National Household Survey on Drug Abuse, 2001

Computer-Assisted Interview Showcard Booklet

United States Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Office of Applied Studies

ICPSR 3580
National Household Survey on Drug Abuse, 2001

(ICPSR 3580)

Principal Investigator
United States Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Office of Applied Studies

First ICPSR Version
January 2003

Inter-university Consortium for
Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106
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REQUEST FOR INFORMATION ON USE OF ICPSR RESOURCES

To provide funding agencies with essential information about use of archival resources and to facilitate the exchange of information about ICPSR participants' research activities, users of ICPSR data are requested to send to ICPSR bibliographic citations for each completed manuscript or thesis abstract. Please indicate in a cover letter which data were used.

DATA DISCLAIMER

The original collector of the data, ICPSR, and the relevant funding agency bear no responsibility for uses of this collection or for interpretations or inferences based upon such uses.
United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies

National Household Survey on Drug Abuse, 2001 (ICPSR 3580)

SUMMARY: The National Household Survey on Drug Abuse (NHSDA) series measures the prevalence and correlates of drug use in the United States. The surveys are designed to provide quarterly, as well as annual, estimates. Information is provided on the use of illicit drugs, alcohol, and tobacco among members of United States households aged 12 and older. Questions include age at first use as well as lifetime, annual, and past-month usage for the following drug classes: marijuana, cocaine (and crack), hallucinogens, heroin, inhalants, alcohol, tobacco, and nonmedical use of prescription drugs, including pain relievers, tranquilizers, stimulants, and sedatives. The survey covers substance abuse treatment history and perceived need for treatment, and includes questions from the Diagnostic and Statistical Manual (DSM) of Mental Disorders that allow diagnostic criteria to be applied. Respondents are also asked about personal and family income sources and amounts, health care access and coverage, illegal activities and arrest record, problems resulting from the use of drugs, and needle-sharing. Questions introduced in previous NHSDA administrations were retained in the 2001 survey, including questions asked only of respondents aged 12 to 17. These "youth experiences" items covered a variety of topics, such as neighborhood environment, illegal activities, gang involvement, drug use by friends, social support, extracurricular activities, exposure to substance abuse prevention and education programs, and perceived adult attitudes toward drug use and activities such as school work. Also retained were questions on mental health and access to care, perceived risk of using drugs, perceived availability of drugs, driving behavior and personal behavior, and cigar smoking. Questions on the tobacco brand used most often were introduced with the 1999 survey and have been retained through the 2001 survey. Demographic data include gender, race, age, ethnicity, marital status, educational level, job status, veteran status, and current household composition.

UNIVERSE: The civilian, noninstitutionalized population of the United States aged 12 and older, including residents of noninstitutional group quarters such as college dormitories, group homes, shelters, rooming houses, and civilians dwelling on military installations.
SAMPLING: Multistage area probability sample for each of the 50 states and the District of Columbia. A coordinated five-year sample design was developed for 1999 through 2003. Although there is no overlap with the 1998 sample, the design facilitates overlap in the first-stage units (area segments) between each two successive years in the five-year design. This design increases the precision of estimates in year-to-year trend analysis. The sample is stratified on multiple levels, beginning with states. Eight states are considered large sample states and contribute approximately 3,600 respondents per state. The remaining states are sampled to yield 900 respondents per state. The second level of stratification divides states into Field Interviewer (FI) Regions. The third level of stratification divides FI regions into area segments consisting of adjacent census blocks. These area segments were used as the primary sampling units. Dwelling units in area segments were listed in a standardized order and were selected by systematic sampling. Field interviewers visited each sample address to determine dwelling unit eligibility, to list all eligible persons at the address, and to conduct interviews. Persons were selected from the address roster using a handheld computer. To improve the precision of estimates, the sample allocation process targeted five age groups: 12-17, 18-25, 26-34, 35-49, and 50 and older. The size measures used in selecting the area segments were coordinated with the dwelling unit and person selection process so that a nearly self-weighting sample could be achieved in each of the five age groups. The sample design included approximately equal numbers of persons in the 12-17, 18-25, and 26 and older age groups. The 2001 file also includes a boosted sample for New York City and the surrounding area to provide greater precision in analysis of the effects of the events of September 11, 2001. The achieved sample for the 2001 NHSDA was 68,929 persons. The public use file has 55,561 records due to a subsampling step used in the disclosure protection procedures. The study yielded a weighted screening response rate of 92 percent and a weighted interview response rate for the Computer Assisted Interview (CAI) of 73 percent. Minimum item response requirements were defined for cases to be retained for weighting and further analysis (i.e., "usable" cases). These requirements, as well as full sampling methodology, are detailed in the codebook.
NOTE: (1) Users are advised to review the errata file prior to conducting any analyses. (2) Data were collected and prepared for release by Research Triangle Institute, Research Triangle Park, NC. (3) The National Household Survey on Drug Abuse survey administration and sample design changed with the implementation of the 1999 survey. Therefore, estimates produced from the 1999, 2000, and 2001 surveys are not comparable to those produced from the 1998 and earlier surveys. (4) For selected variables, statistical imputation was performed following logical inference to replace missing responses. These variables are identified in the codebook as "...LOGICALLY ASSIGNED" for the logical procedure, or by the designation "IMPUTATION-REVISED" in the variable label when the statistical procedure was also performed. The names of statistically imputed variables begin with the letters "IR". For each imputation-revised variable there is a corresponding imputation indicator variable that indicates whether a case's value on the variable resulted from an interview response or was imputed. Missing values for some demographic variables were imputed by the unweighted hot-deck technique used in previous NHSDAs. Beginning in 1999, imputation of missing values for many other variables was accomplished using predictive mean neighborhoods (PMN), a new procedure developed specifically for the NHSDA. Both the hot-deck and PMN imputation procedures are described in the codebook. (5) The "basic sampling weights" are equal to the inverse of the probabilities of selection of sample respondents. To obtain "final NHSDA weights," the basic weights were adjusted to take into account dwelling unit-level and individual-level nonresponse and then further adjusted to ensure consistency with intercensal population projections from the United States Bureau of the Census. (6) To protect the privacy of respondents, all variables that could be used to identify individuals have been encrypted or collapsed in the public use file. To further ensure respondent confidentiality, the data producer used data substitution and deletion of state identifiers and a subsample of records in the creation of the public use file. (7) Previously published estimates may not be exactly reproducible from the variables in the public use file due to the disclosure protection procedures that were implemented. (8) The codebook is provided by ICPSR as a Portable Document Format (PDF) file and the data collection instruments are provided by the data producer as PDF files. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of Acrobat Reader is provided on the ICPSR and SAMHDA Web sites.
EXTENT OF COLLECTION: 1 data file + machine-readable documentation (PDF) + SAS data definition statements + SPSS data definition statements + data collection instruments (PDF)

EXTENT OF PROCESSING: CONCHK.PR/ CONCHK.ICPSR/ DDEF.ICPSR/ FREQ.PR/ MDATA.PR/ SCAN/ REFORM.DOC/ REFORM.DATA/ UNDOCCHK.PR/ UNDOCCHK.ICPSR

DATA FORMAT: Logical Record Length with SAS and SPSS data definition statements

File Structure: rectangular
Cases: 55,561
Variables: 2,077
Record Length: 3,923
Records Per Case: 1

RELATED PUBLICATIONS:


2001 NHSDA

SHOWCARD BOOKLET

RESEARCH TRIANGLE INSTITUTE
Supervisor Contacts

FS Name ........... ___________________________
FS Number ........ (______) __________________
FS Pager ........... (______) __________________
RS Name ........... ___________________________
RS Number ........ (______) __________________
RS Pager ........... (______) __________________

RTI Telephone Numbers

Tech Support ........ ______________
Headway ............. ______________
To reach other RTI staff ........ Call toll-free ______________, then ask the operator for the employee with whom you wish to speak.

Website Addresses

NHSDA ............. http://nhsdaweb.rti.org
RTI ................. http://www.rti.org
SAMHSA ........... http://www.samhsa.gov
Dear Resident:

To better serve all segments of the American population, the United States Public Health Service, part of the Department of Health and Human Services, is conducting a national survey on health-related issues (OMB Approval No. 0930-0110). Along with more than 200,000 other residences, your household was randomly selected for participation in the study. Research Triangle Institute (RTI) is under contract with DHHS to conduct the survey, and soon one of their professional field interviewers will be in your neighborhood to provide you with more information.

When the RTI representative arrives, please ask to see his or her personal identification card. (An example of the ID card is shown below.) He or she will ask a few preliminary questions, and then may ask one or possibly two members of your household to participate in a voluntary interview. It is also possible no one from your household will be asked to participate.

Feel free to ask the RTI representative any questions you may have about the study. This survey is authorized by Section 505 of the Public Health Service Act. The confidentiality of the information collected is protected under Section 501 of the Public Health Service Act. The information collected is confidential and will only be used for research and analysis and cannot be used for any other purpose. This letter is addressed to “Resident” because the initial selection is made by address, and we are unaware of your name.

Your help is extremely important to the success of this study, and we thank you in advance for your cooperation.

Sincerely yours,

Assistant Project Officer, DHHS

Image of Identification Badge

National Field Director, RTI

Assigned Field Representative
STUDY DESCRIPTION

Your residence is among several in this area randomly selected for the 2001 National Household Survey on Drug Abuse (NHSDA). This survey, sponsored by the United States Public Health Service, Substance Abuse and Mental Health Services Administration (SAMHSA), collects information about tobacco, alcohol, and drug use; knowledge and attitudes about drugs; mental health; and other health related issues. The study provides important statistics that are used for research and program development. You cannot be identified as the source of any information you provide because no identifying information, such as name and address, is attached to your responses. Additionally, the confidentiality of the answers you provide to the questions is protected under Federal law (Section 501 of the Public Health Service Act). Your answers will only be used for research and analysis and cannot be used for any other purpose.

The average time required to participate in this survey varies. The screening questions take just a few minutes. If anyone in your household is selected for an interview, the time is approximately one hour. You are free to withdraw from this survey at any time or to refuse to answer any question.

If you have questions about the study, you may phone ________, the NHSDA Project Representative, at _____________. If you have questions related to your rights as a survey respondent, you may contact ________________, the representative for the Committee for the Protection of Human Subjects, at _____________. You can also visit our project Website: http://nhsdaweb.rti.org/ for more information.

We thank you for your cooperation and time.

Director
Office of Applied Studies, SAMHSA
U.S. Public Health Service
Department of Health and Human Services
IF INTERVIEW RESPONDENT IS NOT SCREENING RESPONDENT, INTRODUCE YOURSELF AND STUDY AS NECESSARY: Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Public Health Service. You should have received a letter about this study. (SHOW LETTER, IF NECESSARY.)

We are interviewing approximately 70,000 people across the nation. You have been selected to participate based on scientific sampling procedures. The answers you give to our questions will represent 3,100 other Americans similar to yourself. Your participation is voluntary, but we cannot substitute anyone if you decide not to participate.

This study collects information on tobacco, alcohol, and drug use; knowledge and attitudes about drugs; as well as mental health and other health related issues. The interview takes about 1 hour. You cannot be identified as the source of any information you provide in the interview because no personal information is attached to your responses. You will answer most of the questions directly into a computer and I will never know what answers you have given. We recontact by phone or mail a small number of those who complete the interview and ask just a few questions to verify the quality of our interviewer's work. For this reason, at the end of the interview, participants are asked to provide their telephone number and mailing address on a form separate from their responses. The confidentiality of the answers that you provide to the questions is protected under Federal law (Section 501 of the Public Health Service Act).

It is important to get the most accurate information possible and we hope that protecting your privacy will encourage you to provide careful answers. While some of the questions may be sensitive, your honest responses will be of great value. The answers you provide to the questions will only be used for research and analysis and cannot be used for any other purpose. You are free to withdraw from this survey at any time or to refuse to answer any question.

We would like to conduct this interview in as private an area as possible. Can we find a reasonably private spot to complete the interview?

If it is alright with you, let's get started.
INTRODUCTION AND INFORMED CONSENT FOR SAMPLE MEMBERS AGE 12-17 YEARS OLD

INTRODUCE YOURSELF TO THE PARENT IF NECESSARY: Hello, I'm _______, and I'm working on a nationwide study sponsored by the U.S. Public Health Service. You should have received a letter about this study. (SHOW LETTER, IF NECESSARY.)

OBTAIN PERMISSION FROM THE PARENT: Your (AGE) year-old child has been selected to participate. This selection is the result of scientific sampling procedures and the answers your child provides will represent approximately 1,000 other youths who are similar. Participation is voluntary, but no one can be substituted if your child does not participate. The study collects information about tobacco, alcohol, and drug use; knowledge and attitudes about drugs; mental health; and other health related issues. The answers your child provides will be kept strictly confidential. No names or personal identifiers are attached to the responses. Since your child will answer most of the questions directly into the computer, I will never see the answers, and you will not be permitted to see the completed survey. The answers your child provides will only be used for research and analysis and cannot be used for any other purpose. If it is all right with you, we could get started. We also like to conduct the interview in as private a place as possible. Can we find a reasonably private spot to complete the interview?

AFTER PARENTAL PERMISSION, OBTAIN PERMISSION FROM THE 12-17 YEAR-OLD SELECTED SAMPLE MEMBER: Hello, I'm ________, and I'm working on a nationwide study sponsored by the U.S. Public Health Service. Someone in your house should have received a letter about the study. (SHOW LEAD LETTER.)

We are interviewing approximately 70,000 people across the nation. You have been chosen to participate in the study at random. Your answers will represent the experiences and opinions of over 1,000 American youths. Your participation in this study is voluntary, but we cannot substitute anyone else if you decide not to participate.

This study collects information on tobacco, alcohol, and drug use, knowledge and attitudes about drugs; mental health and other health related issues. The interview takes about 1 hour. You will answer most of the questions directly into the computer and I will not know how you answered. Your parents and your school will never see your answers. We are only interested in the combination of responses nationwide—not in any one person’s answers. For this reason, we never record your name and we keep your answers totally separate from your address. We recontact by phone or mail a small number of those who complete the interview and ask just a few questions to verify the quality of our interviewer’s work. For this reason, at the end of the interview, participants are asked to provide their telephone number and mailing address on a form separate from their responses. The confidentiality of the answers that you provide to the questions is protected under Federal law (Section 501 of the Public Health Service Act).

It is important to get the most accurate information possible and we hope that protecting your privacy will encourage you to provide careful answers. While some of the questions may be sensitive, your honest responses will be of great value. The answers you provide will only be used for research and analysis and cannot be used for any other purpose. You are free to withdraw from this survey at any time or to refuse to answer any question.

If it is alright with you, let’s get started.
SHOWCARD 1

1 MEXICAN, MEXICAN AMERICAN, MEXICANO OR CHICANO
2 PUERTO RICAN
3 CENTRAL OR SOUTH AMERICAN
4 CUBAN OR CUBAN AMERICAN
SHOWCARD 2

1 WHITE

2 BLACK OR AFRICAN AMERICAN

3 AMERICAN INDIAN OR ALASKA NATIVE
   (INCLUDING: NORTH AMERICAN, CENTRAL
   AMERICAN, AND SOUTH AMERICAN)

4 NATIVE HAWAIIAN

5 OTHER PACIFIC ISLANDER

6 ASIAN (INCLUDING: ASIAN INDIAN, CHINESE,
   FILIPINO, JAPANESE, KOREAN, AND
   VIETNAMESE)
SHOWCARD 3

1 ASIAN INDIAN
2 CHINESE
3 FILIPINO
4 JAPANESE
5 KOREAN
6 VIETNAMESE
0  NEVER ATTENDED SCHOOL

PRIMARY AND SECONDARY GRADES:

1  1ST GRADE COMPLETED
2  2ND GRADE COMPLETED
3  3RD GRADE COMPLETED
4  4TH GRADE COMPLETED
5  5TH GRADE COMPLETED
6  6TH GRADE COMPLETED
7  7TH GRADE COMPLETED
8  8TH GRADE COMPLETED
9  9TH GRADE COMPLETED
10 10TH GRADE COMPLETED
11 11TH GRADE COMPLETED
12 12TH GRADE COMPLETED

COLLEGE OR UNIVERSITY:

13 1ST YEAR COMPLETED
14 2ND YEAR COMPLETED
15 3RD YEAR COMPLETED
16 4TH YEAR COMPLETED
17 5TH OR HIGHER YEAR COMPLETED
SHOWCARD 5

PRIMARY AND SECONDARY GRADES:

1  1ST GRADE
2  2ND GRADE
3  3RD GRADE
4  4TH GRADE
5  5TH GRADE
6  6TH GRADE
7  7TH GRADE
8  8TH GRADE
9  9TH GRADE
10 10TH GRADE
11 11TH GRADE
12 12TH GRADE

COLLEGE OR UNIVERSITY:

13  1ST YEAR
14  2ND YEAR
15  3RD YEAR
16  4TH YEAR
17  5TH YEAR OR HIGHER
CARD B
Tranquilizers

1. Klonopin®
   Clonazepam

2. Xanax®
   Alprazolam
   Ativan®
   Lorazepam

3. Valium®
   Diazepam

4. Atarax®

5. BuSpar®

6. Equanil®

7. Flexeril®

8. Librium®

9. Limbitrol®

10. Meprobamate

11. Miltown®

12. Rohypnol®

13. Serax®

14. Soma®

15. Tranxene®

16. Vistaril®
CARD C
Stimulants

1. Methamphetamine (crank, crystal, ice or speed)
   - Desoxyn®

2. Amphetamines
   - Benzedrine®
   - Biphetamine®
   - Fastin®
   - Phentermine

3. Ritalin®
   - Methylphenidate

4. Cylert®

5. Dexedrine®

6. Dextroamphetamine

7. Didrex®

8. Eskatrol®

9. Ionamin®

10. Mazanor®

11. Obedrin-LA®

12. Plegine®

13. Preludin®

14. Sanorex®

15. Tenuate®

NHSDA 2001
CARD D

Sedatives

1. (picture not available)
   Methaqualone
   (includes Sopor®, Quaalude®)

2. Nembutal®
   (picture not available)
   Pentobarbital
   Secoanal®
   (picture not available)
   Secobarbital
   (picture not available)
   Butalbital

3. Restoril®
   Temazepam

4. Amytal®

5. Butisol®

6. Chloral Hydrate

7. Dalmane®

8. Halcion®

9. Phenobarbital

10. Placidyl®

11. Tuinal®
SHOWCARD 6

1 SCHOOL WAS BORING OR I DIDN’T WANT TO BE THERE

2 I GOT PREGNANT

3 I GOT IN TROUBLE OR EXPELLED FOR SELLING DRUGS

4 I GOT IN TROUBLE OR EXPELLED FOR USING DRUGS

5 I GOT IN TROUBLE OR EXPELLED FOR SOME OTHER REASON

6 I OFTEN GOT INTO TROUBLE

7 I HAD TO GET A JOB (OR WORK MORE HOURS)

8 I WAS GETTING BAD GRADES

9 I WASN’T LEARNING ANYTHING

10 I GOT MARRIED OR MOVED IN WITH MY BOYFRIEND / GIRLFRIEND

11 I MOVED HERE FROM ANOTHER COUNTRY AND DIDN’T ENROLL IN SCHOOL (OR DROPPED OUT OF SCHOOL) BECAUSE OF LANGUAGE OR OTHER PROBLEMS

12 I WAS TREATED BADLY AT SCHOOL

13 I BECAME ILL OR INJURED

14 I WENT TO JAIL / PRISON

15 I HAD RESPONSIBILITIES AT HOME OR PERSONAL PROBLEMS

NHSDA 2001
SHOWCARD 7

1 MANUFACTURING
2 WHOLESALE TRADE
3 RETAIL TRADE
4 AGRICULTURE
5 CONSTRUCTION
6 SERVICE
7 GOVERNMENT
SHOWCARD 8

1 PRIVATE FOR-PROFIT COMPANY OR BUSINESS
2 PRIVATE NOT-FOR-PROFIT COMPANY OR BUSINESS
3 LOCAL GOVERNMENT (CITY, COUNTY, ETC.)
4 STATE GOVERNMENT
5 FEDERAL GOVERNMENT
6 INTERNATIONAL OR FOREIGN GOVERNMENT
7 SELF-EMPLOYED IN AN INCORPORATED BUSINESS
8 SELF-EMPLOYED IN AN UNINCORPORATED BUSINESS
9 WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM
SHOWCARD 9

1. ON VACATION, SICK, FURLough, STRIKE, OR OTHER TEMPORARY ABSENCE

2. ON LAYOFF AND NOT LOOKING FOR WORK

3. ON LAYOFF AND LOOKING FOR WORK

4. WAITING TO REPORT TO A NEW JOB

5. SELF-EMPLOYED AND DID NOT HAVE ANY BUSINESS LAST WEEK

6. GOING TO SCHOOL OR TRAINING
SHOWCARD 10

1 LOOKING FOR WORK
2 ON LAYOFF AND NOT LOOKING FOR WORK
3 KEEPING HOUSE OR CARING FOR CHILDREN FULL-TIME
4 GOING TO SCHOOL OR TRAINING
5 RETIRED
6 DISABLED FOR WORK
7 DIDN’T WANT A JOB
<table>
<thead>
<tr>
<th></th>
<th>Less Than 10 People</th>
<th>10-24 People</th>
<th>25-99 People</th>
<th>100-499 People</th>
<th>500 People or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LESS THAN 10 PEOPLE</td>
<td>10-24 PEOPLE</td>
<td>25-99 PEOPLE</td>
<td>100-499 PEOPLE</td>
<td>500 PEOPLE OR MORE</td>
</tr>
</tbody>
</table>
SHOWCARD 12

1. SELF
2. FATHER
3. SON
4. BROTHER
5. HUSBAND
6. UNMARRIED PARTNER (LIVING TOGETHER AS THOUGH MARRIED)
7. HOUSEMATE OR ROOMMATE
8. SON-IN-LAW
9. GRANDSON
10. FATHER-IN-LAW
11. GRANDFATHER
12. BOARDER OR ROOMER
13. OTHER RELATIVE
14. OTHER NON-RELATIVE
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SELF</td>
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<tr>
<td>2</td>
<td>MOTHER</td>
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<tr>
<td>3</td>
<td>DAUGHTER</td>
</tr>
<tr>
<td>4</td>
<td>SISTER</td>
</tr>
<tr>
<td>5</td>
<td>WIFE</td>
</tr>
<tr>
<td>6</td>
<td>UNMARRIED PARTNER (LIVING TOGETHER AS THOUGH MARRIED)</td>
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<tr>
<td>7</td>
<td>HOUSEMATE OR ROOMMATE</td>
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<td>8</td>
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<td>9</td>
<td>GRANDDAUGHTER</td>
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<td>10</td>
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<tr>
<td>11</td>
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<tr>
<td>12</td>
<td>BOARDER OR ROOMER</td>
</tr>
<tr>
<td>13</td>
<td>OTHER RELATIVE</td>
</tr>
<tr>
<td>14</td>
<td>OTHER NON-RELATIVE</td>
</tr>
</tbody>
</table>
1 PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR CHANGED EMPLOYERS

2 LOST MEDICAID OR MEDICAL ASSISTANCE COVERAGE BECAUSE OF NEW JOB OR INCREASE IN INCOME

3 LOST MEDICAID OR MEDICAL ASSISTANCE COVERAGE FOR SOME OTHER REASON

4 COST IS TOO HIGH / CAN’T AFFORD PREMIUMS

5 BECAME INELIGIBLE BECAUSE OF AGE OR LEAVING SCHOOL

6 EMPLOYER DOES NOT OFFER COVERAGE, OR NOT ELIGIBLE FOR COVERAGE

7 GOT DIVORCED OR SEPARATED FROM PERSON WITH INSURANCE

8 DEATH OF SPOUSE OR PARENT

9 INSURANCE COMPANY REFUSED COVERAGE

10 DON’T NEED IT

11 RECEIVED MEDICAID OR MEDICAL INSURANCE ONLY WHILE PREGNANT
SHOWCARD 15

1  COST IS TOO HIGH / CAN’T AFFORD PREMIUMS

2  EMPLOYER DOES NOT OFFER COVERAGE, OR NOT ELIGIBLE FOR COVERAGE

3  INSURANCE COMPANY REFUSED COVERAGE

4  DON’T NEED IT
<table>
<thead>
<tr>
<th></th>
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<tr>
<td>28</td>
<td>$75,000 OR MORE</td>
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</table>
Who Uses NHSDA Data?

- The **Partnership for a Drug-Free America** uses NHSDA data to design media advertising campaigns for the prevention of substance abuse.

- The **White House Office of National Drug Control Policy** (ONDCP) uses NHSDA data to track progress toward goals in the National Drug Control Strategy.

- **State and local health departments** use NHSDA data to assess area substance abuse problems and to develop appropriate funding strategies and prevention measures.

- The **Office on Smoking and Health**, a part of the Center for Disease Control and Prevention (CDC), uses NHSDA data to study trends and patterns in youth tobacco use and to develop strategies for reducing youth tobacco use.

- Based on the trends and patterns of substance abuse evident in the NHSDA data, the **National Institute on Drug Abuse** (NIDA) develops research programs targeted toward populations and types of drug use problems where the need is greatest.

- The **Substance Abuse and Mental Health Services Administration** (SAMHSA) prepares statistical reports on substance use patterns and trends.

- **Newspaper, television and radio reporters** use NHSDA data in their stories on substance abuse.

- The Federal **Department of Agriculture** has used NHSDA data in publications addressing rural substance abuse.

- The Federal **Department of Transportation** uses NHSDA data on driving after alcohol and illicit drug use.

- **SAMHSA** uses data to identify populations and geographic areas with particular substance abuse problems so that federal resources can be used efficiently.

- **University-based researchers** use NHSDA data to conduct research on important substance abuse issues, such as the risk and protective factors associated with substance abuse, personal and societal consequences of substance abuse, and the impact of policy options for dealing with the substance abuse problem.

- **Substance abuse agencies at the state and local level** use NHSDA data to assess the potential need for treatment programs and to design programs that fit the needs of populations served.
Summary of NHSDA Questionnaire

You have asked to know more about the National Household Survey on Drug Abuse (NHSDA) and the types of questions the interviewer will ask. Below is a summary of each section of the questionnaire for you to examine. Keep in mind that not everyone will see every question—the questions depend on the respondent’s own experiences. Furthermore, respondents can always refuse to answer any questions during the interview.

Demographics

This section, administered by the interviewer, consists of questions about the respondent such as his/her date of birth, race, educational background, and health status.

Sample Questions:

- What is the highest grade or year of school you have completed?
- Would you say your health in general is excellent, very good, good, fair, or poor?

Computer Practice Session

In this section, the interviewer shows the respondent how to use the computer and lets him/her practice using a short practice session.

Cigarettes, Alcohol and Illicit Drugs

For most of the rest of the interview, the respondent answers questions by listening to the questions over the headphones and/or reading the questions on the computer screen, and then entering responses using the computer’s keyboard. The respondent answers these questions in private, although the interviewer is available to help with the questions or the computer. During this part of the interview, only the respondent can hear and see the questions and see his/her responses.

Tobacco Products and Alcohol

These sections include questions about whether and how often respondents have used cigarettes, chewing tobacco, snuff, cigars, pipe tobacco, and alcoholic beverages such as beer, wine, or liquor.

Sample Questions:

- Have you ever smoked all or part of a cigarette?
- How old were you the first time you used chewing tobacco?
- What is your best estimate of the number of days you drank alcohol during the past 30 days?

Illicit Drugs

The next sections ask about the respondent’s use or non-use of marijuana, heroin, cocaine, hallucinogens, and inhalants; and prescription pain killers, tranquilizers, stimulants, and sedatives when taken only for their effect. Questions about drug dependence and drug treatment are also included in this section.

Sample Questions:

- Have you ever, even once, used marijuana or hashish?
- How much do people risk harming themselves physically and in other ways when they use cocaine once a month?
Survey Finds Teens Using Cigarettes, Drugs Less

By DAVID A. VISE
Washington Post Staff Writer

Teenagers' drug use declined by 9 percent last year and by 21 percent over the past two years, mirroring the continuing drop in the crime rate, according to a major survey that federal officials released yesterday.

The survey of 67,000 people age 12 and older showed that the younger a person is when he or she first uses marijuana, the greater the chances that person will become a drug user as an adult. Nearly 9 percent of those who used marijuana at age 14 or younger used drugs as an adult, while just 1.7 percent of people who used marijuana for the first time at age 18 or older became drug-dependent adults.

"The survey provides extremely encouraging news," said National Drug Control Policy Director Barry R. McCaffrey. "We are now seeing a clear trend: Teen drug use is down significantly and rapidly for two straight years."

The survey also revealed a decline in teen smoking. Cigarette use among teens fell from 19.9 percent in 1997 to 15.9 percent last year.

Donna E. Shalala, secretary of health and human services, noted that recent reports have shown a leveling off or falling trend in illicit drug, marijuana and cigarette use among adolescents since 1996 or 1997, after a period of increases since the beginning of the 1990s.

"All of this is very good news," Shalala said. "But let me be clear: We have a long way to go... We have miles to go when 14.8 million Americans were current users of illicit drugs in 1999. And we have miles to go if even a single young person is letting his or her dreams—and life—go up in a cloud of marijuana or cigarette smoke."

Howard Simon, spokesman for the Partnership for a Drug Free America, said several factors account for the drop in teen drug use, including multimillion-dollar media campaigns by the federal government and private organizations, and greater dialogue between parents and children about the hazards of using drugs.

Simon said that although the results of the household survey are encouraging in regard to teenagers, they highlighted a serious problem among 18- to 25-year-olds, whose rate of illegal drug use increased 28 percent in the past two years, from 14.7 percent to 18.8 percent. He said people in that age bracket begin using drugs amid established drug use patterns, and our society will be dealing with the harms associated with increased drug use and disease, overdose, health care costs, crime and the like for years to come as they grow older," he said.

Shalala said this year's National Household Survey on drug use is much broader and more precise than ever. Previous surveys used paper questionnaires and a sample size of just 18,000, leaving experts to make national estimates.

The newly designed survey is interactive, bilingual and computer-based and for the first time provides breakdowns for the 50 states and the District.

In the District, 7.6 percent of those interviewed said they used illegal drugs in the past month, while 5.3 percent of those in Maryland and 4.7 percent of Virginians said they used illicit substances.

The study showed that in all three jurisdictions, binge drinking of alcohol in the past month by people in the 18 to 25-year-old age bracket topped 30 percent. Binge drinking is defined as having five or more drinks on the same occasion.

Among those in the region age 26 or older, the rate of binge drinking was much lower, about 16 percent. Among teens, marijuana and cigarettes topped the list of substances used in the past month.

Locally, teens registered a lower level of binge drinking—in the 7 percent to 8 percent range.

In response to the report, President Clinton called on Congress to fully fund the administration's anti-drug and anti-smoking initiatives.

"While today's report shows underage alcohol use is still at unacceptable levels, it also shows that tobacco use among young people is beginning to decline significantly following a period of increases earlier in the 1990s," the president said. "These findings prove that we are successfully reversing dangerous trends and making important progress."
Teen drug use continues decline

WASHINGTON (AP) — Illegal drug use continues to drop among young teens, according to the government's latest annual survey, but they are still experimenting with marijuana in numbers not seen since the late 1970s.

Each day more than 4,200 youths ages 12 to 17 try pot for the first time, according to the National Household Drug Abuse survey, released Thursday. The rate — 81 teens out of 1,000 — is down from 1997's all-time high of 90.8, but is still well above the rate of first-time teen marijuana users through the 1980s.

In the latest survey, covering 1999, by the Department of Health and Human Services, 9 percent of 12- to 17-year-olds who were questioned said they had used an illegal drug in the past 30 days. That's down from 9.9 percent in 1998 and 11.4 percent in 1997.

Barry McCaffrey, President Clinton's drug policy adviser, said the 21 percent decline in drug use by young teens since 1997 is proof that a $200 million media campaign is working.

"If you want to see America's drug problem in 10 years, watch this population," McCaffrey said.

But increased drug use among people over 17 suggests that the war on drugs is, at best, being fought to a stalemate.

Illicit drug use among young adults ages 18 to 25 has climbed 28 percent since 1997, from 14.7 percent of the population that age in 1997 to 16.1 percent in 1998 and 18.8 percent in 1999.

"We have miles to go when 14.8 million Americans were current users of illicit drugs in 1999," HHS Secretary Donna Shalala said Thursday.

Eighty thousand people were questioned in last year's survey, which also asked about tobacco and alcohol use. The government provided no figures for margin of error with the report.

For all age groups, drug use was most common in the West and parts of Appalachia and New England. Teen drug use was more prevalent in the Southwest, Great Plains and Northeast.

The study found that children in homes where parents "neither approve nor disapprove" of cigarette smoking were four times as likely to have used marijuana in the past month than in homes where parents "strongly disapprove" of cigarette use.

"I don't think there's any question that cigarette use, and alcohol use, and marijuana use, all three, are related to the...probability that you would have drug abuse problems as a young adult," said McCaffrey.

Fifty-two percent of Americans age 12 and older reported that they used alcohol, a rate that has remained relatively flat for the past several years, the survey reported. It also showed 19 percent of teens had a drink within the past month, 7.8 percent reported binge drinking, and 3.6 percent said they were heavy users of alcohol.

As for smoking, the study said 30 percent of Americans 12 and older — 66.8 million people — were using tobacco. Of those, 57 million smoked cigarettes. Others smoked cigars or pipes or used smokeless tobacco.

In a statement, President Clinton said: "None of us can afford to let down our guard in the fight against drug, tobacco and alcohol abuse, especially when it comes to our children." He urged Congress to fund his administration's substance abuse and treatment programs when it returns next week.
Certificate of Participation

Research Triangle Institute would like to thank

__________________________
(PARTICIPANT'S SIGNATURE)

for participating in the

National Household Survey on Drug Abuse

on

______ / _____ / ______
(DATE OF INTERVIEW)

__________________________
Field Interviewer

__________________________
FI ID #

__________________________
National Field Director
Research Triangle Institute
3040 Cornwallis Rd.
Research Triangle Park, NC 27709

This document certifies that the above named individual was randomly selected to participate in the NHSDA, a voluntary survey for the United States Public Health Service. Across the country, some participants approach their school teachers or other group leaders to ask about possible special community service credit since they completed this important national survey. A copy of the NHSDA brochure, which explains the study in more detail, should accompany this certificate. If you need further information, contact the National Field Director, ________, at

__________________________ or visit the NHSDA Website at: http://nhsdaweb.rti.org.
**Adult Social Environment and Mental Health**

Respondents 18 and older receive questions about their social experiences such as: availability of illicit drugs, perceptions of their neighborhood, their relationship with their spouse or partner, and in some cases, their experiences as a parent. Mental health questions cover such topics as depression, social anxieties, and treatment for mental health problems.

*Sample Questions:*
- How many times during the past 12 months have you and your spouse or partner spent an hour or more together doing an activity that you both enjoyed?
- During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn’t get it?
- People differ a lot in how much they worry. In general, would you say you worry more than, about the same as, or less than most other people worry about everyday problems?

**Youth Experiences and Mental Health**

Youth ages 12-17 participating in the survey are also asked questions about their social experiences such as: perceptions about the effects of using certain drugs; whether getting drugs is difficult or easy; feelings about school and peers; and involvement in clubs, sports, and other extracurricular activities. The mental health questions assess youth respondents’ use of services aimed at treating mental health problems.

*Sample Questions:*
- During the past 12 months, in how many different kinds of school-based activities, such as team sports, cheerleading, choir, band, student government, or clubs, have you participated?
- During the past 12 months, have you stayed overnight or longer in any type of hospital to receive treatment or counseling for emotional or behavioral problems not caused by alcohol or drugs?

**Health Care & other Demographic Information**

In this section, the laptop is handed back to the interviewer, who asks questions about education, health insurance, health care access, and family income information to help in analyzing the data. An adult in the household may be asked to help youth respondents answer some of these questions.

The answers to these questions increase the government’s knowledge about health care, especially as it may relate to drug use or treatment. This information helps in planning health care services and finding ways to lower the costs of care.

*Sample questions:*
- How many hours did you work last week at all jobs or businesses?
- In 2000, did you have money in any kind of savings or other bank account that earned interest?
- Are you currently covered by private health insurance?

Please feel free to ask the interviewer if you have any other questions about the questionnaire.

*Thank you for your cooperation and help!*
Instructions for Using Certificate of Participation

What is the Certificate of Participation?

The certificate provides documentation that authenticates the respondent’s participation in the NHSDA. Respondents may use the completed certificate to verify with teachers or group leaders that they participated in the NHSDA.

How can a respondent use a Certificate of Participation?

Youth and other interested respondents may receive credit for participating in the study. Possibilities include:

- extra credit for school
- incorporating the NHSDA experience into a school project
- credit toward community service hours.

It is the respondents’ responsibility to arrange to receive any possible credit. Respondents and parents must understand that:

- they are responsible for making arrangements for any credit
- their school or group may or may not give credit
- no advance arrangements have been made with any school or community group in the nation.

Again, the purpose of the certificate is to give respondents documentation to verify with school staff or group leaders that they participated in the NHSDA.

When is the Certificate of Participation used?

Upon completion of the NHSDA interview, the interviewer prepares the certificate by filling in the date the interview was completed and the FI name and ID number. The respondent then adds his or her name to preserve confidentiality. Respondents can also have a Question and Answer Brochure, which contains additional details and includes contact information and Website addresses where interested persons can obtain additional information.
Overview of the Screening Process

1. Review segment materials to locate area and plot the best and most direct travel route to/from the area.
2. Prepare and mail lead letters.
3. Locate and contact selected DU.
4. Determine that the SDU is a true HU or true GOU, and check for missed dwelling units.
   a. Is anyone home?
      - Yes
      - Is an eligible SR (resident of DU, 18+) available?
         - Yes
         - With the SR, complete the household roster and selection process.
         - Any respondents selected?
            - Yes
            - Can the selected R complete interview now?
               - Yes
               - Introduce self, study, and obtain informed consent from respondent. (Obtain parent/guardian consent before approaching a selected youth.)
               - Conduct interview.
               - Complete end of the interview tasks, including verification form.
               - Thank respondent, complete ROC.
               - Transmit data to RTI.
            - No
            - Establish an appointment. Complete ROC, including an entry about the interview appointment.
            - Obtain verification information and thank SR. Complete ROC.
         - No
         - Try to determine a good time to return. Complete ROC.
      - No
      - Try DU later. Complete Record of Calls (ROC) in Newton. If unit is vacant, not a DU, or only a temporary residence, verify with neighbor or other knowledgeable person. Complete verification information and complete ROC.
   - No
      - Try to determine a good time to return. Complete ROC.
Screening and Interviewing Tasks

When you work out in the field you will encounter one of 5 situations:

**Can’t screen** (examples include no one home, vacant units, SR not available, etc)
- choose case from Select Case then advance to Identify SR
- approach unit and discover you can’t screen
- with codes 10, 13 and 18 you must obtain verification information
- complete ROC to document situation.

**Screen only** (codes 22, 26, 30)
- choose case from Select Case then advance to Identify SR
- approach unit and obtain participation of eligible SR
- complete screening
- obtain verification information
- complete ROC.

**Screen, then interview** (31, 32 and then 70)
- choose case from Select Case then advance to Identify SR
- approach unit and obtain participation of eligible SR
- complete screening
- obtain Informed Consents(s)
- prepare Gateway and enter QuestID from Newton
- complete interview(s) with available selected respondent(s)
- enter Verification ID in CAI program in Gateway
- complete ROC(s) in Newton
- mail completed Verification form to RTI.

**Screen, make appointment for interview** (codes 31, 32 and then 50)
- choose case from Select Case then advance to Identify SR
- approach unit and obtain participation of eligible SR
- complete screening
- complete ROC for screening
- complete ROC for appointment for each selected respondent
- prepare appointment card for each respondent.

**Interview only** at appointment time or other follow-up contact
- choose case from Select Case, review selections and roster
- obtain participation/informed consent of respondent
- prepare Gateway and enter QuestID from Newton
- complete interview(s) with respondent(s)
- enter Verification ID in CAI program in Gateway
- complete ROC(s) in Newton
- mail completed Verification form to RTI.
The Interviewing Process

Informed Consent Procedures
- You must follow these procedures.
- READ THE INFORMED CONSENT FOUND AT THE FRONT OF THIS SHOWCARD BOOKLET. BE SURE TO READ THE CORRECT INTRODUCTION SCRIPT TO YOUR RESPONDENT.
- If the respondent is 12 - 17 years old first obtain parental consent.

Choose the best interview location, considering:
- Privacy
- Ethics
- Comfort
- Battery power
- Safety
- Be flexible in choosing a location, but never compromise NHSDA protocols.

Setting up the Computer
- Unpack the computer and plug it in using the extension cord if needed.
- Press the ON button and WAIT for the computer to boot up.
- While waiting, make sure you have the QuestID from the Newton, a Reference Date Calendar, your Showcard Booklet, and Verification Form and envelope. Place clean headphone covers on the ear pieces.
- Enter your password at the prompt and begin your interview.

Conducting the Interview
- Be sure that you have obtained informed consent.
- Read the burden statement only if respondents asks.
- If respondent is under the age of 12 or is active in the military, the computer will automatically complete this case. If this occurs, remember to enter a Code 79 and explain the situation.
- Complete the Reference Date Calendar.
  - Write the 12-month and 30-day dates given to you on the computer screen in the appropriate boxes.
  - Circle the 12-month reference date.
  - Circle the current date and the 30-day reference date. Then, underline the 30 days between the two circles you just made.
  - Record the Case ID # at the top of the calendar.
- Use the Showcards and Pillcards. If an R fails to ask to see the cards during ACASI, please note this in the FI Observation questions.
The Interviewing Process (continued)

- During ACASI, be available without being intrusive. Go ahead and prepare the Verification Form and envelope:
  - Legibly write your name and FI ID#
  - Fill in the Case ID #, including the A or B
  - Identify parent who gave consent, if interview with youth
- Enter the Verification ID and the Case ID when prompted.
- While R completes the form, answer the observation questions.
- If R refuses, ask the respondent to write “REFUSED” across the top of the form. The envelope must still be mailed to RTI.
- For a youth, the verification form should be completed preferably by a parent or guardian. (Another good reason to have a parent in the house while you conduct the interview! 😊)

When finished with the Interview
- Pack up your equipment.
  - Gently close the screen display until you hear a click.
  - Unplug the power cord from the computer first and then unplug the power cord from wall. Wrap them up and place in carrying case.
  - Place the laptop in the case and secure it with the velcro straps.
  - Zip up the carrying case
  - Remember your Newton, this Showcard Booklet, Reference Date Calendar, and other papers.
  - Enter a Code 70 in your Newton.
- THANK YOUR RESPONDENT!

Possible Respondent Difficulties
- Is the respondent physically or emotionally capable of participating?
  - Slow the pace of the questions to see if comprehension improves
  - Allow adequate time to answer
  - If respondent does not seem to understand, politely discontinue the interview and speak with your FS.
- Is the respondent intoxicated or under the influence of other drugs?
  - Attempt to reschedule another time to return.
- Is the respondent blind or paralyzed?
  - Take the time to figure out if respondent can complete interview. Each interview is precious to us!
  - Only in these situations can you resort to entering the responses in the ACASI portions for your respondents. Make note of this deviation from protocol in the FI Observation questions.
- Does the respondent exhibit behaviors that suggest he or she may have difficulty reading?
  - Remember that the respondent can listen to all the questions on the headphones and answer most questions with a number.
Refusal Reasons

These descriptions may help you in deciding how to classify a refusal in the Newton.

1. **Too busy/no time/did too many surveys already**
   The number one reason for refusals is lack of time.

2. **Surveys (or government) too invasive/doesn’t want teen exposed to subject**
   These people feel that the government invades their privacy too much with surveys. There may be philosophical, political or religious reasons for not participating in surveys. As parents, they be concerned about exposing their teen to the sensitive subject matters in the survey.

3. **Clarify confidentiality, legitimacy, or selection**
   Be sure to listen carefully to what respondents are telling you—questions about the legitimacy of the survey or how the survey guarantees confidentiality can often be explained by you on the doorstep, if you understand their concern.

4. **Nothing in it for me/uncooperative**
   Although rare, sometimes people will either not give a reason for their refusal or they’ll tell you that there’s no reason for them to participate.

5. **Parent or HH member disallows/Welfare or INS concerns**
   Sometimes people refuse to participate because of an outside force controlling them. That force may be a spouse, parent or guardian, or a fear that you are a welfare worker or an immigration officer checking on their status.

6. **Too ill/house messy/not dressed**
   These refusals are situational and will not generate a refusal letter. They refused because you caught them at an awkward time.

7. **Need to discuss with FS**
   In some cases, a respondent’s refusal won’t fit any of the above categories, but you are able to gather a sense of what is preventing them from participating. With this option write a very specific note in the refusal comment section to alert the FS. Then you can talk with him/her about how best to handle the refusal.
# Counting & Listing Abbreviations

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<th>DIRECTION/ORIENTATION</th>
<th>ARCHITECTURE/BUILDING STYLE</th>
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<td>Beige</td>
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<td>Black</td>
<td>ACR Across</td>
</tr>
<tr>
<td>BL</td>
<td>Blue</td>
<td>ADJ Adjacent</td>
</tr>
<tr>
<td>BR</td>
<td>Brown</td>
<td>BCK Back</td>
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<tr>
<td>DK</td>
<td>Dark</td>
<td>BEH Behind</td>
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<tr>
<td>GR</td>
<td>Gray</td>
<td>BTWN Between</td>
</tr>
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<td>Green</td>
<td>BTM Bottom</td>
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<td></td>
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<table>
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<td>GBL Gable</td>
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<td>Apartment</td>
<td>GMBR Gambrel</td>
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<tr>
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<td>Avenue</td>
<td>HIP Hip</td>
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<tr>
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<td>Block</td>
<td>MNSD Mansard</td>
</tr>
<tr>
<td>BLVD</td>
<td>Boulevard</td>
<td>SHGL Shingle</td>
</tr>
<tr>
<td>BLDG</td>
<td>Building</td>
<td>SPNTL Spanish Tile</td>
</tr>
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<td>CIR</td>
<td>Circle</td>
<td>TIN Tin</td>
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<tr>
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<tr>
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# Counting & Listing Abbreviations

## OTHER/GENERAL

<table>
<thead>
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<th>Description</th>
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<tr>
<td>BSMT</td>
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<td>BUS</td>
<td>Business</td>
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<td>Carport</td>
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<td>Cattleguard</td>
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<td>CO</td>
<td>County</td>
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<tr>
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<tr>
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</table>
Adding Missed Dwelling Units

You are not required to check the entire segment for missed dwelling units. Check for missed DUs at every selected DU. (However do not ignore significant changes, such as a new development or new apartment building—call your FS.)

At an SDU, look for missed dwelling units:

• **Within the SDU or on its property.**

  During screening you ask the SR if there are any additional units in the unit or on the property. If so, simply enter the address of the other unit(s) and proceed with screening.

• **In the geographic interval between the SDU and the next listed line.**

  Check the space between the SDU and the next listed DU. Enter any discovered units using Actions/Add Missed DUs.

  If the SDU is the last one listed on a map page:

    - the ‘next listed line’ means the next one listed on that map page, not the next one listed numerically. Check the interval between the SDU and the very first DU listed on that map page.

    - check any subsequent zero map pages for missed DUs.

For group quarters structures listed by persons or beds:

• Compare the original list with the current situation. If there are more units now, call your FS who will contact RTI’s Sampling Department about which missed GQUs to add.

Limits on missed DUs:

• Up to 5 units at one SDU

• Up to 10 units per segment

• Record additional information on the List of Added Dwelling Units, then check with your FS

• Newton stores space for 5 added DUs per segment. If more are required, contact your FS to have 5 more lines transferred to your Newton.
Reconciling Missed DUs

Recording the addresses of missed DUs in the Newton does not automatically add them to your assignment. When ready to reconcile these missed DUs to see if they should be added, be sure that you have the original hand-written List of Dwelling Units and the block maps.

You can Reconcile at three different spots in the Newton:

• At the end of screening if you have entered a missed DU address(es). If you don’t have time or your segment materials, simply say No and reconcile later.

• If you entered a missed DU address using Actions/Add Missed DUs, you will be asked if you want to reconcile.

• From the option Admin/Reconcile Missed DUs.

To Reconcile Missed DUs:

• Follow the instructions on the Newton screen carefully, making certain you refer to your segment kit as you reconcile the unit.
  – Determine if the missed unit is already on the List of DUs.
  – Determine if the missed unit is in the correct geographic interval.

• If the missed unit is not on the list and is in the correct interval, it will be added to your assignment.

• Remember to mark the location of the missed DU on the correct Block Listing Map.

If you have any questions, exit the program and contact your FS.

In the following situations, check with your FS who will check with RTI’s Sampling Department:

• More than five missed DUs are found at a specific SDU

• More than 10 missed DUs are found in a segment

• a missed GQU is discovered within a group quarters structure

• a missed group quarters structure is discovered

• a significant listing problem is discovered.
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2001 NHSDA
FI SEGMENT ACCESS DOCUMENTATION FORM

Segment ID#______________ County______________ Quarter______________
Date__________________ C/L____ S/l____ Main Study____ Validity Study____ (S/l only)
FI Name__________________ FI Gender: M  F
FS Name__________________ FS Gender: M  F
RS Name__________________ RD Name__________________

Total number of affected lines__________________
Exact number of pending screenings__________________
Exact number of pending interviews__________________

Type of Situation (check all that apply):

___ Front Desk Attendant
___ Apartment Building (garden style)
___ Apartment Building (high rise)
___ Gated Community
___ Retirement Community
___ Assisted Living Center
___ Job Corps Facility
___ Halfway House
___ Drug Treatment Facility
___ Home for mentally/physically challenged
___ College/University
___ Military Base
___ Locked Building
___ Locked Gate
___ Security System
___ Building Without Attendant
___ Intercom
___ On-site Manager
___ Off-site Manager
___ Bad Road
___ Guard Dogs

Demographics of Population (include age, race and income level of community):

Description of Situation (include type of situation, contact with management or residents to
date, method of contact, and dates of contact):

Complete Name of Property (apartment complex, community, development, etc.):

(UNDER)
FI Segment Access Documentation Form (reverse side)

Contact Information (if for college/university or military base, see below):

Name of Contact Person__________________________
Title of Contact Person__________________________ Gender: M F
Phone number____________________ Fax Number (if applicable)____________________
Street Address__________________________
City__________________________ State___________ Zip___________
Specific Concerns of Contact Person/Management/Respondent (describe their concerns):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

College/University:

Name of Contact Person__________________________ Gender: M F
Title of Contact Person__________________________ Ph.D.: Y N
Full Name of College/University____________________
Types of Facilities Involved (dormitories, fraternities, student apartments)____________________
Complete Names of Facilities Involved (example: Cox Hall)____________________
Number of Selected Rooms in Each Facility____________________
Address__________________________
City__________________________ State___________ Zip___________
Phone Number____________________ Fax Number (if applicable)____________________

Military Base:

Branch (circle one): Army Navy Air Force Marines
Name of Contact Person__________________________
Rank (if active Duty)__________________________ Gender: M F
Title of Contact Person__________________________
Full Name of Base__________________________
Address__________________________
City__________________________ State___________ Zip___________
Phone Number____________________ Fax Number (if applicable)____________________
Procedures After an Automobile Accident

After an Accident

- Check for injuries. Life and health are more important than damage to vehicles.
- Make note of specific damages to all vehicles involved.
- Write down the names, addresses and license numbers of persons involved in the accident. Also, write a description of the other vehicles.
- Call the police, even if the accident is minor.
- Jot down names and addresses of anyone who may have witnessed the accident. This can prevent disagreement concerning how the accident actually happened.

Do’s and Don’ts

- DO jot down details about the accident and circumstances such as weather conditions and visibility.
- DO notify your insurance agent about the accident immediately.
- DO NOT sign any document unless it is for the police or your insurance agent.
## Enumeration Rules

**PERSONS WHO ARE NOT TO BE INCLUDED ON ROSTER:**
- Persons under the age of 12 at the time of screening (do count them in the total SDU Members number)
- Persons who are institutionalized at the time of screening
- Persons who will *not* live at the SDU for most of the time during the quarter

**PERSONS WHO ARE TO BE INCLUDED ON ROSTER:**
- Persons who will live at the SDU for most of the time during the quarter (provided they are 12 or older and not institutionalized at the time of screening)

**PERSONS ON ACTIVE DUTY IN THE MILITARY/ARMED FORCES:**
- Active duty personnel who live at the SDU for half or more of the quarter will be rostered, but then will be made ineligible by the Newton prior to selection

**KNOWN CITIZENS OF FOREIGN COUNTRIES:**
- **DO NOT INCLUDE:**
  - citizens of foreign countries living on the premises of an embassy, ministry, legation, chancellery, or consulate
  - citizens of foreign countries who consider themselves to be just visiting or traveling in the United States (regardless of the length of time they will be staying at the SDU)
- **DO INCLUDE** citizens of foreign countries who are not living on the premises of an embassy, ministry, etc., but who are living/studying/working in the United States and who will be living at the SDU for most of the time during the quarter.
# 2001 NHSDA Result Codes

<table>
<thead>
<tr>
<th>Pending Screening Codes</th>
<th>Requires FS Approval</th>
<th>Verification Info Required</th>
<th>Newton Auto Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 No One at DU</td>
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</tr>
<tr>
<td>02 Screening Respondent Unavailable</td>
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</tr>
<tr>
<td>03 Neighbor Indicates Occupancy</td>
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</tr>
<tr>
<td>04 Physically/Mentally Incompetent</td>
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</tr>
<tr>
<td>05 Language Barrier (Spanish)</td>
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<td></td>
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</tr>
<tr>
<td>06 Language Barrier (Other)</td>
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</tr>
<tr>
<td>07 Refusal to Screening Questions</td>
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<td></td>
</tr>
<tr>
<td>08 Unable to Locate SDU</td>
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<td></td>
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</tr>
<tr>
<td>09 Other</td>
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<th>Requires FS Approval</th>
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<th>Newton Auto Codes</th>
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<tr>
<td>10 Vacant</td>
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<tr>
<td>12 SR Unavailable after Repeated Visits</td>
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<tr>
<td>13 Not a Primary Residence</td>
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<tr>
<td>14 Physically/mentally Incompetent</td>
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<tr>
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</tr>
<tr>
<td>16 Language Barrier (Other)</td>
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<td></td>
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</tr>
<tr>
<td>17 Refusal</td>
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<tr>
<td>18 Not a Dwelling Unit</td>
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<tr>
<td>19 GQU Listed as HU</td>
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<td>20 HU Listed as GQU</td>
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<tr>
<td>21 Denied Access to Building/Complex</td>
<td>✓</td>
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<tr>
<td>22 DU Contains Only Military Personnel</td>
<td>✓</td>
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<tr>
<td>23 Other</td>
<td>✓</td>
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<tr>
<td>25 No Eligible SDU Members</td>
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<tr>
<td>26 In DU less than ½ of the Quarter</td>
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<tr>
<td>29 Listing Error</td>
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<td>30 No One Selected for Interview</td>
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<td>31 One Selected for Interview</td>
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<td>32 Two Selected for Interview</td>
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### 2001 NHSDA Result Codes (continued)

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<td>79</td>
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<td></td>
<td>✓</td>
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</tbody>
</table>
Mode of Contact Definitions

The following statements describe the types of initial contact with the screening respondent or a selected interview respondent:

1. **Through an open door** – Use in situations where the door is open or partially open or the door between you and the respondent is a storm door or screen door. Use this for contacts where basically there is no major, solid barrier between you and the respondent.

2. **Face-to-face, both outside DU** – Both you and the respondent are outside of the DU, such as on the porch, under the carport, in the yard. For apartment buildings, this could mean in the hallway, the stairwell, lobby, etc.

3. **Face-to-face, both inside DU** – Both you and the respondent are inside the DU when the initial contact takes place. Example: a teenager asks you to come in while he gets his mother to answer your questions so that your initial contact with the respondent (mother) is face-to-face, both inside DU.

4. **Spoke through closed door** – You spoke to the respondent when the main/wooden/metal door was fully closed. If the door was partially open then use "through an open door."

5. **Intercom** – You initially spoke to the respondent using the intercom, even if you were subsequently allowed in for a face-to-face screening or interview. This includes any sort of intercom system whether for a single DU, for a building, or at the entry to a gated community.

6. **(Screening only) Telephone (pre-authorized by NFD)** – FOR FS USE ONLY. In rare instances of very difficult or unusual situations, an FS may request permission to conduct a telephone screening. This requires approval from the Regional Supervisor, Regional Director, and the National Field Director (NFD) ____________.

7. **Other (specify in ROC comments)** – If your initial contact cannot be classified in one of the other categories, use this and describe the contact in the ROC comments. Be sure the contact does not fit in another category.

8. **No Contact with SR/R this visit** – Use this category when completing an ROC in which there was no contact with a respondent. Examples include no one at DU (01), respondent unavailable (52), or when finalizing a case following discussion with your supervisor. Remember you are choosing a category describing initial contact with the respondent: if you talk with a neighbor or a child but do not talk with a potential SR or the selected interview respondent, this code applies.
Quick Reference Guide and Edit Checklist

In the CAI Manager, if you want to:

**PRESS**

- **Start** an interview ...........................................
  - [Alt] [s]
- **Cancel** the start of an interview ...............................  
  - [Alt] [n]
- **Resume** (re-start) an interview .................................  
  - [Alt] [s]
- **Transmit** data to RTI ...........................................  
  - [Alt] [t], [y]
- **View** e-mail messages ...........................................  
  - [Alt] [v]
- **Run** Tutorial .....................................................  
  - [Alt] [r]
- **Start the **PTE** Program .........................................  
  - [Alt] [p]
- **List the cases by Descending Order (based on date)** ............  
  - [Alt] [y]
- **List the cases in Ascending Order (based on date)** ..............  
  - [Alt] [g]
- **Exit** CAI Manager ..................................................  
  - [Alt] [x]

To begin CAI Interview:

Enter **Quest ID** from Newton for selected sample member.

In the Interview, if you want to:

**PRESS**

- **Break off** an interview ...........................................  
  - [Alt] [f], [x]
- **Enter Don't Know** ..............................................  
  - [F3]
- **Enter Refused** ....................................................  
  - [F4]
- **Return to the first screen** .......................................  
  - [F5]
- **Return to the first unanswered question** .........................  
  - [F6]
- **Toggle audio on/off** .............................................  
  - [F7]
- **Enter a comment** ..................................................  
  - [F8]
- **Save a comment** ....................................................  
  - [Alt] [s]
- **Back up** one screen ..............................................  
  - [F9]
- **Replay** audio ......................................................  
  - [F10]

To complete verification form:

When prompted to do so, enter **VerifID** from Verification Form.  
With Respondent’s assistance, complete **same** Verification Form.

End of Interview Checklist:

- **Record Case ID** on the Verification Form. Make sure your name and ID # are printed on the form.  
  Mail promptly using RTI business reply envelope.
- **Check that Case ID** is recorded in upper right corner and mail Reference Date Calendar to FS weekly.
- **Update Newton Record of Calls** for completed interview.