**NIDA\_SURQ**

**NIDA Study – Substance Use Recency Questionnaire**

**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

2 = ADHD Non-Substance User

3 = LNCG Substance User

4 = LNCG Non-Substance User

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. **Date of SURQ collection (SURQ\_COLL)**

**ALCOHOL**

1. **During the past 30 days, what is your best estimate of the number of days that you drank beer, wine, wine coolers, or liquor (SURQ\_1A)**
2. **How much did you usually drink each time (SURQ\_1B)**

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

1. **In the past 30 days what is your best estimate of the number of days you drank five or more drinks when you were drinking (SURQ\_1C)**
2. **List the date you last drank five or more drinks when you were drinking (SURQ\_1D)**

. = missing or not applicable

1. **In the past 30, what is your best estimate for the number of days you got drunk or "very, very high" on alcohol (SURQ\_1E)**
2. **List the date you last got drunk when you were drinking (SURQ\_1F)**

. = missing or not applicable

**CIGARETTE SMOKING**

1. **In the past 30 days, what is your best estimate of how many days you smoked cigarettes (SURQ\_2A)**
2. **In the past 30 days, how many cigarettes did you smoke on an average day (SURQ\_2B)**

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. **When did you have your last cigarette DATE (SURQ\_2C)**
2. **When did you have your last cigarette TIME (SURQ\_2D)**

24- hour clock

**OTHER TOBACCO PRODUCTS**

1. **In the past 30 days, what is your best estimate of how many days you used these other non-cigarette tobacco or nicotine products (SURQ\_2E)**
2. **When did you last use one of these other non-cigarette tobacco or nicotine products (SURQ\_2F)**

1 = within the past 24 hours

2 = not within the past 24 hours

3 = not applicable

. = missing

1. **When did you last use one of these other non-cigarette tobacco or nicotine products TIME (SURQ\_2G)**

24- hour clock

1. **When did you last use one of these other non-cigarette tobacco or nicotine products DATE (SURQ\_2H)**

**MARIJUANA**

1. **In the past 30 days, what is your best estimate as to how many days you used marijuana (SURQ\_3A)**
2. **When did you last use marijuana (SURQ\_3B)**

1 = within the past 24 hours

2 = not within the past 24 hours

3 = not applicable

. = missing

1. **When did you last use marijuana DATE (SURQ\_3C)**

**AMPHETAMINES or STIMULANTS**

1. **In the past 30 days have you taken any of the medications listed below (SURQ\_4A)**

1 = yes

2 = no

**CODES for SURQ\_4A1 through SURQ\_4A6**

1 = Yes

. = missing

1. **Have you taken benzedrine, bennies, black beauties? (SURQ\_4A1)**
2. **Have you taken ritalin, metadate, methylin, concerta, methylphenidate? (SURQ\_4A2)**
3. **Have you taken methedrine, desoxyn, methamphetamine, crank, speed, ice, glass, crystal? (SURQ\_4A3)**
4. **Have you taken daytrona, methlyphenidate patch? (SURQ\_4A4)**
5. **Have you taken dexedrine, white crosses, hearts? (SURQ\_4A5)**
6. **In the past 30 days, what is your best estimate of how many days you used these substances (SURQ\_4B)**
7. **When was the last time you used one of these medications (SURQ\_4C)**

1 = within the past 24 hours

2 = not within the past 24 hours

. = missing

1. **When was the last time you used one of these medications DATE (SURQ\_4D)**
2. **Was this medication prescribed to you by a doctor (SURQ\_4E)**

1 = yes

2 = no

. = missing

1. **In the past 30 days did you use more of your prescription than you were supposed to (SURQ\_4F)**

1 = yes

2 = no

. = missing

1. **In the past 30 days, what is your best estimate of the number of days you used more of your prescription than you were supposed to (SURQ\_4G)**

**BARBITUATES, SEDATIVES, or TRANQUILIZERS**

1. **In the past 30 days have you taken any of the medications listed below (SURQ\_5A)**

1 = yes

2 = no

**CODES for SURQ\_5A1 through SURQ\_5A4**

1 = Yes

. = missing

1. **Have you taken minor tranquilizers, klonopin, xanax, ativan, serax, tranxene, librium, valium, tranks, downers, benzos? (SURQ\_5A1)**
2. **Have you taken seconals, reds, red devils, red birds ? (SURQ\_5A2)**
3. **Have you taken tuinal, christmas tress, rainbows, red and blues? (SURQ\_5A3)**
4. **Have you taken sedatives, hypnotics, dalmane, halcion, ambien? (SURQ\_5A4)**
5. **In the past 30 days, what is your best estimate of how many days you used these substances (SURQ\_5B)**
6. **When was the last time you used one of these medications (SURQ\_5C)**

1 = within the past 24 hours

2 = not within the past 24 hours

. = missing

1. **When was the last time you used one of these medications DATE (SURQ\_5D)**
2. **Was this medication prescribed to you by a doctor (SURQ\_5E)**

1 = yes

2 = no

. = missing

1. **In the past 30 days did you use more of your prescription than you were supposed to (SURQ\_5F)**

1 = yes

2 = no

. = missing

**OPIOIDS or NARCOTICS**

1. **In the past 30 days have you taken any of the medications listed below (SURQ\_6A)**

1 = yes

2 = no

**CODES for SURQ\_6A1 through SURQ\_6A11**

1 = Yes

. = missing

1. **Have you taken vicodin? (SURQ\_6A1)**
2. **Have you taken morphine, m, morph, miss emma? (SURQ\_6A2)**
3. **Have you taken codeine, schoolboy? (SURQ\_6A3)**
4. **Have you taken demerol, dolophine, dollies? (SURQ\_6A4)**
5. **Have you taken methadone? (SURQ\_6A5)**
6. **Have you taken suboxone, subutext, buprenorphine? (SURQ\_6A6)**
7. **Have you taken heroin, dust, h, horse, junk, smack scag? (SURQ\_6A7)**
8. **Have you taken percodan? (SURQ\_6A8)**
9. **Have you taken percocet? (SURQ\_6A9)**
10. **Have you taken oxycontin? (SURQ\_6A10)**
11. **In the past 30 days, what is your best estimate of how many days you used these substances (SURQ\_6B)**
12. **When was the last time you used one of these medications (SURQ\_6C)**

1 = within the past 24 hours

2 = not within the past 24 hours

. = missing

1. **When was the last time you used one of these medications DATE (SURQ\_6D)**
2. **Was this medication prescribed to you by a doctor (SURQ\_6E)**

1 = yes

2 = no

. = missing

1. **In the past 30 days did you use more of your prescription than you were supposed to (SURQ\_6F)**

1 = yes

2 = no

. = missing

**INHALANTS**

1. **In the past 30 days, have you used inhalants to get high (SURQ\_7A)**

1 = yes

2 = no

**HALLUCINOGENS or PSYCHEDLICS**

1. **In the past year have you used hallucinogens or psychedelics (SURQ\_8A)**

1 = yes

2 = no

1. **In the past 30 days, what is your best estimate regarding how many days you used any hallucinogen (SURQ\_8B)**
2. **When was the last time you used one of these hallucinogens or psychedelics (SURQ\_8C)**

1 = within the past 24 hours

2 = not within the past 24 hours

. = missing

1. **When was the last time you used one of these hallucinogens or psychedelics DATE(SURQ\_8D)**

**COCAINE**

1. **In the past 30 days, have you used any of these cocaine or crack substances (SURQ\_9A)**

1 = yes

2 = no

1. **In the past 30 days, what is your best estimate as to how many days you used cocaine or crack (SURQ\_9B)**
2. **When was the last time you used cocaine or crack substances (SURQ\_9C)**

1 = within the past 24 hours

2 = not within the past 24 hours

. = missing

1. **When was the last time you used cocaine or crack substances DATE (SURQ\_9D)**

**OTHER SUBSTANCES**

1. **In the past 30 days, have you used any other substance to get high that has not been mentioned above (SURQ\_10A)**

1 = yes

2 = no

**CAFFEINE**

1. **In the past 30 days, what is your best estimate as to the number of days you consumed caffeinated substances (SURQ\_11A)**
2. **How many caffeinated drinks do you usually consume in one day? (SURQ\_11B)**

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

1. **When was the last time you consumed a caffeinated drink (SURQ\_11C)**

1 = within the past 24 hours

2 = not within the past 24 hours

. = missing

1. **When was the last time you consumed a caffeinated drink TIME (SURQ\_11D)**

24-hour clock

1. **When was the last time you consumed a caffeinated drink DATE (SURQ\_11E)**