

P-1. Now I'd like to ask about your experience with drugs and other substances.

Did your friends use or were you ever offered the chance to use marijuana (hashish, bhang, ganja)?

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

P-2. Did this occur before you went into military service?

No	1
Yes	5

P-3. Did this occur while you were in military service?

No	1
Yes	5

P-4. Did this occur since you left military service?

No	1
Yes	5

P-5. Did your friends use or were you ever offered the chance to use stimulants (amphetamines, khat, ice)?

(SKIP TO Q. P-9)	No	1
	Yes	5

P-6. Did this occur before you went into military service?

No	1
Yes	5

P-7. Did this occur while you were in military service?

No	1
Yes	5

P-8. Did this occur since you left military service?

No	1
Yes	5

P-9. Did your friends use or were you ever offered the chance to use sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax)?

(SKIP TO Q. P-13)	No	1
	Yes	5

P-10. Did this occur before you went into military service?

No	1
Yes	5

P-11. Did this occur while you were in military service?

No	1
Yes	5

P-12. Did this occur since you left military service?

No	1
Yes	5

P-13. Did your friends use or were you ever offered the chance to use cocaine, crack, or coca leaves?

(SKIP TO Q. P-17)	No	1
	Yes	5

P-14. Did this occur before you went into military service?

No	1
Yes	5

P-15. Did this occur while you were in military service?

No	1
Yes	5

P-16. Did this occur since you left military service?

No	1
Yes	5

P-17. Did your friends use or were you ever offered the chance to use heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid)?

(SKIP TO Q. P-21)

No 1

Yes 5

P-18. Did this occur before you went into military service?

No 1

Yes 5

P-19. Did this occur while you were in military service?

No 1

Yes 5

P-20. Did this occur since you left military service?

No 1

Yes 5

P-21. Did your friends use or were you ever offered the chance to use PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT)?

(SKIP TO Q. P-25)

No 1

Yes 5

P-22. Did this occur before you went into military service?

No 1

Yes 5

P-23. Did this occur while you were in military service?

No 1

Yes 5

P-24. Did this occur since you left military service?

No 1

Yes 5

P-25. Have you ever used at least one of the following drugs to get high, or for other mental effects or more than was prescribed, or for longer than the doctor wanted you to?

Have you ever used marijuana or hashish, stimulants or amphetamines, sedatives, barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes or Xanax, cocaine or crack, heroin, codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium or Dilaudid, PCP, LSD, mescaline, peyote, psilocybin or DMT?

(SKIP TO Q. P-99)	No	1
	Yes	5

P-26. Had you tried any of these drugs more than once before you were 15?

No	1
Yes	5

P-27. Have you ever used marijuana (hashish, bhang, ganja)?

(SKIP TO Q. P-37)	No	1
	Yes	5

P-28. How old were you when you first tried marijuana (hashish, bhang, ganja)?

(AGE AT FIRST USE)

P-29. Have you ever used marijuana (hashish, bhang, ganja) more than five times (on your own)?

(SKIP TO Q. P-37)	No	1
	Yes	5

P-30. How old were you when you first used marijuana (hashish, bhang, ganja) more than five times?

(AGE AT FIRST MULTIPLE USE)

P-31. Have you ever used marijuana (hashish, bhang, ganja) regularly, that is, once per week or more?

(SKIP TO Q. P-37)	No	1
	Yes	5

P-32. At what age did you begin to use marijuana (hashish, bhang, ganja) regularly?

(AGE AT FIRST REGULAR USE)

P-33. At what age did you last use marijuana (hashish, bhang, ganja) regularly?

(AGE AT LAST REGULAR USE)

P-34. How many days per week did you use marijuana (hashish, bhang, ganja) during your period of most frequent use?

(NUMBER OF DAYS PER WEEK)

P-35. How old were you when you started your period of most frequent use?

(AGE AT ONSET OF MOST FREQUENT USE)

P-36. How old were you when you ended your period of most frequent use?

(AGE OF REGENCY OF MOST FREQUENT USE)

P-37. Have you ever used stimulants (amphetamines, khat, ice)?

(SKIP TO Q. P-47)	No	1
	Yes	5

P-38. How old were you when you first tried stimulants (amphetamines, khat, ice)?

(AGE AT FIRST USE)

F-39. Have you ever used stimulants (amphetamines, khat, ice) more than five times (on your own)?

X

(SKIP TO Q. P-47)	No	1
	Yes	5

P-40. How old were you when you first used stimulants (amphetamines, khat, ice) more than five times?

(AGE AT FIRST MULTIPLE USE)

P-41. Have you ever used stimulants (amphetamines, khat, ice) regularly, that is, once per week or more?

(SKIP TO Q. P-47)	No	1
	Yes	5

P-42. At what age did you begin to use stimulants (amphetamines, khat, ice) regularly?

(AGE AT FIRST REGULAR USE)

P-43. At what age did you last use stimulants (amphetamines, khat, ice) regularly?

(AGE AT LAST REGULAR USE)

P-44. How many days per week did you use stimulants (amphetamines, khat, ice) during your period of most frequent use?

(NUMBER OF DAYS PER WEEK)

P-45. How old were you when you started your period of most frequent use?

(AGE AT ONSET OF MOST FREQUENT USE)

P-46. How old were you when you ended your period of most frequent use?

(AGE OF REGENCY OF MOST FREQUENT USE)

P-47. Have you ever used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax)?

(SKIP TO Q. P-57)	No	1
	Yes	5

P-48. How old were you when you first tried sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax)?

(AGE AT FIRST USE)

P-49. Have you ever used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) more than five times (on your own)?

(SKIP TO Q. P-57)	No	1
	Yes	5

P-50. How old were you when you first used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) more than five times?

(AGE AT FIRST MULTIPLE USE)

P-51. Have you ever used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) regularly, that is, once per week or more?

(SKIP TO Q. P-57)	No	1
	Yes	5

P-52. At what age did you begin to use sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) regularly?

(AGE AT FIRST REGULAR USE)

P-53. At what age did you last use sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) regularly?

(AGE AT LAST REGULAR USE)

P-54. How many days per week did you use sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) during your period of most frequent use?

(NUMBER OF DAYS PER WEEK)

P-55. How old were you when you started your period of most frequent use?

(AGE AT ONSET OF MOST FREQUENT USE)

P-56. How old were you when you ended your period of most frequent use?

(AGE OF REGENCY OF MOST FREQUENT USE)

P-57. Have you ever used cocaine, crack, or coca leaves?

(SKIP TO Q. P-73)	No	1
	Yes	5

P-58. How old were you when you first tried cocaine, crack, or coca leaves?

(AGE AT FIRST USE)

P-59. Have you ever used cocaine, crack, or coca leaves more than five times (on your own)?

(SKIP TO Q. P-73)	No	1
	Yes	5

P-60. How old were you when you first used cocaine, crack, or coca leaves more than five times?

(AGE AT FIRST MULTIPLE USE)

P-61. Have you ever used cocaine, crack, or coca leaves regularly, that is, once per week or more?

(SKIP TO Q. P-57)	No	1
	Yes	5

P-62. At what age did you begin to use cocaine, crack, or coca leaves regularly?

(AGE AT FIRST REGULAR USE)

P-63. At what age did you last use cocaine, crack, or coca leaves regularly?

(AGE AT LAST REGULAR USE)

P-64. How many days per week did you use cocaine, crack, or coca leaves during your period of most frequent use?

(NUMBER OF DAYS PER WEEK)

P-65. How old were you when you started your period of most frequent use?

(AGE AT ONSET OF MOST FREQUENT USE)

P-66. How old were you when you ended your period of most frequent use?

(AGE OF REGENCY OF MOST FREQUENT USE)

P-67. What are all the ways you have used cocaine, crack, or coca leaves?
Have you ever used it in pill form or taken it by mouth?

No	1
Yes	5

P-68. Have you ever smoked or freebased it?

No	1
Yes	5

P-69. Have you ever snorted or sniffed it?

No	1
Yes	5

P-70. Have you ever injected it into a vein or used an IV route?

No	1
Yes	5

P-71. Have you ever injected it under the skin or into a muscle?

No	1
Yes	5

P-72. Have you ever used cocaine, crack or coca leaves in any other way?

No	1
Yes (SPECIFY): _____	5

P-73. Have you ever used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid)?

(SKIP TO Q. P-89)	No	1
	Yes	5

P-74. How old were you when you first tried heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid)?

(AGE AT FIRST USE)

P-75. Have you ever used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) more than five times (on your own)?

(SKIP TO Q. P-89)	No	1
	Yes	5

P-76. How old were you when you first used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) more than five times?

(AGE AT FIRST MULTIPLE USE)

P-77. Have you ever used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) regularly, that is, once per week or more?

(SKIP TO Q. P-89)	No	1
	Yes	5

P-78. At what age did you begin to use heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) regularly?

(AGE AT FIRST REGULAR USE)

P-79. At what age did you last use heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) regularly?

(AGE AT LAST REGULAR USE)

P-80. How many days per week did you use heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) during your period of most frequent use?

(NUMBER OF DAYS PER WEEK)

P-81. How old were you when you started your period of most frequent use?

(AGE AT ONSET OF MOST FREQUENT USE)

P-82. How old were you when you ended your period of most frequent use?

(AGE OF REGENCY OF MOST FREQUENT USE)

P-83. What are all the ways you have used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid)?
Have you ever used (it/them) in pill form or taken (it/them) by mouth?

No 1

Yes 5

P-84. Have you ever smoked or freebased (it/them)?

No 1

Yes 5

P-85. Have you ever snorted or sniffed (it/them)?

No 1

Yes 5

P-86. Have you ever injected (it/them) into a vein or used an IV route?

No 1

Yes 5

P-87. Have you ever injected (it/them) under the skin or into a muscle?

No 1

Yes 5

P-88. Have you ever used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) in any other way?

No 1

Yes (SPECIFY): _____ 5

P-89. Have you ever used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT)?

(SKIP TO Q. P-99) No 1

Yes 5

P-90. How old were you when you first tried PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT)?

(AGE AT FIRST USE)

P-91. Have you ever used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) more than five times (on your own)?

(SKIP TO Q. P-99) No 1

Yes 5

P-92. How old were you when you first used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) more than five times?

(AGE AT FIRST MULTIPLE USE)

P-93. Have you ever used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) regularly, that is, once per week or more?

(SKIP TO Q. P-99)	No	1
	Yes	5

P-94. At what age did you begin to use PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) regularly?

(AGE AT FIRST REGULAR USE)

P-95. At what age did you last use PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) regularly?

(AGE AT LAST REGULAR USE)

P-96. How many days per week did you use PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) during your period of most frequent use?

(NUMBER OF DAYS PER WEEK)

P-97. How old were you when you started your period of most frequent use?

(AGE AT ONSET OF MOST FREQUENT USE)

P-98. How old were you when you ended your period of most frequent use?

(AGE OF REGENCY OF MOST FREQUENT USE) -

(IF ANY DRUG USED MORE THAN FIVE TIMES IN QQ. P-29, P-39, P-49, P-59, P-75 OR P-91, SKIP TO Q. P-104)

P-99. Has a doctor ever prescribed a tranquilizer, sedative, pain pill, antidepressive, or headache medicine for you?

(SKIP TO Q. D-1)	No	1
	Yes	5

P-100. Have you ever used them every day for two weeks or more?

X

(SKIP TO Q. D-1)	No	1
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	Yes	5
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P-101. Which did you use every day for two weeks?

(FIRST PRESCRIPTION DRUG)

P-102. What other prescribed drug did you use every day for two weeks?

X

(SECOND PRESCRIPTION DRUG)

(SKIP TO Q. P-685)	None	00
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P-103. Any other?

X

(THIRD PRESCRIPTION DRUG)

	None	00
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(ALL SKIP TO Q. P-685)

P-104. Have you ever used any of these drugs--(marijuana/stimulants/sedatives/cocaine, crack or coca leaves/heroin or other opiates/PCP or other psychedelics)--almost every day for two weeks or more?

(SKIP TO Q. P-135)	No	1
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	Yes	5
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(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-110)

P-105. What was the longest period that you used marijuana (hashish, bhang, ganja) almost every day?

(IF LESS THAN TWO WEEKS, SKIP TO Q. P-110)	Never daily	00
	Number of days	—
	Number of weeks	—
	Number of months	—
	Number of years	—

P-106. When was the first time you used marijuana (hashish, bhang, ganja) every day for at least two weeks?

(SKIP TO Q. P-108)	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-107. How old were you (when you first used marijuana [hashish, bhang, ganja] every day for at least two weeks)?

(AGE AT ONSET)

P-108. When was the last time (you used marijuana [hashish, bhang, ganja] every day for at least two weeks)?

(SKIP TO Q. P-110)	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-109. How old were you (when you last used marijuana [hashish, bhang, ganja] every day for at least two weeks)?

(AGE OF REGENCY)

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-39, SKIP TO Q. P-115)

P-110. What was the longest period that you used stimulants (amphetamines, khat, ice) almost every day?

(IF LESS THAN TWO WEEKS, SKIP TO Q. P-115)	Never daily	00
	Number of days	___
	Number of weeks	___
	Number of months	___
	Number of years	___

P-111. When was the first time you used stimulants (amphetamines, khat, ice) every day for at least two weeks?

(SKIP TO Q. P-113)	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-112. How old were you (when you first used stimulants [amphetamines, khat, ice] every day for at least two weeks)?

(AGE AT ONSET)

P-113. When was the last time (you used stimulants [amphetamines, khat, ice] every day for at least two weeks)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-115)	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-114. How old were you (when you last used stimulants [amphetamines, khat, ice] every day for at least two weeks)?

(AGE OF RECENCY)

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-120)

P-115. What was the longest period that you used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) almost every day?

(IF LESS THAN TWO WEEKS,	Never daily	00
SKIP TO Q. P-120)	Number of days	—
	Number of weeks	—
	Number of months	—
	Number of years	—

P-116. When was the first time you used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) every day for at least two weeks?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-118)	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-117. How old were you (when you first used sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] every day for at least two weeks)?

(AGE AT ONSET)

P-118. When was the last time (you used sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] every day for at least two weeks)?

(SKIP TO Q. P-120)	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-119. How old were you (when you last used sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] every day for at least two weeks)?

(AGE OF RECENCY)

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-125)

P-120. What was the longest period that you used cocaine, crack, or coca leaves almost every day?

(IF LESS THAN TWO WEEKS, SKIP TO Q. P-125)	Never daily	00
	Number of days	___
	Number of weeks	___
	Number of months	___
	Number of years	___

P-121. When was the first time you used cocaine, crack, or coca leaves every day for at least two weeks?

(SKIP TO Q. P-123)	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-122. How old were you (when you first used cocaine, crack, or coca leaves every day for at least two weeks)?

(AGE AT ONSET)

P-123. When was the last time (you used cocaine, crack, or coca leaves every day for at least two weeks)?

(SKIP TO Q. P-125)	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-124. How old were you (when you last used cocaine, crack, or coca leaves every day for at least two weeks)?

(AGE OF RECENCY)

(IF HEROIN OR OTHER OPIATE NOT USED MORE THAN FIVE TIMES IN Q. P-75,
SKIP TO Q. P-130)

P-125. What was the longest period that you used heroin or other opiates
(codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium,
Dilaudid) almost every day?

(IF LESS THAN TWO WEEKS, SKIP TO Q. P-130)	Never daily	00
	Number of days	___
	Number of weeks	___
	Number of months	___
	Number of years	___

P-126. When was the first time you used heroin or other opiates (codeine,
Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) every
day for at least two weeks?

(SKIP TO Q. P-128)	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-127. How old were you (when you first used heroin or other opiates [codeine,
Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] every
day for at least two weeks)?

(AGE AT ONSET)

P-128. When was the last time (you used heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] every day for at least two weeks)?

(SKIP TO Q. P-130)	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-129. How old were you (when you last used heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] every day for at least two weeks)?

(AGE OF REGENCY)

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-135)

P-130. What was the longest period that you used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) almost every day?

(IF LESS THAN TWO WEEKS, SKIP TO Q. P-135)	Never daily	00
	Number of days	___
	Number of weeks	___
	Number of months	___
	Number of years	___

P-131. When was the first time you used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) every day for at least two weeks?

(SKIP TO Q. P-133)	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-132. How old were you (when you first used PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] every day for at least two weeks)?

(AGE AT ONSET)

P-133. When was the last time (you used PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] every day for at least two weeks)?

(SKIP TO Q. P-135)	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-134. How old were you (when you last used PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] every day for at least two weeks)?

(AGE OF RECENCY)

P-135. Have you ever stayed high on any of these drugs--(marijuana/stimulants/sedatives/cocaine, crack or coca leaves/heroin or other opiates/PCP or other psychedelics)-- for a whole day (that is, normal daytime hours) or more?

(SKIP TO Q. P-166)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-141)

P-136. Have you used marijuana (hashish, bhang, ganja) to stay high for a whole day or more?

(SKIP TO Q. P-141)	No	1
	Yes	5

P-137. When was the first time you used marijuana (hashish, bhang, ganja) to stay high for a whole day?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-139)	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-138. How old were you (the first time you used marijuana [hashish, bhang, ganja] to stay high for a whole day)?

(AGE AT ONSET)

P-139. When was the last time (you used marijuana [hashish, bhang, ganja] to stay high for a whole day)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-141)	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-140. How old were you (the last time you used marijuana [hashish, bhang, ganja] to stay high for a whole day)?

(AGE OF RECENCY)

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-39, SKIP TO Q. P-146)

P-141. Have you used stimulants (amphetamines, khat, ice) to stay high for a whole day or more?

(SKIP TO Q. P-146)	No	1
	Yes	5

P-142. When was the first time you used stimulants (amphetamines, khat, ice) to stay high for a whole day?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-144)	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-143. How old were you (the first time you used stimulants [amphetamines, khat, ice] to stay high for a whole day)?

(AGE AT ONSET)

P-144. When was the last time (you used stimulants [amphetamines, khat, ice] to stay high for a whole day)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-146)	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-145. How old were you (the last time you used stimulants [amphetamines, khat, ice] to stay high for a whole day)?

(AGE OF REGENCY)

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-151)

P-146. Have you used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) to stay high for a whole day or more?

(SKIP TO Q. P-151)	No	1
	Yes	5

P-147. When was the first time you used sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) to stay high for a whole day?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-149)	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-148. How old were you (the first time you used sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] to stay high for a whole day)?

(AGE AT ONSET)

P-149. When was the last time (you used sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] to stay high for a whole day)?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-151)	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-150. How old were you (the last time you used sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] to stay high for a whole day)?

(AGE OF RECENCY)

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-156)

P-151. Have you used cocaine, crack, or coca leaves to stay high for a whole day or more?

(SKIP TO Q. P-156)	No	1
	Yes	5

P-152. When was the first time you used cocaine, crack, or coca leaves to stay high for a whole day?

(SKIP TO Q. P-154)	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-153. How old were you (the first time you used cocaine, crack, or coca leaves to stay high for a whole day)?

(AGE AT ONSET)

P-154. When was the last time (you used cocaine, crack, or coca leaves to stay high for a whole day)?

(SKIP TO Q. P-156)	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-155. How old were you (the last time you used cocaine, crack, or coca leaves to stay high for a whole day)?

(AGE OF REGENCY)

(IF HEROIN OR OTHER OPIATE NOT USED MORE THAN FIVE TIMES IN Q. P-75, SKIP TO Q. P-161)

P-156. Have you used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) to stay high for a whole day or more?

(SKIP TO Q. P-161)	No	1
	Yes	5

P-157. When was the first time you used heroin or other opiates (codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid) to stay high for a whole day?

	Within the last two weeks	1
	Two weeks to less than one month ago	2
(SKIP TO Q. P-159)	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-158. How old were you (the first time you used heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] to stay high for a whole day)?

(AGE AT ONSET)

P-159. When was the last time (you used heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] to stay high for a whole day)?

(SKIP TO Q. P-161)	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-160. How old were you (the last time you used heroin or other opiates [codeine, Demerol, morphine, Percodan, Methadone, Darvon, opium, Dilaudid] to stay high for a whole day)?

(AGE OF REGENCY)

(IF PCP OR OTHER PSYCHEDELIC DRUG NOT USED MORE THAN FIVE TIMES IN Q. P-91, SKIP TO Q. P-166)

P-161. Have you used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) to stay high for a whole day or more?

(SKIP TO Q. P-166)	No	1
	Yes	5

P-162. When was the first time you used PCP or other psychedelics (LSD, mescaline, peyote, psilocybin, DMT) to stay high for a whole day?

(SKIP TO Q. P-164)	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-163. How old were you (the first time you used PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] to stay high for a whole day)?

(AGE AT ONSET)

P-164. When was the last time (you used PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] to stay high for a whole day)?

(SKIP TO Q. P-166)	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-165. How old were you (the last time you used PCP or other psychedelics [LSD, mescaline, peyote, psilocybin, DMT] to stay high for a whole day)?

(AGE OF REGENCY)

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-189)

P-166. In the period shortly after you used marijuana did it make you feel depressed or uninterested in things?

No	1
Yes	5

P-167. (In the period shortly after you used marijuana) did it make you feel paranoid?

No	1
Yes	5

P-168. (In the period shortly after you used marijuana) did it make you feel confused?

No	1
Yes	5

P-169. (In the period shortly after you used marijuana) did it make you feel anxious?

No 1

Yes 5

P-170. (In the period shortly after you used marijuana) did it make you feel irritable, likely to argue or fight?

No 1

Yes 5

P-171. (In the period shortly after you used marijuana) did it make you feel so keyed up or overactive that it bothered you?

No 1

Yes 5

P-172. (In the period shortly after you used marijuana) did it make you feel like laughing or crying for no reason?

No 1

Yes 5

P-173. (In the period shortly after you used marijuana) did it make you feel jumpy or easily startled?

No 1

Yes 5

P-174. (In the period shortly after you used marijuana) did it make you feel overconfident?

No 1

Yes 5

P-175. (In the period shortly after you used marijuana) did it make you feel relaxed, "mellow", or peaceful?

No 1

Yes 5

P-176. (In the period shortly after you used marijuana) did it make you feel very good or "on top of the world"?

No 1

Yes 5

P-177. (In the period shortly after you used marijuana) did it make you feel energetic or alert?

No 1

Yes 5

P-178. (In the period shortly after you used marijuana) did it make you feel creative or insightful?

No 1

Yes 5

P-179. (In the period shortly after you used marijuana) did it make you feel sociable?

No 1

Yes 5

P-180. (In the period shortly after you used marijuana) did it make you feel dizzy?

No 1

Yes 5

P-181. (In the period shortly after you used marijuana) did it make you feel nauseous?

No 1

Yes 5

P-182. (In the period shortly after you used marijuana) did it make you feel lazy?

No 1

Yes 5

P-183. (In the period shortly after you used marijuana) did it make you feel drowsy?

No 1

Yes 5

P-184. (In the period shortly after you used marijuana) did it make you feel unable to concentrate?

No 1

Yes 5

P-185. (In the period shortly after you used marijuana) did it make you feel out of control?

No 1

Yes 5

P-186. Did using marijuana ever make you hear, see, or smell things that really weren't there?

No 1

Yes 5

P-187. Did using marijuana ever increase your sex drive?

No 1

Yes 5

P-188. At any time in your life have you ever felt guilty about using marijuana?

No 1

Yes 5

(IF COCAINE OR CRACK NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-212)

P-189. In the period shortly after you used cocaine or crack did it make you feel depressed or uninterested in things?

No 1

Yes 5

P-190. (In the period shortly after you used cocaine or crack) did it make you feel paranoid?

No 1

Yes 5

P-191. (In the period shortly after you used cocaine or crack) did it make you feel confused?

No 1

Yes 5

P-192. (In the period shortly after you used cocaine or crack) did it make you feel anxious?

No 1

Yes 5

P-193. (In the period shortly after you used cocaine or crack) did it make you feel irritable, likely to argue or fight?

No 1

Yes 5

P-194. (In the period shortly after you used cocaine or crack) did it make you feel so keyed up or overactive that it bothered you?

No 1

Yes 5

P-195. (In the period shortly after you used cocaine or crack) did it make you feel like laughing or crying for no reason?

No 1

Yes 5

P-196. (In the period shortly after you used cocaine or crack) did it make you feel jumpy or easily startled?

No 1

Yes 5

P-197. (In the period shortly after you used cocaine or crack) did it make you feel overconfident?

No 1

Yes 5

P-198. (In the period shortly after you used cocaine or crack) did it make you feel relaxed, "mellow", or peaceful?

No 1

Yes 5

P-199. (In the period shortly after you used cocaine or crack) did it make you feel very good or "on top of the world"?

No 1

Yes 5

P-200. (In the period shortly after you used cocaine or crack) did it make you feel energetic or alert?

No 1

Yes 5

P-201. (In the period shortly after you used cocaine or crack) did it make you feel creative or insightful?

No 1

Yes 5

P-202. (In the period shortly after you used cocaine or crack) did it make you feel sociable?

No 1

Yes 5

P-203. (In the period shortly after you used cocaine or crack) did it make you feel dizzy?

No 1

Yes 5

P-204. (In the period shortly after you used cocaine or crack) did it make you feel nauseous?

No 1

Yes 5

P-205. (In the period shortly after you used cocaine or crack) did it make you feel lazy?

No 1

Yes 5

P-206. (In the period shortly after you used cocaine or crack) did it make you feel drowsy?

No 1

Yes 5

P-207. (In the period shortly after you used cocaine or crack) did it make you feel unable to concentrate?

No 1

Yes 5

P-208. (In the period shortly after you used cocaine or crack) did it make you feel out of control?

No 1

Yes 5

P-209. Did using cocaine or crack ever make you hear, see, or smell things that really weren't there?

No 1

Yes 5

P-210. Did using cocaine or crack ever increase your sex drive?

No 1

Yes 5

P-211. At any time in your life have you ever felt guilty about using cocaine or crack?

No 1

Yes 5

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-235)

P-212. In the period shortly after you used a sedative did it make you feel depressed or uninterested in things?

No 1

Yes 5

P-213. (In the period shortly after you used a sedative) did it make you feel paranoid?

No 1

Yes 5

P-214. (In the period shortly after you used a sedative) did it make you feel confused?

No 1

Yes 5

P-215. (In the period shortly after you used a sedative) did it make you feel anxious?

No 1

Yes 5

P-216. (In the period shortly after you used a sedative) did it make you feel irritable, likely to argue or fight?

No 1

Yes 5

P-217. (In the period shortly after you used a sedatives) did it make you feel so keyed up or overactive that it bothered you?

No 1

Yes 5

P-218. (In the period shortly after you used a sedative) did it make you feel like laughing or crying for no reason?

No 1

Yes 5

P-219. (In the period shortly after you used a sedative) did it make you feel jumpy or easily startled?

No 1

Yes 5

P-220. (In the period shortly after you used a sedative) did it make you feel overconfident?

No 1

Yes 5

P-221. (In the period shortly after you used a sedative) did it make you feel relaxed, "mellow", or peaceful?

No 1

Yes 5

P-222. (In the period shortly after you used a sedative) did it make you feel very good or "on top of the world"?

No 1

Yes 5

P-223. (In the period shortly after you used a sedative) did it make you feel energetic or alert?

No 1

Yes 5

P-224. (In the period shortly after you used a sedative) did it make you feel creative or insightful?

No 1

Yes 5

P-225. (In the period shortly after you used a sedative) did it make you feel sociable?

No 1

Yes 5

P-226. (In the period shortly after you used a sedative) did it make you feel dizzy?

No 1

Yes 5

P-227. (In the period shortly after you used a sedative) did it make you feel nauseous?

No 1

Yes 5

P-228. (In the period shortly after you used a sedative) did it make you feel lazy?

No 1

Yes 5

P-229. (In the period shortly after you used a sedative) did it make you feel drowsy?

No 1

Yes 5

P-230. (In the period shortly after you used a sedative) did it make you feel unable to concentrate?

No 1

Yes 5

P-231. (In the period shortly after you used a sedative) did it make you feel out of control?

No 1

Yes 5

P-232. Did using sedatives ever make you hear, see, or smell things that really weren't there?

No 1

Yes 5

P-233. Did using sedatives ever increase your sex drive?

No 1

Yes 5

P-234. At any time in your life have you ever felt guilty about using sedatives?

No 1

Yes 5

(IF HEROIN OR OTHER OPIATES NOT USED MORE THAN FIVE TIMES IN Q. P-75,
SKIP TO Q. P-258)

P-235. In the period shortly after you used heroin or other opiates did (it/they) make you feel depressed or uninterested in things?

No 1

Yes 5

P-236. (In the period shortly after you used heroin or other opiates) did (it/they) make you feel paranoid?

No 1

Yes 5

P-237. (In the period shortly after you used heroin or other opiates) did (it/they) make you feel confused?

No 1

Yes 5

P-238. (In the period shortly after you used heroin or other opiates) did (it/they) make you feel anxious?

No 1

Yes 5

P-239. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel irritable, likely to argue or fight?

No 1

Yes 5

P-240. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel so keyed up or overactive that it bothered you?

No 1

Yes 5

P-241. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel like laughing or crying for no reason?

No 1

Yes 5

P-242. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel jumpy or easily startled?

No 1

Yes 5

P-243. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel overconfident?

No 1

Yes 5

P-244. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel relaxed, "mellow", or peaceful?

No 1

Yes 5

P-245. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel very good or "on top of the world"?

No 1

Yes 5

P-246. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel energetic or alert?

No 1

Yes 5

P-247. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel creative or insightful?

No 1

Yes 5

P-248. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel sociable?

No 1

Yes 5

P-249. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel dizzy?

No 1

Yes 5

P-250. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel nauseous?

No 1

Yes 5

P-251. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel lazy?

No 1

Yes 5

P-252. (In the period shortly after you used heroin or other opiates) did
(it/they) make you feel drowsy?

No 1

Yes 5

P-253. (In the period shortly after you used heroin or other opiates) did (it/they) make you feel unable to concentrate?

No	1
Yes	5

P-254. (In the period shortly after you used heroin or other opiates) did (it/they) make you feel out of control?

No	1
Yes	5

P-255. Did using heroin or other opiates ever make you hear, see, or smell things that really weren't there?

No	1
Yes	5

P-256. Did using heroin or other opiates ever increase your sex drive?

No	1
Yes	5

P-257. At any time in your life have you ever felt guilty about using heroin or other opiates?

No	1
Yes	5

P-258. Has there ever been a period when you spent a great deal of your time using drugs, getting drugs, or getting over their effects?

(SKIP TO Q. P-295)	No	1
	Yes	5

(IF MARIJUANA NOT USED MORE THAN FIVE TIMES IN Q. P-29, SKIP TO Q. P-265)

P-259. Have you ever spent much of your time getting, using or getting over the effects of marijuana (hashish, bhang, ganja)?

(SKIP TO Q. P-265)	No	1
	Yes	5

P-260. When was the first time marijuana (hashish, bhang, ganja) took up a lot of your time?

(SKIP TO Q. P-262)	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-261. How old were you (the first time marijuana [hashish, bhang, ganja] took up a lot of your time)?

(AGE AT ONSET)

P-262. When was the last time (marijuana [hashish, bhang, ganja] took up a lot of your time)?

(SKIP TO Q. P-264)	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-263. How old were you (the last time marijuana [hashish, bhang, ganja] took up a lot of your time)?

(AGE OF RECENCY)

P-264. Was there ever a whole month when marijuana (hashish, bhang, ganja) took up a lot of your time?

No	1
Yes	5

(IF STIMULANT NOT USED MORE THAN FIVE TIMES IN Q. P-39, SKIP TO Q. P-271)

P-265. Have you ever spent much of your time getting, using or getting over the effects of stimulants (amphetamines, khat, ice)?

(SKIP TO Q. P-271)	No	1
	Yes	5

P-266. When was the first time stimulants (amphetamines, khat, ice) 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-268)	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-267. How old were you (the first time stimulants [amphetamines, khat, ice] took up a lot of your time)?

(AGE AT ONSET)

P-268. When was the last time (stimulants [amphetamines, khat, ice] 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-270)	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-269. How old were you (the last time stimulants [amphetamines, khat, ice] took up a lot of your time)?

(AGE OF RECENCY)

P-270. Was there ever a whole month when stimulants (amphetamines, khat, ice) took up a lot of your time?

No 1

Yes 5

(IF SEDATIVE NOT USED MORE THAN FIVE TIMES IN Q. P-49, SKIP TO Q. P-277)

P-271. Have you ever spent much of your time getting, using or getting over the effects of sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax)?

(SKIP TO Q. P-277) No 1

Yes 5

P-272. When was the first time sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) 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-274) 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-273. How old were you (the first time sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] took up a lot of your time)?

(AGE AT ONSET)

P-274. When was the last time (sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] took up a lot of your time)?

(SKIP TO Q. P-276)	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-275. How old were you (the last time sedatives [barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax] took up a lot of your time)?

(AGE OF REGENCY)

P-276. Was there ever a whole month when sedatives (barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax) took up a lot of your time?

No	1
Yes	5

(IF COCAINE NOT USED MORE THAN FIVE TIMES IN Q. P-59, SKIP TO Q. P-283)

P-277. Have you ever spent much of your time getting, using or getting over the effects of cocaine, crack, or coca leaves?

(SKIP TO Q. P-283)	No	1
	Yes	5

P-278. When was the first time cocaine, crack, or coca leaves took up a lot of your time?

(SKIP TO Q. P-230)	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-279. How old were you (the first time cocaine, crack, or coca leaves took up a lot of your time)?

(AGE AT ONSET)

P-280. When was the last time (cocaine, crack, or coca leaves took up a lot of your time)?

(SKIP TO Q. P-282)	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-281. How old were you (the last time cocaine, crack, or coca leaves took up a lot of your time)?

(AGE OF RECENCY)

P-282. Was there ever a whole month when cocaine, crack, or coca leaves took up a lot of your time?

No	1
Yes	5