first time you noticed that you were often using more marijuana [hashish, bhang, ganja] than you intended to)?

(AGE AT ONSET)

P-299. When was the last time (you noticed that you were often using more marijuana [hashish, bhang, ganja] than you intended to)?

(SKIP TO Q. P-301)	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-300. How old were you (the last time you noticed that you were often using more marijuana [hashish, bhang, ganja] than you intended to)?

(AGE OF RECENCY)

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-39, SKIP TO Q. P-306)

P-301. Have you often used stimulants (amphetamines, khat, ice) more days or in larger amounts than you intended to?

(SKIP TO Q. P-306)	No	1
	Yes	5

P-302. When was the first time you noticed that you were often using more stimulants (amphetamines, khat, ice) than you intended to?

(SKIP TO Q. P-304)	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-303. How old were you (the first time you noticed that you were often using more stimulants [amphetamines, khat, ice] than you intended to)?

(AGE AT ONSET)

P-304. When was the last time (you noticed that you were often using more stimulants [amphetamines, khat, ice] than you intended to)?

(SKIP TO Q. P-306)	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-305. How old were you (the last time you noticed that you were often using more stimulants [amphetamines, khat, ice] than you intended to)?

(AGE OF REGENCY)

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-311)

P-306. Have you often used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) more days or in larger amounts than you intended to?

(SKIP TO Q. P-311)	No	1
	Yes	5

P-307. When was the first time you noticed that you were often using more sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) than you intended to?

(SKIP TO Q. P-309)	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-308. How old were you (the first time you noticed that you were often using more sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] than you intended to)?

(AGE AT ONSET)

P-309. When was the last time (you noticed that you were often using more sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] than you intended to)?

(SKIP TO Q. P-311)	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-310. How old were you (the last time you noticed that you were often using more sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] than you intended to)?

(AGE OF REGENCY)

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-316)

P-311. Have you often used cocaine, crack, or coca leaves more days or in larger amounts than you intended to?

(SKIP TO Q. P-316)	No	1
	Yes	5

P-312. When was the first time you noticed that you were often using more cocaine, crack, or coca leaves than you intended to?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-314)	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-313. How old were you (the first time you noticed that you were often using more cocaine, crack, or coca leaves than you intended to)?

(AGE AT ONSET)

P-314. When was the last time (you noticed that you were often using more cocaine, crack, or coca leaves than you intended to)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-316)	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-315. How old were you (the last time you noticed that you were often using more cocaine, crack, or coca leaves than you intended to)?

(AGE OF RECENCY)

(IF HEROIN OR OTHER OPIATE NOT USED MORE THAN FIVE TIMES IN Q. P-75,
SKIP TO Q. P-321)

P-316. Have you often used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) more days or in larger amounts than you intended to?

(SKIP TO Q. P-321)	No	1
	Yes	5

P-317. When was the first time you noticed that you were often using more heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) than you intended to?

(SKIP TO Q. P-319)	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-318. How old were you (the first time you noticed that you were often using more heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] than you intended to)?

(AGE AT ONSET)

P-319. When was the last time (you noticed that you were often using more heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] than you intended to)?

(SKIP TO Q. P-321)	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-320. How old were you (the last time you noticed that you were often using more heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] than you intended to)?

(AGE OF REGENCY)

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-326)

P-321. Have you often used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) more days or in larger amounts than you intended to?

(SKIP TO Q. P-326)	No	1
	Yes	5

P-322. When was the first time you noticed that you were often using more PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) than you intended to?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-324)	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-323. How old were you (the first time you noticed that you were often using more PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] than you intended to)?

(AGE AT ONSET)

P-324. When was the last time (you noticed that you were often using more PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] than you intended to)?

(SKIP TO Q. P-326)	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-325. How old were you (the last time you noticed that you were often using more PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] than you intended to)?

(AGE OF REGENCY)

P-326. Have you ever felt dependent on any of these drugs or found you were unable to keep from using them?

(SKIP TO Q. P-363)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-333)

P-327. Have you ever felt dependent on marijuana (hashish, bhang, ganja) or been unable to keep from using it?

(SKIP TO Q. P-333)	No	1
	Yes	5

P-328. When was the first time you felt dependent on marijuana (hashish, bhang, ganja)?

(SKIP TO Q. P-330)	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-329. How old were you (the first time you felt dependent on marijuana [hashish, bhang, ganja])?

(AGE AT ONSET)

P-330. When was the last time (you felt dependent on marijuana [hashish, bhang, ganja])?

(SKIP TO Q. P-332)	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-331. How old were you (the last time you felt dependent on marijuana [hashish, bhang, ganja])?

(AGE OF RECENCY)

P-332. Was there a month or more when you felt that way about marijuana (hashish, bhang, ganja)?

No	1
Yes	5

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-39, SKIP TO Q. P-339)

P-333. Have you ever felt dependent on stimulants (amphetamines, khat, ice) or been unable to keep from using it?

(SKIP TO Q. P-339)	No	1
	Yes	5

P-334. When was the first time you felt dependent on stimulants (amphetamines, khat, ice)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-336)	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-335. How old were you (the first time you felt dependent on stimulants [amphetamines, khat, ice])?

(AGE AT ONSET)

P-336. When was the last time (you felt dependent on stimulants [amphetamines, khat, ice])?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-338)	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-337. How old were you (the last time you felt dependent on stimulants [amphetamines, khat, ice])?

(AGE OF RECENCY)

P-338. Was there a month or more when you felt that way about stimulants (amphetamines, khat, ice)?

No 1

Yes 5

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-345)

P-339. Have you ever felt dependent on sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) or been unable to keep from using it?

(SKIP TO Q. P-345) No 1

Yes 5

P-340. When was the first time you felt dependent on 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-342) 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-341. How old were you (the first time you felt dependent on sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

(AGE AT ONSET)

P-342. When was the last time (you felt dependent on sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

(SKIP TO Q. P-344)	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-343. How old were you (the last time you felt dependent on sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax])?

(AGE OF REGENCY)

P-344. Was there a month or more when you felt that way about sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax)?

No	1
Yes	5

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-351)

P-345. Have you ever felt dependent on cocaine, crack, or coca leaves or been unable to keep from using it?

(SKIP TO Q. P-351)	No	1
	Yes	5

P-346. When was the first time you felt dependent on cocaine, crack, or coca leaves?

(SKIP TO Q. P-348)	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-347. How old were you (the first time you felt dependent on cocaine, crack, or coca leaves)?

(AGE AT ONSET)

P-348. When was the last time (you felt dependent on cocaine, crack, or coca leaves)?

(SKIP TO Q. P-350)	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-349. How old were you (the last time you felt dependent on cocaine, crack, or coca leaves)?

(AGE OF RECENCY)

P-350. Was there a month or more when you felt that way about cocaine, crack, or coca leaves?

No	1
Yes	5

(IF HEROIN OR OTHER OPIATE NOT USED MORE THAN FIVE TIMES IN Q. P-75,
SKIP TO Q. P-357)

P-351. Have you ever felt dependent on heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) or been unable to keep from using it?

(SKIP TO Q. P-357)	No	1
	Yes	5

P-352. When was the first time you felt dependent on 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-354)	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-353. How old were you (the first time you felt dependent on heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid])?

(AGE AT ONSET)

P-354. When was the last time (you felt dependent on 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-356)	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-355. How old were you (the last time you felt dependent on heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid])?

(AGE OF REGENCY)

P-356. Was there a month or more when you felt that way about heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid)?

No 1

Yes 5

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-363)

P-357. Have you ever felt dependent on PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) or been unable to keep from using it?

(SKIP TO Q. P-363) No 1

Yes 5

P-358. When was the first time you felt dependent on 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-360) 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-359. How old were you (the first time you felt dependent on PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

(AGE AT ONSET)

P-360. When was the last time (you felt dependent on 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-362)	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-361. How old were you (the last time you felt dependent on PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT])?

(AGE OF REGENCY)

P-362. Was there a month or more when you felt that way about PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT)?

No	1
Yes	5

P-363. Have you ever tried to cut down on any of these drugs--(marijuana/
stimulants/sedatives/cocaine, crack or coca leaves/heroin or other
opiates/PCP or other psychedelics)--but found you couldn't?

(SKIP TO Q. P-400)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-370)

P-364. Have you tried to cut down on marijuana (hashish, bhang, ganja) but
couldn't?

(SKIP TO Q. P-370)	No	1
	Yes	5

P-365. When was the first time (you tried to cut down on marijuana [hashish,
bhang, ganja] and found you couldn't)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-367)	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-366. How old were you (the first time you tried to cut down on marijuana
[hashish, bhang, ganja] and found you couldn't)?

(AGE AT ONSET)

P-367. When was the last time (you tried to cut down on marijuana [hashish, bhang, ganja] and found you couldn't)?

(SKIP TO Q. P-369)	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-368. How old were you (the last time you tried to cut down on marijuana [hashish, bhang, ganja] and found you couldn't)?

(AGE OF RECENCY)

P-369. Did you try to cut down on marijuana (hashish, bhang, ganja) several times?

No	1
Yes	5

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-39, SKIP TO Q. P-376)

P-370. Have you tried to cut down on stimulants (amphetamines, khat, ice) but couldn't?

(SKIP TO Q. P-376)	No	1
	Yes	5

P-371. When was the first time (you tried to cut down on stimulants [amphetamines, khat, ice] and found you couldn't)?

(SKIP TO Q. P-373)	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-372. How old were you (the first time you tried to cut down on stimulants [amphetamines, khat, ice] and found you couldn't)?

(AGE AT ONSET)

P-373. When was the last time (you tried to cut down on stimulants [amphetamines, khat, ice] and found you couldn't)?

(SKIP TO Q. P-375)	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-374. How old were you (the last time you tried to cut down on stimulants [amphetamines, khat, ice] and found you couldn't)?

(AGE OF RECENCY)

P-375. Did you try to cut down on stimulants (amphetamines, khat, ice) several times?

No	1
Yes	5

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-382)

P-376. Have you tried to cut down on sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) but couldn't?

(SKIP TO Q. P-382)	No	1
	Yes	5

P-377. When was the first time (you tried to cut down on sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] and found you couldn't)?

(SKIP TO Q. P-379)	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-378. How old were you (the first time you tried to cut down on sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] and found you couldn't)?

(AGE AT ONSET)

P-379. When was the last time (you tried to cut down on sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] and found you couldn't)?

(SKIP TO Q. P-381)	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-380. How old were you (the last time you tried to cut down on sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] and found you couldn't)?

(AGE OF RECENTRY)

P-381. Did you try to cut down on sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) several times?

No 1

Yes 3

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-388)

P-382. Have you tried to cut down on cocaine, crack or coca leaves but couldn't?

(SKIP TO Q. P-388) No 1

Yes 5

P-383. When was the first time (you tried to cut down on cocaine, crack or coca leaves and found you couldn't)?

Within the last two weeks 1

Two weeks to less than one month ago 2

(SKIP TO Q. P-385) 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-384. How old were you (the first time you tried to cut down on cocaine, crack or coca leaves and found you couldn't)?

(AGE AT ONSET)

P-385. When was the last time (you tried to cut down on cocaine, crack or coca leaves and found you couldn't)?

Within the last two weeks 1

Two weeks to less than one month ago 2

(SKIP TO Q. P-387) 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-386. How old were you (the last time you tried to cut down on cocaine, crack or coca leaves and found you couldn't)?

(AGE OF REGENCY)

P-387. Did you try to cut down on cocaine, crack or coca leaves 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-394)

P-388. Have you tried to cut down on heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) but couldn't?

(SKIP TO Q. P-394) No 1

Yes 5

P-389. When was the first time (you tried to cut down on heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] and found you couldn't)?

Within the last two weeks 1

Two weeks to less than one month ago 2

(SKIP TO Q. P-391) 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-390. How old were you (the first time you tried to cut down on heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] and found you couldn't)?

(AGE AT ONSET)

P-391. When was the last time (you tried to cut down on heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] and found you couldn't)?

(SKIP TO Q. P-393)	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-392. How old were you (the last time you tried to cut down on heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] and found you couldn't)?

(AGE OF RECENCY)

P-393. Did you try to cut down on heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) 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-400)

P-394. Have you tried to cut down on PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) but couldn't?

(SKIP TO Q. P-400)	No	1
	Yes	5

P-395. When was the first time (you tried to cut down on PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] and found you couldn't)?

(SKIP TO Q. P-397)	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-396. How old were you (the first time you tried to cut down on PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] and found you couldn't)?

(AGE AT ONSET)

P-397. When was the last time (you tried to cut down on PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] and found you couldn't)?

(SKIP TO Q. P-399)	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-398. How old were you (the last time you tried to cut down on PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] and found you couldn't)?

(AGE OF REGENCY)

P-399. Did you try to cut down on PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) several times?

No	1
Yes	5

P-400. Did you ever get tolerant to any of these drugs--(marijuana/stimulants/ sedatives/cocaine, crack or coca leaves/heroin or other opiates/PCP or other psychedelics)--or need larger amounts of them to get an effect?

(SKIP TO Q. P-419)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-404)

P-401. Did you ever get tolerant to marijuana (hashish, bhang, ganja) or need larger amounts of it to get an effect?

(SKIP TO Q. P-404)	No	1
	Yes	5

P-402. When was the first time (you became tolerant to, or needed larger amounts of marijuana [hashish, bhang, ganja] to get an effect)?

(SKIP TO Q. P-404)	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-403. How old were you (the first time you became tolerant to, or needed larger amounts of marijuana [hashish, bhang, ganja] to get an effect)?

(AGE AT ONSET)

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-407)

P-404. Did you ever get tolerant to stimulants (amphetamines, khat, ice) or need larger amounts of (it/them) to get an effect?

(SKIP TO Q. P-407)	No	1
	Yes	5

P-405. When was the first time (you became tolerant to, or needed larger amounts of stimulants [amphetamines, khat, ice] to get an effect)?

(SKIP TO Q. P-407)	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-406. How old were you (the first time you became tolerant to, or needed larger amounts of stimulants [amphetamines, khat, ice] to get an effect)?

(AGE AT ONSET)

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-410)

P-407. Did you ever get tolerant to sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) or need larger amounts of it to get an effect?

(SKIP TO Q. P-410)	No	1
	Yes	5

P-408. When was the first time (you became tolerant to, or needed larger amounts of sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] to get an effect)?

(SKIP TO Q. P-410)	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-409. How old were you (the first time you became tolerant to, or needed larger amounts of sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] to get an effect)?

(AGE AT ONSET)

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-413)

P-410. Did you ever get tolerant to cocaine, crack or coca leaves or need larger amounts of it to get an effect?

(SKIP TO Q. P-413)	No	1
	Yes	5

P-411. When was the first time (you became tolerant to, or needed larger amounts of cocaine, crack or coca leaves to get an effect)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-413)	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-412. How old were you (the first time you became tolerant to, or needed larger amounts of cocaine, crack or coca leaves to get an effect)?

(AGE AT ONSET)

(IF HEROIN OR OTHER OPIATES NOT USED MORE THAN FIVE TIMES IN Q. P-75, SKIP TO Q. P-416)

P-413. Did you ever get tolerant to heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) or need larger amounts of it to get an effect?

(SKIP TO Q. P-416)	No	1
	Yes	5

P-414. When was the first time (you became tolerant to, or needed larger amounts of heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] to get an effect)?

(SKIP TO Q. P-416)	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-415. How old were you (the first time you became tolerant to, or needed larger amounts of heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] to get an effect)?

(AGE AT ONSET)

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-419)

P-416. Did you ever get tolerant to PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) or need larger amounts of it to get an effect?

(SKIP TO Q. P-419)	No	1
	Yes	5

P-417. When was the first time (you became tolerant to, or needed larger amounts of PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] to get an effect)?

(SKIP TO Q. P-419)	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-418. How old were you (the first time you became tolerant to, or needed larger amounts of PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] to get an effect)?

(AGE AT ONSET)

* P-419. Has stopping or cutting down on any of these drugs--(marijuana/stimulants/sedatives/cocaine, crack or coca leaves/heroin or other opiates/PCP or other psychedelics)--made you sick or given you withdrawal symptoms?

No 1

(SKIP TO Q. P-421) Yes 5

* P-420. Have you used any of these drugs to keep from having withdrawal symptoms?

(SKIP TO Q. P-469) No 1

(SKIP TO Q. P-424) Yes 5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-429)

P-421. Did stopping or cutting down on marijuana (hashish, bhang, ganja) make you sick?

(SKIP TO Q. P-424) No 1

Yes 5

P-422. Did you get sick several times from cutting down on marijuana (hashish, bhang, ganja)?

No 1

(SKIP TO Q. P-424) Yes 5

P-423. Did your withdrawal symptoms ever last at least one month?

No 1

Yes 5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-432)

P-424. Have you used marijuana (hashish, bhang, ganja) several times to make withdrawal symptoms go away or to keep from having them?

(IF "NO" TO Q. P-419, SKIP TO Q. P-432;
IF "YES" TO Q. P-419, SKIP TO Q. P-429)

No 1

Yes 5

P-425. When was the first time you got sick from cutting down on marijuana (hashish, bhang, ganja) or used marijuana (hashish, bhang, ganja) to keep from having withdrawal?

Within the last two weeks 1

Two weeks to less than one month ago 2

(SKIP TO Q. P-427) 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-426. How old were you (the first time you got sick from cutting down on marijuana [hashish, bhang, ganja] or used marijuana [hashish, bhang, ganja] to keep from having withdrawal)?

(AGE AT ONSET)

P-427. When was the last time (you got sick from cutting down on marijuana [hashish, bhang, ganja] or used marijuana [hashish, bhang, ganja] to keep from having withdrawal)?

(IF "NO" TO Q. P-419, Within the last two weeks 1

SKIP TO Q. P-432; Two weeks to less than one month ago 2

One month to less than six months ago 3

IF "YES" TO Q. P-419, Six months to less than one year ago 4

SKIP TO Q. P-429) In the last twelve months, DK exact time 5

More than one year ago 6

IF NO TO P-419 SKIP TO 432
P-428. How old were you (the last time you got sick from cutting down on marijuana [hashish, bhang, ganja] or used marijuana [hashish, bhang, ganja] to keep from having withdrawal)?

(AGE OF REGENCY)

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-437)

P-429. Did stopping or cutting down on stimulants (amphetamines, khat, ice) make you sick?

(SKIP TO Q. P-432)	No	1
	Yes	5

P-430. Did you get sick several times from cutting down on stimulants (amphetamines, khat, ice)?

	No	1
(SKIP TO Q. P-432)	Yes	5

P-431. Did your withdrawal symptoms ever last at least one month?

No	1
Yes	5

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-440)

P-432. Have you used stimulants (amphetamines, khat, ice) several times to make withdrawal symptoms go away or to keep from having them?

(IF "NO" TO Q. P-419, SKIP TO Q. P-440; IF "YES" TO Q. P-419, SKIP TO Q. P-437)	No	1
	Yes	5

P-433. When was the first time you got sick from cutting down on stimulants (amphetamines, khat, ice) or used stimulants (amphetamines, khat, ice) to keep from having withdrawal?

(SKIP TO Q. P-435)	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-434. How old were you (the first time you got sick from cutting down on stimulants [amphetamines, khat, ice] or used stimulants [amphetamines, khat, ice] to keep from having withdrawal)?

(AGE AT ONSET)

P-435. When was the last time (you got sick from cutting down on stimulants [amphetamines, khat, ice] or used stimulants [amphetamines, khat, ice] to keep from having withdrawal)?

(IF "NO" TO Q. P-419,	Within the last two weeks	1
SKIP TO Q. P-440;	Two weeks to less than one month ago	2
	One month to less than six months ago	3
IF "YES" TO Q. P-419,	Six months to less than one year ago	4
SKIP TO Q. P-437)	In the last twelve months, DK exact time	5
	More than one year ago	6

IF NO TO P419 SKIP TO 440
P-436. How old were you (the last time you got sick from cutting down on stimulants [amphetamines, khat, ice] or used stimulants [amphetamines, khat, ice] to keep from having withdrawal)?

(AGE OF RECENCY)

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-445)

P-437. Did stopping or cutting down on sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) make you sick?

(SKIP TO Q. P-440)	No	1
	Yes	5

P-438. Did you get sick several times from cutting down on sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax)?

	No	1
(SKIP TO Q. P-440)	Yes	5

P-439. Did your withdrawal symptoms ever last at least one month?

No	1
Yes	5

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-448)

P-440. Have you used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) several times to make withdrawal symptoms go away or to keep from having them?

(IF "NO" TO Q. P-419, SKIP TO Q. P-448; IF "YES" TO Q. P-419, SKIP TO Q. P-445)	No	1
	Yes	5

P-441. When was the first time you got sick from cutting down on sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) or used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) to keep from having withdrawal?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-443)	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-442. How old were you (the first time you got sick from cutting down on sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] or used sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] to keep from having withdrawal)?

(AGE AT ONSET)

P-443. When was the last time (you got sick from cutting down on sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] or used sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] to keep from having withdrawal)?

(IF "NO" TO Q. P-419,	Within the last two weeks	1
SKIP TO Q. P-448;	Two weeks to less than one month ago	2
	One month to less than six months ago	3
IF "YES" TO Q. P-419,	Six months to less than one year ago	4
SKIP TO Q. P-445)	In the last twelve months, DK exact time	5
	More than one year ago	6

IF NO TO P419 SKIP TO 448
P-444. How old were you (the last time you got sick from cutting down on sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] or used sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] to keep from having withdrawal)?

(AGE OF RECENCY)

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-453)

P-445. Did stopping or cutting down on cocaine, crack or coca leaves make you sick?

(SKIP TO Q. P-448)	No	1
	Yes	5

P-446. Did you get sick several times from cutting down on cocaine, crack or coca leaves?

	No	1
(SKIP TO Q. P-448)	Yes	5

P-447. Did your withdrawal symptoms ever last at least one month?

No	1
Yes	5

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-456)

P-448. Have you used cocaine, crack or coca leaves several times to make withdrawal symptoms go away or to keep from having them?

(IF "NO" TO Q. P-419, SKIP TO Q. P-456; IF "YES" TO Q. P-419, SKIP TO Q. P-453)	No	1
	Yes	5

P-449. When was the first time you got sick from cutting down on cocaine, crack or coca leaves or used cocaine, crack or coca leaves to keep from having withdrawal?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-451)	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-450. How old were you (the first time you got sick from cutting down on cocaine, crack or coca leaves or used cocaine, crack or coca leaves to keep from having withdrawal)?

(AGE AT ONSET)

P-451. When was the last time (you got sick from cutting down on cocaine, crack or coca leaves or used cocaine, crack or coca leaves to keep from having withdrawal)?

(IF "NO" TO Q. P-419,	Within the last two weeks	1
SKIP TO Q. P-456;	Two weeks to less than one month ago	2
	One month to less than six months ago	3
IF "YES" TO Q. P-419,	Six months to less than one year ago	4
SKIP TO Q. P-453)	In the last twelve months, DK exact time	5
	More than one year ago	6

IF NO TO P419 SKIP TO 456
P-452. How old were you (the last time you got sick from cutting down on cocaine, crack or coca leaves or used cocaine, crack or coca leaves to keep from having withdrawal)?

(AGE OF REGENCY)

(IF HEROIN OR OTHER OPIATES NOT USED MORE THAN FIVE TIMES IN Q. P-75,
SKIP TO Q. P-461)

P-453. Did stopping or cutting down on heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) make you sick?

(SKIP TO Q. P-456)	No	1
	Yes	5

P-454. Did you get sick several times from cutting down on heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid)?

	No	1
(SKIP TO Q. P-456)	Yes	5

P-455. Did your withdrawal symptoms ever last at least one month?

No	1
Yes	5

(IF HEROIN OR OTHER OPIATES NOT USED MORE THAN FIVE TIMES IN Q. P-75,
SKIP TO Q. P-464)

P-456. Have you used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) several times to make withdrawal symptoms go away or to keep from having them?

(IF "NO" TO Q. P-419, SKIP TO Q. P-464;
IF "YES" TO Q. P-419, SKIP TO Q. P-461)

No	1
Yes	5

P-457. When was the first time you got sick from cutting down on heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) or used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) to keep from having withdrawal?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-459)	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-458. How old were you (the first time you got sick from cutting down on heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] or used heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] to keep from having withdrawal)?

(AGE AT ONSET)

P-459. When was the last time (you got sick from cutting down on heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] or used heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] to keep from having withdrawal)?

(IF "NO" TO Q. P-419,	Within the last two weeks	1
SKIP TO Q. P-464;	Two weeks to less than one month ago	2
	One month to less than six months ago	3
IF "YES" TO Q. P-419,	Six months to less than one year ago	4
SKIP TO Q. P-461)	In the last twelve months, DK exact time	5
	More than one year ago	6

IF NO TO P419 SKIP TO 464
P-460. How old were you (the last time you got sick from cutting down on heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] or used heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] to keep from having withdrawal)?

(AGE OF REGENCY)

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-469)

P-461. Did stopping or cutting down on PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) make you sick?

(SKIP TO Q. P-464)	No	1
	Yes	5

P-462. Did you get sick several times from cutting down on PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT)?

	No	1
(SKIP TO Q. P-464)	Yes	5

P-463. Did your withdrawal symptoms ever last at least one month?

No	1
Yes	5

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91,
SKIP TO Q. P-469)

P-464. Have you used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) several times to make withdrawal symptoms go away or to keep from having them?

(SKIP TO Q. P-469)	No	1
	Yes	5

P-465. When was the first time you got sick from cutting down on PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) or used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) to keep from having withdrawal?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-467)	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-466. How old were you (the first time you got sick from cutting down on PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] or used PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] to keep from having withdrawal)?

(AGE AT ONSET)

P-467. When was the last time (you got sick from cutting down on PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] or used PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] to keep from having withdrawal)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-469)	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-468. How old were you (the last time you got sick from cutting down on PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] or used PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] to keep from having withdrawal)?

(AGE OF RECENCY)

P-469. Did you have any health problems like an accidental overdose, a persistent cough, a seizure (fit), an infection, a cut, sprain, burn, or other injury as a result of taking any of these drugs?

(SKIP TO Q. P-506)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-476)

P-470. Did marijuana (hashish, bhang, ganja) cause you health problems?

(SKIP TO Q. P-476)	No	1
	Yes	5

P-471. When was the first time (marijuana [hashish, bhang, ganja] caused a health problem)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-473)	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-472. How old were you (the first time marijuana [hashish, bhang, ganja] caused a health problem)?

(AGE AT ONSET)

P-473. When was the last time (marijuana [hashish, bhang, ganja] caused a health problem)?

(SKIP TO Q. P-475)	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-474. How old were you (the last time marijuana [hashish, bhang, ganja] caused a health problem)?

(AGE OF REGENCY)

P-475. Did you use marijuana (hashish, bhang, ganja) on more than one occasion after you knew it caused these health problems?

No	1
Yes	5

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-482)

P-476. Did stimulants (amphetamines, khat, ice) cause you health problems?

(SKIP TO Q. P-482)	No	1
	Yes	5

P-477. When was the first time (stimulants [amphetamines, khat, ice] caused a health problem)?

(SKIP TO Q. P-479)	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-478. How old were you (the first time stimulants [amphetamines, khat, ice] caused a health problem)?

(AGE AT ONSET)

P-479. When was the last time (stimulants [amphetamines, khat, ice] caused a health problem)?

(SKIP TO Q. P-481)	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-480. How old were you (the last time stimulants [amphetamines, khat, ice] caused a health problem)?

(AGE OF REGENCY)

P-481. Did you use stimulants (amphetamines, khat, ice) on more than one occasion after you knew it caused these health problems?

No	1
Yes	5

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-488)

P-482. Did sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) cause you health problems?

(SKIP TO Q. P-488)	No	1
	Yes	5

P-483. When was the first time (sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] caused a health problem)?

(SKIP TO Q. P-485)	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-484. How old were you (the first time sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] caused a health problem)?

(AGE AT ONSET)

P-485. When was the last time (sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] caused a health problem)?

(SKIP TO Q. P-487)	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-486. How old were you (the last time sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] caused a health problem)?

(AGE OF RECENCY)

P-487. Did you use sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) on more than one occasion after you knew it caused these health problems?

No 1

Yes 5

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-494)

P-488. Did cocaine, crack or coca leaves cause you health problems?

(SKIP TO Q. P-494) No 1

Yes 5

P-489. When was the first time (cocaine, crack or coca leaves caused a health problem)?

Within the last two weeks 1

Two weeks to less than one month ago 2

(SKIP TO Q. P-491) 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-490. How old were you (the first time cocaine, crack or coca leaves caused a health problem)?

(AGE AT ONSET)

P-491. When was the last time (cocaine, crack or coca leaves caused a health problem)?

Within the last two weeks 1

Two weeks to less than one month ago 2

(SKIP TO Q. P-493) 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-492. How old were you (the last time cocaine, crack or coca leaves caused a health problem)?

(AGE OF REGENCY)

P-493. Did you use cocaine, crack or coca leaves on more than one occasion after you knew it caused these health problems?

No 1

Yes 5

(IF HEROIN OR OTHER OPIATES NOT USED MORE THAN FIVE TIMES IN Q. P-75, SKIP TO Q. P-500)

P-494. Did heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) cause you health problems?

(SKIP TO Q. P-500) No 1

Yes 5

P-495. When was the first time (heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] caused a health problem)?

Within the last two weeks 1

Two weeks to less than one month ago 2

(SKIP TO Q. P-497) 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-496. How old were you (the first time heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] caused a health problem)?

(AGE AT ONSET)

P-497. When was the last time (heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] caused a health problem)?

(SKIP TO Q. P-499)	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-498. How old were you (the last time heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] caused a health problem)?

(AGE OF REGENCY)

P-499. Did you use heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) on more than one occasion after you knew it caused these health 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-506)

P-500. Did PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) cause you health problems?

(SKIP TO Q. P-506)	No	1
	Yes	5

P-501. When was the first time (PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] caused a health problem)?

(SKIP TO Q. P-503)	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-502. How old were you (the first time PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] caused a health problem)?

(AGE AT ONSET)

P-503. When was the last time (PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] caused a health problem)?

(SKIP TO Q. P-505)	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-504. How old were you (the last time PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] caused a health problem)?

(AGE OF RECENCY)

P-505. Did you use PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) on more than one occasion after you knew it caused these health problems?

No	1
Yes	5