

CASE # \_\_\_\_\_    
01-06/ 07-08/

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OMB 1220-0109  
EXP 12-31-92

NORC

University of Chicago

CENTER FOR HUMAN RESOURCE RESEARCH  
OHIO STATE UNIVERSITY

NATIONAL LONGITUDINAL SURVEY OF LABOR FORCE BEHAVIOR

**SELF - ADMINISTERED  
DRUG USE SUPPLEMENT**

ROUND FOURTEEN

Youth Survey, 1992

**INTERVIEWER**

CODE ONE:

SELF ADMINISTERED . . . . . 1

INTERVIEWER  
ADMINISTERED . . . . . 2

TELEPHONE  
ADMINISTERED . . . . . 3

11-12/

## GENERAL INSTRUCTIONS

The questions in this pamphlet are to be completed by you without the interviewer. Please read the instructions below, and then go to the first question on page DS-2.

## INSTRUCTIONS:

Answer all questions in the order that they appear unless the instruction arrows tell you to skip a question. If the answer you have chosen has an arrow to follow, follow the arrow to your next question. **If the answer you have chosen is not in a box, go to the next question.**

There are three types of questions in this pamphlet:

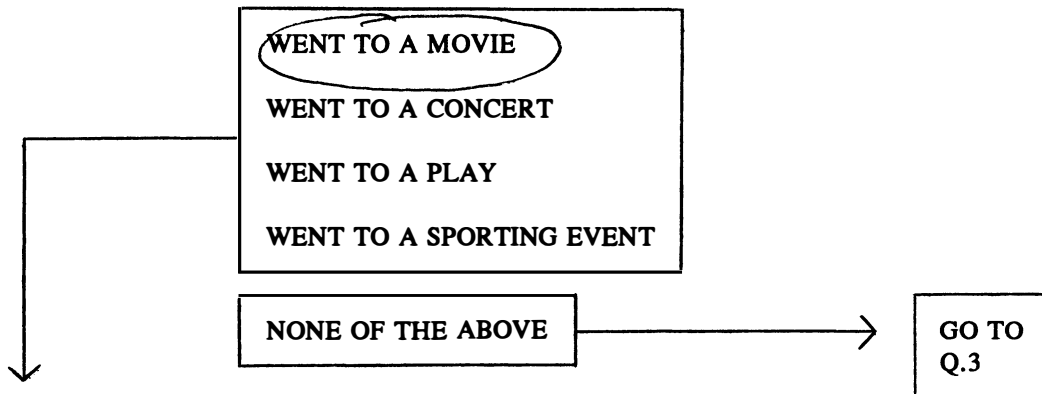
- 1) Write in the answer in the space provided:

Example: How old is your mother?

AGE:

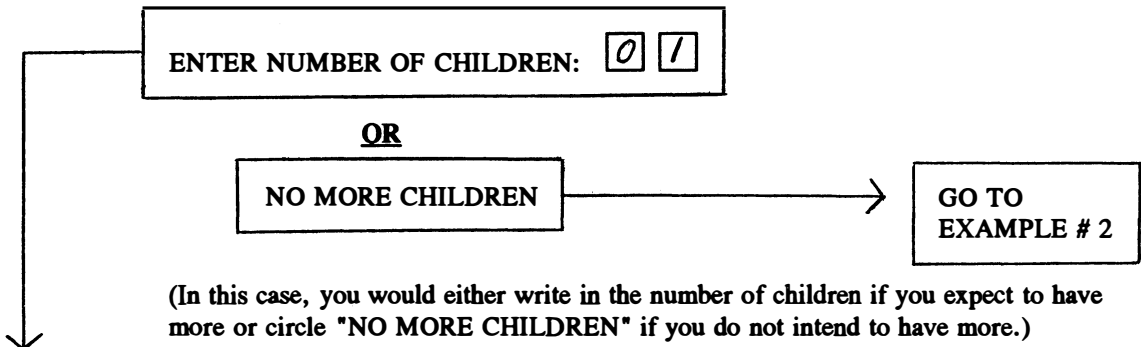
- 2) Circle only one answer. Please circle the one answer that you chose. Then follow the instruction arrow for the box that contains your chosen answer.

Example: What did you do most often for entertainment last year?



- 3) Chose between two different types of answers.

Example #1: How many more children do you expect to have?



Example #2: When do you expect to have your next child?

OR    
MONTHS YEARS

(In this case, you would write your answer in either number of months or number of years, but not both.)

**CIGARETTES**

1. Have you smoked at least 100 cigarettes in your entire life? (CIRCLE ONLY ONE)

YES  
 NO

GO TO Q.6  
PAGE DS-3

2. How old were you when your first started smoking daily?

ENTER AGE IN YEARS:

**OR**

NEVER SMOKED DAILY

GO TO Q.6  
PAGE DS-3

3. Do you now smoke daily, occasionally or not at all? (CIRCLE ONLY ONE)

DAILY

OCCASIONALLY  
 NOT AT ALL

GO TO Q.5  
BELOW

4. How long has it been since you last smoked cigarettes daily?

MONTHS **OR** YEARS

GO TO Q.6  
PAGE DS-3

5. How many cigarettes do you smoke per day?

NUMBER OF CIGARETTES PER DAY

**ALCOHOL**

The next few questions ask about alcoholic beverages, that is, beer, wine and liquor, including mixed drinks. A drink of alcohol means a can or bottle of beer, a glass of wine or champagne, a wine cooler, a shot glass of liquor, or a mixed drink like a glass of gin and tonic.

6. During the last 30 days, how many days per week did you drink alcoholic beverages, including beer, wine or liquor? (CIRCLE ONLY ONE)

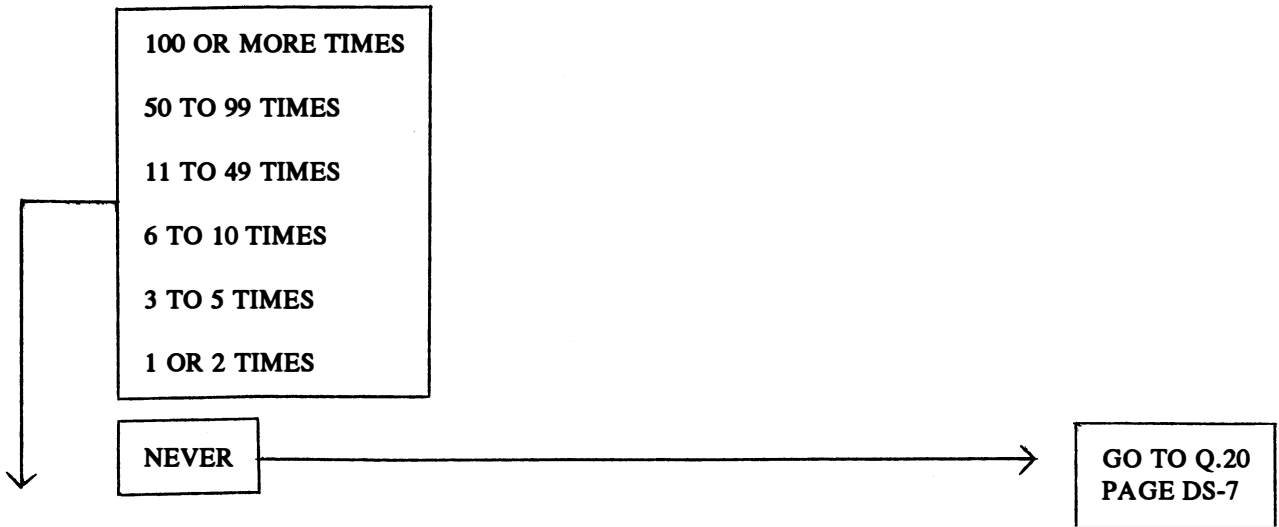
EVERY DAY 5 - 6 DAYS PER WEEK 3 - 4 DAYS PER WEEK 1 - 2 DAYS PER WEEK LESS OFTEN THAN ONCE A WEEK	
NOT AT ALL IN THE LAST 30 DAYS	→ GO TO Q. 8 PAGE DS-4

An arrow points from the left side of the first box down to question 7.

7. On the days that you drank alcoholic beverages, including beer, wine, and liquor in the last 30 days, how many drinks per day did you drink?

NUMBER OF DRINKS PER DAY

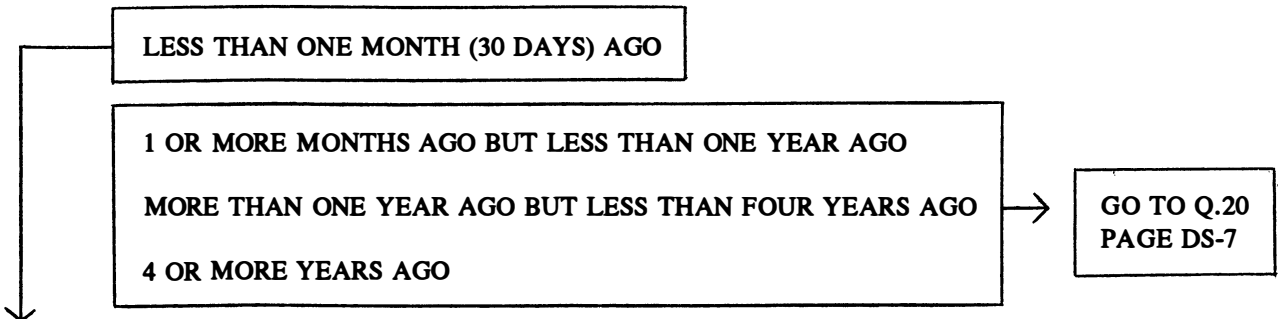
16. In your lifetime, on how many occasions have you used "crack" ("rock") cocaine?



17. How old were you the first time you ever used "crack" ("rock") cocaine?

ENTER AGE IN YEARS:

18. When was the most recent time you used "crack" ("rock") cocaine? (CIRCLE ONLY ONE)



19. During the last 30 days, how often did you use "crack" ("rock") cocaine on average? (CIRCLE ONLY ONE)

- EVERY DAY
- 5 - 6 DAYS PER WEEK
- 3 - 4 DAYS PER WEEK
- 1 - 2 DAYS PER WEEK
- LESS OFTEN THAN ONCE A WEEK

**OTHER DRUGS**

The next few questions are about your use of some drugs and medications. Please circle "YES" or "NO" for each of the types of drugs listed below to indicate if you have or have not used the drugs on the list.

**BECAUSE A DOCTOR TOLD YOU TO, HAVE YOU EVER USED...**

20.	Sedatives, such as barbiturates, sleeping pills and Seconal ("downers") . . . . .	YES	NO
21.	Tranquilizers, such as Librium, Valium, and Xanax . . . . .	YES	NO
22.	Stimulants, such as amphetamines, Preludin, uppers and speed . . . . .	YES	NO
23.	Pain killers, such as Darvon, Demerol, Percodan, and Tylenol with codeine . . . . .	YES	NO

**WITHOUT A DOCTOR TELLING YOU TO, HAVE YOU EVER USED...**

24.	Sedatives, such as barbiturates, sleeping pills and Seconal ("downers") . . . . .	YES	NO
25.	Tranquilizers, such as Librium, Valium, and Xanax . . . . .	YES	NO
26.	Stimulants, such as amphetamines, Preludin, uppers and speed . . . . .	YES	NO
27.	Pain Killers, such a Darvon, Demerol, Percodan, and Tylenol with codeine . . . . .	YES	NO
28.	Inhalants, such as glue, amyl nitrite, poppers and aerosol sprays . . . . .	YES	NO
29.	Hallucinogens, such as LSD, PCP, peyote, and mescaline . . . . .	YES	NO
30.	Heroin . . . . .	YES	NO

**YOU HAVE FINISHED THIS SUPPLEMENT. PLEASE RETURN THIS BOOKLET TO THE INTERVIEWER.  
THANK YOU.**