ICPSR 34296

Older Drug Users: A Life Course Study of Turning Points in Drug Use [in a large Southeastern Metropolitan Area], 2009-2010

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Questionnaire: Substance Use -- By Year

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# {YEAR}

## **Interview Number and Year**

Yea	Year ———	
	Drug Use	
Duri	ing this year, did you use any of the following drugs?  Tobacco Alcohol Marijuana Hallucinogens/LSD/Ecstasy/Club drugs Prescription Pills Cocaine Crack Heroin Amphetamines Methamphetamine	
How	Tobacco Use Questions  v did you use tobacco this year?  Oral  Nasal Inject Smoke Other	
	Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) About once a month (1-2 times monthly) Less than once a month (3-11 times yearly) Inments:	
Did	you have any treatment for tobacco use this year?  Yes	

Othe	Outpatient program Residential program Detoxification in a hospital or clinic Don't know Other r (specify)
	Alcohol Use Questions
How	did you use alcohol this year?  Oral  Nasal Inject Smoke Other
	Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) About once a month (1-2 times monthly) Less than once a month (3-11 times yearly) ments:
Did y	you have any treatment for alcohol use this year?  Yes  No
	s, what type of treatment did you have?  Any type of 12-step program  Outpatient program  Residential program  Detoxification in a hospital or clinic  Don't know  Other  r (specify)
	Marijuana Use Questions
How	did you use marijuana this year?  Oral  Nasal Inject Smoke Other

How	ften did you use marijuana this year?
	everal times a day (3 or more times daily)
	bout once a day (1-2 times daily)
	everal times a week (3 or more times weekly)
	bout once a week (1-2 times weekly)
	everal times a month (3 or more times monthly)
	bout once a month (1-2 times monthly)
	ess than once a month (3-11 times yearly)
Com	ents:
Dist	house and the standard for modification and their response
Dia	u have any treatment for marijuana use this year?
	'es L
	do
If ye	what type of treatment did you have?
Ó	ny type of 12-step program
	Dutpatient program
	Pesidential program
	Petoxification in a hospital or clinic
	Pon't know
	Official
_	
Ollie	specify)
	·
lal	cinogen/LSD/Ecstasy/Club Drug Use Questions
	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?
	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?
	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year? Oral Jasal
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year? Dral Jasal Diject
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year? Oral Jasal
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year? Dral Jasal Diject
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Pral  Plasal  Praicet  Proke  Other
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Drail  Jasal  Diject  Janoke  Dither  ften did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Oral  Jasal
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Drail  Jasal  Anject  Amoke  Other  Iften did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Jeveral times a day (3 or more times daily)  bout once a day (1-2 times daily)
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Oral  Jasal
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Drail  Jasal  Anject  Amoke  Other  Iften did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Jeveral times a day (3 or more times daily)  bout once a day (1-2 times daily)
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Paal  Jasal
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Oral  Jasal  Diject  Ther  Iften did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Jeveral times a day (3 or more times daily)  Jeveral times a week (3 or more times weekly)  Jeveral times a week (1-2 times weekly)
How	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Drail  Jasal  Diject
How Do	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Drail  Jasal  Jaject  Jamoke  Other  Iften did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Jaject  Ja
How DODD How DODDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Drail  Jasal  Jaject  Jamoke  Other  Iften did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Jaject  Ja
How O O O O O O O	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Drail  Jasal  Jaject  Jamoke  Other  Iften did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Jaject  Ja
How How Com	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Drail  Jasal  Jaject  Jamoke  Other  Iften did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Jaject  Ja
How How Com	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Oral  Jasal  Jaject  Immoke  Other  Iften did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Ideveral times a day (3 or more times daily)  Ideveral times a week (1-2 times daily)  Ideveral times a week (1-2 times weekly)  Ideveral times a month (3 or more times monthly)  Ideveral times a month (1-2 times monthly)  Ideveral times a month (3-11 times yearly)  Identity  Identi
How How Com	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Oral  Jasal  Jaject  Jaject  Jasal  Jaject  J
How How Com	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Idasal Inject Idasal Idasal Inject Idasal Inject Idasal Idasal Idasal Idasal Inject Idasal Idasa
How Did	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  Idasal Inject Idasal Idasal Inject Idasal Inject Idasal Idasal Idasal Idasal Inject Idasal Idasa
How Did	id you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  brail lasal laject moke bither  fiten did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?  deveral times a day (3 or more times daily) bout once a day (1-2 times daily) bout once a week (3 or more times weekly) bout once a week (1-2 times weekly) bout once a week (1-2 times monthly) beveral times a month (3 or more times monthly) bout once a month (1-2 times monthly) ess than once a month (3-11 times yearly) ents:  u have any treatment for Hallucinogen/LSD/Ecstasy/Club drug use this year?  fes lo

	Residential program
	Detoxification in a hospital or clinic
	Don't know
	Other
Othe	er (specify)
	Procerintian Pill Hea Questions
	Prescription Pill Use Questions
How	ordid you use Prescription Pills this year?  Oral
	Nasal
	Inject
	Smoke
	Other
_	
How	often did you use Prescription Pills this year?
	Several times a day (3 or more times daily)
	About once a day (1-2 times daily)
	Several times a week (3 or more times weekly)
	About once a week (1-2 times weekly)
$\overline{}$	Several times a month (3 or more times monthly)
_	About once a month (1-2 times monthly)
	Less than once a month (3-11 times yearly)
Com	ments:
Did	you have any treatment for Prescription Pill use this year?
	Yes No.
	No
If ye	es, what type of treatment did you have?
	Any type of 12-step program
	Outpatient program
	Residential program
	Detoxification in a hospital or clinic
	Don't know
	Other
Othe	r (specify)
	Cocaine Use Questions
How	did you use cocaine this year?
	Oral
	Nasal
	Inject
	Smoke Other in
	Other

	often did you use cocaine this year?
	Several times a day (3 or more times daily)
	About once a day (1-2 times daily)
	Several times a week (3 or more times weekly)
	About once a week (1-2 times weekly)
	Several times a month (3 or more times monthly)
	About once a month (1-2 times monthly)
	Less than once a month (3-11 times yearly)
Comn	nents:
D:-I	
Dia y	ou have any treatment for this drug this year?
	Yes No.
	No
-	s, what type of treatment did you have?
	Any type of 12-step program
_	Outpatient program
_	Residential program
	Detoxification in a hospital or clinic
	Don't know
	Other
Other	(specify)
	Crack Use Questions
	Grade Goo Gadotions
How	did you use crack this year?
How	
	did you use crack this year?
	did you use crack this year? Oral Nasal Inject
	did you use crack this year? Oral Nasal Inject Smoke
	did you use crack this year? Oral Nasal Inject
	did you use crack this year? Oral Nasal Inject Smoke
	did you use crack this year? Oral Nasal Inject Smoke Other
How	did you use crack this year?  Oral  Nasal Inject Smoke Other  often did you use crack this year?
How	did you use crack this year?  Oral  Nasal Inject Smoke Other  Often did you use crack this year?  Several times a day (3 or more times daily)
	did you use crack this year?  Oral  Nasal Inject Smoke Other  Often did you use crack this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)
How	did you use crack this year?  Oral  Nasal Inject Smoke Other  Often did you use crack this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)  Several times a week (3 or more times weekly)
W	did you use crack this year?  Oral  Nasal Inject Smoke Other  Often did you use crack this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)  Several times a week (3 or more times weekly)  About once a week (1-2 times weekly)
B B B B B B B B B B B B B B B B B B B	did you use crack this year?  Oral  Nasal Inject Smoke Other  often did you use crack this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)  Several times a week (3 or more times weekly)  About once a week (1-2 times weekly)  Several times a month (3 or more times monthly)
B B B B B B B B B B B B B B B B B B B	did you use crack this year?  Oral  Nasal Inject Smoke Other  often did you use crack this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) Less than once a month (3-11 times yearly)
	did you use crack this year?  Oral  Nasal Inject Smoke Other  often did you use crack this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) Less than once a month (3-11 times yearly)
How	did you use crack this year?  Oral  Nasal Inject Smoke Other  often did you use crack this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) About once a month (1-2 times monthly) Less than once a month (3-11 times yearly) nents:  ou have any treatment for crack use this year?
How Comm	did you use crack this year?  Oral  Nasal Inject Smoke Other  often did you use crack this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) Several times a month (1-2 times monthly) Less than once a month (3-11 times yearly) nents:  ou have any treatment for crack use this year? Yes
How Comm	did you use crack this year?  Oral  Nasal Inject Smoke Other  often did you use crack this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) About once a month (1-2 times monthly) Less than once a month (3-11 times yearly) nents:  ou have any treatment for crack use this year?
How Comm	did you use crack this year?  Oral  Nasal Inject Smoke Other  Often did you use crack this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) Less than once a month (1-2 times monthly) Less than once a month (3-11 times yearly) nents:  Ou have any treatment for crack use this year?  Yes No
How Comm	did you use crack this year?  Oral  Nasal Inject Smoke Other  often did you use crack this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) Several times a month (1-2 times monthly) Less than once a month (3-11 times yearly) nents:  ou have any treatment for crack use this year? Yes
How Comm	did you use crack this year?  Oral  Nasal  Inject  Smoke  Other  Often did you use crack this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)  Several times a week (3 or more times weekly)  About once a week (1-2 times weekly)  Several times a month (3 or more times monthly)  About once a month (1-2 times monthly)  Less than once a month (3-11 times yearly)  ments:  ou have any treatment for crack use this year?  Yes  No

	Detoxification in a hospital or clinic
	Don't know Other
Othe	r (specify)
	<b>Heroin Use Questions</b>
How	did you use heroin this year?
	Oral
	Nasal
	Inject
	Smoke
Ц	Other
How	often did you use heroin this year?
	Several times a day (3 or more times daily)
	About once a day (1-2 times daily)
	Several times a week (3 or more times weekly)
	About once a week (1-2 times weekly) Several times a month (3 or more times monthly)
	About once a month (1-2 times monthly)
	Less than once a month (3-11 times yearly)
_	ments:
Did v	you have any treatment for heroin use this year?
	Yes
_	No
_	s, what type of treatment did you have?  Any type of 12-step program
	Outpatient program
	Residential program
	Detoxification in a hospital or clinic
	Don't know
	Other
Othe	r (specify)
	Amphetamine Use Questions
How	did you use amphetamines this year?
	Oral
	Nasal
	Inject
	Smoke
	Other

How often did you use amphetamines this year?

	Several times a day (3 or more times daily)
	About once a day (1-2 times daily)
	Several times a week (3 or more times weekly)
	About once a week (1-2 times weekly)
	Several times a month (3 or more times monthly)
	About once a month (1-2 times monthly)
	Less than once a month (3-11 times yearly)
Com	nents:
Did	ou have any treatment for amphetamine use this year?  Yes
	No
	NO TO THE PART OF
If vo	s, what type of treatment did you have?
y≎ □	Any type of 12-step program
	Outpatient program
	Residential program
$\overline{\Box}$	Detoxification in a hospital or clinic
$\overline{\Box}$	Don't know
$\overline{\Box}$	Other
_	(specify)
	Methamphetamine Use Questions
	Methamphetamine Use Questions
Ном	
How	did you use methamphetamine this year?
How	did you use methamphetamine this year?  Oral
	did you use methamphetamine this year?  Oral  Nasal
How	did you use methamphetamine this year? Oral Nasal Inject
	did you use methamphetamine this year?  Oral  Nasal  Inject  Smoke
	did you use methamphetamine this year? Oral Nasal Inject
	did you use methamphetamine this year?  Oral  Nasal  Inject  Smoke  Other
How	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?
	did you use methamphetamine this year?  Oral  Nasal  Inject  Smoke  Other  Often did you use methamphetamine this year?  Several times a day (3 or more times daily)
How	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)
How	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)  Several times a week (3 or more times weekly)
How	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)  Several times a week (3 or more times weekly)  About once a week (1-2 times weekly)
How	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly)
How	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) About once a month (1-2 times monthly)
How	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly)
How	did you use methamphetamine this year?  Oral  Nasal  Inject  Smoke  Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)  Several times a week (3 or more times weekly)  About once a week (1-2 times weekly)  Several times a month (3 or more times monthly)  About once a month (1-2 times monthly)  Less than once a month (3-11 times yearly)
How	did you use methamphetamine this year?  Oral  Nasal  Inject  Smoke  Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)  Several times a week (3 or more times weekly)  About once a week (1-2 times weekly)  Several times a month (3 or more times monthly)  About once a month (1-2 times monthly)  Less than once a month (3-11 times yearly)
How	did you use methamphetamine this year?  Oral  Nasal  Inject  Smoke  Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)  Several times a week (3 or more times weekly)  About once a week (1-2 times weekly)  Several times a month (3 or more times monthly)  About once a month (1-2 times monthly)  Less than once a month (3-11 times yearly)
How	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  Often did you use methamphetamine this year?  Several times a day (3 or more times daily)  About once a day (1-2 times daily)  Several times a week (3 or more times weekly)  About once a week (1-2 times weekly)  Several times a month (3 or more times monthly)  About once a month (1-2 times monthly)  Less than once a month (3-11 times yearly)  ments:
How	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) About once a month (1-2 times monthly) Less than once a month (3-11 times yearly) nents:  ou have any treatment for methamphetamine use this year?
How	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) Several times a month (1-2 times monthly) Less than once a month (3-11 times yearly) nents:  ou have any treatment for methamphetamine use this year?  Yes
How Did	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) Several times a month (1-2 times monthly) Less than once a month (3-11 times yearly) nents:  ou have any treatment for methamphetamine use this year?  Yes
How Did	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  Often did you use methamphetamine this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) About once a month (1-2 times monthly) Less than once a month (3-11 times yearly) ments:  ou have any treatment for methamphetamine use this year?  Yes No
How Did	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year?  Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) About once a month (1-2 times monthly) Less than once a month (3-11 times yearly) ments:  ou have any treatment for methamphetamine use this year?  Yes No
How Did	did you use methamphetamine this year?  Oral  Nasal Inject Smoke Other  often did you use methamphetamine this year? Several times a day (3 or more times daily) About once a day (1-2 times daily) Several times a week (3 or more times weekly) About once a week (1-2 times weekly) Several times a month (3 or more times monthly) About once a month (1-2 times monthly) Less than once a month (3-11 times yearly) ments:  ou have any treatment for methamphetamine use this year? Yes No  s, what type of treatment did you have? Any type of 12-step program

☐ ☐ Othe	Don't know Other r (specify)
	. (ороспу)
	ng this year did you feel your drug use was out of control?
	Never
	Sometimes
	Often
	Always
With	which drug(s) did you feel out of control? (Select all that apply)
	Tobacco
	Alcohol
	Marijuana
	Hallucinogens/Ecstasy/Club Drugs
	Prescription Pills
	Cocaine
$\overline{}$	Crack
	Heroin
	Amphetamines
	Methamphetamine
_	
	ng this year did you feel that your drug use caused problems in your life?  Never  Sometimes  Often  Always
Whi	ch drug(s) caused problems in your life? (Select all that apply)
	Tobacco
	Alcohol
	Marijuana
	Hallucinogens/Ecstasy/Club Drugs
	Prescription Pills
	Cocaine
$\overline{}$	Crack
	Heroin
	Amphetamines
_	
	Methamphetamine
Con	nments about this question:
D:	ng this year, had there been a period when you enent a great deal of time using drugs, setting dru
	ng this year, had there been a period when you spent a great deal of time using drugs, getting dru etting over its effects?
	Yes

	No
	ing this year, had you often used larger amounts of drugs or used drugs for a longer period of time n you intended to? Yes No
_ Duri	ing this year, had you often wanted to cut down on or control your drug use or had you tried to cut rn but you couldn't?  Yes  No
Duri	ing this year, had you found that you had to take a lot more drugs to get the same effect?  Yes  No
	Treatment
Duri	ing this year, were you in any kind of treatment?
	No Any type of 12-Step program Other or (specify)
	Social Variables
Wha	at state did you live in this year?
	Alabama
	Alaska
	Arizona
	Arkansas California
	Colorado
	Connecticut
	Delaware
	District of Columbia
	Florida
	Georgia
	Hawaii
	ldaho
	Illinois Indiana
	lowa
	Kansas
	Kentucky
	Louisiana
	Maine
	Maryland
	Massachusetts
	Michigan Minner and Annual Control of the Control o
	Minnesota Mississippi
	modoupp

Wha	It was your family role during this year? Son or Daughter Sibling Father or Mother
1	Other (specify)
Wha	Own home Rent home Pay roomate Live in someone's home for free Government paid home Military base Single room occupancy/Boarding room Shelter Homeless on street Jail/Prison Other
Wha	t type of geographic area did you live in during this year?  Rural Suburban Urban Small town
	New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming Outside of US Side the US, where did you live?
	Missouri Montana Nebraska Nevada New Hampshire

	Partner
	Spouse
	N/A
	Other
(	Other (specify)
<b>VA</b> /1	A construction and the lands of
	It was you major work role during this year?  Professional
	Managerial Office
	Blue collar
	Service/Restaurant
	Farm
	Day labor
	Military
	Student
	Homemaker
	Disabled, not working
	Sales
	After-school work
	Looking for work
	Unemployed, not seeking work
	Prison work/Community service
	N/A (did not start working yet)
	Other
(	Other (specify)
_	t were the drug roles you had in that year?
u	User
	Runner Dealer
	Producer
	Sex work for drugs
	Hustle for drugs
	N/A
	Other
_	
(	Other (specify)
Wer	e you in prison/jail/youth detention at any time this year?
	Yes
	No
	Covuel Pohoviere
	Sexual Behaviors
Did	you have sexual intercourse this year?
	Yes
	No
_	
Wha	at type of sexual partner did you have this year?
	Spouse
	Steady partner

	Occasional partner
	Friend
	Acquaintance
	Paying or paid sex
	Stranger
$\overline{}$	Other
_	
0	Other (specify)
How	many of this type of partner did you have: Spouse
How	many of this type of partner did you have: Steady partner
How	many of this type of partner did you have: Occasional partner
How	many of this type of partner did you have: Friend
How	many of this type of partner did you have: Aquaintance
How	many of this type of partner did you have: Paying or Paid sex
How	many of this type of partner did you have: Stranger
How	many of this type of partner did you have: Other
	often did you use a condom while having sex this year?  Always  Usually  Sometimes  Never
Wha	t was the type of sexual relation you had this year?
	Heterosexual
	Male sex with male
_	Female sex with female
Ц	Other
Ot	her (specify)
Οl	

**End of Survey - Click Submit to Begin New Year**