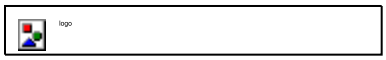

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid investigators to integrate the collection of PhenX measures in your study. The PhenX measures that you selected and added to your Cart are presented in the DCW in alphabetical order. The DCW includes worksheets for data collection. Variables derived from the collected data are shown in the Data Dictionary (DD) with variable names and unique PhenX variable identifiers. The collection of DCWs produced by the Toolkit is not designed as a data collection instrument. Each investigator will decide how to integrate PhenX measures into data collection for their study

Toolkit Name: SubstanceUse2

PhenX Measure: Alcohol - Lifetime Use (#030100)
PhenX Protocol: Alcohol - Lifetime Use (#030101)

Date of Interview/Examination (MM/DD/YYYY): _____

1. In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?
   [ ] Yes

   [ ] No

   Notes to interviewer:

   - *Definition of a standard drink: 1 12oz bottle of beer, 1 glass 4oz non-fortified wine, 1 mixed drink with 1oz liquor.*

   - *If respondent needs a visual reference for the size of a drink, the flashcards from the Wave 1 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) study are provided below:*

Toolkit Name: SubstanceUse2

PhenX Measure: Alcohol - Age of First Use (#030200)
PhenX Protocol: Alcohol - Age of First Use (#030201)

1. About how old were you when you first started drinking, not counting small tastes or sips of alcohol?
   ___Age

   [ ] Never drank alcohol (Unless there is a prior screening question asking about any drinking)

2. About how old were you when you first started drinking once a month or more?
   ___Age

   [ ] Never drank alcohol regularly

Notes to interviewer:

- *Definition of a standard drink: 1 12oz bottle of beer, 1 glass 4oz non-fortified wine, 1 mixed drink with 1oz liquor.*
- *If respondent needs a visual reference for the size of a drink, the flashcards from the Wave 1 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) study are provided below:*

Protocol Source: https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=30201

Toolkit Name: SubstanceUse2

PhenX Measure: Alcohol - 30-Day Quantity and Frequency (#030300)
PhenX Protocol: Alcohol - 30-Day Quantity and Frequency (#030301)

1. 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 drink one or more drinks of an alcoholic beverage?
   # OF DAYS: ____ [RANGE: 0 - 30]
   [ ] Don't Know / Refused

2. On the days that you drank during the past 30 days, how many **drinks** did you **usually** have each day? 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.
   # OF DRINKS: ____ [RANGE: 1 - 90]
   [ ] Don't Know / Refused

* DATEFILL is the date 30 days prior to the date of the interview.

Notes to interviewer:

- *Definition of a standard drink: 1 12oz bottle of beer, 1 glass 4oz non-fortified wine, 1 mixed drink with 1oz liquor.*
- *If respondent needs a visual reference for the size of a drink, the flashcards from the Wave 1 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) study are provided below:*

1. On the days you drank in the past 30 days, for how much of the day were you typically feeling the effects of the alcohol?
(a) an hour or 2 (b) about half of the day (c) most or all of the day

2. On the days you drank in the past 30 days, during which part(s) of the day were you typically feeling the effects of the alcohol? [Please circle all that apply]
(a) morning (b) afternoon (c) evening (d) nighttime

Toolkit Name: SubstanceUse2

PhenX Measure: Substance Abuse and Dependence - Past Year (#510400)
PhenX Protocol: Substance Abuse and Dependence - Past Year - Alcohol (#510401)

Section 2B - Alcohol Experiences

Column a		Column b
I'm going to read you a list of experiences that many people have reported in connection with their drinking. 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?
(1) Find that your usual number of drinks had much less effect on you than it once did?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(2) Find that you had to drink much more than you once did to get the effect you wanted?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(3) Drink as much as a fifth of liquor in one day, that would be about 20 drinks, or 3 bottles of wine, or as much as 3 six-packs of beer in a single day?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(4) Increase your drinking because the amount you used to drink didn't give you the same effect anymore?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(5) More than once want to stop or cut down on your drinking?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes

		2 [ ] No
(6) More than once TRY to stop or cut down on your drinking but found you couldn't do it?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(7) Have a period when you ended up drinking more than you meant to?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(8) Have a period when you kept on drinking for longer than you had intended to?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(9) Experience alcohol craving, or a strong desire or urge to use alcohol?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(10) The next few questions are about the bad aftereffects of drinking that people may have when the effects of alcohol are wearing off. This includes the morning after drinking or in the first few days after stopping or cutting down. Did you EVER…		
(a) Have trouble falling asleep or staying asleep (when the effects of alcohol were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(b) Find yourself shaking (when the effects of alcohol were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(c) Feel anxious or nervous (when	1 [ ] Yes →	

the effects of alcohol were wearing off)?	2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(d) Feel sick to your stomach or vomit (when the effects of alcohol were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(e) Feel more restless than is usual for you (when the effects of alcohol were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(f) Find yourself sweating or your heart beating fast (when the effects of alcohol were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(g) See, feel, or hear things that weren't really there (when the effects of alcohol were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(h) Have fits or seizures (when the effects of alcohol were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(i) Have very bad headaches (when the effects of alcohol were wearing off)?	1 [ ] Yes → 2 [ ] No - *SKIP to Check Item 2.6*	1 [ ] Yes 2 [ ] No
CHECK ITEM 2.6 Are at least 2 items marked in column b, 10(a) – 10(i)?	1 [ ] Yes - *Go to 10(j)* 2 [ ] No - *SKIP to (11)*	

	(j) You just mentioned that you had experienced some bad physical aftereffects of drinking in the last 12 months. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life—like at work or school or with family or friends?		1 [ ] Yes 2 [ ] No
(11)	Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to GET OVER any of the bad aftereffects of drinking?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(12)	Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to KEEP FROM having any of these bad aftereffects of drinking?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(13)	Have a period when you spent a lot of time drinking?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(14)	Have a period when you spent a lot of time being sick or getting over the bad aftereffects of drinking?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(15)	Give up or cut down on activities that were important to you in order to drink—like work, school, or associating with friends or relatives?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(16)	Give up or cut down on activities that you were interested in or that gave you pleasure in order to drink?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(17)	Continue to drink 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
(18)	Continue to drink even though you knew it	1 [ ] Yes →	

	was causing you a health problem or making a health problem worse?	2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(19)	Continue to drink even though you had experienced a prior blackout, that is, awakened the next day not being able to remember some of the things you did while drinking or after drinking?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(20)	Have a period when your drinking or being sick from drinking often interfered with taking care of your home or family?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(21)	Have job or school troubles because of your drinking or being sick from drinking—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
(22)	More than once drive a car or other vehicle WHILE you were drinking?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(23)	More than once ride in a car or other vehicle as a passenger WHILE the driver was drinking?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(24)	More than once drive a car, motorcycle, truck, boat, or other vehicle after having too much to drink?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(25)	Get into situations while drinking or after drinking that increased your chances of getting hurt—like swimming, using machinery, or walking in a dangerous area or around heavy traffic?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(26)	Continue to drink even though you knew it was causing you trouble with your family or friends?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(27)	Get into physical fights while drinking or right after drinking?	1 [ ] Yes → 2 [ ] No - *Go to next*	1 [ ] Yes

		experience	2 [ ] No
(28)	Get arrested, held at a police station, or have any other legal problems because of your drinking?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	 1 [ ] Yes 2 [ ] No
(29)	Find that you could drink much LESS than you once did to get the effect you wanted?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(30)	Ride in a car as a passenger while you were drinking?	1 [ ] Yes → 2 [ ] No	1 [ ] Yes 2 [ ] No

Protocol Source: https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=510401

Toolkit Name: SubstanceUse2

PhenX Measure: Tobacco - Smoking Status (#030600)
PhenX Protocol: Protocol 2: Tobacco - Smoking Status (Adult Protocol) (#030602)

Note to interviewer: Based on responses provided to earlier questions, the respondent may also be asked Questions 2, 3, and 4 (see interviewer notes before these questions).

1. Have you smoked at least 100 cigarettes in your entire life?
   (Note to interviewer: 100 CIGARETTES = APPROXIMATELY 5 PACKS)
   [ ] Yes

   [ ] No

   [ ] Don't Know / Refused

If Question 1 is "Yes" then respondent is asked:

2. Do you now smoke cigarettes every day, some days, or not at all?
   [ ] Every day

   [ ] Some days

   [ ] Not at all

   [ ] Don't Know / Refused

If Question 1 is "Yes" and Question 2 is "Some days" (Current some day smoker) ~~or if Question 1 is "Yes" and Question 2 is "Not at all" (Former smoker)~~, then respondent is asked:

Note: This question is asked of former smokers in a later section, so do not ask here.

3. Have you EVER smoked cigarettes EVERY DAY for at least 6 months?
   [ ] Yes

   [ ] No

   [ ] Don't Know / Refused

Interpreting responses to assess smoking status of adults:

- If answer to Question 1 is *"No"*, then respondent is a "Never Smoker".
- If answer to Question 1 is *"Yes"* and answer to Question 2 is *"Every day"*, then respondent is a "Current Every-Day Smoker".
- If answer to Question 1 is *"Yes"* and answer to Question 2 is *"Some days"*, then respondent is a "Current Some-Day Smoker".

- If answer to Question 1 is *"Yes"* and answer to Question 2 is *"Not at all"*, then respondent is a "Former Smoker".
- Question 3 allows further classification of Current Some-Day and Former Smokers into those who smoked every day in the past from those who have not done so. The former would be indicating heavier past exposure.

Protocol Source: https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=30602

Toolkit Name: SubstanceUse2

PhenX Measure: Tobacco - Age of Initiation of Use (#030700)
PhenX Protocol: Protocol 2: Tobacco - Age of Initiation of Use (Adult Protocol) (#030702)

Note to interviewer: Respondents who were classified as a "Current Every-Day Smoker" by answering the Tobacco - Smoking Status adult Question 1 as "Yes" (Have you smoked at least 100 cigarettes in your entire life?) and Question 2 as "Every day" (Do you now smoke cigarettes every day, some days, or not at all?) are asked:

1. How old were you when you first started smoking cigarettes every day?
   ENTER AGE: ____ [RANGE: 1 - 99]
   [ ] Don't Know / Refused

Note to interviewer: Respondents who were classified as a "Current Some-Day Smoker" or "Former Smoker" (by answering the Tobacco - Smoking Status adult Question 1 as "Yes" (Have you smoked at least 100 cigarettes in your entire life?) and Question 2 (Do you now smoke cigarettes every day, some days, or not at all?) as "Some days" or "Not at all") AND answered Question 3 (Have you EVER smoked cigarettes EVERY DAY for at least 6 months?) as "Yes" are asked:

2. How old were you when you first started smoking cigarettes FAIRLY REGULARLY?
   ENTER AGE: ____ [RANGE: 1 - 99]
   [ ] Don't Know / Refused

Note to interviewer: ENTER (X) IF NEVER SMOKED REGULARLY.

Protocol Source: https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=30702

CHANGES:

Ask #2 of everyone except non-smokers, then ask #1 or anyone who answered Question 3 (Have you EVER smoked cigarettes EVERY DAY for at least 6 months?) as "Yes" are asked:

Toolkit Name: SubstanceUse2

PhenX Measure: Tobacco - 30-Day Quantity and Frequency (#030800)
PhenX Protocol: Protocol 2: Tobacco - 30-Day Quantity and Frequency (Adult Protocol) (#030802)

The following are three protocols, depending on the age and frequency of usage. Protocol A is used with adults who are Every-Day Smokers. Protocol B is used with adults who are Some-Day Smokers. And Protocol C is used with adults who are Former Smokers.

A. Every-Day Smokers

Note to interviewer: Every-Day Smokers (that is, Tobacco - Smoking Status adult protocol, if Question 1 is "Yes" and Question 3 is "Every day") are asked:

1. On the average, about how many cigarettes do you now smoke each day?
   Response:

   Enter number of cigarettes per day ____ [RANGE: 1 - 99]
   [ ] Don't Know / Refused

   (Note to interviewer: One pack usually equals 20 cigarettes, If converting packs to cigarettes, always verify calculation with respondent.)

B. Some-Day Smokers

Note to interviewer: Some-Say Smokers (that is, Tobacco - Smoking Status adult protocol, If Question 1 is "Yes" and Question 3 is "Some days") are asked:

1. On how many of the past 30 days did you smoke cigarettes?
   Response:

   ____ [Range: 1-30, Enter (X) for none]
   [ ] Don't Know / Refused

2. On the average, on those [NUMFILL] days, how many cigarettes did you usually smoke each day?
   Response:

   ____ [Range: 1-99]
   [ ] Don't Know / Refused

   * NUMFILL is the number of days provided in Question 1.

C. Former Smokers

Note to interviewer: Former Smokers (that is, Tobacco - Smoking Status adult protocol, If Question 1 is "Yes", Question 3 is "Not at all") are asked the following questions:

1. Have you EVER smoked cigarettes EVERY DAY for at least 6 months?
   [ ] Yes

   [ ] No

   [ ] Don't Know / Refused

Note: this question was already asked as #
*If Question 1 is "Yes" then respondent is asked Question 2a**:*

2a. When you last smoked every day, on average how many cigarettes did you smoke each day?

Response:

Enter number of cigarettes a day ____ [RANGE: 1 - 99]
[ ] Don't Know / Refused

If Question 1 is "No" then respondent is asked a modified question, Question 2b. This question is modified to reflect that the respondent did not formerly smoke everyday:

2b. When you last smoked fairly regularly, on average how many cigarettes did you smoke each day?

Response:

Enter number of cigarettes a day ____ [RANGE: 1 - 99]
[ ] Don't Know / Refused

Note: Ask these If not former smokers; **except for #4**, which is already asked.

Toolkit Name: SubstanceUse2

PhenX Measure: Substance Abuse and Dependence - Past Year (#510400)
PhenX Protocol: Substance Abuse and Dependence - Past Year - Tobacco (#510403)

Section 3A - Tobacco Use

Column a		Column b
The next few questions are about experiences that many people have had with using tobacco, including cigarettes, cigars, a pipe, snuff, or chewing tobacco. As I read each experience, please tell me if it has EVER happened to you as a result of using ANY of these types of tobacco. In your ENTIRE LIFE, did you EVER…*(PAUSE)* *(Repeat phrase frequently)*		b. Did this happen in the last 12 months?
(1) More than once want to cut down on your tobacco use?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(2) Give up or cut down on activities that you were interested in or that gave you pleasure because tobacco use was not permitted at the activity?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(3) Give up or cut down on activities that were important to you — like associating with friends or relatives or attending social activities — because tobacco use was not permitted at the activity?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(4) Continue to use tobacco even though you knew it was causing you a health problem or making a health problem worse?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(5) Find yourself (chain smoking/using one pinch or plug of snuff or chewing tobacco right after	1 [ ] Yes →	

another)?	2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(6) More than once try to stop or cut down on your tobacco use but found you couldn't do it?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(7) Experience tobacco craving, or a strong desire or urge to use tobacco?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(8) Many people experience problems on occasions when they stop or cut down on their tobacco use. After stopping or cutting down on your tobacco use, did you EVER… (a) Feel depressed?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(b) Have difficulty falling asleep or staying asleep?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(c) Have difficulty concentrating?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(d) Eat more than usual or gain weight?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(e) Become easily irritated, angry, or	1 [ ] Yes →	

frustrated?	2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(f) Feel anxious or nervous?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(g) Feel your heart beating more slowly than usual?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(h) Feel more restless than usual?	1 [ ] Yes → 2 [ ] No – *Go to Check Item 3.4*	1 [ ] Yes 2 [ ] No
CHECK ITEM 3.4 Are at least 2 items marked "Yes" in column b, 8(a) - 8h)?	1 [ ] Yes - *Go to 8(i)* 2 [ ] No - *SKIP to (9)*	
(i) You just mentioned that you had some experiences after stopping or cutting down on your tobacco use in the last 12 months. Were any of these experiences very uncomfortable or upsetting to you or did they cause problems in your life — like at work or school or with family or friends?		1 [ ] Yes 2 [ ] No
(j) Did you use tobacco in the last 12 months to keep from having any of these experiences?		1 [ ] Yes 2 [ ] No
(9) Wake up in the middle of the night to use tobacco?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(10) Often use tobacco just after getting up or shortly after getting up in the morning?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(11) Find yourself using tobacco JUST AFTER being in	1 [ ] Yes →	

a situation where tobacco use was not permitted — like after being on a plane, at a meeting, or shopping at the mall?	2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(12) Find that you had to use much more tobacco than you once did to get the effect you wanted?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(13) Increase your use of tobacco by at least 50 percent?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(14) Have a period when you often used tobacco more than you intended to?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No
(15) Continue to use tobacco even though it made you nervous, jittery, anxious, or depressed?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes 2 [ ] No

Protocol Source: https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=5104013

*The following supplemental flashcard has been revised from the original to reflect the ten drug categories listed in the Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS - IV) instrument. **

Flashcard

TYPES OF MEDICINES/DRUGS

1. **Sedatives**, for example, sleeping pills, barbiturates, Seconal®, Quaaludes®, or Chloral Hydrate®
2. **Tranquilizers or anti-anxiety drugs**, for example, Valium®, Librium®, muscle relaxants, or Zanax®
3. **Painkillers**, for example, Codeine, Darvon®, Percodan®, Dilaudid®, or Demerol®
4. **Stimulants**, for example, Preludin®, Benzedrine®, Methadrine®, uppers, or speed
5. **Marijuana, hash, THC, or grass**
6. **Cocaine or crack**
7. **Hallucinogens**, for example, Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote
8. **Inhalants or Solvents**, for example, amyl nitrate, nitrous oxide, glue, tolune, or gasoline
9. **Heroin**
10. **Any OTHER medicines, drugs, or substances**, for example Methadone®, Elavi®l, steroids, Thorazine®, or Haldol®

* The original Wave 1 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) instrument had ten categories for the lifetime substance use question: Categories 1-8 listed above, along with two additional slots where the respondent could name one of the "other" drugs (including heroin). While editing the data from the Wave 1 responses, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) determined a single category for heroin would be appropriate, leaving only one field for coding "other" drugs. The Alcohol Use Disorder and Associated Disabilities Interview Schedule Fourth Edition Version (AUDADIS - IV) was modified to create a separate category 9 for heroin and a category 10 for other drugs and edited the AUDADIS questionnaire to reflect this change.

Toolkit Name: SubstanceUse2

PhenX Measure: Substances - Lifetime Use (#031100)
PhenX Protocol: Substances - Lifetime Use (#031101)

Have you EVER used any of these medicines or drugs?

1. Sedatives, for example, sleeping pills, barbiturates, Seconal®, Quaaludes, or Chloral Hydrate - *Specify* ↓

_____

2. Tranquilizers or anti-anxiety drugs, for example, Valium®, Librium®, muscle relaxants, or Zanax®- *Specify* ↓

_____

3. Painkillers, for example, Codeine, Darvon®, Percodan®, Oxycontin®, Dilaudid®, Demerol®, Celebrex®or Vioxx®- *Specify* ↓

_____

4. Stimulants, for example, Preludin®, Benzedrine®, Methedrine®, Ritalin®, uppers, or speed - *Specify* ↓

_____

5. Marijuana, hash, THC, or grass - *Specify* ↓

_____

6. Cocaine or crack - *Specify* ↓

_____

7. Hallucinogens, for example, Ecstasy/MDMA, LSD, mescaline, psilocybin, PCP, angel dust, or peyote - *Specify* ↓

8. Inhalants or solvents, for example, amyl nitrite, nitrous oxide, glue, toluene or gasoline - *Specify* ↓

9. Heroin

10. Any OTHER medicines, or drugs, or substances, for example, methadone, Elavil®, steroids, Thorazine® or Haldol®? - (*SELECT MOST FREQUENTLY USED OTHER DRUG*)

Toolkit Name: SubstanceUse2

PhenX Measure: Substances - Age of First Use (#031200)
PhenX Protocol: Substances - Age of First Use (#031201)

Note to interviewer: If respondents answered "Yes" to any of the drug categories asked in the Substances - Lifetime Use measure, they are then asked this question for each drug category they used.

1. How old were you when you FIRST used [Name of drug category*]?
   _____ Age

* "Name of drug category" refers back to the substance(s) indicated in the Substances - Lifetime Use measure. The drug categories are provided below:
1 [ ] Sedatives
2 [ ] Tranquilizers
3 [ ] Painkillers
4 [ ] Stimulants
5 [ ] Marijuana
6 [ ] Cocaine or crack
7 [ ] Hallucinogens
8 [ ] Inhalants/Solvents
9 [ ] Heroin
10 [ ] Other

Protocol Source: https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=31201

2. How old were you when you FIRST started using [Name of drug category*] once a month or more?
   ___Age

   [ ] Never used regularly

Toolkit Name: SubstanceUse2

PhenX Measure: Substances - 30-Day Frequency (#031300)

PhenX Protocol: Substances - 30-Day Frequency (#031301)

1. 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 sedatives? Response:
   Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

2. 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 tranquilizers or anti-anxiety drugs? Response:
   Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

3. 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 painkillers? Response:
   Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

4. 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 stimulants? Response:
   Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

5. 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? Response:
   Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

6. 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? Response:
   Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

7. 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 crack? Response:
   Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

8. 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 any hallucinogens? Response:
   Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

9. 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 any inhalant for kicks or to get high? Response:
   Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

10. 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 any heroin? Response:
    Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

11. 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 any other medicines or drugs or substances? Response:
    Number of days ____ [RANGE: 0 - 30]; Don't know; Refused

* The Alcohol Use Disorder and Associated Disabilities Interview Schedule - Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Version (AUDADIS - IV) drug categories include:

1 Sedatives
2 Tranquilizers
3 Painkillers
4 Stimulants
5 Marijuana
6 Cocaine or crack
7 Hallucinogens
8 Inhalants/Solvents
9 Heroin
10 Other

** DATEFILL is the date 30 days prior to the date of the interview.

Protocol Source: https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=31301

1. On the days you used a medicine or drug in the past 30 days, for how much of the day were you typically feeling the effects of that substance?
   (a) an hour or 2 (b) about half of the day (c) most or all of the day

2. On the days you used a medicine or drug in the past 30 days, during which part(s) of the day were you typically feeling the effects of that substance?
   [Please circle all that apply]
   (a) morning (b) afternoon (c) evening (d) nighttime

Toolkit Name: SubstanceUse2

PhenX Measure: Substance Abuse and Dependence - Past Year (#510400)
PhenX Protocol: Substance Abuse and Dependence - Past Year - Drugs (#510402)

Now I'm going to ask you about some experiences that people have reported in connection with their use of the medicines or drugs that we just talked about. 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 22)*
(1) Have arguments with your spouse, boyfriend/ girlfriend, family, or friends as a result of your medicine or drug use?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(2) Get into physical fights while under the influence of a medicine or drug?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL

			8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(3) Continue to use a medicine or drug even though you knew it was causing you trouble with your family and friends?	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(4) 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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(5) Have a period when your medicine or drug use or your being sick from your medicine or drug use often interfered with taking care of your	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR

home or family?			6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(6) Accidentally injure yourself while under the influence of a medicine or drug, for example, have a bad fall or cut yourself badly, get hurt in a traffic accident or anything like that?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(7) 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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(8) Find yourself under the influence of a medicine or drug or feeling its aftereffects in	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN

situations that increased your chances of getting hurt—like swimming, using machinery, or walking in a dangerous area or around heavy traffic?			4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(9) Get arrested, get held at a police station or have any other legal problems because of your medicine or drug use?	1 [ ] Yes ⟶ 2 [ ] No - *Go to Check Item 3.15*	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH

14a. Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. 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 22)*
(1) 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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM

			5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(2) 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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(3) Often use a medicine or drug in larger amounts or for a much longer period than you meant to?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(4) Have a period when you spent a lot of time using a medicine	1 [ ] Yes → 2 [ ] No - *Go to next*	1 [ ] Yes → 2 [ ] No - *Go to next*	1 [ ] SED 2 [ ] TRAN

	or drug or getting over its bad aftereffects?	*experience*	*experience*	3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(5)	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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(6)	Experience drug craving, or a strong desire or urge to use a medicine or drug?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH

(7) Have any of the following bad aftereffects when the effects of a medicine or drug were wearing off? This includes the morning after using it or in the first few days after stopping or cutting down on it. For example, did you EVER…			
(a) Sleep more than usual?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(b) Feel weak or tired (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER

			10 [ ] OTH
(c) Feel depressed?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(d) Find yourself sweating or 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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(e) Have nausea, vomiting or a stomach ache?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL

			8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(f) Yawn a lot (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(g) Have runny eyes or a runny nose?	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(h) Eat more than usual or gain weight (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR

			6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(i) Feel anxious or nervous?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(j) Have muscle aches or cramps or diarrhea (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(k) Have a fever?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN

			4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(l) Became so restless you fidgeted, paced or couldn't sit still (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(m) Move or talk much more slowly than usual?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(n) Find yourself	1 [ ] Yes →	1 [ ] Yes →	1 [ ] SED

sweating, your pupils dilating or your hair standing up (when the effects of a medicine or drug were wearing off)?	2 [ ] No - *Go to next experience*	2 [ ] No - *Go to next experience*	2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(o) Have unpleasant dreams that often seemed real?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(p) 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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER

			10 [ ] OTH
(q) Find yourself shaking?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(r) Have trouble falling asleep or staying asleep (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(s) Have fits or seizures?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL

			8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(t) Have very bad headaches (when the effects of a medicine or drug were wearing off)?	1 [ ] Yes ⟶ 2 [ ] No - *Go to Check Item 3.18*	1 [ ] Yes ⟶ 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(8) 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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(9) 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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR

			6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(10) Find that you had to use much more of a medicine or drug than you once did to get the effect you wanted?	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(11) 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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(12) Give up or cut down on activities that you were interested in or that gave you pleasure in	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] Yes → 2 [ ] No - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN

order to use a medicine or drug?			4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [10 [ ] OTH
(13) Continue to use a medicine or drug even though 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 - *Go to next experience*	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH
(14) Continue to use a medicine or drug even though you knew it was causing you a health problem or making a health problem worse?	1 [ ] Yes → 2 [ ] No	1 [ ] Yes → 2 [ ] No	1 [ ] SED 2 [ ] TRAN 3 [ ] PAIN 4 [ ] STIM 5 [ ] MAR 6 [ ] COC 7 [ ] HAL 8 [ ] SOLV 9 [ ] HER 10 [ ] OTH

Protocol Source: https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=5104012