(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-239)	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?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-286)	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)?

	Within the last two weeks	1
	Two weeks to less than one month ago	3
(SKIP TO Q. P-288)	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, He	ethadone, Darvon,	opium, Dilaudid]	took up a lot of
	your time)?			

(AGE OF RECENCY)

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)?

		Within the last two weeks	1
		Two weeks to less than one month ago	2
	(SKIP TO Q. P-294)	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	e 5
		More than one year ago	6
-293.	How old were you (the las peyote, psilocybin, DMT]	et time PCP or other psychedelics [LSD, me took up a lot of your time)?	scaline,
	•	<u> </u>	
-294.	Was there ever a whole mo	onth when PCP or other psychedelics (LSD, cybin, DMT) took up a lot of your time?	
-294.	Was there ever a whole mo	onth when PCP or other psychedelics (LSD)	1 s 5
	Was there ever a whole mo mescaline, peyote, psiloc	nth when PCP or other psychedelics (LSD, cybin, DMT) took up a lot of your time? No Yes	s 5
	Was there ever a whole mo mescaline, peyote, psiloc Have you often used much	nth when PCP or other psychedelics (LSD, cybin, DMT) took up a lot of your time? No Yes	s 5
9-294. 9-295.	Was there ever a whole mo mescaline, peyote, psiloc Have you often used much	onth when PCP or other psychedelics (LSD, cybin, DMT) took up a lot of your time? No Yes larger amounts of a drug than you intended an you intended to?	s 5
-295. *	Was there ever a whole mo mescaline, peyote, psiloc Have you often used much for more days in a row th	with when PCP or other psychedelics (LSD, cybin, DMT) took up a lot of your time? No Yes larger amounts of a drug than you intended an you intended to? (SKIP TO Q. P-326) No Yes FIVE TIMES IN Q. P-29, SKIP TO Q. P-301) uana (hashish, bhang, gania) more days or	s 5 d to, or 1 s 5
-295. */ IF MAR:	Was there ever a whole mo mescaline, peyote, psiloc Have you often used much for more days in a row th IJUANA NOT USED MORE THAN Have you often used marij	with when PCP or other psychedelics (LSD, cybin, DMT) took up a lot of your time? No Yes larger amounts of a drug than you intended an you intended to? (SKIP TO Q. P-326) No Yes FIVE TIMES IN Q. P-29, SKIP TO Q. P-301) uana (hashish, bhang, gania) more days or	s 5 d to, or 1 s 5

	marijuana (hashish, bhang	you noticed that you were often using more g, ganja) than you intended to?	
		Within the last two weeks	1
		Two weeks to less than one month ago	2
	(SKIP TO Q. P-299)	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 fir more marijuana [hashish,	est time you noticed that you were often usi bhang, ganja] than you intended to)? (AGE AT ONSET)	ng
P-299.	When was the last time (y marijuana [hashish, bhang	you noticed that you were often using more g, ganja] than you intended to)?	-
		Within the last two weeks	1
		Two weeks to less than one month ago	2
	(SKIP TO Q. P-301)	One month to less than six months ago	3
	(SKIP TO Q. P-301)		
	(SKIP TO Q. P-301)	One month to less than six months ago	3
	(SKIP TO Q. P-301)	One month to less than six months ago Six months to less than one year ago	3
P-300.	How old were you (the las	One month to less than six months ago Six months to less than one year ago In the last twelve months, DK exact time	3 4 5
P-300.	How old were you (the las more marijuana [hashish,	One month to less than six months ago Six months to less than one year ago In the last twelve months, DK exact time More than one year ago It time you noticed that you were often using	3 4 5 6
·	How old were you (the las more marijuana [hashish,	One month to less than six months ago Six months to less than one year ago In the last twelve months, DK exact time More than one year ago It time you noticed that you were often using bhang, ganja] than you intended to)? AGE OF RECENCY)	3 4 5 6
(IF STI	How old were you (the las more marijuana [hashish,	One month to less than six months ago Six months to less than one year ago In the last twelve months, DK exact time More than one year ago It time you noticed that you were often using than you intended to)? AGE OF RECENCY) FIVE TIMES IN Q. P-39, SKIP TO Q. P-306) Clants (amphetamines, khat, ice) more days of	3 4 5 6
· • • • • • • • • • • • • • • • • • • •	How old were you (the las more marijuana [hashish, (MULANT NOT USED MORE THAN Have you often used stimu	One month to less than six months ago Six months to less than one year ago In the last twelve months, DK exact time More than one year ago It time you noticed that you were often using than you intended to)? AGE OF RECENCY) FIVE TIMES IN Q. P-39, SKIP TO Q. P-306) Clants (amphetamines, khat, ice) more days of	3 4 5 6

P-302.	When was the first time y stimulants (amphetamines,	you noticed that you were often using more khat, ice) than you intended to?	-
		Within the last two weeks	1
		Two weeks to less than one month ago	2
	(SKIP TO Q. P-304)	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 fir more stimulants [amphetam	st time you noticed that you were often using ines, khat, ice] than you intended to)? (AGE AT ONSET)	r
P-304.	When was the last time (y stimulants [amphetamines,	ou noticed that you were often using more khat, ice] than you intended to)?	•
		Within the last two weeks	1
		Two weeks to less than one month ago	2
	(SKIP TO Q. P-306)	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 las more stimulants [amphetam	t time you noticed that you were often using ines, khat, ice] than you intended to)?	
_	. (.	AGE OF RECENCY)	
(IF SED	ATIVE NOT USED MORE THAN F	IVE TIMES IN Q. P-49, SKIP TO Q. P-311)	
P-306.	Have you often used sedat Valium, Librium, tranquil amounts than you intended	ives (barbiturates, sleeping pills, Seconal, izers, Quaaludes, Xanax) more days or in larg to?	er
		(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?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-309)	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)

F-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?

	Within the last two weeks	1
	Two weeks to less than one month ago	·2
(SKIP TO Q. P-311)	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

F-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 RECENCY)

(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	ુ.	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?

(SKIP TO Q. P-314)	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	<u> </u>
	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)?

(SKIP TO Q. P-316)	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-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	Ą
	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)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-321)	One month to less than six months ago	3 44
	Six months to less than one year aço	41 .
	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, Percoden, Methadone, Darvon, opium, Dilaudid] than you intended to)?

(AGE OF RECENCY)

(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?

(SK	IP '	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	
	Two weeks to less than one month ago	
(SKIP TO Q. P-324)	One month to less than six months ago	
	Six months to less than one year ago	
	In the last twelve months, DK exact time	
	More than one year ago	-

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)?

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)?

,	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-326)	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 RECENCY)

P-326. Have you ever <u>felt dependent</u> 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, bhar ganja)?					
-		Within the last two weeks	1			
		Two weeks to less than one month ago	2			
	(SKIP TO Q. P-330)	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.	budny, ganjaly:	st time you felt dependent on marijuana [hash	nish,			
		(AGE AT ONSET)				
		(ROL AT ONOLY)				
-330.		ou felt dependent on marijuana [hashish, bhar	ng,			
-330.	When was the last time (yo		ng,			
-330.	When was the last time (yo	ou felt dependent on marijuana [hashish, bhar				
-330.	When was the last time (yo	ou felt dependent on marijuana [hashish, bhar Within the last two weeks	1			
-330.	When was the last time (yo ganja])?	ou felt dependent on marijuana [hashish, bhar Within the last two weeks Two weeks to less than one month ago	1 2			
-330.	When was the last time (yo ganja])?	ou felt dependent on marijuana [hashish, bhar Within the last two weeks Two weeks to less than one month ago One month to less than six months ago	1 2 3			
-330.	When was the last time (yo ganja])?	Within the last two weeks Two weeks to less than one month ago One month to less than six months ago Six months to less than one year ago	1 2 3 4			
	When was the last time (yoganja])? (SKIP TO Q. P-332)	Within the last two weeks Two weeks to less than one month ago One month to less than six months ago Six months to less than one year ago In the last twelve months, DK exact time	1 2 3 4 5			
	When was the last time (yoganja])? (SKIP TO Q. P-332) How old were you (the last bhang, ganja])?	Within the last two weeks Two weeks to less than one month ago One month to less than six months ago Six months to less than one year ago In the last twelve months, DK exact time More than one year ago	1 2 3 4 5			
-331. -332.	When was the last time (yoganja])? (SKIP TO Q. P-332) How old were you (the last bhang, ganja])?	Within the last two weeks Two weeks to less than one month ago One month to less than six months ago Six months to less than one year ago In the last twelve months, DK exact time More than one year ago time you felt dependent on marijuana [hashi	1 2 3 4 5 6 sh,			
-331.	When was the last time (yoganja])? (SKIP TO Q. P-332) How old were you (the last bhang, ganja])? (A	Within the last two weeks Two weeks to less than one month ago One month to less than six months ago Six months to less than one year ago In the last twelve months, DK exact time More than one year ago time you felt dependent on marijuana [hashi GE OF RECENCY]	1 2 3 4 5 6 sh,			

(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	_
				Ÿ⊖s	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	G

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		
	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 SE	DATIVE NOT USED MORE THAN	FIVE TIMES IN Q. P-49, SKIP TO Q. P-345)				
P-339.	Have you ever felt deper Seconal, Valium, Librium to keep from using it?	ndent on sedatives (barbiturates, sleep: m, tranquilizers, Quaaludes, Xanax) or !	ing pil been un	ls, able			
		(SKIP TO Q. P-345)	No	1			
			Yes	5			
	Xanax)?	Valium, Librium, tranquilizers, Quaalud Within the last two weeks	es,				
				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 t	ime	,5			
		More than one year ago		6			
P-341.	How old were you (the fir [barbiturates, sleeping p Quaaludes, Xanax])?	st time you felt dependent on sedatives ills, Seconal, Valium, Librium, tranqui	lizers,				

		Within the last two weeks	
		Two weeks to less than one month ago	
	(SKIP TO Q. P-344)	One month to less than six months ago	
		Six months to less than one year ago	
		In the last twelve months, DK exact time	
		More than one year ago	
P-343.	[barbiturates, sleeping pour Quaaludes, Xanax])? Was there a month or more	AGE OF RECENCY)	· .
	[barbiturates, sleeping pour Quaaludes, Xanax])? Was there a month or more	oills, Seconal, Valium, Librium, tranquilize	· .
	[barbiturates, sleeping pour Quaaludes, Xanax])? Was there a month or more (barbiturates, sleeping pour pour pour pour pour pour pour pour	AGE OF RECENCY)	· .
	[barbiturates, sleeping pour Quaaludes, Xanax])? Was there a month or more (barbiturates, sleeping pour pour pour pour pour pour pour pour	AGE OF RECENCY) when you felt that way about sedatives oills, Seconal, Valium, Librium, tranquilize	ers.
P-344.	[barbiturates, sleeping pour Quaaludes, Xanax])? Was there a month or more (barbiturates, sleeping pour Quaaludes, Xanax)?	AGE OF RECENCY) when you felt that way about sedatives wills, Seconal, Valium, Librium, tranquilized No	ers,
P-344.	[barbiturates, sleeping pound of the control of the	AGE OF RECENCY) when you felt that way about sedatives vills, Seconal, Valium, Librium, tranquilizations, Seconal, Valium, Librium, tranquilizations No Yes VE TIMES IN Q. P-59, SKIP TO Q. P-351) ent on cocaine, crack, or coca leaves or be	ers,
P-344.	[barbiturates, sleeping pound of the control of the	AGE OF RECENCY) when you felt that way about sedatives vills, Seconal, Valium, Librium, tranquilizations, Seconal, Valium, Librium, tranquilizations No Yes VE TIMES IN Q. P-59, SKIP TO Q. P-351) ent on cocaine, crack, or coca leaves or be	ers,

P-346	. When was the first time you felt dependent on cocaine, crack, or coca leaves?							
		Within the last two weeks	1					
		Two weeks to less than one month ago	2					
	(SKIP TO Q. P-348)	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 fi coca leaves)?	rst time you felt dependent on cocaine, crac	k, or					
	·	(AGE AT ONSET)						
P-348.	When was the last time (y coca leaves?	you felt dependent on cocaine, crack, or	-					
		Within the last two weeks	1					
		Two weeks to less than one month ago	2					
	(SKIP TO Q. P-350)	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 las coca leaves)?	t time you felt dependent on cocaine, crack,	or					
	(,	AGE OF RECENCY)						
P-350.	Was there a month or more coca leaves?	when you felt that way about cocains, crack	, or					
		Но	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)	ilo	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
	Hore 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 depen	dent on her	oin or ot	her
	opiates Dilaudid	[codeine,	Demerol,	morphine,	Percodan,	Methadone,	Darvon,	opium,

(AGE OF RECENCY)

P-356. Was there a month or more when you felt that way about herein 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	то	Q.	P-363)	No	1
		_		Yes	5

P-358. When was the first time you felt dependent on PCP or other psychedelics (LSD, mescaline, psyote, 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])?

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 RECENCY)

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

1

No

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/FCP or other psychedelics)--but found you couldn't?

(SKIP	70	Q.	P-400)	Ио	1
				Yes	5

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

F-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)?

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

P-367.	When was the last time (ybhang, ganja] and found y	ou tried to cut down ou couldn't)?	on marijuana (hashis	sh,
		Within the last two	weeks	<u>í</u>
		Two weeks to less t	han one month ago	2
	(SKIP TO Q. P-369)	One month to less t	han six months ago	3
		Six months to less	than one year ago	4
		In the last twelve	months, DK exact tim	.e 5
		More than one year	ago	6
P-368.	How old were you (the las [hashish, bhang, ganja] a	t time you tried to c nd found you couldn't AGE OF RECENCY)	ut down on marijuana)?	
P-369.	Did you try to cut down o	n marijuana (hashish,	bhang, ganja) sever	al times?
			Мо	. 1
				s 5
(IF ST	MULANT NOT USED MORE THAN	FIVE TIMES IN Q. P-39	, SKIP TO Q. P-376)	
P-370.	Have you tried to cut dow couldn't?	n on stimulants (amphe	etamines, khat, ice)	but
		(SKIF	TO Q. P-376) No	1
			Yes	s 5
P-371.	When was the first time (khat, ice] and found you	you tried to cut down couldn't)?	on stimulants [amph	etamines,
		Within the last two	weeks	1
		Two weeks to less th	nan one month ago	2
•	(SKIP TO Q. P-373)	One month to less th	nan six months ago	3
		Six months to less t	than one year ago	1
		In the last twelve n	months, DK exact time	÷ 5
	,	More than one year a	igo	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)?

	Within the last two weeks				
	Two weeks to less than one month ago	2			
(SKIP TO Q. P-375)	One month to less than six months ago				
	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	то	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)?

	Within the last two weeks				
	Two weeks to less than one month ago	2			
(SKIP TO Q. P-379)	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 but fown 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, Kanak] and found you couldn't)?

	Within the last two weeks				
	Two weeks to less than one month ago	2			
(SKIP TO Q. P-381)	One month to less than six months ago				
•	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 RECEICY)

P-381.	Did you try to cut down of Seconal, Valium, Librium,	on sedatives (barbiturates, sleeping pills, , tranquilizers, Quaaludes, Xanax) several tir	nes?
		Ио	1
		Yes	3
(IF CO	CAINE NOT USED MORE THAN FI	IVE TIMES IN Q. P-59, SKIP TO Q. P-388)	
P-382.	Have you tried to cut dow	n on cocaine, crack or coca leaves but couldn	ı't?
		(SKIP TO Q. P-388) No	1
		Yes	5
P-383.	When was the first time (leaves and found you coul	you tried to cut down on cocaine, crack or co	ca
		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.	or coca leaves and found	st time you tried to cut down on cocains, cracyou couldn't)?	ek
P-385.	When was the last time (you leaves and found you could	ou tried to cut down on cocaine, crack or cocain't)?	1
		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
	1	More than one year ago	6

P-386.	How	old	were	you	(the	last	time	you	tried	to	cut	down	on	cocaine,	crack
	or c	oca	leave	s an	d for	ind yo	ou coi	ıldn	't)?					,	

(AGE OF RECENCY)

P-387. Did you try to cut down on cocaine, crack or coca leaves several times?

No

1

5

Yes

(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)	Ю	1	
				Yas	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				
	Two weeks to less than one month ago	2			
(SKIP TO Q. P-391)	One month to less than six months ago				
	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)?

P-391.	When was the last time (you tried to cut down on heroin or other of codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dand found you couldn't)?	opiates Dilaudid]
	Within the last two weeks	1 -

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-393)	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 HORE 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	то	Q.	P-400)	Мо	1
,				Yes	5

P-395.		you tried to cut down on PCP or other psycpesilocybin, DMT] and found you couldn't)?	hedelics
		Within the last two weeks	1
		Two weeks to less than one month ago	2
	(SKIP TO Q. P-397)	One month to less than six months ago	3
		Six months to less than one year ago	Ţ
		In the last twelve months, DK exact time	5
		More than one year ago	6
P-396.		st time you tried to cut down on PCP or oth ine, peyote, psilocybin, DMT] and found you	
	-	(AGE AT ONSET)	•
F-397.		ou tried to cut down on PCP or other psychepsilocybin, DMT] and found you couldn't)?	
•		Within the last two weeks	1
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Two weeks to less than one month ago	2
	(SKIP TO Q. P-399)	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.	psychedelics [LSD, mescal couldn't)?	t time you tried to cut down on PCP or other ine, peyote, psilocybin, DMT] and found you	
	·	AGE OF RECENCY)	
P-399.	Did you try to cut down o peyote, psilocybin, DMT)	n PCP or other psychedelics (LSD, mescaline several times?	9 ,
		Her	1
		Yes	5

Did you ever get tolerant to any of these drugs--(marijuana/stimulants/ P-400. 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 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)? Within the last two weeks 1 Two weeks to less than one month ago (SKIP TO Q. P-404) 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

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)?

More than one year ago

(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	ુ.	2-407)	i'o	1
				Yas	5 .

6

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

•	Within the last two weeks	<u>:</u>
	Two weeks to less than one month ago	2
(SKIP TO Q. P-407)	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	то	Q.	P-410)	Но	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)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-410)	One month to less than six months ago	3
,	Six months to less than one year ago	1
	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. F-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	то	Q.	P-416)	•	lta	,	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)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-416)	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	то	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)?

. *	Within the last two weeks		
	Two weeks to less than one month ago	2	
(SKIP TO Q. P-419)	One month to less than six months ago	3	
	Six months to less than one year ago	Ţ.	
	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) Has stopping or cutting down on any of these drugs--(marijuana/stimulants/ P-419. 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 Have you used any of these drugs to keep from having withdrawal symptoms? P-420. (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? Ho 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	
	Six months to less than one year ago	. <u>}-</u>
1.5	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	
SKIP TO Q. P-429)	In the last twelve months, DK exact time	5
/	More than one year ago	6

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 RECENCY) (IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-437) Did stopping or cutting down on stimulants (amphetamines, khat, ice) make ₽-429. 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)? Mo 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) 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) Mo 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?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-435)	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

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?		
	Mo	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
FF "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.

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

F-446. Did you get sick several times from cutting down on cocaine, crack or cocaleaves?

				Ho	1	_
(SKIP	TO	Q.	P-448)	Yes	5	_

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

No

Yes

(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

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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?

		. 🕶
7.	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)?

-	/T7 H100H 70 0 0 0			
	(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 t	time	5
		More than one year ago		6
	having withdrawal)?	(AGE OF RECENCY)		
2KIP I	OIN OR OTHER OPIATES NOT L O Q. P-461)	ISED MORE THAN FIVE TIMES IN Q. P-75,	, Deme	rol
2KIP I	OIN OR OTHER OPIATES NOT L O Q. P-461)		e, Deme	rol
2KIP I	OIN OR OTHER OPIATES NOT L O Q. P-461)	JSED MORE THAN FIVE TIMES IN Q. P-75, lown on heroin or other opiates (codeine done, Darvon, opium, Dilaudid) make you	e, Deme sick?	rol
2KIP I	OIN OR OTHER OPIATES NOT L O Q. P-461)	SED MORE THAN FIVE TIMES IN Q. P-75, down on heroin or other opiates (codeine done, Darvon, opium, Dilaudid) make you (SKIP TO Q. P-456)	sick?	 -
P-453.	OIN OR OTHER OPIATES NOT LOOK OF P-461) Did stopping or cutting domorphine, Percodan, Methalogous Did you get sick several	ISED MORE THAN FIVE TIMES IN Q. P-75, down on heroin or other opiates (codeine done, Darvon, opium, Dilaudid) make you (SKIP TO Q. P-456) times from cutting down on heroin or ot ne, Percodan, Methadone, Darvon, opium,	No Yes	1 5
P-453.	OIN OR OTHER OPIATES NOT LOOK OF P-461) Did stopping or cutting domorphine, Percodan, Methalogous Did you get sick several	ISED MORE THAN FIVE TIMES IN Q. P-75, lown on heroin or other opiates (codeine done, Darvon, opium, Dilaudid) make you (SKIP TO Q. P-456) times from cutting down on heroin or ot ne, Percodan, Methadone, Darvon, opium,	No Yes her op Dilau	1 5 iate did)
P-453.	OIN OR OTHER OPIATES NOT LOOK OF P-461) Did stopping or cutting domorphine, Percodan, Methalogue of the process of the proces	ISED MORE THAN FIVE TIMES IN Q. P-75, lown on heroin or other opiates (codeine done, Darvon, opium, Dilaudid) make you (SKIP TO Q. P-456) times from cutting down on heroin or ot ne, Percodan, Methadone, Darvon, opium, (SKIP TO Q. P-456)	No Yes her op Dilau	1 5 iata did)
P-453.	OIN OR OTHER OPIATES NOT LOOK OF P-461) Did stopping or cutting domorphine, Percodan, Methalogue of the process of the proces	ISED MORE THAN FIVE TIMES IN Q. P-75, lown on heroin or other opiates (codeine done, Darvon, opium, Dilaudid) make you (SKIP TO Q. P-456) times from cutting down on heroin or ot ne, Percodan, Methadone, Darvon, opium, (SKIP TO Q. P-456) ms ever last at least one month?	No Yes her op Dilau No	1 5 iate did)
P-453.	OIN OR OTHER OPIATES NOT LOOK OF P-461) Did stopping or cutting domorphine, Percodan, Methalogue of the process of the proces	ISED MORE THAN FIVE TIMES IN Q. P-75, lown on heroin or other opiates (codeine done, Darvon, opium, Dilaudid) make you (SKIP TO Q. P-456) times from cutting down on heroin or ot ne, Percodan, Methadone, Darvon, opium, (SKIP TO Q. P-456) ms ever last at least one month?	No Yes her op Dilau	1 5 iato did

(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)	Мо	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)?

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 P.419 SKIPTO 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 RECENCY)

(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	ТО	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	ТО	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	Ç.	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			
	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 <u>health problems</u> 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 <u>drugs</u>?

(SKI	P TO	Q.	P-506)	No	1
				Y∈s	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	то	Q.	P-476)	lio	1
				Yas	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

F-472. How old were you (the first time marijuana [hashish, bhang, ganja] caused a health problem)?

P-473.	When was the last time (problem)?	marijuana [hashish, bhang, ganja] caused a]	health
		Within the last two weeks	1
		Two weeks to less than one month ago	2
	(SKIP TO Q. P-475)	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
9-474.	a nearth problem;	st time marijuana [hashish, bhang, ganja] ca	used
-475.	Did you use marijuana (ha after you knew it caused	ashish, bhang, ganja) on more than one occas these health problems?	ion
		No.	1
		Yes	5
IF STI	MULANT NOT USED MORE THAN	FIVE TIMES IN Q. P-29, SKIP TO Q. P-482)	
-476.	Did stimulants (amphetami	nes, khat, ice) cause you health problems?	٠
		(SKIP TO Q. P-482) No	1
		Yes	5
-477.	When was the first time (health problem)?	stimulants [amphetamines, khat, ice] caused	a
		Within the last two weeks	1
	-	Two weeks to less than one month ago	2
	(SKIP TO Q. P-479)	One month to less than six months ago	. 3
		Six months to less than one year ago	
		• · · · · · · · · · · · · · · · · · · ·	7
	•	In the last twelve months, DK exact time	5

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)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-481)	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 RECENCY)

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

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Yes

(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)	Ио	1
				Yes	5 .

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

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-485)	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-48 7.	Did you use sedatives (b Librium, tranquilizers, you knew it caused these	arbiturates, sleeping pills, Seconal, Val Quaaludes, Xanax) on more than one occasi health problems?	lium, on after
-			io 1
		<u></u>	es 5
(IF CO	CAINE NOT USED MORE THAN F	IVE TIMES IN Q. P-59, SKIP TO Q. P-494}	
		ca leaves cause you health problems?	
		(SKIP TO Q. P-494) N	0 1
		Ý	es 5
P-489.	When was the first time problem)?	(cocaine, crack or coca leaves caused a h	ealth
		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 tir	ne 5
		More than one year ago	6
P-490.	How old were you (the fir health problem)?	st time cocaine, crack or coca leaves cau	ised a
P-491.	When was the last time (c problem)?	ocaine, crack or coca leaves caused a hea	lth
		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 tim	3 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 RECENCY)

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

Mo

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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_
				Y≘s	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)?

P-497.	When was the last time (hercodan, Hethadone, Darv	eroin or other opiate on, opium, Dilaudid]	s [codeino, Dame: caused a health ;	col, morp problem)	phine,
		Within the last two	weeks		1
		Two weeks to less t	han one month ago)	2
	(SKIP TO Q. P-499)	One month to less t	han sim months ag	ço	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.	morphine, Percodan, Metha problem)?	done, Darvon, opium,	r opiates [codeir Dilaudid] caused	ne, Demer R health	col,
		AGE OF RECENCY)			
P-499.	Did you use heroin or oth Methadone, Darvon, opium, knew it caused these heal	Dilaudid) on more th	Demerol, morphine an one occasion a	e, Percod ifter you	lan,
		`		No	1
			-	Y≘s	5
(IF PCP SKIP T	OR OTHER PSYCHEDELIC DRUG O Q. P-506)	NOT USED MORE THAN F	IVE TIMES IN Q. F	91,	
P-500.	Did PCP or other psychede cause you health problems	lics (LSD, mescaline, ?	peyote, psilocy	oin, DMT)	ı
		(SKIP	TO Q. P-506)	No_	1
				Yes	5

P-501.	When was the first time peyote, psilocybin, DMT]	(PCP or other psychedelics [LSD, mescaline, caused a health problem)?	
		Within the last two weeks	1
		Two weeks to less than one month ago	2
	(SKIP TO Q. P-503)	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 fir payote, psilocybin, DMT]	est time PCP or other psychedelics [LSD, meso caused a health problem)? (AGE AT ONSET)	aline,
P-503.	When was the last time (Ppsilocybin, DMT] caused a	CP or other psychedelics [LSD, mescaline, pe health problem)?	yote,
		Within the last two weeks	1
		Two weeks to less than one month ago	2
	(SKIP TO Q. P-505)	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 peyote, psilocybin, DMT]	t time PCP or other psychedelics [LSD, mescal caused a health problem)?	ine,
	(<i>I</i>	AGE OF RECENCY)	
P-505.	Did you use PCP or other pDMT) on more than one occaproblems?	osychedelics (LSD, mescaline, peyote, psilocy asion after you knew it caused these health	bin,
		IIo	1

Yes