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
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: [5 3]

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?

   [WENT TO A MOVIE, WENT TO A CONCERT, WENT TO A PLAY, WENT TO A SPORTING EVENT]

   [NONE OF THE ABOVE] → GO TO Q.3

3) Chose between two different types of answers.

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

   ENTER NUMBER OF CHILDREN: [0 1]

   OR

   [NO MORE CHILDREN] → GO TO EXAMPLE # 2

   (In this case, you would either write in the number of children if you expect to have more or circle "NO MORE CHILDREN" if you do not intend to have more.)

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

   [ ] [ ] OR [0 2]

   MONTHS YEARS

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

GO TO Q. 8
PAGE DS-4

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?

   100 OR MORE TIMES
   50 TO 99 TIMES
   11 TO 49 TIMES
   6 TO 10 TIMES
   3 TO 5 TIMES
   1 OR 2 TIMES

   NEVER

   GO TO Q.20 PAGE DS-7

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)

   LESS THAN ONE MONTH (30 DAYS) AGO

   1 OR MORE MONTHS AGO BUT LESS THAN ONE YEAR AGO
   MORE THAN ONE YEAR AGO BUT LESS THAN FOUR YEARS AGO
   4 OR MORE YEARS AGO

   GO TO Q.20 PAGE DS-7

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...

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Sedatives, such as barbiturates, sleeping pills and Seconal (&quot;downers&quot;)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>21.</td>
<td>Tranquilizers, such as Librium, Valium, and Xanax</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>22.</td>
<td>Stimulants, such as amphetamines, Preludin, uppers and speed</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>23.</td>
<td>Pain killers, such as Darvon, Demerol, Percodan, and Tylenol with codeine</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.</td>
<td>Sedatives, such as barbiturates, sleeping pills and Seconal (&quot;downers&quot;)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>25.</td>
<td>Tranquilizers, such as Librium, Valium, and Xanax</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>26.</td>
<td>Stimulants, such as amphetamines, Preludin, uppers and speed</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>27.</td>
<td>Pain Killers, such a Darvon, Demerol, Percodan, and Tylenol with codeine</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>28.</td>
<td>Inhalants, such as glue, amyl nitrite, poppers and aerosol sprays</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>29.</td>
<td>Hallucinogens, such as LSD, PCP, peyote, and mescaline</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>30.</td>
<td>Heroin</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

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