Tabak

CIGWILYR – At any time in the next 12 months do you think you will smoke a cigarette?

CIGREC - Len : 2 TIME SINCE LAST SMOKED CIGARETTES

CIGDLYMO

Len : 2 EVER SMOKED CIG EVERY DAY FOR 30 DAYS

CIGAGE

Len : 3 AGE WHEN FIRST STARTED SMOKING CIGARETTES EVERYDAY

CIGDLMFU

Len : 2 MONTH OF FIRST CIGARETTE USE EVERY DAY - RECODE

CIG100LF

Len : 2 HAVE YOU SMOKED 100 CIGS IN YOUR LIFE

Alcohol

ALCYFU

Len : 4 YEAR OF FIRST ALCOHOL USE - RECODE

ALCREC

Len : 2 TIME SINCE LAST DRANK ALCOHOLIC BEVERAGE

ALCYRTOT

Len : 3 TOTAL # OF DAYS USED ALCOHOL IN PAST 12 MOS

ALDAYPYR

Len : 3 NUMBER DAYS DRANK ALCOHOL IN PAST 12 MOS

ALDAYPMO

Len : 2 # DAYS PER MONTH DRANK ALCOHOL IN PAST 12 MOS

ALDAYPWK

Len : 2 # DAYS PER WEEK DRANK ALCOHOL IN PAST 12 MOS

AL30EST

Len : 2 BEST ESTIMATE # DAYS HAD ONE OR MORE DRINKS

NOTE: Beginning in 2015, level 975 was updated to "AT LEAST 4 or 5 Logically assigned" to reflect the change in the threshold for binge alcohol use among female respondents from 5 or more drinks on an occasion prior to 2015 to 4 or more drinks on an occasion in 2015. See the note below for ALCBNG30D.

On the ALC30DAY/ALCESTFL days that you drank during the past 30 days, how many drinks did you usually have? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

*(AL07)*

ALCUS30D

Len : 3 USUAL # OF DRINKS PER DAY PAST 30 DAYS

NOTE: Beginning in 2015, female respondents were asked ALCBNG30D to report the number of days that they had 4 or more drinks on the same occasion in the past 30 days. As in prior years, male respondents in 2015 were asked for ALCBNG30D to report the number of days that they had 5 or more drinks on the same occasion in the past 30 days.

During the past 30 days, that is since [DATEFILL], on how many days did you have [4 or more]/[5 or more] drinks on the same occasion? By "occasion," we mean at the same time or within a couple of hours of each other.

*(AL08)*

ALCBNG30D

Len : 2 # DAYS HAD FOUR/FIVE OR MORE DRINKS PAST 30 DYS

Marijuana

How long has it been since you last used marijuana or hashish?

*(MJLAST3, MJRECDK, MJRECRE)*

MJREC

Len : 2 TIME SINCE LAST USED MARIJUANA/HASHISH

MRBSTWAY

Len : 2 EASIEST WAY TO TELL US # DAYS USED MARIJUANA/HASH

MRDAYPYR

Len : 3 # DAYS USED MARIJUANA/HASHISH PAST 12 MONTHS

On average, how many days did you use marijuana or hashish each month during the past 12 months?

*(MJMONAVE)*

MRDAYPMO

Len : 2 # DAYS PER MO USED MARIJUANA/HASHISH PAST 12 MOS

On average, how many days did you use marijuana or hashish each week during the past 12 months?

*(MJWKAVE)*

MRDAYPWK

Len : 2 # DAYS PER WEEK USED MARIJUANA/HASHISH PAST 12 MOS

Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?

*(MJ06)*

MJDAY30A

Len : 2 # DAYS USED MARIJUANA/HASHISH PAST 30 DAYS

What is your best estimate of the number of days you used marijuana or hashish during the past 30 days?

*(MJ06DKRE)*

MR30EST Len : 2 BEST EST. # DAYS USED MARIJUANA PAST 30 DAYS

Cocaine

Did you first use cocaine in any form in [CURRENT YEAR - 1] or [CURRENT YEAR]? Did you first use cocaine in any form in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? In what month in [CURRENT YEAR] did you first use cocaine in any form?  
*(CC03A, CC03B, CC03C)*

COCYFU

Len : 4 YEAR OF FIRST COCAINE USE - RECODE

In what month in [CURRENT YEAR] did you first use cocaine in any form? In what month in [YEAR FROM CC03a or CC03b] did you first use cocaine?

*(CC03C, CC03D)*

COCMFU

Len : 2 MONTH OF FIRST COCAINE USE - RECODE

How long has it been since you last used cocaine?

*(CCLAST3, CCRECDK, CCRECRE)*

COCREC

Len : 2 TIME SINCE LAST USED COCAINE

COCYRTOT

Len : 3 TOTAL # OF DAYS USED COCAINE IN PAST 12 MONTHS

Now think about the past 12 months, from [DATEFILL] through today. We want to know how many days you've used cocaine during the past 12 months.

What would be the easiest way for you to tell us how many days you've used it?

*(CCFRAME3)*

CCBSTWAY

Len : 2 EASIEST WAY TO TELL US # DAYS USED COCAINE

On how many days in the past 12 months did you use cocaine?

*(CCYRAVE)*

CCDAYPYR

Len : 3 # DAYS USED COCAINE PAST 12 MONTHS

On average, how many days did you use cocaine each month during the past 12 months?

*(CCMONAVE)*

CCDAYPMO

Len : 2 # DAYS PER MONTH USED COCAINE PAST 12 MONTHS

On average, how many days did you use cocaine each week during the past 12 months?

CCDAYPWK

Len : 2 # DAYS PER WEEK USED COCAINE PAST 12 MONTHS

Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use cocaine?

*(CC06)*

COCUS30A

Len : 2 # DAYS USED COCAINE PAST 30 DAYS

What is your best estimate of the number of days you used cocaine during the past 30 days?

*(CC06DKRE)*

CC30EST Len : 2 BEST ESTIMATE # DAYS USED COCAINE PAST 30 DAYS

S. 190

***SUBSTANCE DEPENDENCE AND ABUSE***

***The values in this section may be inconsistent with values for variables in other sections of the interview. Items in this section were edited when respondents legitimately skipped out of these items based on prior answers in earlier sections. Otherwise, variables in one section of the interview generally were not edited to make them consistent with variables in another section of the interview. This note applies to variables in this section marked by a1.***

Think about your use of **cigarettes** during the past 30 days as you answer these next questions. Please think about how true each statement is of you.  
After not smoking for a while, you need to smoke in order to feel less restless and irritable. *(DRCGE01)*

CIGIRTBL1

Len : 2 NEED TO SMOKE TO FEEL LESS IRRITABLE

When you don't smoke for a few hours, you start to crave cigarettes.

*(DRCGE02)*

CIGCRAVE1

Len : 2 START TO CRAVE CIGS WHEN DON'T SMOKE FOR FEW HRS

You sometimes have strong cravings for a cigarette where it feels like you're in the grip of a force you can't control.

*(DRCGE03)*

CIGCRAGP1

Len : 2 CRAVING OF CIGS LIKE STRONG FORCE CAN'T CONTROL

You feel a sense of control over your smoking - that is, you can "take it or leave it" at any time.

*(DRCGE04)*

CIGINCTL1

Len : 2 FEEL A SENSE OF CONTROL OVER YOUR SMOKING

The number of cigarettes you smoke per day is often influenced by other things - how you're feeling, or what you're doing, for example.

*(DRCGE14)*

CIGINFLU1

Len : 2 # OF CIGS SMOKE PER DAY INFLUENCED BY OTHER THINGS

Your smoking is not affected much by other things. For example, you smoke about the same amount whether you're relaxing or working, happy or sad, alone or with others.

*(DRCGE15)*

CIGNOINF1

Len : 2 SMOKING NOT AFFECTED BY OTHER THINGS

ALCOHOL

During the past 12 months, did you try to set limits on how often or how much alcohol you would drink?

*(DRALC04)*

ALCLIMIT1

Len : 2 SET LIMITS ON ALCOHOL USE PAST 12 MONTHS

Were you able to keep to the limits you set, or did you often drink more than you intended to?

*(DRALC05)*

ALCKPLMT1

Len : 2 ABLE TO KEEP LIMITS OR DRANK MORE PAST 12 MOS

During the past 12 months, did you need to drink more alcohol than you used to in order to get the effect you wanted?

*(DRALC06)*

ALCNDMOR1

Len : 2 NEEDED MORE ALC TO GET SAME EFFECT PST 12 MOS

During the past 12 months, were you able to cut down or stop drinking alcohol every time you wanted to or tried to?

*(DRALC09)*

ALCCUTEV1

Len : 2 ABLE TO CUT/STOP DRNKG EVERY TIME PAST 12 MOS

During the past 12 months, did you cut down or stop drinking at least one time?

*(DRALC10)*

ALCCUT1X1

Len : 2 CUT DOWN OR STOP DRNKG AT LEAST ONCE PAST 12 MOS

Please look at the symptoms listed below. During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped drinking alcohol?

- Sweating or feeling that your heart was beating fast - Having your hands tremble  
- Having trouble sleeping  
- Vomiting or feeling nauseous

- Seeing, hearing, or feeling things that weren't really there - Feeling like you couldn't sit still  
- Feeling anxious  
- Having seizures or fits

*(DRALC11)*

ALCWD2SX1

Len : 2 HAD 2+ ALC WITHDRAWAL SYMPTOMS PST 12 MOS

Please look at the symptoms listed below. During the past 12 months, did you have 2 or more of these symptoms at the same time that lasted for longer than a day after you cut back or stopped drinking alcohol?

- Sweating or feeling that your heart was beating fast - Having your hands tremble  
- Having trouble sleeping  
- Vomiting or feeling nauseous

- Seeing, hearing, or feeling things that weren't really there - Feeling like you couldn't sit still  
- Feeling anxious  
- Having seizures or fits

*(DRALC12)*

ALCWDSMT1

Len : 2 HAD 2+ ALC WDRAW SYM AT SAME TIME PST 12 MOS

During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by drinking alcohol?

*(DRALC13)*

ALCEMOPB1

Len : 2 ALC CAUSE PRBS WITH EMOT/NERVES PAST 12 MOS

Did you continue to drink alcohol even though you thought drinking was causing you to have problems with your emotions, nerves, or mental health?

*(DRALC14)*

ALCEMCTD1

Len : 2 CONTD TO DRINK ALC DESPITE EMOT PRBS

Did you continue to drink alcohol even though you thought drinking was causing you to have physical problems?

*(DRALC16)*

ALCPHCTD1

Len : 2 CONTD TO DRINK ALC DESPITE PHYS PRBS

This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did drinking alcohol cause you to give up or spend less time doing these types of important activities?

*(DRALC17)*

ALCLSACT1

Len : 2 LESS ACTIVITIES B/C OF ALC USE PAST 12 MOS

Sometimes people who drink alcohol have serious problems at home, work or school - such as:

- Neglecting their children  
- Missing work or school  
- Doing a poor job at work or school  
- Losing a job or dropping out of school

During the past 12 months, did drinking alcohol cause you to have serious problems like this either at home, work, or school?

*(DRALC18)*

ALCSERPB1

Len : 2 ALC CAUSE SERS PRBS AT HOME/WORK/SCH PST 12 MOS

Did you continue to drink alcohol even though you thought your drinking caused problems with family or friends?

*(DRALC22)*

ALCFMCTD1

Len : 2 CONTD TO DRINK ALC DESPITE PRBS W/ FAM/FRNDS

MARIJUANA

Were you able to keep to the limits you set, or did you often use marijuana or hashish more than you intended to?

*(DRMJ05)*

MRJKPLMT1

Len : 2 ABLE TO KEEP LIMITS OR USE MORE MJ PAST 12 MOS

During the past 12 months, did you want to or try to cut down or stop using marijuana or hashish?

*(DRMJ08)*

MRJCUTDN1

Len : 2 WANT/TRY TO CUT DOWN/STOP USING MJ PST 12 MOS

*(DRMJ09)*

MRJCUTEV1

Len : 2 ABLE TO CUT/STOP USING MJ EVERY TIME PST 12 MOS

During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of marijuana or hashish?

*(DRMJ13)*

MRJEMOPB1

Len : 2 MJ CAUSE PRBS WITH EMOT/NERVES PAST 12 MOS

Did you continue to use marijuana or hashish even though you thought it was causing you to have problems with your emotions, nerves, or mental health?

*(DRMJ14)*

MRJEMCTD1

Len : 2 CONTD USING MARIJUANA DESPITE EMOT PRBS

Did you continue to use marijuana or hashish even though you thought it was causing you to have physical problems?

*(DRMJ16)*

MRJPHCTD1

Len : 2 CONTD TO USE MARIJUANA DESPITE PHYS PRBS

This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using marijuana or hashish cause you to give up or spend less time doing these types of important activities?

*(DRMJ17)*

MRJLSACT1

Len : 2 LESS ACTIVITIES B/C OF MJ USE PAST 12 MOS

Sometimes people who use marijuana or hashish have serious problems at home, work or school - such as:

- neglecting their children  
- missing work or school  
- doing a poor job at work or school  
- losing a job or dropping out of school

During the past 12 months, did using marijuana or hashish cause you to have serious problems like this either at home, work, or school?

*(DRMJ18)*

MRJSERPB1

Len : 2 MJ CAUSE SERS PRBS AT HOME/WORK/SCH PST 12 MOS

During the past 12 months, did you regularly use marijuana or hashish and then do something where using marijuana or hashish might in physical danger?

MRJPDANG1

Len : 2 USING MJ AND DO DANGEROUS ACTIVITIES PST 12 MOS

During the past 12 months, did using marijuana or hashish cause you to do things that repeatedly got you in trouble with the law?

*(DRMJ20)*

MRJLAWTR1

Len : 2 USING MJ CAUSE PRBS WITH LAW PAST 12 MOS

During the past 12 months, did you have any problems with family or friends that were probably caused by your use of marijuana or hashish?

*(DRMJ21)*

MRJFMFPB1

Len : 2 USING MJ CAUSE PRBS W/FAMILY/FRIENDS PST 12 MOS

Did you continue to use marijuana or hashish even though you thought it caused problems with family or friends?

*(DRMJ22)*

MRJFMCTD1

Len : 2 CONTD TO USE MJ DESPITE PRBS W/ FAM/FRNDS

COCAINE/ Crack

Were you able to keep to the limits you set, or did you often use [COKEFILL] more than you intended to?

*(DRCC05)*

COCKPLMT1

Len : 2 ABLE TO KEEP LIMITS OR USED MORE COC PST 12 MOS

During the past 12 months, were you able to cut down or stop using [COKEFILL] every time you wanted to or tried to?

*(DRCC09)*

COCCUTEV1

Len : 2 ABLE TO CUT/STOP USING COC EVERY TIME PAST 12 MOS

During the past 12 months, did you cut down or stop using [COKEFILL] at least one time?

*(DRCC10)*

COCCUT1X1

Len : 2 CUT DOWN/STOP USING COC AT LEAST 1X PST 12 MOS

During the past 12 months, have you felt kind of blue or down when you cut down or stopped using [COKEFILL]?

*(DRCC10A)*

COCFLBLU1

Len : 2 WHEN CUT DOWN ON COC, FELT BLUE PAST 12 MONTHS

Please look at the symptoms listed below. During the past 12 months, did you have 2 or more of these symptoms after you cut back using [COKEFILL]?

- Feeling tired or exhausted  
- Having bad dreams  
- Having trouble sleeping or sleeping more than you normally do - Feeling hungry more often  
- Feeling either very slowed down or like you couldn't sit still

*(DRCC11)*

COCWD2SX1

Len : 2 HAD 2+ COC WITHDRAWAL SYMPTOMS PST 12 MOS

*(DRCC12)*

COCWDSMT1

Len : 2 HAD 2+ COC WDRAW SYM AT SAME TIME PAST 12 MOS

During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of [COKEFILL]?

*(DRCC13)*

COCEMOPB1

Len : 2 COC CAUSE PRBS WITH EMOT/NERVES PAST 12 MOS

Did you continue to use [COKEFILL] even though you thought it was causing you to have problems with your emotions, nerves, or mental health?

*(DRCC14)*

COCEMCTD1

Len : 2 CONTD TO USE COC DESPITE EMOT PRBS

During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of [COKEFILL]?

*(DRCC15)*

COCPHLPB1

Len : 2 ANY PHYS PRBS CAUSED/WORSND BY COC PST 12 MOS

Did you continue to use [COKEFILL] even though you thought it was causing you to have physical problems?

*(DRCC16)*

COCPHCTD1

Len : 2 CONTD TO USE COC DESPITE PHYS PRBS

This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family.

During the past 12 months, did using [COKEFILL] cause you to give up or spend less time doing these types of

important activities?

**Freq Pct**

120 0.21 1195 2.13 49500 88.18 5235 9.33 1 0.00 15 0.03 70 0.12

*(DRCC17)*

COCLSACT1

Len : 2 LESS ACTIVITIES B/C OF COC USE PAST 12 MOS

Sometimes people who use [COKEFILL] have serious problems at home, work or school - such as:

- neglecting their children  
- missing work or school  
- doing a poor job at work or school  
- losing a job or dropping out of school

During the past 12 months, did using [COKEFILL] cause you to have serious problems like this either at home, work, or school?

*(DRCC18)*

COCSERPB1

Len : 2 COC CAUSE SERS PRBS AT HOME/WORK/SCH PST 12 MOS

During the past 12 months, did you regularly use [COKEFILL] and then do something where using [COKEFILL] might have put you in physical danger?

*(DRCC19)*

COCPDANG1

Len : 2 USING COC AND DO DANGEROUS ACTIVITIES PST 12 MOS

Did you continue to use [COKEFILL] even though you thought it caused problems with family or friends?

*(DRCC22)*

COCFMCTD1

Len : 2 CONTD TO USE COC DESPITE PRBS W/ FAM/FRNDS

RECORDED SUBSTANCE DEPENDENCE AND ABUSE S.266

ABUSE:

A respondent was defined as having alcohol, marijuana, cocaine, heroin, hallucinogen, inhalant, methamphetamine, pain reliever, tranquilizer, stimulant, or sedative abuse (ABUSEALC, ABUSEMRJ, ABUSECOC, ABUSEHER, ABUSEPYHAL, ABUSEPYINH, ABUSEPYMTH, ABUSEPYPNR, ABUSEPYTRQ, ABUSEPYSTM, ABUSEPYSED) if they reported a positive response to one or more of the following four abuse criteria and was determined not to be dependent upon the substance of interest:

1. Respondent reported having serious problems due to substance use at home, work or school.
2. Respondent reported using substance regularly and then did something where substance use might have put them in physical danger.
3. Respondent reported substance use causing actions that repeatedly got them in trouble with the law.
4. Respondent reported having problems caused by substance use with family or friends and continued to use substance even though it was

thought to be causing problems with family and friends.

*ALCFMCTD, ALCFMFPB, ALCLAWTR, ALCPDANG, ALCSERPB, DEPNDALC)*

ABUSEALC Len : 1 RC-ALCOHOL ABUSE - PAST YEAR  
0 = No/Unknown (Otherwise).............................................................................................

1 = Yes (Any one of above criteria and DEPNDALC=0) ...................................................

*(DEPNDMRJ, MRJFMCTD, MRJFMFPB, MRJLAWTR, MRJPDANG, MRJSERPB)*

ABUSEMRJ Len : 1 RC-MARIJUANA ABUSE - PAST YEAR  
0 = No/Unknown (Otherwise).............................................................................................

1 = Yes (Any one of above criteria and DEPNDMRJ=0) ...................................................

*(COCFMCTD, COCFMFPB, COCLAWTR, COCPDANG, COCSERPB, DEPNDCOC)*

ABUSECOC Len : 1 RC-COCAINE ABUSE - PAST YEAR  
0 = No/Unknown (Otherwise).............................................................................................

1 = Yes (Any one of above criteria and DEPNDCOC=0)...................................................

SPECIAL TOPICS S.271

In the past 12 months, were you arrested and booked for driving under the influence of alcohol or drugs?

*(SP03J)*

BKDRVINF1

Len : 2 ARRSTD & BOOKED FOR DUI PAST 12 MONTHS

In the past 12 months, were you arrested and booked for drunkenness or other liquor law violations?

*(SP03K)*

BKDRUNK1

Len : 2 ARRSTD & BOOKED FOR DRUNKENNESS PAST 12 MONTHS

In the past 12 months, were you arrested and booked for drunkenness or other liquor law violations?

*(SP03K)*

BKDRUNK1

Len : 2 ARRSTD & BOOKED FOR DRUNKENNESS PAST 12 MONTHS

During the past 12 months, have you driven a vehicle while you were under the influence of marijuana?

*(SP06B)*

DRVINMARJ

Len : 2 DROVE UNDER INFLUENCE OF MARIJUANA PST 12 MOS

During the past 12 months, have you driven a vehicle while you were under the influence of [COKEFILL]?

*(SP06C)*

DRVINCOCN

Len : 2 DROVE UNDER INFLU OF COCAINE PST 12 MOS

During the past 12 months, have you driven a vehicle while you were under the influence of alcohol only?

*(SP06H)*

DRVINALON

Len : 2 DROVE UNDER INFLUENCE OF ONLY ALCOHOL PST 12 MOS

PRIOR SUBSTANCE S.281

ADULT MENTAL HEALTH SERVICE UTILIZATION S.364

YOUTH EXPERIENCES S.390

RECODED YOUTH EXPERIENCES S.405

MENTAL HEALTH S.411

RECODED MENTAL HEALTH S.419

ADULT DEPRESSION S.425

YOUTH MENTAL HEALTH SERVICE UTILIZATION S.448

ADOLESCENT DEPRESSION S.492

CONSUMPTION OF ALCOHOL S.516