

HCSUS 2nd Follow-up
11. Substance Use and Spirituality
Section A: Drug Dependence

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: , , : , , A.M./P.M.

A1. (HAND CARD #43)

The next questions are about your use of drugs on your own in the past 12 months. 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 sedatives, sleeping pills, or tranquilizers on your own in the past 12 months? (e.g. Librium, Valium, Ativan, Meprobamate, Xanax, Seconal, Halcion, Methaqualone)

YES..... 1 (G11A01)
NO 2

IF A1 = 2, REF, GO TO A3

A2. Did you use in the past 30 days?

YES..... 1 (G11A02)
NO 2

A3. (HAND CARD #43)

(In the past 12 months did you use) 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)

(By 'on your own' we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed.)

YES..... 1 (G11A03)
NO 2

IF A3 = 2, REF, GO TO A5

A4. Did you use in the past 30 days?

YES..... 1 (G11A04)
NO 2

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A5. (HAND CARD #43)

(In the past 12 months did you use) 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 does include use of Tylenol with codeine and other prescription painkillers like Demerol, Darvon, Darvocet, Percocet, Percodan, Codeine, Morphine, Methadone, and Fentanyl.)

(By 'on your own' we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed.)

YES..... 1 (G11A05)
NO 2

IF A5 = 2,REF, GO TO A7

A6. Did you use in the past 30 days?

YES..... 1 (G11A06)
NO 2

A7. (HAND CARD #43)

(In the past 12 months did you use) marijuana (mare-ih-WAH-nah) or hashish (HASH-eesh)?

YES..... 1 (G11A07)
NO 2

IF A7 = 2,REF, GO TO A9

A8. Did you use in the past 30 days?

YES..... 1 (G11A08)
NO 2

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A9. (HAND CARD #43)

(In the past 12 months did you use) cocaine (snort), crack (rock, gravel), or free base?

YES..... 1 (G11A09)
NO 2

IF A9 = 2,REF, GO TO A11

A10. Did you use in the past 30 days?

YES..... 1 (G11A10)
NO 2

A11. (HAND CARD #43)

(In the past 12 months did you use) inhalants (other than cocaine) that you sniff or breathe to feel good? (e.g. Amyl Nitrate [Poppers, Ammo], Freon, Nitrous Oxide ["whippets"], Gasoline, Spray Paint?)

YES..... 1 (G11A11)
NO 2

IF A11 = 2,REF, GO TO A13

A12. Did you use in the past 30 days?

YES..... 1 (G11A12)
NO 2

A13. (HAND CARD #43)

(In the past 12 months did you use) LSD or other hallucinogens? (ha-loose-en-oh-jens) (e.g. PCP, angel dust, peyote, ecstasy [MDMA], mescaline)

YES..... 1 (G11A13)
NO 2

IF A13 = 2,REF, GO TO A15

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A14. Did you use in the past 30 days?

YES..... 1 (G11A14)
NO 2

A15. (HAND CARD #43)

(In the past 12 months did you use) heroin (horse, smack, tar)?

YES..... 1 (G11A15)
NO 2

IF A15 = 2,REF, GO TO SECTION B

A16. Did you use in the past 30 days?

YES..... 1 (G11A16)
NO 2