

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?	last 12 months, which medicines or drugs did this happen with?		before 12 months ago, that	e. Which medicing drugs of happer before months	nes or lid this with 12 ago?
(1) Find that your usual amount of a medicine or	1 [] Yes	1 [] Yes 2 [] No -	1 [] SED 3 [] MAR	2 [] PAN 4 [] COC	1 [] Yes 2 [] No -	1 [] SED 3 [] MAR	2 [] PAN 4 [] COC
drug had much less effect on you than it once did?		Mark "Yes" in column d	5 [] STIM 7 [] HAL 9 []	6 [] CLB 8 [] SOLV	Go to next experience	5 [] STIM 7 [] HAL 9 []	6 [] CLB 8 [] SOLV

			HER	ОТН		HER	ОТН
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(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			3 [] MAR	4 [] COC		3 [] MAR	4 [] COC
	2 [] No - Go to next	1 [] Yes 2 [] No - Mark "Yes" in column d	5 [] STIM	STIM CLB Go to next		5 [] STIM	6 [] CLB
	ехрепенсе	m cotumn d	7 [] HAL	8 [] SOLV	experience	7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
The next few que bad aftereffects when the effect are wearing off. morning after us days after stopp it. Did you EVER	that people is of a medicire. This includes sing it or in thing or cutting	may have ne or drug s the ne first few					
(3) Sleep more			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(when the effects of a medicine or	1 [] Yes 2 [] No - Go to next	1 [] Yes 2 [] No - Mark "Yes"	3 [] MAR	4 [] COC	1 [] Yes 2 [] No -	3 [] MAR	4 [] COC
	experience	in column d	5 [] STIM	6 [] CLB	Go to next experience	5 [] STIM	6 [] CLB
			7 []	8 []		7[]	8 []

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

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

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

				7 [] HAL	8	B [] SOLV		7 [] HAL	8 [] SOLV
				9 [] HER		10 [] OTH		9 [] HER	10 [] OTH
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)		happen before 12 months ago, that	e. Which medicing drugs of happer before months (SHOW FLASHO)	nes or lid this with 12 ago?			
		1 [] Yes			2 [PA		1 [] Yes 2 [] No - Go to next experience	1 [] SED	2 [] PAN
	. F.I.V				4 [CO			3 [] MAR	4 [] COC
(11) Feel anxious or nervous?		2 [] No -	5 S7		6 [CL	ъ II		5 [] STIM	6 [] CLB
	ехреттепсе	d			8 [SO	[] DLV		7 [] HAL	8 [] SOLV
					10 OT	[] [H		9 [] HER	10 [] OTH
(12) Have muscle aches	nuscle aches		1 SE		2 [PA	ו וֹגוֹ	1 [] Yes 2 [] No - <i>Go</i>	1 [] SED	2 [] PAN
when the experience		2 [] No - Mark "Yes" in column	3	[]	4 [to next experience	3 []	4[]

medicine or drug were		d	MAR	COC		MAR	СОС
wearing off)?			5 [] STIM	6 [] CLB		5 [] STIM	6 [] CLB
			7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
		1 [] Yes	3 [] MAR	4 [] COC		3 [] MAR	4 [] COC
(13) Have a	to poyt	2 [] No - Mark "Yes" in column	5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
	experience	d	7 [] HAL	8 [] SOLV	r	7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
(14) Become so		1 [] Yes	1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
restless you fidgeted, paced or 1 [] Yes 2 [] No - Go	2 [] No -	3 [] MAR		1 [] Yes 2 [] No - Go to next experience	3 [] MAR	4 [] COC	
	d	5 [] STIM	6 [] CLB		5 [] STIM	6 [] CLB	

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

			HER	ОТН		HER	ОТН
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(1 7) Have	4 F 1 V	1 [] Yes	3 [] MAR	MAR COC 1 1 1 Yes 5 5 6 1 2 1 No. 60 5	3 [] MAR	4 [] COC	
unpleasant dreams that often seemed real? 2 [] No - Go to next experience	to next	2 [] No - Mark "Yes" in column	5 [] STIM		5 [] STIM	6 [] CLB	
	d	7 [] HAL	8 [] SOLV	ехретенее	7 [] HAL	8 [] SOLV	
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(18) See, feel or hear things that weren't	4 F 1 V	1 [] Yes	3 [] 4 [] MAR COC	3 [] MAR	4 [] COC		
really there (when the effects of a	1 [] Yes 2 [] No - Go to next experience	2 [] No - Mark "Yes" in column	5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
medicine or drug were wearing off)?	experience	d	7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		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	PAN	1 [] Yes 2 [] No - Go to next	1 [] SED	2 [] PAN

hands?	experience	in column d	3 [] MAR	4 [] COC	experience	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
(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)			c. Duri last 12		d. Did this	e. Which	
-		b. Did this happen in the last 12 months?	month: medici	s, which nes or did this n with?	ago, that	medicing drugs de happen before months	lid this with 12 ago?
-		this happen in the last 12	months medici drugs of happer	s, which nes or did this n with? CARD)	before 12 months ago, that is, before last (Month one year	drugs d happen before months	lid this with 12 ago?

			STIM	CLB		STIM	CLB
			7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
		1 [] Yes	3 [] MAR	4 [] COC	4. [] Va-	3 [] MAR	4 [] COC
(22) Become more irritable than usual?	1 [] Yes 2 [] No - Go to next experience	2 [] No -	5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
	схретенес	d	7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(23) Eat less than usual or	3) Eat less	2 [] No - Mark "Yes" in column	3 [] MAR	4 [] COC	1 [] Yes	3 [] MAR	4 [] COC
	2 [] No - Go to next experience		5 [] STIM	6 [] CLB	2 [] No - Go to next experience	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 [] SED	2 [] PAN		1 [] SED	2 [] PAN
	4.5.1.Vaa	1 [] Yes	3 [] MAR	4 [] COC	4 [] Va-	MAR CO	4 [] COC
	2 [] No - Mark "Yes" in column	5 [] 6 [] 2 [] No - Go to next experience		5 [] STIM	6 [] CLB		
	d	7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV	
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
	4.5.1.Vaa	1 [] Yes	3 [] MAR	4 [] COC		3 [] MAR	4 [] COC
(25) Have a headache?	1 [] Yes 2 [] No - Go to next experience	2 [] No - Mark "Yes" in column	5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
experience		d	7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		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	SED	PAN	2 [] No - Go to next experience	SED	PAN
	experience	d	3 [] MAR	4 [] COC	experience	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
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(27) Have chills		1 [] Yes	3 [] 4 [] MAR COC	3 [] MAR	4 [] COC		
(when the effects of a medicine or drug were	1 [] Yes 2 [] No - Go to next experience	2 [] No -	5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
wearing off)?	experience	d	7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
(28) Have	1 [] Yes		1 [] SED	2 [] PAN	1 [] Yes	1 [] SED	2 [] PAN
tomach pain?	Mark "Yes" in column	3 [] MAR	4 [] COC	2 [] No - Go to next experience	3 [] MAR	4 [] COC	

			5 [] STIM 7 [] HAL	6 [] CLB 8 [] SOLV	5 [] STIM 7 [] HAL	6 [] CLB 8 [] SOLV
			9 [] HER	10 [] OTH	9 [] HER	10 [] OTH
	1 [] Yes 2 [] No - Go to Item 2	o Check				
(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?	medici	s, which nes or lid this n with?	d. Did this happen before 12 months ago, that is, before last (Month one year ago)?	e. Which medicines of drugs did the happen with before 12 months ago?	
			1 [] SED	2 [] PAN 4 []		1 [] SED	2 [] PAN 4 []
(29) Take more of the same or a similar medicine	1 [] Yes	1 [] Yes	MAR	coc	1 [] Yes	MAR	coc
or drug to get	2 [] No - Go to next experience	2 [] No - Mark "Yes" in column d	5 [] STIM	6 [] CLB	2 [] No - Go to next experience	5 [] STIM	6 [] CLB
		u I	7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH

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

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

			7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
(25) Civo up or			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(35) Give up or cut down on activities that were important	1 [] Yes	3 [] MAR	4 [] COC	4.51.V	3 [] MAR	4 [] COC	
to you in order to use a medicine or drug-like work,	1 [] Yes 2 [] No - Go to next experience	2 [] No - Mark "Yes" in column	5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
school, or associating with friends or	experience	d	7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
relatives?			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
(24) 6:			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(36) Give up or cut down on activities that you were	1 [] Yes	1 [] Yes 2 [] No - Mark "Yes" in column d	3 [] MAR	4 [] COC	1 [] Yes	3 [] MAR	4 [] COC
nterested in or			5 [] STIM	6 [] CLB	2 [] No - Go to next experience	5 [] STIM	6 [] CLB
medicine or drug?	nedicine or		7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 []	10 []		9 []	10 []

			HER	ОТН		HER	ОТН
(37) Continue			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
to use a medicine or drug even though you	4 [] Vos	3 [] 4 [] COC 1 [] 1 [] Yes	4 [] Vos	3 [] MAR	4 [] COC		
knew it was making you feel depressed,	1 [] Yes 2 [] No - Go to next experience	2 [] No - Mark "Yes" in column	5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
		d	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	last 12 months, which medicines or drugs did this happen with?		happen before 12 months	e. Which medicing drugs of happer before months (SHOW FLASHO)	nes or lid this with 12 ago?
(38) Continue to use a medicine or		1 [] Yes	1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
drug even though you knew it was	2 [] No - Go	2 [] No -	3 [] MAR	4 [] COC	1 [] Yes 2 [] No - Go to next experience	3 [] MAR	4 [] COC
		d	5 [] STIM	6 [] CLB	CAPCITOTIC	5 [] STIM	6 [] CLB

worse?			7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(39) Feel a very _{1 [] Yes}	1 [] Yes	3 [] MAR	4 [] COC	4.5.1.V	3 [] MAR	4 [] COC	
strong urge or desire to use a medicine or	1 [] Yes 2 [] No - Go to next experience	2 [] No - Mark "Yes" in column	5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
drug?	,	d	7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(40) Want a medicine or	1 [] Yes	1 [] Yes	3 [] MAR	4 [] COC	1 [] Yes	3 [] MAR	4 [] COC
drug so badly that you couldn't think of anything else? 2 [] No - Go to next experience	in column d	5 [] STIM	6 [] CLB	2 [] No - Go to next experience	5 [] STIM	6 [] CLB	
		7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV	
			9[]	10 []		9 []	10 []

			HER	ОТН		HER	ОТН
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(41) Have arguments with your spouse or	. 517	1 [] Yes	3 [] MAR	4 [] COC		3 [] MAR	4 [] COC
partner or		2 [] No - Mark "Yes" in column	5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
	experience	d	7 [] HAL	8 [] SOLV	experience	7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
		1 [] 2 [] SED PAN 3 [] 4 [] COC 1 [] Yes	1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(42) Continue to use a medicine or				3 [] MAR	4 [] COC		
drug even though it was causing you	1 [] Yes 2 [] No - Go to next		5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
trouble with your family or friends?	схретенее	d	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		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	experience	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
(44) Have job or school troubles as a			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
esult of your nedicine or Irug use-like	1 [] Yes	3 [] MAR	4 [] COC		3 [] MAR	4 [] COC	
much work, not doing your work well, being	1 [] Yes 2 [] No - Go to next experience	2 [] No -	5 [] STIM	6 [] CLB	1 [] Yes 2 [] No - Go to next experience	5 [] STIM	6 [] CLB
demoted or losing a job, or being suspended,	сяретенес	d	7 [] HAL	8 [] SOLV	experience	7 [] HAL	8 [] SOLV
expelled or dropping out of school?			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
(45) Continue to use a medicine or	1 [] Yes	1 [] Yes	1 [] SED	2 [] PAN	1 [] Yes	1 [] SED	2 [] PAN
drug even though it was	2 [] No - <i>Go</i>	2 [] No - Mark "Yes" in column d	3 [] MAR	4 [] COC	2 [] No - Go to next experience	3 [] MAR	4 [] COC
school or work?			5 []	6[]		5 []	6[]

			STIM	CLB		STIM	CLB
			7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
(46) Have a period when your medicine or drug use or	eriod when our medicine	1 [] Yes	3 [] MAR	4 [] COC	4.5.1.V	3 [] MAR	4 [] COC
your being sick from medicine or drug use	1 [] Yes 2 [] No - Go to next experience	2 [] No - Mark "Yes" in column d	5 [] STIM	6 [] CLB		5 [] STIM	6 [] CLB
often interfered with taking care of your home or family?	САРСТЕПСС		7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV
			9 [] HER	10 [] OTH		9 [] HER	10 [] OTH
(47) More than once drive a			1 [] SED	2 [] PAN		1 [] SED	2 [] PAN
car, motorcycle, truck, boat, or	otorcycle, uck, boat, or ther vehicle hen you were hder the fluence of a	2 [] No - Mark "Yes"	3 [] MAR	4 [] COC	1 [] Yes	3 [] MAR	4 [] COC
when you were under the influence of a			5 [] STIM	6 [] CLB	2 [] No - Go to next experience	5 [] STIM	6 [] CLB
medicine or drug?			7 [] HAL	8 [] SOLV		7 [] HAL	8 [] SOLV

						=1 (
				9 [] HER	10 [] OTH			9 [] HER	10 [] OTH
(48) Find yourself under the influence of a medicine or				1 [] SED	2 [] PAN			1 [] SED	2 [] PAN
drug or feeling its aftereffects in situations that increased	4 [])	Vos.	1 [] Yes	3 [] MAR	4 [] COC		3 [] MAR	4 [] COC	
that increased your chances of getting hurt- like swimming;	1 [] Yes 2 [] No - G to next experience	No - Go ext	Mark "Yes" in column	5 [] STIM	6 [] CLB	1 [] Ye 2 [] No to next experie	- Go	5 [] STIM	6 [] CLB
using heavy machinery or equipment; or walking in a	,	xperience $\ ^{1}$	d	7 [] HAL	8 [] SOLV			7 [] HAL	8 [] SOLV
dangerous area or around heavy traffic?				9 [] HER	10 [] OTH			9 [] HER	10 [] OTH
Check Item 3. A at least 2 boxes 3. Box 1, (2 or 3), 4 marked "Yes" in column e? 1 [] Yes - see below 2 [] No - SKIP to Clitem 6 For [] 1 Mark corresponding category below cask 2 a-g for each marked category	in I-12 Ia, w heck and h	experied with (Nate of categor) was a go, was ever a some of categor happen the san	ned some ence you had ame of drugery) in the nat is, 12 months efore last one year as there period wheel for drugery) were ing around ne time ays for at	were time experience (Nan cate) happ same		e FIRST f these with ug GAN to	LIFE sepa like these with cates happ the separations at lew when STOF (Nan	this did when e exper (Name gory) w bening a same ti eparate ods, I m	any eriods I you some of riences of drug vere around me? hean rated by ear ITHER cing

	(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	Age		Number	
9 [] Heroin	2 [] N		es o - SKIP to next ategory	Age		Number		
10 [] Other			es o - SKIP to Item 6	Age		Number		
Check Item 4. Is number in 2c, 2 or more or unknown?	d. In you ENTIRE what was LONGES period y had whe SOME of these experied with (Not of drug category were happeniaround same tires.)	LIFE as the T vou en ces ame	the MOST	did this period last when some of	5. Is a least	ed in .umn ms .8) or	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)		_	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?	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
(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?	L [] Sim to eneck item o

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?	1 [] Yes 2 [] No 1 [] Yes
(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?	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

lr			
	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 13	3a	
12d. Which medicines or drugs did this happen with before 12 months ago?	1 [] SED	2 [] PAN	
(SHOW FLASHCARD)	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 13	3c	
13b. During the last 12 months, which medicines or drugs did this happen with?	1 [] SED	2 [] PAN	
(SHOW FLASHCARD)	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 QUES	STIONS
13d. During the last 12 months, which medicines or drugs did this happen with?	1 [] SED	2 [] PAN
(<u>SHOW FLASHCARD</u>)	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