

APPENDIX:

SURVEY INSTRUMENT

KNAP SURVEY QUESTIONNAIRE

August, 2003

INTERVIEWER'S CODE NUMBER:

DATE AND TIME INTERVIEW BEGAN:

DATE: (MM:DD:YY)	___ ___ ___ -	
TIME: (HH:MM)	___ ___	AM=1 / PM=2: ___

[INTRODUCTION TO PERSON FIRST ANSWERING AND THE PERSON SELECTED TO BE INTERVIEWED.]

Hello, my name is _____, and I am calling from the Survey Research Center at the University of Kentucky .

We are conducting a voluntary survey for adults on health issues, including the use of alcohol and drugs. The State needs the results to plan for health services for its citizens. The interview will take an average of about 15 minutes.

We need your help to make this study as accurate as possible. Your telephone number was chosen randomly, and your participation is important for the study's validity. We do not have your name or address, and your responses will not be linked to your phone number. All information you give us will be kept strictly anonymous and no individual data will be reported. May I proceed?

INSTRUCTIONS TO INTERVIEWER

Throughout the interview, response categories for *don't know* and *refused* have been inserted where appropriate. Whenever one of these choices applies to a question, follow the "GO TO" directions for the "NO" response unless otherwise instructed.

Never read the "*DON'T KNOW*" and "*REFUSED*" response categories or any capitalized and bolded text to the respondent. Do not leave response categories blank; use zero if appropriate.

SCREENING QUESTIONS

S1. Have I reached a household, or is this a group quarters, such as a dormitory, shelter, nursing home, or institution?

- 1 **Household** (GO TO S2)
- 2 **Group Quarters** (GO TO J1a)
- 7 **DON'T KNOW**
- 8 **REFUSED**

S2. How many people live in your household, including yourself?

- _____ # **PEOPLE**
77 **DON'T KNOW**
88 **REFUSED**

S2a. How many of the people who live here are adults? Adult includes everyone age 18 and older. (IF NO ADULTS LIVE IN THE HOUSEHOLD, GO TO J1a)

- _____ # **ADULTS**
77 **DON'T KNOW**
88 **REFUSED**

S3. How many different **telephone numbers** do you have in this household? Do not count any numbers that are used only for FAX machines, computers, business numbers, or extensions that use the same number. Also do not count cell phones.

- _____ # **OF TELEPHONES** (IF MORE THAN 3, CONFIRM THAT IT IS A RESIDENCE. IF IT IS NOT, GO TO J1a)
- 7 **DON'T KNOW**
 - 8 **REFUSED**

S4. Can you tell me, of the adults who now live in your household — including yourself — who had the most recent birthday? Who would that be? (**EXPLAIN AFTER RESPONSE**): We interview whoever had their birthday most recently to make our choice totally random.

(PERSON WITH MOST RECENT BIRTHDAY OF THOSE 18 OR OLDER):

- 1 **RESPONDENT** Then you're the one I want to talk to (GO TO S8)
- 2 **SOMEONE ELSE** (GO TO S6)
- 3 **ONLY KNOWS OWN BIRTHDAY** Then you're the one I want to talk to (GO TO S8)
- 4 **DOESN'T KNOW ALL BIRTHDAYS** (GO TO S5)
- 8 **REFUSED** (GO TO J1a)

- S5. **(IF PERSON DOESN'T KNOW ALL BIRTHDAYS)** — Of those 18 or older whose birthdays you do know, who has had the most recent birthday?
- 1 **RESPONDENT** Then you're the one I want to talk to **(GO TO S7)**
 - 2 **SOMEONE ELSE (GO TO S6)**
- S6. **(IF SOMEONE ELSE)** May I speak to that person?
- 1 **TRANSFERRED TO NEW PERSON (GO TO S7)**
 - 2 **PERSON NOT AVAILABLE (GO TO S9)**
- S7. **(READ INTRODUCTION TO NEW PERSON.)** Am I speaking to a member of the household who is at least 18 years old?
- 1 **YES, PERSON AGREES TO INTERVIEW (GO TO S8)**
 - 2 **QUALIFIES, BUT REFUSED TO INTERVIEW (GO TO J1a)**
 - 3 **DOES NOT QUALIFY (ASK FOR ANOTHER PERSON) (GO TO S5)**
 - 7 **DON'T KNOW (GO TO J1a)**
 - 8 **REFUSED (GO TO J1a)**
- S8. Can we start the interview now?
- 1 **YES (GO TO SECTION A)**
 - 2 **NO (GO TO S9)**
 - 7 **DON'T KNOW**
 - 8 **REFUSED**

[IF PERSON NOT AVAILABLE TO BE INTERVIEWED NOW, RESCHEDULE.]

S9. Could you suggest a convenient time for me to call back to reach...

(IF RESPONDENT) you? What is your first name?

(IF OTHER PERSON) this person? What is the first name of this person?

[RECORD FIRST NAME AND DATE / TIME TO RETURN CALL. NEGOTIATE ANOTHER TIME AS SOON AS CONVENIENT.]

FIRST NAME: _____

DATE: (MM:DD:YY)	____ ____ ____	
TIME: (HH:MM)	____ ____	AM=1 / PM=2: ____

A. CORE DEMOGRAPHICS

A1. Please tell me how old you are now.

_____ **YEARS OLD (RANGE 18-110. IF LESS THAN 18 GO TO J1b)**

777 ***DON'T KNOW***

888 ***REFUSED***

[FROM THE SOUND OF THE RESPONDENT'S VOICE INFER SEX.]

A2. So you are a _____-year old [male] [female], is that correct?

1 **MALE**

2 **FEMALE**

A3. What language would you like to be interviewed in?

1 English **(USE ENGLISH QUESTIONNAIRE)**

2 Spanish **(USE SPANISH QUESTIONNAIRE)**

3 Either is O.K. **(USE ENGLISH QUESTIONNAIRE)**

A4. Are you of Hispanic or Latino(a) origin or background? **(USE “(a)” FOR FEMALE)**

1 **YES (GO TO A4a)** 7 ***DON'T KNOW***

2 **NO (GO TO A5)** 8 ***REFUSED***

A4a. Which of these groups best describes you?

1 Mexican / Mexican American / Chicano(a) **(USE “(a)” FOR FEMALE)**

2 Puerto Rican

3 Central or South American

4 Cuban / Cuban American

5 Other **[DO NOT REQUEST, ONLY USE IF VOLUNTEERED.]**
(SPECIFY) _____

7 ***DON'T KNOW***

8 ***REFUSED***

A5. Which of these groups describes you? Select one or more groups.

1 White

2 Black or African American

3 American Indian or Alaska Native

4 Native Hawaiian or Other Pacific Islander

5 Asian

6 Other **[DO NOT REQUEST, ONLY USE IF VOLUNTEERED.]**
(SPECIFY) _____

7 ***DON'T KNOW***

8 ***REFUSED***

[ASK A5a IF MORE THAN ONE RACE WAS SELECTED IN A5.]

A5a. Which **one** of these groups, **[READ GROUPS NAMED IN A5]**, **best** describes you?

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Native Hawaiian or Other Pacific Islander
- 5 Asian
- 6 Other **[DO NOT REQUEST, ONLY USE IF VOLUNTEERED.]**
(SPECIFY) _____
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

A6. Are you **currently** on active duty in the armed forces?

- 1 **YES (GO TO J1c)** 7 ***DON'T KNOW (GO TO J1c)***
- 2 **NO (GO TO A7)** 8 ***REFUSED (GO TO J1c)***

B. TOBACCO PREVALENCE

Now I am going to ask you a series of questions about your use of cigarettes.

B1. Have you **ever** smoked part or all of a cigarette?

- 1 **YES**
- 2 **NO (GO TO B6)**
- 7 **DON'T KNOW**
- 8 **REFUSED**

B2. How old were you the **first time** you smoked part or all of a cigarette?

_____ **YEARS OLD (CODE 76 FOR 76 OR MORE)**

- 77 **DON'T KNOW**
- 88 **REFUSED**

B2a. Have you smoked at least 100 cigarettes in your entire life?

- 1 **YES**
- 2 **NO (GO TO B6)**
- 7 **DON'T KNOW**
- 8 **REFUSED**

B3. How long has it been since you **last** smoked part or all of a cigarette?

- 1 Within the past 30 days
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- 7 **DON'T KNOW**
- 8 **REFUSED**

B4. **(IF B3 = 1 ASK B4a. IF B3 = 2 OR 3, ASK B4b.)**

B4a. During the past 30 days, on how many **days** did you smoke part or all of a cigarette?

B4b. During the 30 days when you last smoked, on how many **days** did you smoke part or all of a cigarette?

_____ **# OF DAYS (RANGE 1 - 30)**

- 77 **DON'T KNOW**
- 88 **REFUSED**

C. ALCOHOL PREVALENCE

I am going to ask you several questions about drinks of alcohol. Count as a drink — a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor or a mixed drink. Count a 40 oz. bottle of beer as 4 drinks. Please do not include times when you only had a sip or two from a drink.

C1. Have you **ever**, even once, had a drink of any type of alcoholic beverage?

- | | | | |
|---|-----------------------------|---|--------------------------|
| 1 | YES (GO TO C1a) | 7 | <i>DON'T KNOW</i> |
| 2 | NO (GO TO SECTION D) | 8 | <i>REFUSED</i> |

C1a. Have you ever had twelve or more drinks in the same year?

- | | |
|---|--------------------------|
| 1 | YES (GO TO C2) |
| 2 | NO |
| 7 | <i>DON'T KNOW</i> |
| 8 | <i>REFUSED</i> |

C2. How old were you the **first time** you had a drink of an alcoholic beverage?

- | | |
|-------|---|
| _____ | YEARS OLD (CODE 76 FOR 76 OR MORE) |
| 77 | <i>DON'T KNOW</i> |
| 88 | <i>REFUSED</i> |

C3. How long has it been since you **last** drank an alcoholic beverage?

- | | |
|---|---|
| 1 | Within the past 30 days |
| 2 | More than 30 days ago but within the past 12 months |
| 3 | More than 12 months ago |
| 7 | <i>DON'T KNOW</i> |
| 8 | <i>REFUSED</i> |

C4. During the most recent times you were drinking, on how many days during an average month did you have at least one drink?

- | | |
|-------|--------------------------|
| _____ | # OF DAYS |
| 77 | <i>DON'T KNOW</i> |
| 88 | <i>REFUSED</i> |

C5. During this same time, about how many drinks a day have you usually had when you did drink ?

- | | |
|-------|--|
| _____ | # OF DRINKS (SKIP TO C6a, IF MALE AND >4 DRINKS A DAY, OR FEMALE AND >3 DRINKS A DAY) |
| 77 | <i>DON'T KNOW</i> |
| 88 | <i>REFUSED</i> |

**[READ AS FOUR [4] DRINKS FOR FEMALES, AND FIVE [5] DRINKS FOR MALES
IN QUESTIONS C6, C6a, AND C6b.]**

C6. At any time in your life, did you **ever** have [4] [5] or more drinks on the same occasion?
(By occasion, we mean within several hours.)

- | | | | |
|---|------------------------|---|-------------------|
| 1 | YES (GO TO C6a) | 7 | DON'T KNOW |
| 2 | NO (GO TO C7) | 8 | REFUSED |

C6a. How long has it been since you had [4] [5] or more drinks on the same occasion?

- | | |
|---|---|
| 1 | Within the past 30 days |
| 2 | More than 30 days ago but within the past 12 months |
| 3 | More than 12 months ago |
| 7 | DON'T KNOW |
| 8 | REFUSED |

C6b. (IF C6a = 1 ASK C6b1. IF C6a = 2 OR 3 ASK C6b2.)
--

C6b1. In the past 30 days, on how many days did you have [4] [5] or more drinks on the same occasion?

C6b2. In the 30 days when you last did that, on how many days did you have [4] [5] or more drinks on the same occasion?

OF DAYS

- | | |
|----|-------------------|
| 77 | DON'T KNOW |
| 88 | REFUSED |

C7. At any time in your life, have you **ever**, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up?

- | | | | |
|---|----------------------|---|-------------------|
| 1 | YES | 7 | DON'T KNOW |
| 2 | NO (GO TO C8) | 8 | REFUSED |

C7a. When was the last time this happened?

- | | |
|---|---|
| 1 | Within the past 30 days |
| 2 | More than 30 days ago but within the past 12 months |
| 3 | More than 12 months ago |
| 7 | DON'T KNOW |
| 8 | REFUSED |

C8. At anytime in your life have you ever used alcohol in combination with any other drug?

- | | | | |
|---|------------|---|--------------------------|
| 1 | YES | 7 | <i>DON'T KNOW</i> |
| 2 | NO | 8 | <i>REFUSED</i> |

C8a. When was the last time this happened?

- | | |
|---|---|
| 1 | Within the past 30 days |
| 2 | More than 30 days ago but within the past 12 months |
| 3 | More than 12 months ago |
| 7 | <i>DON'T KNOW</i> |
| 8 | <i>REFUSED</i> |

C9. Have you **ever** thought that you might have a problem with alcohol?

- | | | | |
|---|------------|---|--------------------------|
| 1 | YES | 7 | <i>DON'T KNOW</i> |
| 2 | NO | 8 | <i>REFUSED</i> |

D. PREVALENCE OF OTHER SUBSTANCES

I want to ask some questions now about your use of other drugs that were **NOT PRESCRIBED** for you by your doctor or other health professional. You can just say yes or no as I read each drug.

(FIRST, READ ALL DRUG NAMES DOWN COLUMN D1. THEN FOR EACH “YES” DRUG IN D1, READ ACROSS EACH COLUMN IN TURN, FROM D2 TO D6. SKIP D4 AND/OR D5 TO COMPLY WITH INSTRUCTIONS FOR THESE QUESTIONS.)

D1. Have you **ever**, even once, used [DRUG]?

1	YES		7	<i>DON'T KNOW</i>
2	NO		8	<i>REFUSED</i>

D2. How old were you the **first time** you used [DRUG]?

_____ **YEARS OLD** (CODE 76 FOR 76 OR MORE)

77	<i>DON'T KNOW</i>
88	<i>REFUSED</i>

D3. How long has it been since you **last** used [DRUG]?

1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago
7	<i>DON'T KNOW</i>
8	<i>REFUSED</i>

D4. (IF D3 = 1 OR 2 ASK D4a. IF D3 = 3 ASK D4b OR SKIP TO D6.)
--

D4a. During the past 12 months, on how many days did you have at least a little [DRUG]?

D4b. During the 12 months when you last used [DRUG], on how many days did you have at least a little?

_____	# OF DAYS	(CODE 76 FOR 76 OR MORE)
77	<i>DON'T KNOW</i>	
88	<i>REFUSED</i>	

D5. (IF D3 = 1 ASK D5a. IF D3 = 2 OR 3 ASK D5b.)
--

D5a. During the past 30 days, on how many days did you use [DRUG]?
--

D5b. During the 30 days when you last used [DRUG], on how many days did you use it?

_____	# OF DAYS	(RANGE 1-30)
77	<i>DON'T KNOW</i>	
88	<i>REFUSED</i>	

D6. Have you **ever** thought that you might have a problem with [DRUG]?

- 1 **YES**
- 2 **NO**
- 7 **DON'T KNOW**
- 8 **REFUSED]**

D1 through D6 - Drug Prevalence						
READ EACH DRUG WHEN D1=YES, THEN READ ACROSS	D1 Ever Use	D2 Age 1st Use	D3 Last Used	D4 # -12 Mos.	D5 # -30 Days	D6 Proble m
1 Marijuana	___	___ __ _	___	___ __ _	___ __ _	___
2 Cocaine/ Crack Cocaine	___	___ __ _	___	___ __ _	___ __ _	___
3 Inhalants	___	___ __ _	___	___ __ _	___ __ _	___
4 Heroin	___	___ __ _	___	___ __ _	___ __ _	___
5 Non-over-the-counter Pain Relievers or Other Opiates, such as Codeine or Percocet	___	___ __ _	___	___ __ _	___ __ _	___
5a. Oxycodone, like Oxycontin or OC's	___	___ __ _	___	___ __ _	___ __ _	___
6 Methamphetamine	___	___ __ _	___	___ __ _	___ __ _	___
6a. MDMA or Ecstasy	___	___ __ _	___	___ __ _	___ __ _	___
7 Other Stimulants, such as Speed	___	___ __ _	___	___ __ _	___ __ _	___
8 Hallucinogens, such as PCP or LSD	___	___ __ _	___	___ __ _	___ __ _	___
9 Tranquilizers, such as Valium	___	___ __ _	___	___ __ _	___ __ _	___
10 Sedatives, or Sleeping Pills	___	___ __ _	___	___ __ _	___ __ _	___

(ASK ALL RESPONDENTS)

D7. Have you ever injected any drug in order to get high, even just once?

- 1 **YES**
- 2 **NO (GO TO SECTION E)**
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

D7a. How long has it been since you **last** injected a drug to get high?

- 1 Within the past 30 days
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

E. ALCOHOL AND DRUG PROBLEM INDEX

INTERVIEWER INSTRUCTIONS:

ALCOHOL SCREEN: Ask questions for Alcohol (Columns A & B) ONLY IF:

1. Alcohol was used once a week or more (in C4) in the past 12 months (in C3), AND

2. Response was “YES” to ANY ONE of the following:

C8. Ever had a problem with alcohol, OR

C7a. Binged in the past 12 months, OR

IF FEMALE: C5. Averaged 3 or more drinks per occasion, OR

C6a. Had 4 or more drinks at least once in the past 12 months.

IF MALE: C5. Averaged 4 or more drinks per occasion, OR

C6a. Had 5 or more drinks at least once in the past 12 months.

Ask alcohol questions in Problem Index below? ALC_SCRN. 1 YES 2 NO

DRUG SCREEN: Ask questions for Drugs (Columns A & B) ONLY ONCE, and only if ANY drug was used once a month or more (D4) in the past 12 months (D3=1 or2)

For positive screen results (First for Alcohol, then for all drugs combined):

Read questions E1 to E19 and record responses for Columns A and B.

Substitute “alcohol” or “the drugs you used” for [SUBST] below.

NOTE: The questions are to be asked only one time for “Drugs.” Before asking the DRUG questions, read the following to the respondent:

“I am going to ask you **one set** of questions about things that might have happened as a result of your using **any** of the drugs you have used in the past 12 months. I won’t be asking which drug was responsible for any particular thing, but only if it happened. Before I start, you reported, that you used (**recite drugs reported within past 12 months in D3**). Is that correct?” (If NO, clarify and correct.)

Ask drug questions in Problem Index below? DRUG_SCRN. 1 YES 2 NO

- A. Was there ever a time when....
- | | | | |
|---|-----|---|-------------------|
| 1 | YES | 7 | <i>DON'T KNOW</i> |
| 2 | NO | 8 | <i>REFUSED</i> |

- B. FOR EACH “YES” ASK: Did it happen in the past year?
- | | |
|---|--------------------------|
| 0 | YES (GO TO NEXT SYMPTOM) |
| 9 | NO |

How long has it been since this last happened?

- | | |
|---|--------------------------------------|
| 1 | One year but less than two years |
| 2 | Two years but less than three years |
| 3 | Three years but less than four years |
| 4 | Four or more years |
| 7 | <i>DON'T KNOW</i> |
| 8 | <i>REFUSED</i> |

Diagnostic Questions	Alcohol		Any Drug	
	A. Ever	B. When	A. Ever	B. When
Was there ever a time when...				
1 Have you found that you have to use more [SUBST], (<i>pause</i>) than you used to , to get the same effect?				
2 Do you find that you have to use other drugs in combination with [SUBST] in order to get the high you used to get from [SUBST] alone?				
3 Have you ever experienced symptoms like shaking, difficulty sleeping, nausea, agitation, seizure, or other problems when you attempted to stop using [SUBST] or cut back significantly on the amount you were using?				
4 Have you ever taken alcohol or other drugs to get over feeling shaky or sick after a period of heavy [SUBST] use?				
5 Have you often found that you use more [SUBST] than you intend or that you use [SUBST] for a longer time than you intend?				
6 You wanted to stop using, (<i>pause</i>) or cut down on [SUBST] more than once, but found that you couldn't?				
7 You spent a good deal of time thinking about [SUBST] or planning your next use of [SUBST]?				
8 You spent a great deal of time using [SUBST] or getting over its effects?				
9 You have given up activities that you once found enjoyable because of your use of [SUBST]?				
10 You have gotten into trouble at work because of your use of [SUBST] or because of the after effects of your use of [SUBST]?				
11 You sometimes neglected important obligations to your family or friends because you were using [SUBST]?				
12 You continued to use [SUBST] when you had a medical problem that you thought might be caused by your use of [SUBST] (like an ulcer or pneumonia or numbness or tingling in your hands) or worsened by your use of [SUBST]?				
13 You continued to use [SUBST] when you had an emotional problem (like depression, anxiety, suicidal thoughts or difficulty concentrating or remembering) which you thought might be caused by your use of [SUBST] or worsened by your use of [SUBST]?				
14 Your use of [SUBST] affected your performance on the job (or at school), like causing you to be late or to leave early or to miss work (school) altogether or to have trouble focusing on your work?				
15 You used [SUBST] when you were likely to do something that was made more dangerous by your use like driving a car or boat or operating machinery?				
16 You have been arrested on a charge related to the use of [SUBST] or while you were under the influence of [SUBST]?				
17 You often had arguments with family members about your use of [SUBST] or				

Diagnostic Questions	Alcohol		Any Drug	
	A. Ever	B. When	A. Ever	B. When
Was there ever a time when... while you were under the influence of [SUBST]?				
18 You have gotten into physical fights while using [SUBST]?				
19 You have been assaulted or robbed while under the influence of [SUBST]?				

F. OTHER BEHAVIORS

F1. To F6. **CODE THE NEXT QUESTIONS (F1 TO F11) IN THE BOX AS:**

- A. In the past 12 months
- | | | | |
|---|---------------|---|------------|
| 1 | YES (GO TO B) | 7 | DON'T KNOW |
| 2 | NO (GO TO A) | 8 | REFUSED |

- B. How many times did this happen?
 _____ # OF TIMES
 77 DON'T KNOW
 88 REFUSED]

(IF ALC_SCRN = "NO" SKIP TO D.)

- C. How many of these involved you drinking alcohol?
 _____ # OF TIMES (CODE 6 OR MORE AS 6)
 7 DON'T KNOW
 8 REFUSED

(IF DRUG_SCRN = "NO" SKIP TO NEXT QUESTION)

- D. How many involved you using drugs?
 _____ # OF TIMES (CODE 6 OR MORE AS 6)
 7 DON'T KNOW
 8 REFUSED

	A. Y/N	B. Alc	C. Drug
In the past 12 months, . . .			
F1. Did you drive at all after drinking or using drugs?			
F2. Were you arrested for driving under the influence of alcohol or drugs?			
F3. Were you arrested and booked for drunkenness or other drug or liquor law violations?			
F4. Were you arrested or booked for possession or sale of drugs?			
F5. Were you on probation or parole at any time?			
F6. Did you do anything else that could be considered risky after you used alcohol or drugs?			

G. TREATMENT HISTORY

(IF BOTH C1 AND D1 ARE ANSWERED “NO” GO TO G11)

The next questions are about counseling or treatment **for alcohol or drugs**, but **not** cigarettes or other tobacco. First I will ask about attendance at self-help group meetings. Do not include educational classes in any of your answers.

G1. Have you ever attended even one meeting of a self help group such as Alcoholics Anonymous or Narcotics Anonymous because you thought you might have a problem?

- | | | | |
|---|----------------------|---|--------------------------|
| 1 | YES | 7 | <i>DON'T KNOW</i> |
| 2 | NO (GO TO G2) | 8 | <i>REFUSED</i> |

G1a. About how many self-help meetings have you **ever** attended in your entire life?

- | | |
|---|--------------------------|
| 1 | Less than 10 |
| 2 | 10 to 100 |
| 3 | More than 100 |
| 7 | <i>DON'T KNOW</i> |
| 8 | <i>REFUSED</i> |

G1b. How long has it been since the last time you attended a self-help meeting?

- | | |
|---|---|
| 1 | Within the past 30 days |
| 2 | More than 30 days ago but within the past 12 months |
| 3 | More than 12 months ago |
| 7 | <i>DON'T KNOW</i> |
| 8 | <i>REFUSED</i> |

Now I will ask you about professional help that you have received for alcohol or drug problems, **not** including self-help groups such as AA or educational classes on drugs or DUI.

G2. Have you ever received treatment or counseling for your use of alcohol or any drug?

- | | | | |
|---|------------------------|---|--------------------------|
| 1 | YES (GO TO G2a) | 7 | <i>DON'T KNOW</i> |
| 2 | NO (GO TO G8) | 8 | <i>REFUSED</i> |

G2a. How many times in your life have you been in treatment or counseling for your use of alcohol or any drug?

- _____ **# OF TIMES (RANGE 1 - 6 CODE MORE THAN 6 AS 6)**
- | | |
|---|--------------------------|
| 7 | <i>DON'T KNOW</i> |
| 8 | <i>REFUSED</i> |

G2b. Were you last in treatment or counseling ...

- | | |
|---|--|
| 1 | Within the past 30 days? |
| 2 | More than 30 days ago but within the past 12 months? |
| 3 | More than 12 months ago? |
| 7 | <i>DON'T KNOW</i> |
| 8 | <i>REFUSED</i> |

G3. What was the **main** place where you received treatment or counseling the last time?

- 1 Hospital overnight as an inpatient
- 2 Hospital emergency room
- 3 Residential drug or alcohol rehabilitation facility prog.
- 4 Outpatient drug or alcohol rehabilitation program
- 5 Outpatient mental health center
- 6 Private therapist or doctor's office
- 7 Prison or jail
- 8 Some other place
- 77 ***DON'T KNOW***
- 88 ***REFUSED***

G4. The last time you received treatment or counseling, was it for...

- 1 Alcohol use only?
- 2 Drug use only?
- 3 Both alcohol and drug use?
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

G5. How did your treatment or counseling end?

- 1 Still in treatment (GO TO G5c)
- 2 Successfully completed treatment (GO TO G5b)
- 3 Left treatment before completing it
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

G5a. What was the **main** reason for not completing? Did you leave because ...

- 1 You had a problem with the program?
- 2 You couldn't afford to continue treatment?
- 3 Your family needed you
- 4 You began using alcohol or drugs again?
- 5 Staff discharged you
- 6 Some other reason: (specify) _____
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

G5b. How long did you stay in treatment or counseling the last time?

- _____ # OF DAYS/MONTHS/YEARS (GO TO G6)
- 77 ***DON'T KNOW*** (GO TO G6)
- 88 ***REFUSED*** (GO TO G6)

G5c. How long have you been in treatment or counseling this time?

- _____ # OF DAYS/MONTHS/YEARS
- 77 ***DON'T KNOW***
- 88 ***REFUSED***

G6. Did any of the following sources pay **even part** of the cost of your last treatment? Answer

yes or no to each as I read them. [READ LIST OF SOURCES.]

- 1 **YES** 7 **DON'T KNOW**
2 **NO** 8 **REFUSED**

Payment sources	CODE
6a. Private health insurance	
6b. Medicare or other public programs	

G7. (question removed)

G8. During the past 12 months, did you **need** treatment or counseling for your use of alcohol but did not receive it?

- 1 **YES (GO TO G8a)** 7 **DON'T KNOW**
2 **NO (GO TO G9)** 8 **REFUSED**

G8a. During the past 12 months, did you **try** to get treatment or counseling for your use of alcohol?

- 1 **YES** 7 **DON'T KNOW**
2 **NO** 8 **REFUSED**

(IF D1 = "NO" THEN GO TO H1)

G9. During the past 12 months, did you **need** treatment or counseling for your use of drugs but did not receive it?

- 1 **YES (GO TO G9a)** 7 **DON'T KNOW**
2 **NO (GO TO SECTION H)** 8 **REFUSED**

G9a. During the past 12 months, did you **try** to get treatment or counseling for your use of drugs?

- 1 **YES** 7 **DON'T KNOW**
2 **NO** 8 **REFUSED**

G10. How important to you now is treatment of these drug problems?

- 0 **NOT AT ALL**
1 **SLIGHTLY**
2 **MODERATELY**
3 **CONSIDERABLY**
4 **EXTREMELY**

G11. In the past 12 months, how many times have you seen a health professional (such as a doctor or nurse) for any physical health problems?

_____ **# OF TIMES**

77 ***DON'T KNOW***

88 ***REFUSED***

G11a. During the past 12 months, would you say your physical health has been excellent, very good, good, fair, or poor?

1 **EXCELLENT**

2 **VERY GOOD**

3 **GOOD**

4 **FAIR**

5 **POOR**

7 ***DON'T KNOW***

8 ***REFUSED***

G12. Have you had a significant period in which you have.....?

(Questions G12a - G12c concern a period that was not a direct result of drug or alcohol use)

G12a. Experienced serious depression for at least two weeks?

1. Past 30 days:	1 YES	2. In your life:	1 YES
	0 NO		0 NO

G12b. Experienced serious anxiety or tension for at least 2 weeks?

- 1. Past 30 days: 1 **YES** 2. In your life: 1 **YES**
 0 **NO** 0 **NO**

G12c. Been prescribed any medication for any psychological/emotional problem?

- 1. Past 30 days: 1 **YES** 2. In your life: 1 **YES**
 0 **NO** 0 **NO**

IF "NO" TO ALL OF G12a - G12c THEN SKIP TO G15

G13. How many days in the last 30 have you experienced these psychological/emotional problems?

_____ **# OF DAYS**

G13a. How many days have you experienced these psychological/emotional problems in the last 12 months?

_____ **# OF DAYS**

G14. How important to you now is treatment of these psychological problems?

- 0 **NOT AT ALL**
- 1 **SLIGHTLY**
- 2 **MODERATELY**
- 3 **CONSIDERABLY**
- 4 **EXTREMELY**

G15. In the past 12 months, how many times (sessions) have you seen a health professional (such as a counselor or therapist) for **any** emotional or psychological problems?

_____ **# OF TIMES**

- 77 **DON'T KNOW**
- 88 **REFUSED**

G16. During the past 12 months, would you say your emotional or psychological health has been excellent, very good, good, fair, or poor?

- 1 **EXCELLENT**
- 2 **VERY GOOD**
- 3 **GOOD**
- 4 **FAIR**
- 5 **POOR**
- 7 **DON'T KNOW**
- 8 **REFUSED**

G17. Which statement best describes your chance of getting HIV/AIDS?

Would you say you have....?

No chance=0%	0	N/A(has aids)	5
Some chance=25%	1	DK/Unsure	6
Half chance=50%	2	Refused	7
High chance=75%	3		
Sure chance=100%	4		

G18. Do you currently have health insurance coverage?

1	YES	7	<i>DON'T KNOW</i>
2	NO	8	<i>REFUSED</i>

H. ADDITIONAL DEMOGRAPHICS

Now I am going to ask you a few more questions about your background and living situation before we complete the interview.

H1. Are you now attending or enrolled in school? By school, I mean any public or private school, GED program, trade school, or a college or university.

- | | | | |
|---|-----------------------|---|-------------------|
| 1 | YES (GO TO H2) | 7 | DON'T KNOW |
| 2 | NO (GO TO H1a) | 8 | REFUSED |

H1a. How old were you when you stopped attending school?

_____ **YEARS OLD (CODE 76 FOR 76 OR MORE)**

77 **DON'T KNOW**

88 **REFUSED**

H2. How much school have you completed?

- 0 None
- 1 First through 8th grade
- 2 Some high school, but no diploma
- 3 High school graduate or GED
- 4 Some college, but no degree
- 5 Associate degree
- 6 College graduate
- 7 Advanced degree
- 77 **DON'T KNOW**
- 88 **REFUSED**

H3. Which one of the following best describes your current marital status. Are you ...

- 1 Married?
- 2 Living as married?
- 3 Never married?
- 4 Divorced or separated?
- 5 Widowed?
- 7 **DON'T KNOW**
- 8 **REFUSED**

H4. Were you born in the United States?

- | | | | |
|---|-----------------------|---|-------------------|
| 1 | YES (GO TO H5) | 7 | DON'T KNOW |
| 2 | NO (GO TO H4a) | 8 | REFUSED |

H4a. What country or U.S. territory were you born in?

COUNTRY OR U.S. TERRITORY: _____

H4b. About how many years have you lived in the United States?

_____ **# OF YEARS (CODE 76 FOR 77 OR GREATER)**

77 **DON'T KNOW**

78 **REFUSED**

- H5. What is your current work status?
- 1 Working full-time, 35 or more hours per week in one or more jobs (**GO TO H6**)
 - 2 Working part-time (**GO TO H6**)
 - 3 Not working at present (**GO TO H5a**)
 - 7 **DON'T KNOW**
 - 8 **REFUSED**

- H5a. Are you not working because you are ...
- 1 A seasonal worker?
 - 2 A full-time homemaker?
 - 3 In school?
 - 4 Retired?
 - 5 Disabled for work?
 - 6 Other?
 - 7 **DON'T KNOW**
 - 8 **REFUSED**

- H6. Think now about the last 12 months. Did you have any children under 18 living with you most or all of the time?
- 1 **YES (GO TO H6a)** 7 **DON'T KNOW**
 - 2 **NO (GO TO H7)** 8 **REFUSED**

- H6a. How many of these children did you have primary care responsibilities for? By *primary care responsibilities*, I mean that you fed and clothed them and took care of them.
- _____ # OF CHILDREN
- 77 **DON'T KNOW**
 - 88 **REFUSED**

[ASK ONLY FEMALES AGE 50 OR LESS. FOR OTHERS GO TO H9.]

- H7. Are you pregnant now?
- 1 **YES (GOTO TO H9)** 7 **DON'T KNOW**
 - 2 **NO (GOTO TO H8)** 8 **REFUSED**
- H8. Were you pregnant at any time in the last 12 months?
- 1 **YES** 7 **DON'T KNOW**
 - 2 **NO** 8 **REFUSED**

[ASK ALL RESPONDENTS]

Very often in health studies like this, information on the general area where people live is used for health planning purposes. For this reason, we would like to know your county of residence and five-digit zip code. (**ENTER BOTH WITH LEADING ZEROS WHERE NEEDED**)

H9. What county do you live in? ____ | ____ | ____ (**USE FIPS CODES**)

H10. What is your 5-digit zip code? ____ | ____ | ____ | ____ | ____

H11. In studies like this, households are often grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on, for all household members combined?

H12. What is your total household income per year?

- 1 \$0.00 - \$5,000
- 2 \$5,001 - \$7,500
- 3 \$7,501 - \$10,000
- 4 \$10,001 - \$12,500
- 5 \$12,501 - \$15,000
- 6 \$15,001 - \$20,000
- 7 \$20,001 - \$25,000
- 8 \$25,001 - \$30,000
- 9 \$30,001 - \$40,000
- 10 \$40,001 - \$50,000
- 11 \$50,001 - \$70,000
- 12 \$70,001 - \$90,000
- 13 \$90,001 - \$120,000
- 14 \$120,001 and above
- 15 ***DON'T KNOW***
- 16 ***REFUSED***

That completes our survey. We appreciate your time and cooperation. Your answers, along with those of others, will help us better provide for the residents of Kentucky. We want to reassure you that your responses will be kept strictly confidential. Thank you so much. **(GO TO J2)**

J. CLOSING

- J1a. Your household does not qualify for our survey. I appreciate your taking the time to speak with me. Thank you. **(GO TO J2)**
- J1b. People who are younger than 18 years old are not eligible to be interviewed in this study. I appreciate your taking the time to speak with me. Thank you. **(GO TO J2)**
- J1c. People who are on active duty in the armed forces are not eligible to be interviewed in this study. I appreciate your taking the time to speak with me. Thank you. **(GO TO J2)**

DATE AND TIME INTERVIEW ENDED:		
DATE: (MM:DD:YY)	__ __ __	
TIME: (HH:MM)	__ __	AM=1 / PM=2: __

COMPLETE REMAINING QUESTIONS AFTER ENDING PHONE CALL.

- J2. How would you (the interviewer) rate the quality of the information obtained in this interview?
- 4 Excellent (no problems at all) **(GO TO THE END)**
 - 3 Good (a few problems but overall comprehension good)
 - 2 Fair (a number of problems, but overall acceptable)
 - 1 Poor (many problems, overall quality open to question)
 - 0 Inadequate (interview was terminated by interviewer, or quality judged too poor to be included in data set)
- J3. **(IF NOT EXCELLENT)** What were the reasons that the quality of information was less than excellent? **(CHECK ALL THAT APPLY.)**
- 1. Interview not in respondent's native language _____
 - 2. Hearing (hearing loss or background noise) _____
 - 3. Interruptions or distractions _____
 - 4. Poor phone connection _____
 - 5. Infirm (too old, weak, sick) _____
 - 6. Intoxication _____
 - 7. Respondent was rushed _____
 - 8. Respondent did not take interview seriously _____
 - 9. Respondent did not understand _____
the meaning of some of the questions.
 - 10. Respondent was offended by interview _____
 - 11. Respondent may not have been truthful _____
because someone else was listening
 - 12. Other (**SPECIFY:** _____)

*******END OF SURVEY*******

Drug Categories for the STNAP Survey

The following list of drugs for each of the STNAP Survey categories are examples and are by no means all inclusive. The drugs are grouped into categories according to their legal usage and the conditions they are meant to treat. Benzodiazepines, therefore, fall into two categories. For example, the tranquilizer category includes Xanax and Klonopin and the sedative category includes Restoril. States may want to include questions on drugs such as GHB, Rohypnol, Ecstasy, Ketamine or Special K separately for their own use.

MARIJUANA - including Hashish and Hash oil. Also called “pot”, “grass”, “reefer”, and many other street names.

POWDER COCAINE - including freebase or coca paste

CRACK COCAINE - in rock or chunk form

HEROIN

PAIN RELIEVERS OR OTHER OPIATES, SUCH AS CODEINE OR PERCOCET

(use examples above of Oxycontin or Vicodin instead??? The pharmacist consultant said there is no such thing as codeine by itself. It is an ingredient in other products.)

We are not interested in use of “over-the-counter” pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor’s prescription. We are interested in use of any form of prescription pain relievers that were not prescribed for the respondent or that he took only for the experience or feeling they caused.

Products containing codeine such as:	Morphine (Demerol)
Tylenol with codeine	Oxycontin
Darvocet	Percocet
Darvon	Percodan
Dilaudid	Stadol
Fioricet	Talacen
Fiorinal	Talwin, Talwin NX
Lorcet	Tylox
Lortab	Vicodin
Methadone	Ultram

METHAMPHETAMINE - also called “crank”, “crystal” or “ice”

OTHER STIMULANTS, SUCH AS SPEED

Use of drugs such as amphetamines that are known as “uppers”, or “speed”. People sometimes take these drugs to lose weight, to stay awake, or for attention deficit disorders. We are not interested in the use of “over-the-counter” stimulants, such as Dexatrim or No-Doz that can be bought in drug stores or grocery stores without a doctor’s prescription.

Benzedrine	Ionamin
Cylert	Plegine
Dexedrine	Ritalin
Didrex	Tenuate
Fastin	

HALLUCINOGENS, SUCH AS PCP OR LSD

These drugs often cause people to see or experience things that are not real.

LSD, also called “acid”
PCP, also called “angel dust” or phencyclidine
Peyote
Mescaline
Psilocybin

TRANQUILIZERS, SUCH AS VALIUM

Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Sometimes called “nerve pills”.

Tranquilizers or muscle relaxers (Consultant preferred muscle relaxers in title.)

Atarax	Rohypnol
Ativan	Serax
BuSpar	Soma
Equanil	Tranxene
Flexeril	Valium
Klonopin	Vistaril
Librium	Xanax
Limbitrol	

SEDATIVES, OR SLEEPING PILLS

Sedatives or barbiturates are also called “downers” or “sleeping pills”. People take these drugs to help them relax or to help them sleep. Not interested in the use of “over-the-counter” sedatives such as Sominex, Unisom, Nytol, or Benadryl that can be bought in drug stores or grocery stores without a doctor’s prescription.

Amytal	Nembutal
Butisol	Phenobarbital
Chloral Hydrate	Restoril
Dalmane	Seconal
Halcion	Tuinal

INHALANTS - breathable chemicals that produce mind altering vapors. Inhalants are ingested by “sniffing”, “snorting” (through the nose), “bagging” (inhaling fumes from a plastic bag), or “huffing” (stuffing an inhalant soaked rag into the mouth). Slang terms include: laughing gas, rush, whippets, poppers, snappers. There are about 1400 products potentially usable as inhalants and they are grouped into four classes.

Volatile solvents: gasoline, paint thinners, glue, cleaning solutions, etc.

Aerosols: spray paints, etc.

Anesthetic agents: chloroform, ether, oil and grease solvents

Amyl, butyl, and isobutyl nitrates: such as room fresheners