H: DRUG DEPENDENCE

GH1. (RB, P. 17) The next questions are about your use of drugs on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use any of the drugs listed on P. 17 of the booklet on your own during the past 12 months? You can just give me the number.

	YES (1)	NO (5)
1. ...SEDATIVES (E.G., SLEEPING PILLS)? (including barbiturates, e.g., Seconal, Halcion, Methaqualone)		
2. ...TRANQUILIZERS (E.G., VALIUM)? (e.g., Librium, Ativan, Meprobamate, Xanax)		
3. ...AMPHETAMINES (E.G., STIMULANTS)? (e.g., Methamphetamine, Preludin, Dexedrine, Ritalin, "Speed")		
4. ...ANALGESICS OR OTHER PRESCRIPTION PAINKILLERS (E.G, CODEINE)? (Note: this does not include normal use of aspirin, Tylenol without codeine, etc., but does include use of Tylenol with codeine and other prescription painkillers like Demerol, Darvon, Percodan, Morphine, and Methadone)		
5. ...INHALANTS THAT YOU SNIFF OR BREATHE TO GET HIGH (E.G., SPRAY PAINT)? (e.g., Amylnitrate, Freon, Nitrous Oxide, or "Whippets", Gasoline)		
6. ...MARIJUANA OR HASHISH?		
7. ...COCAINE OR CRACK OR FREE BASE?		
8. ...LSD OR OTHER HALLUCINOGENS (e.g., PCP, angel dust, peyote, ecstasy (MDMA), mescaline)?		
9. ...HEROIN		

NONE OF THE ABOVE

GH2. INTERVIEWER CHECKPOINT

☐ 1. ONE OR MORE "YES" ANSWERS IN GH1, 1-9

☐ 2. ZERO "YES" ANSWERS IN GH1, 1-9 → TURN TO P. 68, SECTION H

GH3. In the past 12 months, have you often been under the effects of (this substance/any of these substances) or suffering (its/their) after-effects while at work or school or while taking care of children?

1. YES	5. NO → GO TO GH4

GH3a. (RB, P. 18) How often, once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year ?

1. Once or twice	2. Between 3 and 5 times	3. Between 6 and 10 times	4. Between 11 and 20 times	5. More than 20 times

GH4. During the past 12 months, were you ever under the effects of (this substance/any of these substances) or feeling (its/their) after-effects in a situation which increased your chances of getting hurt - like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming?

1. YES	5. NO

GH5. During the past 12 months, did you have any emotional or psychological problems from using (this substance/any of these substances)--such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

1. YES	5. NO

GH6. During the past 12 months, did you have such a strong desire or urge to use (this substance/any of these substances) that you could not resist it or could not think of anything else?

1. YES	5. NO

GH7. During the past 12 months, did you have a period of a month or more when you spent a great deal of the time using (this substance/any of these substances) or getting over any of (its/their effects?

1. YES	5. NO

GH8. During the past 12 months, did you often use much larger amounts of (this substance/any of these substances) than you intended to when you began, or did you use (it/them) for a longer period of time than you intended to?

1. YES	5. NO → GO TO GH9

GH8a. (RB, STILL ON P. 18) How often, once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

1. Once or twice	2. Between 3 and 5 times	3. Between 6 and 10 times	4. Between 11 and 20 times	5. More than 20 times

GH9. During the past 12 months, did you ever find that you had to use more of (this substance/any of these substances) than usual to get the same effect or that the same amount had less effect on you than before?

1. YES	5. NO