**NIDA\_SUQ**

**NIDA Study – Substance Use Questionnaire\***

**\*Reflects past year substance use at the visit the subject was recruited from (i.e., some participants were recruited from the 14 year follow up MTA visit and others from the 16 year follow up MTA visit). Full SUQ data from previous MTA visits can be requested.**

**NOTE:** This variable is not the original study ID number.

It has been recoded for public release.

1. **Subject Identification (ID)**
2. **Subject Type (SJTYP)**

1 = MTA Randomized Trial Subject

2 = Local Normative Comparison Group (LNCG) Subject

1. **Marijuana User (MJUSER)**

0 = No

1 = Yes

1. **Group Assignment (GROUP)**

1 = ADHD Substance User (used Marijuana once per month or more)

2 = ADHD Non-Substance User (used Marijuana less than 4x/past year)

3 = LNCG Substance User (used Marijuana once per month or more)

4 = LNCG Non-Substance User (used Marijuana less than 4x/past year)

Note: all subjects utilized other illicit substances fewer than 1/month and did not endorse binge drinking (i.e., 5+ drinks at a time more than 3x/week)

1. **Gender (SEXMF)**

M = Male

F = Female

1. **What is the child’s ethnic background?** **(ETHNIC)**

1 = Caucasian

2 = Black

3 = Non-black Hispanic

4 = Black Hispanic

5 = Asian

6 = Native American Indian

7 = Mixed

8 = Other

1. **Age (years) at time of scan (TESTAGEYEARS)**
2. **Age (months) at time of scan (TESTAGEMONTH)**
3. **Handedness (HANDEDNESS)**

1 = Right

2 = Left

3 = Ambidextrous

1. **IQ/Index 1:** Verbal **(IQVERB)**

. = missing

1. **IQ/Index 2:** Performance **(IQPERF)**

. = missing

1. **IQ/Index 3:** Full Scale **(IQFULL)**

. = missing

1. Estimated Full Scale **(IQEST)**

If the Full Scale was missing, an estimate was calculated using Jerome Sattler's 2001 Fourth Edition of "Assessment of Children, Cognitive Applications." If Similarities, Vocabulary, and Block Design

subtests were available, then triad Table A-23 column C12 was used. If only Vocabulary and Block

Design subtests were available, then dyad Table A-22 column C6 was used.

. = missing

1. **Full scale IQ regardless of source (IQFULLEST)**

Combining IQFULL (if available) and IQEST into one variable.

1. **Education level (EDUC)**

Obtained from Year 14 visit.

1 = no degree or certificate

2 = High School Diploma

3 = GED

4 = Certificate from a technical school or equivalent

5 = Associates Degree

6 = Bachelor Degree

. = missing

1. **Are you currently taking ADHD medication? (ADHDMEDS)**

1 = no

2 = yes, some of the time

3 = yes, most of the time

1. **Smoker (SMOKER)**

Scoring 10 or higher on SM\_2B (how often smoked: 10=1/day; 11=2/day; 12=several times/day), and/or 3 or higher on SM\_2C (avg # of cig. per day: 3=Between one and five cigarettes a day; 4=About half a pack a day; 5=About a pack a day; 6=About 1½ packs a day; 7=About 2 packs or more a day) from the most recent SUQ.

0 = no

1 = yes

1. **Assessment Point (ASSSUQM)**

168 = MTA & LNCG 168 Month Assessment

192 = MTA & LNCG 192 Month Assessment

1. **How old were you the first time you drank to the point of becoming high or drunk, that is, to where your speech was slurred or you had trouble walking? (SM\_1C)**

99 = I’ve never had that much alcohol

. = missing

1. **During the past year, how often did you drink beer, wine, wine coolers, or liquor? (SM\_1D)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

1. **Think of all the times you have had a drink of alcohol during the past year. How much did you usually drink each time? (SM\_1E)**

1= Less than one can of beer, glass of wine, or drink of liquor

2 = One can of beer, glass of wine, or drink of liquor

3 = Two drinks

4 = Three drinks

5 = Four drinks

6 = Five drinks

7 = Six drinks

8 = Seven or eight drinks

9 = Nine or ten drinks

10 = 11 to 15 drinks

11 = 16 to 20 drinks

12 = 21 to 25 drinks

13 = more than 25 drinks

. = missing

**CODES for SM\_1F through SM\_1G**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

1. **In the past year, how many times did you drink five or more drinks when you were drinking? (SM\_1F)**
2. **In the past year, about how many times have you gotten drunk or "very, very high" on alcohol? (SM\_1G)**
3. **What is the largest number of drinks you have ever had within one 24-hour period? (SM\_1H)**

1 = Less than one can or glass

2 = One drink

3 = Two drinks

4 = Three drinks

5 = Four drinks

6 = Five Drinks

7 = Six Drinks

8 = Seven or eight drinks

9 = Nine or 10 drinks

10 = 11 to 15 drinks

11 = 16 to 20 drinks

12 = 21 to 25 drinks

13 = More than 25 drinks

. = missing

1. **How old were you when you first drank alcohol once a month or more? (SM\_1I)**

99 = I never drank alcohol once a month or more

. = missing

**Codes for Items SM\_1J to SM\_1M**

1 = Not at all

2 = 1-3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

1. **In the past year, how many times did you drive within an hour or so after drinking 1 or 2 beers or other alcoholic drinks? (SM\_1J)**
2. **In the past year, how many times did you drive within an hour or so after drinking 3 or more beers or other alcoholic drinks? (SM\_1K)**
3. **In the past year, how many times did you drive when you knew your drinking had affected your coordination? (SM\_1L)**
4. **In the past year, how many times did you drink alcohol in the car while you were driving? (SM\_1M)**
5. **16-YEAR: Have you ever smoked a cigarette? (SM\_2A)**

1 = No, never

2 = Yes, but only once

3 = A few times

4 = More than a few times

. = missing

1. **In the past year, how often did you smoke cigarettes? (SM\_2B)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

1. **In the past year, how many cigarettes did you smoke on an average day? (SM\_2C)**

1 = Did not smoke in the past year

2 = Less than one cigarette a day

3 = Between one and five cigarettes a day

4 = About half a pack a day

5 = About a pack a day

6 = About 1½ packs a day

7 = About 2 packs or more a day

. = missing

1. **How old were you when you first smoked cigarettes at least one or more times a week? (SM\_2D)**

99 = I have never smoked cigarettes one or more times a week

. = missing

1. **How many times have you quit or tried to quit smoking, whether or not you were successful? (SM\_2E)**

0 = I have never quit or tried to quit

. = missing

**CODES for SM\_2F through SM\_2H**

1 = I had none

2 = Mild

3 = Moderate

4 = Severe

5 = Very severe

. = missing

1. **If you had any *craving*, how severe was it, at its worst? (SM\_2F)**
2. **If you had any *difficulty concentrating*, how severe was it, at its worst? (SM\_2G)**
3. **If you were restless (more than usual), how severe was it, at its worst? (SM\_2H)**
4. **Are you normally a restless person (i.e., don’t like to sit for long periods of time, need to move about frequently)? (SM\_2I)**

1 = Not at all

2 = Just a little

3 = Pretty much

4 = Very much

. = missing

1. **Are you currently a daily cigarette smoker? (SM\_2J)**

1 = No

2 = Yes

. = missing

1. **How soon after you wake up do you smoke your first cigarette? (SM\_2K)**

1 = Within 5 minutes

2 = 6 to 30 minutes

3 = 31 to 60 minutes

4 = After 61 minutes

. = missing

1. **Do you find it difficult to refrain from smoking in places where it is forbidden – e.g., in church, at the library, in a movie theater? (SM\_2L)**

1 = No

2 = Yes

. = missing

1. **Which cigarette would you hate most to give up? (SM\_2M)**

1 = The first one in the morning

2 = All others

. = missing

1. **How many cigarettes per day do you smoke? (SM\_2N)**

1 = 10 or less

2 = 11 to 20

3 = 21 to 30

4 = 31 or more

. = missing

**CODES for SM\_2O through SM\_2T**

1 = No

2 = Yes

. = missing

1. **Do you smoke more frequently during the first hours after waking than during the rest of the day? (SM\_2O)**
2. **Do you smoke even when you are so ill that you are in bed most of the day? (SM\_2P)**
3. **Do you have trouble going more than a few hours without smoking? (SM\_2Q)**
4. **Even in a bad rainstorm, if you ran out of cigarettes, would you probably go to the store to get some more? (SM\_2R)**
5. **When you go without smoking for a few hours, do you experience craving? (SM\_2S)**
6. **If you were in a public place where smoking isn’t allowed, would you probably go outside to smoke a cigarette, even in cold or rainy weather? (SM\_2T)**
7. **If you couldn’t get a hold of any cigarettes for a whole day, how much would you be willing to pay by the next morning for just one cigarette ($\_)? (SM\_2U)**

. = missing

**OTHER TOBACCO or NICOTINE PRODUCTS**

1. **Have you ever tried any non-cigarette tobacco or nicotine product (snuff, chewing tobacco, hookah, cigar, pipe tobacco, nicotine patch or nicotine gum)? (SM\_3A)**

1 = No, never

2 = Yes, but only once

3 = A few times

4 = More than a few times

. = missing

**CODES for SM\_3B1 through SM\_3B8**

1 = Yes

. = missing

1. **Tried non-cigarette tobacco or nicotine product – snuff? (SM\_3B1)**
2. **Tried non-cigarette tobacco or nicotine product - chewing tobacco? (SM\_3B2)**
3. **Tried non-cigarette tobacco or nicotine product – hookah? (SM\_3B3)**
4. **Tried non-cigarette tobacco or nicotine product - pipe tobacco? (SM\_3B4)**
5. **Tried non-cigarette tobacco or nicotine product – cigar? (SM\_3B5)**
6. **Tried non-cigarette tobacco or nicotine product - nicotine patch? (SM\_3B6)**
7. **Tried non-cigarette tobacco or nicotine product - nicotine gum? (SM\_3B7)**
8. **Tried non-cigarette tobacco or nicotine product – other? (SM\_3B8)**
9. **In the past year, how often have you used these other non-cigarette tobacco or nicotine products? (SM\_3C)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

1. **How old were you when you first used such tobacco products one or more times a week? (SM\_3D)**

99 = I have never used them one or more times a week

. = missing

1. **How many times have you quit or tried to quit using such tobacco products? (SM\_3E)**

0 = I have never quit or tried to quit

. = missing

**MARIJUANA**

1. **Have you ever used marijuana? (SM\_4A)**

1 = No

2 = Yes, once

3 = Yes, more than once

. = missing

1. **Have you used marijuana five times or more in your life? (SM\_4B)**

1 = No

2 = Yes

. = missing

1. **In the past year, how often did you use marijuana? (SM\_4C)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

1. **How old were you when you first used marijuana once a month or more? (SM\_4D)**

99 = I have never used marijuana once a month or more

. = missing

**AMPHETAMINES or STIMULANTS - *PRESCRIBED* BY A DOCTOR**

**CODES for SM\_5A1 through SM\_5A8**

1 = Yes

. = missing

1. **Has a doctor ever prescribed Benzedrine for you? (SM\_5A1)**
2. **Has a doctor ever prescribed Dexedrine for you? (SM\_5A2)**
3. **Has a doctor ever prescribed Ritalin, Metadate, Methylin, Concerta, methylphenidate, Daytrona, methylphenidate patch for you? (SM\_5A3)**
4. **Has a doctor ever prescribed Adderall, amphetamine for you? (SM\_5A4)**
5. **Has a doctor ever prescribed Vyvanse, lisdexamphetamine for you? (SM\_5A5)**
6. **Has a doctor ever prescribed Methedrine, Desoxyn, methamphetamine for you? (SM\_5A6)**
7. **Has a doctor ever prescribed Cylert, pemoline for you? (SM\_5A7)**
8. **Has a doctor ever prescribed Daytrona, methylpheidate patch for you? (SM\_5A8)**
9. **Did you ever use more of your prescription than you were supposed to? (SM\_5B)**

(e.g., took more pills than were supposed to, or took them at times when weren’t supposed to)

1 = No

2 = Yes

. = missing

1. **Why did you use more of your prescription than you were supposed to? (SM\_5C)**

1 = to enhance performance (e.g., to perform better at school or work)

2 = to improve mood (e.g., to be less anxious, irritable, or depressed)

3 = to get high

4 = other

. = missing

1. **In the past year, how often did you use more of your prescription than you were supposed to? (SM\_5E)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**AMPHETAMINES or STIMULANTS – *NOT PRESCRIBED* BY A DOCTOR**

**CODES for SM\_5G1 through SM\_5G8**

1 = Yes

. = missing

1. **Have ever used Benzedrine without a prescription from a doctor? (SM\_5G1)**
2. **Have ever used Dexedrine without a prescription from a doctor? (SM\_5G2)**
3. **Have ever used Ritalin, Metadate, Methylin, Concerta, methylphenidate, Daytrona, methylphenidate patch without a prescription from a doctor? (SM\_5G3)**
4. **Have ever used Adderall, amphetamine without a prescription from a doctor? (SM\_5G4)**
5. **Have ever used Vyvanse, lisdexamphetamine without a prescription from a doctor? (SM\_5G5)**
6. **Have ever used Methedrine, Desoxyn, methamphetamine without a prescription from a doctor? (SM\_5G6)**
7. **Have ever used Cylert, pemoline without a prescription from a doctor? (SM\_5G7)**
8. **Have ever used Daytrona, methylpheidate patch without a prescription from a doctor? (SM\_5G8)**

**CODES for SM\_5I1 through SM\_5I6**

1 = Yes

. = missing

1. **Got these substances without a prescription from a doctor - from a friend? (SM\_5I1)**
2. **Got these substances without a prescription from a doctor - from a dealer? (SM\_5I2)**
3. **Got these substances without a prescription from a doctor - through an Internet contact? (SM\_5I3)**
4. **Got these substances without a prescription from a doctor - stole them? (SM\_5I4)**
5. **Got these substances without a prescription from a doctor - forged a prescription? (SM\_5I5)**
6. **Got these substances without a prescription from a doctor – other? (SM\_5I6)**
7. **In the past year, how often did you use these substances on your own without a prescription from a doctor? (SM\_5J)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**BARBITURATES, SEDATIVES, or TRANQUILIZERS - *PRESCRIBED* BY A DOCTOR**

**CODES for SM\_6A1 through SM\_6A9**

1 = Yes

. = missing

1. **Has a doctor ever prescribed Minor tranquilizers, Klonopin, Xanax, Ativan, Serax, Tranxene, Librium, Valium for you? (SM\_6A1)**
2. **Has a doctor ever prescribed Phenobarbital for you? (SM\_6A2)**
3. **Has a doctor ever prescribed Nembutal for you? (SM\_6A3)**
4. **Has a doctor ever prescribed Seconal for you? (SM\_6A4)**
5. **Has a doctor ever prescribed Luminal for you? (SM\_6A5)**
6. **Has a doctor ever prescribed Tuinal for you? (SM\_6A6)**
7. **Has a doctor ever prescribed Meberal for you? (SM\_6A7)**
8. **Has a doctor ever prescribed Sedatives, Hypnotics*,* Dalmane*,* Halcion, Ambien*,* Quaaludes for you? (SM\_6A8)**
9. **Has a doctor ever prescribed Amytalfor you? (SM\_6A9)**
10. **Did you ever use more of your prescription than you were supposed to? (SM\_6B)**

(e.g., took more pills than were supposed to, or took them at times when weren’t supposed to)

1 = No

2 = Yes

. = missing

1. **Why did you use more of your prescription than you were supposed to? (SM\_6C)**

1 = to enhance performance (e.g., to perform better at school or work)

2 = to improve mood (e.g., to be less anxious, irritable, or depressed or to calm down)

3 = to get high

4 = other

. = missing

1. **In the past year, how often did you use more of your prescription than you were supposed to? (SM\_6E)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**BARBITURATES, SEDATIVES, or TRANQUILIZERS – *NOT PRESCRIBED* BY A DOCTOR**

**CODES for SM\_6G1 through SM\_6G9**

1 = Yes

. = missing

1. **Have ever used Minor tranquilizers, Klonopin, Xanax, Ativan, Serax, Tranxene, Librium, Valium, *tranks, downers,* *benzos* without a prescription from a doctor? (SM\_6G1)**
2. **Have ever used Phenobarbital without a prescription from a doctor? (SM\_6G2)**
3. **Have ever used Nembutal, *yellow jackets* without a prescription from a doctor? (SM\_6G3)**
4. **Have ever used Seconal, *reds, red devils, red birds* without a prescription from a doctor? (SM\_6G4)**
5. **Have ever used Luminal, *pink lady* without a prescription from a doctor? (SM\_6G5)**
6. **Have ever used Tuinal, *Christmas trees, rainbows*, *reds-and-blues* without a prescription from a doctor? (SM\_6G6)**
7. **Have ever used Meberal without a prescription from a doctor? (SM\_6G7)**
8. **Have ever used Sedatives, Hypnotics*,* Dalmane*,* Halcion, Ambien*,* Quaaludes, *sopers, sleeping pills, ludes, quads* without a prescription from a doctor? (SM\_6G8)**
9. **Have ever used Amytal, *blue angels, blues, blue heavens* without a prescription from a doctor? (SM\_6G9)**

**CODES for SM\_6I1 through SM\_6I6**

1 = Yes

. = missing

1. **Got these substances without a prescription from a doctor - from a friend? (SM\_6I1)**
2. **Got these substances without a prescription from a doctor - from a dealer? (SM\_6I2)**
3. **Got these substances without a prescription from a doctor - through an Internet contact? (SM\_6I3)**
4. **Got these substances without a prescription from a doctor - stole them? (SM\_6I4)**
5. **Got these substances without a prescription from a doctor - forged a prescription? (SM\_6I5)**
6. **Got these substances without a prescription from a doctor – other? (SM\_6I6)**
7. **In the past year, how often did you use these substances on your own without a prescription from a doctor? (SM\_6J)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**OPIOIDS or NARCOTICS - *PRESCRIBED* BY A DOCTOR**

**CODES for SM\_7A1 through SM\_7A11**

1 = Yes

. = missing

1. **Has a doctor ever prescribed Vicodin for you? (SM\_7A1)**
2. **Has a doctor ever prescribed Percodan for you? (SM\_7A2)**
3. **Has a doctor ever prescribed Morphine for you? (SM\_7A3)**
4. **Has a doctor ever prescribed Percocet for you? (SM\_7A4)**
5. **Has a doctor ever prescribed Codeine for you? (SM\_7A5)**
6. **Has a doctor ever prescribed Oxycontin for you? (SM\_7A6)**
7. **Has a doctor ever prescribed Demerol, dolophine for you? (SM\_7A7)**
8. **Has a doctor ever prescribed Dilaudid for you? (SM\_7A8)**
9. **Has a doctor ever prescribed Methadone for you? (SM\_7A9)**
10. **Has a doctor ever prescribed Darvon, Darvocet for you? (SM\_7A10)**
11. **Has a doctor ever prescribed Suboxone, Subutex, buprenorphine for you? (SM\_7A11)**
12. **Did you ever use more of your prescription than you were supposed to? (SM\_7B)**

(e.g., took more pills than were supposed to, or took them at times when weren’t supposed to)

1 = No

2 = Yes

. = missing

1. **Why did you use more of your prescription than you were supposed to? (SM\_7C)**

1 = to enhance performance (e.g., to perform better at school or work)

2 = to improve mood (e.g., to be less anxious, irritable, or depressed or to calm down)

3 = to get high

4 = other

. = missing

1. **In the past year, how often did you use more of your prescription than you were supposed to? (SM\_7E)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**OPIOIDS or NARCOTICS – *NOT PRESCRIBED* BY A DOCTOR**

**CODES for SM\_7G1 through SM\_7G13**

1 = Yes

. = missing

1. **Have ever used Heroin, *dust, H, horse, junk, smack, scag* without a prescription from a doctor? (SM\_7G1)**
2. **Have ever used Percodan without a prescription from a doctor? (SM\_7G2)**
3. **Have ever used Morphine, *M, morph, Miss Emma* without a prescription from a doctor? (SM\_7G3)**
4. **Have ever used Percocet without a prescription from a doctor? (SM\_7G4)**
5. **Have ever used Codeine, *schoolboy* without a prescription from a doctor? (SM\_7G5)**
6. **Have ever used Oxycontin, OCs without a prescription from a doctor? (SM\_7G6)**
7. **Have ever used Demerol, dolophine, *dollies* without a prescription from a doctor? (SM\_7G7)**
8. **Have ever used Dilaudid without a prescription from a doctor? (SM\_7G8)**
9. **Have ever used Methadone without a prescription from a doctor? (SM\_7G9)**
10. **Have ever used Darvon, Darvocet without a prescription from a doctor? (SM\_7G10)**
11. **Have ever used Suboxone, Subutex, buprenorphine without a prescription from a doctor? (SM\_7G11)**
12. **Have ever used Vicodin without a prescription from a doctor? (SM\_7G12)**
13. **Have ever used Opium without a prescription from a doctor? (SM\_7G13)**

**CODES for SM\_7I1 through SM\_7I6**

1 = Yes

. = missing

1. **Got these substances without a prescription from a doctor - from a friend? (SM\_7I1)**
2. **Got these substances without a prescription from a doctor - from a dealer? (SM\_7I2)**
3. **Got these substances without a prescription from a doctor - through an Internet contact? (SM\_7I3)**
4. **Got these substances without a prescription from a doctor - stole them? (SM\_7I4)**
5. **Got these substances without a prescription from a doctor - forged a prescription? (SM\_7I5)**
6. **Got these substances without a prescription from a doctor – other? (SM\_7I6)**
7. **In the past year, how often did you use these substances on your own without a prescription from a doctor? (SM\_7J)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**INHALANTS**

1. **Have you ever used inhalants** (Glue, Gasoline, Turpentine, Nail polish remover, Lighter fluid, Paint cleaners, chemical solvents, Aerosols, Spray cans, *hair spray*, Amyl nitrite, Butyl nitrite, *snappers*, *rush, poppers*, Nitrous oxide, *gas*, *laughing gas*, Liquid paper, Correction fluid, *white out*)**to get high? (SM\_8A)**

1 = No

2 = Yes

. = missing

1. **In the past year, how often have you used any inhalant? (SM\_8B)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**HALLUCINOGENS or PSYCHEDELICS**

1. **Have you ever used hallucinogens or psychedelics** (LSD, *tabs*, *trippers, acid, windowpane, blotters*, TMA, Mescaline, Peyote, Morning *glory seeds*, Mushrooms, Psilocybin, *shroom*, DMT*, businessman’s lunch*, STP, DOM, *serenity*, *tranquility*, Ecstasy, *XTC, X, herbal ecstasy*, PCP, *angel dust*, *crystal*, *hog*, *peace pill*, *horse*, *tranquilizer*, Maria Pastora, Salvia, *Salvia Divinorum,* *Salvinorin A*)**? (SM\_9A)**

1 = No

2 = Yes

. = missing

1. **In the past year, how often have you used any hallucinogen or psychedelic? (SM\_9B)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**COCAINE**

1. **Have you ever used any cocaine or crack substances** (Cocaine, *coke*, *flake, snow, toot*, Crack, *rock, readyrock*, *baseball*, *base*, *crank*)**? (SM\_10A)**

1 = No

2 = Yes

. = missing

1. **In the past year, how often have you used cocaine or crack? (SM\_10B)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**OTHER SUBSTANCES**

1. **Have you ever used any other substance to get high that has not been mentioned above? (SM\_11A)**

1 = No

2 = Yes

. = missing

1. **What other substances have you used to get high? (SM\_11B)**

. = missing

1. **In the past year, how many times have you used these other substances to get high? (SM\_11C)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**CAFFEINE**

1. **In the past year, how often have you consumed caffeinated substances** (Coffee or tea (including espresso, cappuccinos, lattes, frozen coffee drinks, etc.), Caffeinated soft drinks (Coke, Pepsi, Mt. Dew, Dr. Pepper, etc.) , Energy drinks (Adrenaline Rush, Elements Energy Drinks, Red Bull, etc.), Non-prescription stimulants (NoDoz, Vivarin, Caffedrine, etc.))**? (SM\_12A)**

1 = Not at All

2 = 1–3 times

3 = 4-7 times

4 = 8-11 times

5 = Once a month

6 = 2-3 times a month

7 = Once a week

8 = 2-3 times a week

9 = 4-6 times a week

10 = Once a day

11 = Twice a day

12 = Several times a day or more

. = missing

**CODES for SM\_12B1 through SM\_12B4**

1 = Yes

. = missing

1. **In the past year, have you consumed Coffee or tea? (SM\_12B1)**
2. **In the past year, have you consumed Caffeinated soft drinks? (SM\_12B2)**
3. **In the past year, have you consumed Energy drinks? (SM\_12B3)**
4. **In the past year, have you consumed Non-prescription stimulants? (SM\_12B4)**
5. **16-YEAR ONLY: How old were you when you first started consuming caffeinated substances daily or nearly everyday? (SM\_12C)**

99 = I have never consumed caffeinated substances daily or nearly everyday

. = missing

1. **How many caffeinated drinks do you usually consume in one day? (SM\_12D)**

[A drink is equal to one cup or 8 ounces. If you consume large servings of caffeinated drinks please estimate the total number of drinks within that serving, e.g. a can of soda is 12 ounces or 1.5 cups; Starbucks has three sizes of coffee: Tall (12 oz. or 1.5 cups), Grande (16 oz. or 2 cups), and Venti (20 oz. or 2.5 cups); a Super-Sized drink from McDonald’s is 32 oz. or 4 cups.]

1= Less than one drink or none

2 = One drink

3 = Two drinks

4 = Three drinks

5 = Four drinks

6 = Five drinks

7 = Six drinks

8 = Seven or eight drinks

9 = Nine or 10 drinks

10 = 11 to 15 drinks

11 = 16 to 20 drinks

12 = 21 to 25 drinks

13 = more than 25 drinks

. = missing

**CODES for SM\_12E1 through SM\_12E3**

1 = Yes

. = missing

1. **Coffee or tea is usually consumed daily or nearly everyday. (SM\_12E1)**
2. **Caffeinated soft drinks are usually consumed daily or nearly everyday. (SM\_12E2)**
3. **Energy drinks are usually consumed daily or nearly everyday. (SM\_12E3)**
4. **Brand(s) of energy drinks usually consumed daily or nearly everyday. (SM\_12E4)**

. = missing