PhenX Toolkit

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

1a. Now I'm going to ask you about some experiences that people have reported in connection with their use of medicines or drugs ON THEIR OWN. As I read each experience, please tell me if this has ever happened to you. In your entire life, did you EVER…*(PAUSE)* *(Repeat phrase frequently)*		b. Did this happen in the last 12 months?	c. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD)*	d. Did this happen before 12 months ago, that is, before last *(Month one year ago)*?	e. Which medicines or drugs did this happen with before 12 months ago? *(SHOW FLASHCARD)*
(1) Find that your usual amount of a medicine or drug had much less effect on you than it once did?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] 10 [ ]	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] 10 [ ]

			HER	OTH	HER	OTH
(2) Find that you had to use much more of a medicine or to get the effect you wanted?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH		1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
The next few questions are about the bad aftereffects that people may have when the effects of a medicine or drug are wearing off. This includes the morning after using it or in the first few days after stopping or cutting down on it. Did you EVER…						
(3) Sleep more than usual (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] 8 [ ]		1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] 8 [ ]

			HAL 9 [ ] HER	SOLV 10 [ ] OTH		HAL 9 [ ] HER	SOLV 10 [ ] OTH
(4) Feel weak or tired?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 3 [ ] MAR 5 [ ] STIM 7 [ ] HAL 9 [ ] HER	2 [ ] PAN 4 [ ] COC 6 [ ] CLB 8 [ ] SOLV 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 3 [ ] MAR 5 [ ] STIM 7 [ ] HAL 9 [ ] HER	2 [ ] PAN 4 [ ] COC 6 [ ] CLB 8 [ ] SOLV 10 [ ] OTH
(5) Feel depressed?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 3 [ ] MAR 5 [ ] STIM 7 [ ] HAL 9 [ ] HER	2 [ ] PAN 4 [ ] COC 6 [ ] CLB 8 [ ] SOLV 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 3 [ ] MAR 5 [ ] STIM 7 [ ] HAL 9 [ ] HER	2 [ ] PAN 4 [ ] COC 6 [ ] CLB 8 [ ] SOLV 10 [ ] OTH

(6) Find your heart beating fast (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 3 [ ] MAR 5 [ ] STIM 7 [ ] HAL 9 [ ] HER	2 [ ] PAN 4 [ ] COC 6 [ ] CLB 8 [ ] SOLV 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 3 [ ] MAR 5 [ ] STIM 7 [ ] HAL 9 [ ] HER	2 [ ] PAN 4 [ ] COC 6 [ ] CLB 8 [ ] SOLV 10 [ ] OTH
(7) Have nausea or vomiting?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 3 [ ] MAR 5 [ ] STIM 7 [ ] HAL 9 [ ] HER	2 [ ] PAN 4 [ ] COC 6 [ ] CLB 8 [ ] SOLV 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 3 [ ] MAR 5 [ ] STIM 7 [ ] HAL 9 [ ] HER	2 [ ] PAN 4 [ ] COC 6 [ ] CLB 8 [ ] SOLV 10 [ ] OTH
(8) Yawn a lot?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 3 [ ]	2 [ ] PAN 4 [ ]	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 3 [ ]	2 [ ] PAN 4 [ ]

			MAR COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH		MAR COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(9) Have runny eyes or a runny nose (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(10) Eat more than usual or gain weight?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB

			7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH		7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
1a. Did you EVER…*(PAUSE)* *(Repeat phrase frequently)*		b. Did this happen in the last 12 months?	c. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD)*	d. Did this happen before 12 months ago, that is, before last *(Month one year ago)*?	e. Which medicines or drugs did this happen with before 12 months ago? *(SHOW FLASHCARD)*
(11) Feel anxious or nervous?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(12) Have muscle aches or cramps (when the effects of a	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column*	1 [ ] SED 2 [ ] PAN 3 [ ] 4 [ ]	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] 4 [ ]

medicine or drug were wearing off)?		*d*	MAR / COC 5 [ ] STIM / 6 [ ] CLB 7 [ ] HAL / 8 [ ] SOLV 9 [ ] HER / 10 [ ] OTH		MAR / COC 5 [ ] STIM / 6 [ ] CLB 7 [ ] HAL / 8 [ ] SOLV 9 [ ] HER / 10 [ ] OTH
(13) Have a fever?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED / 2 [ ] PAN 3 [ ] MAR / 4 [ ] COC 5 [ ] STIM / 6 [ ] CLB 7 [ ] HAL / 8 [ ] SOLV 9 [ ] HER / 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED / 2 [ ] PAN 3 [ ] MAR / 4 [ ] COC 5 [ ] STIM / 6 [ ] CLB 7 [ ] HAL / 8 [ ] SOLV 9 [ ] HER / 10 [ ] OTH
(14) Become so restless you fidgeted, paced or couldn’t sit still?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED / 2 [ ] PAN 3 [ ] MAR / 4 [ ] COC 5 [ ] STIM / 6 [ ] CLB	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED / 2 [ ] PAN 3 [ ] MAR / 4 [ ] COC 5 [ ] STIM / 6 [ ] CLB

			7 [ ] HAL	8 [ ] SOLV				7 [ ] HAL	8 [ ] SOLV		
			9 [ ] HER	10 [ ] OTH				9 [ ] HER	10 [ ] OTH		
(15) Move or talk much more slowly than usual (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*			1 [ ] SED	2 [ ] PAN		
			3 [ ] MAR	4 [ ] COC				3 [ ] MAR	4 [ ] COC		
			5 [ ] STIM	6 [ ] CLB				5 [ ] STIM	6 [ ] CLB		
			7 [ ] HAL	8 [ ] SOLV				7 [ ] HAL	8 [ ] SOLV		
			9 [ ] HER	10 [ ] OTH				9 [ ] HER	10 [ ] OTH		
(16) Find your pupils dilating or your hair standing up?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*			1 [ ] SED	2 [ ] PAN		
			3 [ ] MAR	4 [ ] COC				3 [ ] MAR	4 [ ] COC		
			5 [ ] STIM	6 [ ] CLB				5 [ ] STIM	6 [ ] CLB		
			7 [ ] HAL	8 [ ] SOLV				7 [ ] HAL	8 [ ] SOLV		
			9 [ ]	10 [ ]				9 [ ]	10 [ ]		

			HER OTH		HER OTH	
(17) Have unpleasant dreams that often seemed real?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(18) See, feel or hear things that weren't really there (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(19) Feel shaky or have shaky or trembling	1 [ ] Yes 2 [ ] No - *Go to next*	1 [ ] Yes 2 [ ] No - *Mark "Yes"*	1 [ ] SED 2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next*	1 [ ] SED 2 [ ] PAN	

hands?	*experience*	*in column d*	3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH		*experience*	3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(20) Have trouble falling asleep or staying asleep?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*				

1a. Did you EVER…*(PAUSE)* *(Repeat phrase frequently)*		b. Did this happen in the last 12 months?	c. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD)*	d. Did this happen before 12 months ago, that is, before last *(Month one year ago)*?	e. Which medicines or drugs did this happen with before 12 months ago? *(SHOW FLASHCARD)*
(21) Have fits or seizures (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] 6 [ ]	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] 6 [ ]

			STIM	CLB				STIM	CLB		
			7 [ ] HAL	8 [ ] SOLV				7 [ ] HAL	8 [ ] SOLV		
			9 [ ] HER	10 [ ] OTH				9 [ ] HER	10 [ ] OTH		
(22) Become more irritable than usual?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*			1 [ ] SED	2 [ ] PAN		
			3 [ ] MAR	4 [ ] COC				3 [ ] MAR	4 [ ] COC		
			5 [ ] STIM	6 [ ] CLB				5 [ ] STIM	6 [ ] CLB		
			7 [ ] HAL	8 [ ] SOLV				7 [ ] HAL	8 [ ] SOLV		
			9 [ ] HER	10 [ ] OTH				9 [ ] HER	10 [ ] OTH		
(23) Eat less than usual or lose weight?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*			1 [ ] SED	2 [ ] PAN		
			3 [ ] MAR	4 [ ] COC				3 [ ] MAR	4 [ ] COC		
			5 [ ] STIM	6 [ ] CLB				5 [ ] STIM	6 [ ] CLB		
			7 [ ] HAL	8 [ ] SOLV				7 [ ] HAL	8 [ ] SOLV		

			9 [ ] HER 10 [ ] OTH			9 [ ] HER 10 [ ] OTH
(24) Feel angry, combative or aggressive (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(25) Have a headache?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(26) Find yourself	1 [ ] Yes	1 [ ] Yes	1 [ ] 2 [ ]	1 [ ] Yes	1 [ ] 2 [ ]

sweating?	2 [ ] No - *Go to next experience*	2 [ ] No - *Mark "Yes" in column d*	SED / PAN 3 [ ] MAR / 4 [ ] COC 5 [ ] STIM / 6 [ ] CLB 7 [ ] HAL / 8 [ ] SOLV 9 [ ] HER / 10 [ ] OTH	2 [ ] No - *Go to next experience*	SED / PAN 3 [ ] MAR / 4 [ ] COC 5 [ ] STIM / 6 [ ] CLB 7 [ ] HAL / 8 [ ] SOLV 9 [ ] HER / 10 [ ] OTH
(27) Have chills (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED / 2 [ ] PAN 3 [ ] MAR / 4 [ ] COC 5 [ ] STIM / 6 [ ] CLB 7 [ ] HAL / 8 [ ] SOLV 9 [ ] HER / 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED / 2 [ ] PAN 3 [ ] MAR / 4 [ ] COC 5 [ ] STIM / 6 [ ] CLB 7 [ ] HAL / 8 [ ] SOLV 9 [ ] HER / 10 [ ] OTH
(28) Have stomach pain?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED / 2 [ ] PAN 3 [ ] MAR / 4 [ ] COC	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED / 2 [ ] PAN 3 [ ] MAR / 4 [ ] COC

			5 [ ] STIM 7 [ ] HAL 9 [ ] HER	6 [ ] CLB 8 [ ] SOLV 10 [ ] OTH		5 [ ] STIM 7 [ ] HAL 9 [ ] HER 6 [ ] CLB 8 [ ] SOLV 10 [ ] OTH
Check Item 1. Are at least 2 items marked "Yes" in 1c(3)-1c(28)?	1 [ ] Yes 2 [ ] No - *Go to Check Item 2*					
(28-1) You just mentioned that you had SOME bad aftereffects when stopping or cutting down on your use of medicines or drugs in the last 12 months. Did at least 2 of these experiences happen around the same time DURING the last 12 months?		1 [ ] Yes 2 [ ] No - *Go to Check Item 2*				
Check Item 2. Are at least 2 items marked "Yes" in 1e(3)-	1 [ ] Yes 2 [ ] No - *Skip to 1a(29)*					

1e(28)?				
(28-2) You (just/also) mentioned that you had SOME bad aftereffects when stopping or cutting down on your use of medicines or drugs BEFORE 12 months ago. Did at least 2 of these experiences happen around[HT1] the same time BEFORE 12 months ago?				
1a. In your entire life, did you EVER… *(Repeat phrase frequently)*		b. Did this happen in the last 12 months?	c. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD)*	d. Did this happen before 12 months ago, that is, before last *(Month one year ago)*?	e. Which medicines or drugs did this happen with before 12 months ago? *(SHOW FLASHCARD)*
(29) Take more of the same or a similar medicine or drug to get over or avoid any of these bad aftereffects?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH

(30) More than once WANT to stop or cut down on using any of these medicines or drugs?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(31) More than once TRY to stop or cut down on using any of these medicines or drugs but found you couldn't do it?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(32) Often use a medicine or drug in larger amounts or for a much longer period than you	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] 4 [ ]	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] 4 [ ]

meant to?			MAR	COC			MAR	COC			
			5 [ ] STIM	6 [ ] CLB			5 [ ] STIM	6 [ ] CLB			
			7 [ ] HAL	8 [ ] SOLV			7 [ ] HAL	8 [ ] SOLV			
			9 [ ] HER	10 [ ] OTH			9 [ ] HER	10 [ ] OTH			
(33) Have a period when you spent a lot of time using a medicine or drug or getting over its bad aftereffects?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*		1 [ ] SED	2 [ ] PAN			
			3 [ ] MAR	4 [ ] COC			3 [ ] MAR	4 [ ] COC			
			5 [ ] STIM	6 [ ] CLB			5 [ ] STIM	6 [ ] CLB			
			7 [ ] HAL	8 [ ] SOLV			7 [ ] HAL	8 [ ] SOLV			
			9 [ ] HER	10 [ ] OTH			9 [ ] HER	10 [ ] OTH			
(34) Have a period when you spent a lot of time making sure you always had enough of a medicine or drug available?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*		1 [ ] SED	2 [ ] PAN			
			3 [ ] MAR	4 [ ] COC			3 [ ] MAR	4 [ ] COC			
			5 [ ] STIM	6 [ ] CLB			5 [ ] STIM	6 [ ] CLB			

			7 [ ] HAL	8 [ ] SOLV				7 [ ] HAL	8 [ ] SOLV		
			9 [ ] HER	10 [ ] OTH				9 [ ] HER	10 [ ] OTH		
(35) Give up or cut down on activities that were important to you in order to use a medicine or drug-like work, school, or associating with friends or relatives?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*			1 [ ] SED	2 [ ] PAN		
			3 [ ] MAR	4 [ ] COC				3 [ ] MAR	4 [ ] COC		
			5 [ ] STIM	6 [ ] CLB				5 [ ] STIM	6 [ ] CLB		
			7 [ ] HAL	8 [ ] SOLV				7 [ ] HAL	8 [ ] SOLV		
			9 [ ] HER	10 [ ] OTH				9 [ ] HER	10 [ ] OTH		
(36) Give up or cut down on activities that you were interested in or that gave you pleasure in order to use a medicine or drug?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*			1 [ ] SED	2 [ ] PAN		
			3 [ ] MAR	4 [ ] COC				3 [ ] MAR	4 [ ] COC		
			5 [ ] STIM	6 [ ] CLB				5 [ ] STIM	6 [ ] CLB		
			7 [ ] HAL	8 [ ] SOLV				7 [ ] HAL	8 [ ] SOLV		
			9 [ ]	10 [ ]				9 [ ]	10 [ ]		

			HER	OTH		HER	OTH
(37) Continue to use a medicine or drug even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED	2 [ ] PAN
			3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC
			5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH

1a. In your entire life, did you EVER…*(PAUSE)* *(Repeat phrase frequently)*		b. Did this happen in the last 12 months?	c. During the last 12 months, which medicines or drugs did this happen with? (*SHOW FLASHCARD*)	d. Did this happen before 12 months ago, that is, before last *(Month one year ago)*?	e. Which medicines or drugs did this happen with before 12 months ago? (*SHOW FLASHCARD*)
(38) Continue to use a medicine or drug even though you knew it was causing you a health problem or making a health problem	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB

worse?			7 [ ] HAL	8 [ ] SOLV					7 [ ] HAL	8 [ ] SOLV	
			9 [ ] HER	10 [ ] OTH					9 [ ] HER	10 [ ] OTH	
(39) Feel a very strong urge or desire to use a medicine or drug?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*				1 [ ] SED	2 [ ] PAN	
			3 [ ] MAR	4 [ ] COC					3 [ ] MAR	4 [ ] COC	
			5 [ ] STIM	6 [ ] CLB					5 [ ] STIM	6 [ ] CLB	
			7 [ ] HAL	8 [ ] SOLV					7 [ ] HAL	8 [ ] SOLV	
			9 [ ] HER	10 [ ] OTH					9 [ ] HER	10 [ ] OTH	
(40) Want a medicine or drug so badly that you couldn’t think of anything else?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*				1 [ ] SED	2 [ ] PAN	
			3 [ ] MAR	4 [ ] COC					3 [ ] MAR	4 [ ] COC	
			5 [ ] STIM	6 [ ] CLB					5 [ ] STIM	6 [ ] CLB	
			7 [ ] HAL	8 [ ] SOLV					7 [ ] HAL	8 [ ] SOLV	
			9 [ ]	10 [ ]					9 [ ]	10 [ ]	

			HER	OTH		HER	OTH		
(41) Have arguments with your spouse or partner or family or friends as a result of your medicine or drug use?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED	2 [ ] PAN		
			3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC		
			5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB		
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV		
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH		
(42) Continue to use a medicine or drug even though it was causing you trouble with your family or friends?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED	2 [ ] PAN		
			3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC		
			5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB		
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV		
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH		
(43) Get into physical fights while under the	1 [ ] Yes 2 [ ] No - *Go to next*	1 [ ] Yes 2 [ ] No - *Mark "Yes"*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next*	1 [ ] SED	2 [ ] PAN		

influence of a medicine or drug?	*experience*	*in column d*	3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	*experience*	3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(44) Have job or school troubles as a result of your medicine or drug use-like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(45) Continue to use a medicine or drug even though it was causing you problems at school or work?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] 6 [ ]	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] 6 [ ]

			STIM	CLB			STIM	CLB	
			7 [ ] HAL	8 [ ] SOLV			7 [ ] HAL	8 [ ] SOLV	
			9 [ ] HER	10 [ ] OTH			9 [ ] HER	10 [ ] OTH	
(46) Have a period when your medicine or drug use or your being sick from medicine or drug use often interfered with taking care of your home or family?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*		1 [ ] SED	2 [ ] PAN	
			3 [ ] MAR	4 [ ] COC			3 [ ] MAR	4 [ ] COC	
			5 [ ] STIM	6 [ ] CLB			5 [ ] STIM	6 [ ] CLB	
			7 [ ] HAL	8 [ ] SOLV			7 [ ] HAL	8 [ ] SOLV	
			9 [ ] HER	10 [ ] OTH			9 [ ] HER	10 [ ] OTH	
(47) More than once drive a car, motorcycle, truck, boat, or other vehicle when you were under the influence of a medicine or drug?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No - *Go to next experience*		1 [ ] SED	2 [ ] PAN	
			3 [ ] MAR	4 [ ] COC			3 [ ] MAR	4 [ ] COC	
			5 [ ] STIM	6 [ ] CLB			5 [ ] STIM	6 [ ] CLB	
			7 [ ] HAL	8 [ ] SOLV			7 [ ] HAL	8 [ ] SOLV	

			9 [ ] HER 10 [ ] OTH		9 [ ] HER 10 [ ] OTH
(48) Find yourself under the influence of a medicine or drug or feeling its aftereffects in situations that increased your chances of getting hurt-like swimming; using heavy machinery or equipment; or walking in a dangerous area or around heavy traffic?	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No - *Mark "Yes" in column d*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH	1 [ ] Yes 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH

Check Item 3. Are at least 2 boxes in Box 1, (2 or 3), 4-12 marked "Yes" in 1a, column e? 1 [ ] Yes - see below 2 [ ] No - *SKIP to Check Item 6* *For [ ] 1 Mark corresponding category below and ask 2 a-g for each marked category.*	2a. You just mentioned some experience you had with *(Name of drug category)* in the past, that is, before 12 months ago. Before last *(Month one year ago)* was there ever a period when SOME of these experiences with *(Name of drug category)* were happening around the same time most days for at least a month	b. About how old were you the FIRST time SOME of these experiences with *(Name of drug category)* BEGAN to happen around the same time?	c. In your ENTIRE LIFE how many separate periods like this did you have when some of these experiences with *(Name of drug category)* were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using *(Name of drug category)* entirely

	(PAUSE), on and off for a few months or longer *(PAUSE)* or within the same 1-year period?		*(PAUSE)* OR you didn't have any of the experiences you just mentioned with *(Name of drug category)*.
1 [ ] Sedatives or Tranquilizers	1 [ ] Yes 2 [ ] No - *SKIP to next drug category*	_____ Age	_____ Number
2 [ ] Painkillers	1 [ ] Yes 2 [ ] No - *SKIP to next drug category*	_____ Age	_____ Number
3 [ ] Marijuana	1 [ ] Yes 2 [ ] No - *SKIP to next drug category*	_____ Age	_____ Number
4 [ ] Cocaine or Crack	1 [ ] Yes 2 [ ] No - *SKIP to next drug category*	_____ Age	_____ Number
5 [ ] Stimulants	1 [ ] Yes 2 [ ] No - *SKIP to next drug category*	_____ Age	_____ Number
6 [ ] Club drugs	1 [ ] Yes 2 [ ] No - *SKIP to next drug category*	_____ Age	_____ Number
7 [ ] Hallucinogens	1 [ ] Yes 2 [ ] No - *SKIP to next drug category*	_____ Age	_____ Number

8 [ ] Inhalants/Solvents	1 [ ] Yes 2 [ ] No - *SKIP to next drug category*	_____ Age	_____ Number
9 [ ] Heroin	1 [ ] Yes 2 [ ] No - *SKIP to next drug category*	_____ Age	_____ Number
10 [ ] Other	1 [ ] Yes 2 [ ] No - *SKIP to Check Item 6*	_____ Age	_____ Number

Check Item 4. Is number in 2c, 2 or more or unknown?	d. In your ENTIRE LIFE what was the LONGEST period you had when SOME of these experiences with *(Name of drug category)* were happening around the same time?	e. About how old were you the MOST RECENT time when some of these experiences BEGAN to happen around the same time?	f. How long did this period last when some of these experiences with *(Name of drug category)* were happening around the same time?	**Check Item 5.** Is at least 1 item marked in 1, column c, items (1)-(38) or (41)-(48)?	g. About how old were you when you FINALLY STOPPED having these problems with *(Name of drug category)*? By finally stopped, I mean they never started happening again.
1 [ ] Yes 2 [ ] No - *SKIP to 2f*	_____ Month(s) OR _____ Year(s)	_____ Age - *Go to Check Item 5*	_____ Month(s) OR _____ Year(s)	1 [ ] Yes - *Go to next drug category* 2 [ ] No	_____ Age - *SKIP to next drug category*

1 [ ] Yes 2 [ ] No - *SKIP to 2f*	_______ Month(s) OR _______ Year(s)	_______ Age - *Go to Check Item 5*	_______ Month(s) OR _______ Year(s)	1 [ ] Yes - *Go to next drug category* 2 [ ] No	_______ Age - *SKIP to next drug category*
1 [ ] Yes 2 [ ] No - *SKIP to 2f*	_______ Month(s) OR _______ Year(s)	_______ Age - *Go to Check Item 5*	_______ Month(s) OR _______ Year(s)	1 [ ] Yes - *Go to next drug category* 2 [ ] No	_______ Age - *SKIP to next drug category*
1 [ ] Yes 2 [ ] No - *SKIP to 2f*	_______ Month(s) OR _______ Year(s)	_______ Age - *Go to Check Item 5*	_______ Month(s) OR _______ Year(s)	1 [ ] Yes - *Go to next drug category* 2 [ ] No	_______ Age - *SKIP to next drug category*
1 [ ] Yes 2 [ ] No - *SKIP to 2f*	_______ Month(s) OR _______ Year(s)	_______ Age - *Go to Check Item 5*	_______ Month(s) OR _______ Year(s)	1 [ ] Yes - *Go to next drug category* 2 [ ] No	_______ Age - *SKIP to next drug category*
1 [ ] Yes 2 [ ] No - *SKIP to 2f*	_______ Month(s) OR _______ Year(s)	_______ Age - *Go to Check Item 5*	_______ Month(s) OR _______ Year(s)	1 [ ] Yes - *Go to next drug category* 2 [ ] No	_______ Age - *SKIP to next drug category*

1 [ ] Yes 2 [ ] No - *SKIP to 2f*	_______ Month(s) OR _______ Year(s)	_______ Age - *Go to Check Item 5*	_______ Month(s) OR _______ Year(s)	1 [ ] Yes - *Go to next drug category* 2 [ ] No	_______ Age - *SKIP to next drug category*
1 [ ] Yes 2 [ ] No - *SKIP to 2f*	_______ Month(s) OR _______ Year(s)	_______ Age - *Go to Check Item 5*	_______ Month(s) OR _______ Year(s)	1 [ ] Yes - *Go to next drug category* 2 [ ] No	_______ Age - *SKIP to next drug category*
1 [ ] Yes 2 [ ] No - *SKIP to 2f*	_______ Month(s) OR _______ Year(s)	_______ Age - *Go to Check Item 5*	_______ Month(s) OR _______ Year(s)	1 [ ] Yes - *Go to next drug category* 2 [ ] No	_______ Age - *SKIP to next drug category*
1 [ ] Yes 2 [ ] No - *SKIP to 2f*	_______ Month(s) OR _______ Year(s)	_______ Age - *Go to Check Item 5*	_______ Month(s) OR _______ Year(s)	1 [ ] Yes - *Go to next drug category* 2 [ ] No	_______ Age - *SKIP to next drug category*

Check Item 6. Are at least 2 Boxes, Box 1, (2 or 3), 4-12, marked in 1a, column c for Sedatives/Tranquilizers?	1 [ ] Yes 2 [ ] No - *SKIP to Check item 7*
3. You just mentioned SOME experiences you had with sedatives or tranquilizers in the last 12 months.	1 [ ] Yes 2 [ ] No

(a) When you had SOME of these experiences with sedatives or tranquilizers in the last 12 months, were you using them without a prescription? (b) During the last 12 months when you had some of these experiences with sedatives or tranquilizers, were you using them in LARGER AMOUNTS, MORE FREQUENTLY or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No
Check Item 7. Are at least 2 Boxes, Box 1, (2 or 3), 4-12, marked in 1a, column e for sedatives/tranquilizers?	1 [ ] Yes 2 [ ] No - *SKIP to Check item 8*
4. You just mentioned SOME experience you had with sedatives or tranquilizers around the same time BEFORE 12 months ago, that is, BEFORE last *(Month one year ago)*. (a) During ANY of these times when you had SOME of these experiences with sedatives or tranquilizers BEORE 12 months ago, were you using them without a prescription? (b) Did ALL of these times BEFORE 12 months ago ONLY happen when you were using sedatives or tranquilizers without a prescription? (c) During ANY of these times when you had SOME of those experiences with sedatives or tranquilizers BEFORE 12 months ago, were you using them in GREATER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No - *SKIP to 4c* 1 [ ] Yes 2 [ ] No - *SKIP to Check Item 8* 1 [ ] Yes 2 [ ] No - *SKIP to Check Item 8*

5. Did ALL of those times BEFORE 12 months ago ONLY happen when you were using sedatives or tranquilizers in LARGER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No
Check Item 8. Are at least 2 Boxes, Box 1, (2 or 3), 4-12 marked in 1a, column c for painkillers?	1 [ ] Yes 2 [ ] No - *SKIP to Check Item 9*
6. You just mentioned SOME experiences you had with painkillers in the last 12 months. (a) When you had SOME of these experiences with painkillers in the last 12 months, were you using them without a prescription? (b) During the last 12 months when you had some of these experiences with painkillers, were you using them in LARGER AMOUNTS, MORE FREQUENTLY or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No 1 [ ] Yes 2 [ ] No
Check Item 9. Are at least 2 Boxes, Box 1, (2 or 3), 4-12, marked in 1a, column e for painkillers?	1 [ ] Yes 2 [ ] No - *SKIP to Check item 10*
7. You just mentioned SOME experience you had with painkillers around the same time BEFORE 12 months ago, that is, BEFORE last *(Month one year ago)*. (d) During ANY of these times when you had SOME of these experiences with painkillers BEORE 12 months ago, were you using them without a prescription?	1 [ ] Yes 2 [ ] No - *SKIP to 7c* 1 [ ] Yes 2 [ ] No - *SKIP to Check Item 10* 1 [ ] Yes

(e) Did ALL of these times BEFORE 12 months ago ONLY happen when you were using painkillers without a prescription? (f) During ANY of these times when you had SOME of those experiences with painkillers BEFORE 12 months ago, were you using them in GREATER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	2 [ ] No - *SKIP to Check Item 10*
8. Did ALL of those times BEFORE 12 months ago ONLY happen when you were using painkillers in LARGER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No
Check Item 10. Are at least 2 Boxes, Box 1, (2 or 3), 4-12 marked in 1a, column c for stimulants?	1 [ ] Yes 2 [ ] No - *SKIP to Check Item 11*
9. You just mentioned SOME experiences you had with stimulants in the last 12 months. (c) When you had SOME of these experiences with stimulants in the last 12 months, were you using them without a prescription? (d) During the last 12 months when you had some of these experiences with stimulants, were you using them in LARGER AMOUNTS, MORE FREQUENTLY or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No 1 [ ] Yes 2 [ ] No
Check Item 11. Are at least 2 Boxes, Box 1, (2 or 3), 4-12, marked in 1a, column e	1 [ ] Yes

for stimulants?	2 [ ] No - *SKIP to 12a*
10. You just mentioned SOME experience you had with stimulants around the same time BEFORE 12 months ago, that is, BEFORE last *(Month one year ago)*. (g) During ANY of these times when you had SOME of these experiences with stimulants BEORE 12 months ago, were you using them without a prescription? (h) Did ALL of these times BEFORE 12 months ago ONLY happen when you were using stimulants without a prescription? (i) During ANY of these times when you had SOME of those experiences with stimulants BEFORE 12 months ago, were you using them in GREATER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No - *SKIP to 10c* 1 [ ] Yes 2 [ ] No - *SKIP to 12a* 1 [ ] Yes 2 [ ] No - *SKIP to 12a*
11. Did ALL of those times BEFORE 12 months ago ONLY happen when you were using stimulants in LARGER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No - *SKIP to 12a*
12a. In the last 12 months, did you more than once get arrested, held at a police station or have any other legal problems because of your medicine or drug use?	1 [ ] Yes 2 [ ] No - *SKIP to 12c*
12b. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD)*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC

	5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
12c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?	1 [ ] Yes 2 [ ] No - *SKIP to 13a*
12d. Which medicines or drugs did this happen with before 12 months ago? *(SHOW FLASHCARD)*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
13a. In the last 12 months, did you use any medicine or drug to make you more alert or to enhance your mental performance, skills or abilities at work or in school?	1 [ ] Yes 2 [ ] No - *SKIP to 13c*
13b. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD)*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB

	7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
13c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?	1 [ ] Yes 2 [ ] No - *END QUESTIONS*
13d. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD)*	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC 5 [ ] STIM 6 [ ] CLB 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH

Protocol source: https://www.phenxtoolkit.org/protocols/view/31601