

**Section E: Drug Dependence**

TIME THIS SECTION BEGINS RECORDED HERE

TSST11E

E1. 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. (HAND R CARD #40) With this definition in mind, did you ever use any of the following drugs on your own?

(INTERVIEWER: If necessary, clarify: “By ‘on your own’ we mean either without a doctor’s prescription, in larger amounts than prescribed, or for a longer period than prescribed.”)

	(Have you ever used...)	NO (5)	YES (1)	NO (5)	YES (1)	
<b>B11E01 A1</b>	E1a. ...sedatives, sleeping pills, or tranquilizers on your own? (e.g. Librium, Valium, Ativan, Meprobamate, Xanax, Seconal, Halcion, Methaqualone)	GO TO E1b	Did you use in the past 12 months? →			<b>B11E01 A2</b>
<b>B11E01 B1</b>	E1b. ...amphetamines (am-FET-ah-means) or other stimulants on your own? (e.g. Methamphetamine, Crystal Methamphetamine, Preludin, Dexedrine, Ritalin, “Speed,” Ketamine [Special K], Cat, Ecstasy)	GO TO E1c	Did you use in the past 12 months? →			<b>B11E01 B2</b>
<b>B11E01 C1</b>	E1c. ...analgesics (an-uhl-JEEZ-icks) or other prescription painkillers on your own? (NOTE: this does not include normal use of aspirin, Tylenol without Codeine, etc., but <u>does</u> include use of Tylenol with Codeine and other Rx painkillers like Demerol, Darvon, Darvocet, Percodan, Percoset, Codeine, Morphine, Methadone, and Fentanyl)	GO TO E1d	Did you use in the past 12 months? →			<b>B11E01 C2</b>
<b>B11E01 D1</b>	E1d. ...marijuana (mare-ih-WAH-nah) or hashish (HASH-eesh)?	GO TO E1e	Did you use in the past 12 months? →			<b>B11E01 D2</b>
<b>B11E01 E1</b>	E1e. ...cocaine (snort) or crack (rock, gravel) or free base?	GO TO E1f	Did you use in the past 12 months? →			<b>B11E01 E2</b>

E1. (Continued)

(Have you ever used...)		NO (5)	YES (1)	NO (5)	YES (1)	
<b>B11E01F 1</b>	E1f. ...inhalants (other than cocaine) that you sniff or breathe to get high or to feel good? (e.g. Amyl nitrate [Poppers, Ammo], Freon, Nitrous Oxide ["Whippets"], Gasoline, Spray Paint)	GO TO E1g	Did you use in the past 12 months? →			<b>B11E01F 2</b>
<b>B11E01 G1</b>	E1g. ...LSD or other hallucinogens (ha-LOOSE-en-oh-jens)? (e.g. PCP, angel dust, peyote, ecstasy [MDMA], mescaline)	GO TO E1h	Did you use in the past 12 months? →			<b>B11E01 G2</b>
<b>B11E01 H1</b>	E1h. ...heroin (horse, smack, tar)?	GO TO E2	Did you use in the past 12 months? →			<b>B11E01 H2</b>

E2. INTERVIEWER CHECKPOINT

<input type="checkbox"/>	1. AT LEAST ONE "YES" RESPONSE IN E1a - E1h → ASK E3
<input type="checkbox"/>	2. ZERO "YES" RESPONSES IN E1a - E1h → GO TO F1

(INTERVIEWER: THE NEXT QUESTIONS ARE AWKWARDLY WORDED. READ SLOWLY.)

E3. In your lifetime, did you ever find that you had to use much larger amounts of (NAME OF DRUG/any of these substances) than usual to get the same effect or that the same amount had less effect on you than before?

**B11E03**

1. YES	5. NO
↓	↓
GO TO E4	

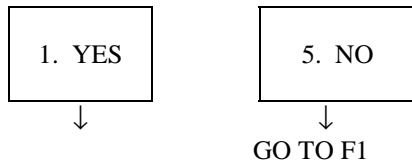
E3a. Have you had to use more to get the same effect in the past 12 months?

**B11E03A**

1. YES	5. NO
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E4. In your lifetime, did you ever have any emotional or psychological problems from using -- such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

**B11E04**



E4a. Have you had any emotional or psychological problems from using drugs in the past 12 months?

**B11E04A**

