NATIONAL SURVEY ON DRUG USE AND HEALTH: 2012 QUESTIONNAIRE FIELD TEST FINAL REPORT

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
Rockville, Maryland 20857

March 19, 2014

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NATIONAL SURVEY ON DRUG USE AND HEALTH: 2012 QUESTIONNAIRE FIELD TEST FINAL REPORT

Deliverable 27: Field Test Protocol
Contract No. HHSS283201000003C
RTI Project No. 0212800.001.102.003.008.005

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March 19, 2014

Recommended Citation: Center for Behavioral Health Statistics and Quality. (2014). *National Survey on Drug Use and Health: 2012 Questionnaire Field Test Final Report*. Substance Abuse and Mental Health Services Administration, Rockville, MD.

Acknowledgments

This report would not be possible without the guidance and input of staff from the Center for Behavioral Health Statistics and Quality. In particular, Jonaki Bose and Dicy Painter provided useful comments. At RTI International (a trade name of Research Triangle Institute), Debbie Bond, Valerie Garner, and Richard Straw provided report production assistance, and Dave Heller and Chris Stringer contributed to revisions and additions to the report.

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1. Background and Goals

This report describes the data collection and analytic methods and results of the 2012 Questionnaire Field Test (QFT) for the National Survey on Drug Use and Health (NSDUH), including comparisons of selected QFT estimates with current and comparable NSDUH data and other data sources. Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH is a national survey of the U.S. civilian, noninstitutionalized population aged 12 or older. The annual conduct of NSDUH is paramount in meeting a critical objective of SAMHSA's mission to maintain current data on the prevalence of substance use in the United States.

In order to continue producing data that accurately reflect current conditions, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must update NSDUH periodically to reflect changing substance use and mental health issues. CBHSQ is planning to implement changes related to a partial NSDUH redesign. These changes include use of a new sample design in 2014 and a limited update to the interview questionnaire in 2015. The new sample design will allow for continued national, State, and substate-level estimation comparable with estimation from previous surveys. The sample design's improved efficiency will result in significant cost savings. The primary change to the questionnaire is an updated set of prescription drug modules, which will include current prescription drugs and incorporate a new questionnaire structure. Other planned changes to the questionnaire include a revised health module that contains new questions about drug and alcohol screening by primary care physicians. These changes will seek to achieve three main goals: (1) to revise the questionnaire to address changing policy and research data needs, (2) to modify the survey methodology to improve the quality of estimates and the efficiency of data collection and processing, and (3) to maintain trends in core substance use estimates[1] across survey years. The 2012 QFT is meant to test the revisions to the questionnaire and protocols.

The NSDUH questionnaire used in the 2012 QFT was revised to improve some of the questions that cause known or suspected problems with data from the current questionnaire. New content that addresses current data needs has also been added. Revisions designed to reduce errors associated with usability problems in the design and layout of the computer-assisted interviewing (CAI) instrument have been added. These changes include revising the prescription drug modules, the front-end demographics, the binge drinking definition for women, the special drugs module, and the back-end demographics section, as well as including a new methamphetamine module. In addition, materials that describe the survey to respondents have been revised. These materials include the NSDUH lead letter that is mailed to respondents prior to their being contacted by an interviewer and the "question & answer" (Q&A) brochure that interviewers provide to respondents. ***Section 2.4.1*** provides a complete and detailed list of the questionnaire and protocol changes that were implemented for the 2012 QFT. In addition, ***Appendix A*** shows the changes to the NSDUH questionnaire modules in interview sequence and provides copies of the redesigned lead letter and Q&A brochure that were used in the 2012 QFT and are planned for main study implementation in the 2015 survey year.

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[1] Drugs defined as core substance use items in NSDUH include tobacco, alcohol, marijuana, cocaine, crack cocaine, heroin, hallucinogens, inhalants, pain relievers, tranquilizers, stimulants, and sedatives.

To inform the questionnaire and protocol for the 2012 QFT, pretesting activities were conducted. Revised questions were tested with 80 respondents across two phases of cognitive interviewing. The cognitive interviews tested updated modules for pain relievers, tranquilizers, stimulants, and sedatives. Questions about drugs that are newly available on the market were added, and questions about drugs that are no longer commercially available were deleted. A new definition of misuse of prescription drugs and respondent understanding of a number of new questions and modules were also tested. In addition, focus groups were conducted in five metropolitan areas in the United States to obtain feedback from diverse members of the target population on alternative versions of the NSDUH lead letter and Q&A brochure, including 12 focus groups in English and 5 in Spanish (Currivan et al., 2009).

The primary goal of the field test is to measure the total effect on NSDUH estimates from *all* changes to the protocol planned for the 2015 redesign, using multiple indicators. The field test provides data to attempt to address the following research questions to the extent that sample sizes allow:

1. To what extent do the planned changes in the protocol influence data quality as measured by unit nonresponse, item nonresponse, imputation rates, and other indicators of data quality?
2. To what extent does the redesigned protocol influence the overall timing of the full interview, the section timing for revised modules, and the screener timing, including the new field observation questions?
3. What measurable implications, if any, for the general feasibility of the redesigned protocol were obtained from field observations, field interviewer (FI) debriefing items, equipment surveys, or focus groups with QFT interviewers?
   - 3a. What feedback from FIs or respondents is received on the redesigned prescription drug questions on issues such as the ability to understand the questions, repetitiveness of questions, and ease of interpreting the electronic drug images?
   - 3b. What FI or proxy respondent feedback is received on the new audio computer-assisted self-interviewing (ACASI) tutorial for proxy respondents?
   - 3c. What FI and/or respondent feedback is received on any other new aspects of the redesigned protocol elsewhere in the interview?
4. To what extent are the planned changes in the protocol associated with any increases or decreases in the reporting of core substance use, methamphetamine, prescription drugs, or noncore items?[2]
   - 4a. To what extent are the planned changes in the protocol associated with any differences in the reporting of core substance use across important demographic subgroups, especially age groups?

[2] The core consists of initial demographic items (which are interviewer-administered) and self-administered questions pertaining to the use of tobacco, alcohol, marijuana, cocaine, crack cocaine, heroin, hallucinogens, inhalants, pain relievers, tranquilizers, stimulants, and sedatives. Noncore items in the NSDUH questionnaire include substance dependence or abuse, injection drug use, and various demographic and household items.

4b. To what extent do the planned changes to the prescription drug questions appear to affect the reporting of the misuse of prescription drugs?

4c. To what extent do the planned changes in the protocol appear to be associated with any differences in reporting for noncore survey items?

This report provides information on how the 2012 QFT was conducted and the results of this field test. ***Chapter 2*** describes the study design, field preparations, and data collection procedures. ***Chapter 3*** describes procedures for defining usable cases, editing, imputation, weighting, data file preparation, and data analysis issues for the 2012 QFT data and the two NSDUH datasets that were used to compare with the QFT data. This chapter also discusses key analytic issues, especially comparisons of the 2012 QFT data with the 2012 quarters 3 and 4 NSDUH main study data and the 2011 NSDUH main study data. ***Chapter 4*** details the data collection outcomes, including screenings and interviews completed, screening and interview response rates, overall interview timing, selected section timings, imputation rates, item missingness rates, and other data quality indicators. ***Chapter 5*** describes data collected from QFT interviewers through multiple methods—including field observations of interviewers, field debriefing questions completed by interviewers, two equipment surveys, and three focus groups—to address the general performance of the redesigned protocol. ***Chapter 6*** presents comparisons of the 2012 QFT core substance use estimates, excluding methamphetamine and prescription drug items, with 2011 NSDUH and 2012 quarters 3 and 4 NSDUH main study estimates. ***Chapter 7*** presents comparisons of QFT estimates for methamphetamine and prescription drugs with 2011 NSDUH and 2012 quarters 3 and 4 NSDUH main study estimates. ***Chapter 8*** examines QFT estimates for selected noncore items compared with 2011 NSDUH and 2012 quarters 3 and 4 NSDUH main study estimates for these items. ***Chapter 9*** compares selected QFT estimates with relevant data from other sources, including the National Ambulatory Medical Care Survey (NAMCS), National Hospital Ambulatory Medical Care Survey (NHAMCS), Monitoring the Future (MTF), and the National Health Interview Survey (NHIS). Finally, ***Chapter 10*** summarizes the key findings in the report and presents the implications of these findings for the partially redesigned NSDUH protocol.

2. Study Design, Field Preparations, and Data Collection Procedures

2.1 Overview of the Study Design, Field Preparations, and Data Collection

This chapter provides details of the design and implementation of the 2012 Questionnaire Field Test (QFT). ***Section 2.2*** describes the study design, including the sample design and selection procedures. ***Section 2.3*** addresses preparations made for data collection, including preparing the field equipment, selecting the field interviewers (FIs), and training the FIs and field supervisors (FSs). ***Section 2.4*** describes all of the data collection procedures followed in implementing the 2012 QFT.

2.2 Study Design

This section describes the target population represented by the QFT, procedures for selecting sampling regions and segments, selection of dwelling units, allocation of respondents across age groups, and selection of persons to be respondents for the interviews.

2.2.1 Target Population

Similar to the main study of the National Survey on Drug Use and Health (NSDUH), the respondent universe for the QFT was the civilian, noninstitutionalized population aged 12 or older. In order to control costs, persons residing in Alaska and Hawaii, as well as persons who were not able to complete the interview in English, were excluded from the QFT. Therefore, the sample is representative of members of the noninstitutionalized population aged 12 or older in the contiguous United States who are able to complete the interview in English.

2.2.2 Selection of State Sampling Regions and Segments

NSDUH is designed to yield 67,500 interviews from 7,200 segments each calendar year (Morton, Martin, Shook-Sa, Chromy, & Hirsch, 2012). Thus, an estimated 213 segments were needed to yield approximately 2,000 completed interviews. To make this sample representative of the target population, a probability proportional to size (PPS) sample of 213 (of 876) State sampling (SS) regions was selected. This design maximized the efficiency (i.e., increased the precision) of the QFT estimates by reducing variation in the weights. In addition, this design had the benefit of placing the sample in heavily populated areas where a sufficient mix of FIs with various experience levels would be expected to meet staffing goals. As shown in ***Table 2.1***, a large portion of the sample was selected from the eight largest States (i.e., California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas).

Within each selected SS region, a sample of dwelling units was drawn from the segment that was retired from use in quarter 1 of the 2012 NSDUH. If an insufficient number of dwelling units remained in a segment, or if significant access problems were expected in a segment, the segment was replaced with the quarter 4 2011 retired segment in the same SS region. A total of 6 segments were replaced because they had fewer than 10 dwelling units remaining, and a total of 7 segments were replaced due to anticipated access problems in the segments.

Table 2.1 Number of 2012 Questionnaire Field Test State Sampling Regions and Sample Sizes, by State

State	Population Rank (12 or Older)	Current Design	NSDUH SS Regions	Number of QFT SS Regions/ Segments (PPS)	2012 QFT Respondents
CA	1	3,600	48	23	170
TX	2	3,600	48	14	146
NY	3	3,600	48	11	105
FL	4	3,600	48	18	169
IL	5	3,600	48	10	72
PA	6	3,600	48	10	121
OH	7	3,600	48	7	103
MI	8	3,600	48	9	86
GA	9	900	12	6	60
NC	10	900	12	5	50
NJ	11	900	12	6	52
VA	12	900	12	6	83
MA	13	900	12	4	33
WA	14	900	12	5	46
IN	15	900	12	6	63
AZ	16	900	12	4	14
TN	17	900	12	4	51
MO	18	900	12	2	16
WI	19	900	12	4	38
MD	20	900	12	3	32
MN	21	900	12	4	36
CO	22	900	12	6	33
AL	23	900	12	4	45
SC	24	900	12	3	31
KY	25	900	12	3	28
LA	26	900	12	5	66
OR	27	900	12	1	8
OK	28	900	12	5	40
CT	29	900	12	5	41
IA	30	900	12	0	0
MS	31	900	12	0	0
AR	32	900	12	0	0
KS	33	900	12	2	19
NV	34	900	12	2	33
UT	35	900	12	6	63
NM	36	900	12	1	4

(continued)

Table 2.1 Number of 2012 Questionnaire Field Test State Sampling Regions and Sample Sizes, by State (continued)

State	Population Rank (12 or Older)	Current Design	NSDUH SS Regions	Number of QFT SS Regions/ Segments (PPS)	2012 QFT Respondents
WV	37	900	12	2	23
NE	38	900	12	3	25
ID	39	900	12	0	0
ME	40	900	12	2	12
NH	41	900	12	1	11
HI	42	900	12	0	0
RI	43	900	12	0	0
MT	44	900	12	1	16
DE	45	900	12	0	0
SD	46	900	12	0	0
AK	47	900	12	0	0
VT	48	900	12	0	0
ND	49	900	12	0	0
DC	50	900	12	0	0
WY	51	900	12	0	0
	Total	67,500	900	213	2,044

PPS = probability proportional to size; QFT = Questionnaire Field Test; SS = State sampling.

2.2.3 Selection of Dwelling Units

Dwelling units that were not selected for the 2011 and 2012 main studies were eligible for selection in the QFT. A sufficient number of dwelling units was drawn to account for the lower sample yield resulting from conducting interviews in English only. The starting sample size and the sample allocation across the segments were determined based on anticipated eligibility, nonresponse, and the person-level sample selection procedures. Similar to the main study, a small reserve sample (20 percent) of dwelling units from each segment was selected, and the total sample was partitioned into four probability subsamples within each segment: 105 percent and three 5 percent partitions, for a total of 120 percent. Although the majority of the sample (105/120) was released at the beginning of the QFT data collection period, having the additional sample partitions allowed for greater flexibility in controlling the sample size and provided the ability to ensure that data collection goals were attained within the field period. Two additional 5 percent partitions were released in all but six States[3] after 4 weeks of data collection.

A total of 5,358 dwelling units were sampled and yielded 2,044 completed interviews as shown in ***Table 2.2***. The half-open interval procedure for missed dwelling units was implemented during the QFT, but it is not scheduled to be implemented in the 2014 or 2015 NSDUHs.

[3] Additional sample was not released in the following States: Connecticut, New Mexico, Oregon, South Carolina, Virginia, and Utah.

Table 2.2 Summary of the 2012 Questionnaire Field Test Sample Results

Statistic	Total	Rate
State Sampling (SS) Regions	213	N/A
Segments	213	N/A
Selected Dwelling Units	5,358	N/A
Eligible Dwelling Units	4,623	0.86
Completed Screening Interviews	3,837	0.83
Selected Persons	2,823	
Eligible Persons[1]	2,760	0.98
Completed Interviews	2,044	0.74

N/A = not applicable.

[1] These are selected persons who were eligible for the QFT (excluding final language barriers).

2.2.4 Age Group Allocations

The respondent sample was allocated to the three major age groups in the following proportions: 25 percent aged 12 to 17, 25 percent aged 18 to 25, and 50 percent aged 26 or older. Within the 26 or older age group, 15 percent of the sample was allocated to persons aged 26 to 34, 20 percent of the sample was allocated to persons aged 35 to 49, and 15 percent was allocated to persons aged 50 or older. This sample allocation matched the planned allocation for the 2015 NSDUH partial redesign. One implication of the respondent sample allocation by age groups is a potential impact on QFT response rates. Retaining more of the 26 or older adults identified in households to complete interviews had a negative effect on unweighted interview response rates. As shown in ***Table 4.4*** in ***Chapter 4***, both the weighted and unweighted response rates for persons younger than 26 were higher than the response rates for persons aged 26 or older. The unweighted interview response rate for the QFT sample was 72.41 percent compared with 76.52 percent for the 2011 main study comparison sample and 79.31 percent for the 2012 quarters 3 and 4 main study comparison sample (see ***Table 4.4*** in ***Chapter 4***). Weighted interview response rates are not affected by the change in age allocation. Although a smaller proportion of 12 to 17 year olds were selected, this age group continued to drive the number of dwelling units needed (i.e., relative to the total population in this age group, the age group continued to be sampled at the highest rate). Thus, fewer dwelling units were needed to yield the desired sample than would be needed under the current sample design.

2.2.5 Selection of Persons

After dwelling units were selected within each QFT segment, an FI visited each selected dwelling unit to obtain a roster of all persons residing in the dwelling unit. This roster information was used to select 0, 1, or 2 persons for the survey. Sampling rates were preset by segment and age group. Roster information was entered directly into the electronic screening program, which automatically implemented this stage of selection based on the segment and age group sampling parameters. As indicated in ***Table 2.2***, 2,823 people were selected from within 3,837 screened and eligible dwelling units, which yielded 2,044 completed interviews.

2.3 Field Preparations

The primary QFT field preparation activities are presented in this section, including programming tablets, laptops, and field support systems for data collection; selecting FIs to conduct the data collection; and developing and implementing the FI training program, materials, and procedures.

2.3.1 Preparing Field Equipment

As part of a larger effort to evaluate data collection equipment options to be deployed for the 2015 NSDUH survey year and beyond, the Substance Abuse and Mental Health Services Administration (SAMHSA) and RTI International[4] adopted a phased equipment evaluation process beginning in the fall of 2011. This process will conclude with final selection of data collection hardware in 2014. The first and second evaluation phases of this process were conducted in late 2011 and early 2012. These phases focused on determining whether to pursue a "one-device" approach in which a single convertible laptop would be used to conduct both screening and interviews or a "two-device" approach in which a small tablet computer would be used for screenings and a conventional laptop for interviews. Results from those evaluations revealed that NSDUH FIs strongly preferred a "two-device" approach. As a result, SAMHSA and RTI determined that further evaluation phases would focus on tablets running Google's Android operating system (OS) for screening and laptops running Microsoft's Windows OS for interviewing. Although NSDUH's technical team initially investigated the possibility of using Apple devices running iOS, they were ruled out in the early phase because of software development challenges and higher hardware costs.

Another outcome of the first two evaluation phases was that NSDUH FIs strongly preferred the Samsung Galaxy Tab 7.0", the smallest and lightest of all devices assessed, as a potential device to be used for household screenings. For this reason, SAMHSA decided that the third evaluation phase would consist of field testing the Samsung Galaxy Tab 7.0" as part of the 2012 QFT. All QFT FIs used the tablet for screening QFT cases and completed two equipment surveys to provide structured feedback about their experiences. (See ***Section 5.4*** in ***Chapter 5*** for results of the equipment surveys.) Additional feedback about the tablet was gathered during three FI focus group sessions held at the end of QFT data collection. (See ***Section 5.5*** in ***Chapter 5*** for results of the focus groups.) Because the existing NSDUH screening software is implemented on the Windows Mobile platform, a substantial development effort was required to create not only a new screening program that could run on the Android OS, but also new transmission software that would enable transmission of data from the tablet and the laptop.

New interview hardware was not field tested during the QFT, partly because it was desirable to use the same equipment to enable comparisons of the redesigned QFT questionnaire to the current NSDUH questionnaire and to minimize the risk of software bugs that might compromise the ability to make these comparisons. Although new laptops were not used, all QFT FIs received from the existing fleet a second laptop that was configured with the new QFT questionnaire and transmission program.

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[4] RTI International is a trade name of Research Triangle Institute.

Substantial modifications were needed for a variety of supporting systems central to the supervision and monitoring of NSDUH data collection. These systems include the Web-based case management system (CMS) that enables supervisors to assign, transfer, and monitor cases; the reporting systems used for tracking FI performance and costs; and the verification systems used for data quality. Development work for these supporting systems proceeded in parallel with work on the screening and interview software for the 2012 QFT.

2.3.1.1 Programming Tablets for Screenings

The current NSDUH screening software is a .NET compact framework program that runs on Microsoft's Windows Mobile OS. This software steps FIs through a sequence of rostering and demographic screening questions. The software also performs randomized selections of potential respondents, based on age, as dictated by an embedded statistical sampling algorithm. Because the tablet selected for the QFT uses the Android OS, a new Java-based screening program had to be developed. The software development team chose to develop this as a native Android "app," using freely available and open source development tools. The primary development goal was to replicate the functionality and user interface of the iPAQ program as much as possible in order to take advantage of FIs' existing knowledge of the program and minimize the need for extensive training. As a result, the starting point for development was the iPAQ screening software and the QFT screening specifications. In addition to the standard screening questions and functionality, these specifications included the addition of a series of interview debriefing questions (previously embedded at the end of the computer-assisted interviewing [CAI] questionnaire) that would be displayed once the FI entered the final "interview completed" code. Two features in the iPAQ screening program—the integrated calendar and the call distribution—were not implemented in the QFT screening program because of time constraints in the QFT development schedule. These two features will be developed for the 2013 Dress Rehearsal (DR) version of the screening program. Finally, new transmission software was developed to enable a connection between the tablet and laptop and the transmission of screening data back to RTI.

The screening software was built following RTI's standard Software Development Life Cycle (SDLC). Internal unit testing proceeded in parallel with software development and was performed by the involved programmers, with external testing provided by unassociated members of the programming staff and also the second tier of support from the NSDUH Help team. Test results were communicated among the team using email and other direct communication. When the iterative process of development, change, and internal testing had sufficiently proven the prototype, the new screening software was passed to RTI's iTeam for internal acceptance testing. Iteration again was allowed to occur as needed. Again, email was the primary tool used to communicate and track progress during this phase. Once RTI's iTeam accepted the screening software, the software was sent to SAMHSA for acceptance testing. Once the SAMHSA team confirmed their acceptance test via email, RTI proceeded to integrate the new screening software into the master configuration for the QFT.

2.3.1.2 Programming Laptops for Interviews

The current NSDUH CAI questionnaire is developed in Blaise, an industry standard survey programming software, and deployed on Gateway laptops running the Windows XP OS. As mentioned above, the SAMHSA and RTI teams decided to use existing laptops from the

current fleet of equipment for the QFT interviews. For this reason, no changes were needed in the software to accommodate a new OS, and the starting point for development was the existing CAI instrument. However, substantial changes to the CAI questionnaire were made for the QFT, requiring an extensive programming effort. A complete list of changes to the CAI questionnaire is provided in ***Section 2.4.1***. A summary of the major changes includes the following:

- addition of new questions and rewording of existing questions or changes to response categories,
- significant reordering of questions in various modules,
- transitioning interviewer-administered questions into the self-interview portion of the questionnaire,
- addition of pop-up question help with accompanying audio, and
- addition of an electronic calendar and electronic pill images.

As with the screening program, the software was built following the standard SDLC. Internal unit testing proceeded in parallel with software development and was performed by the involved programmers, with external testing provided by unassociated members of the programming staff and with the second tier of support from the NSDUH Help team. Test results were communicated among the team using email and other direct communication. When the iterative process of development, change, and internal testing had sufficiently proven the prototype, the new CAI software was passed to the RTI iTeam for internal acceptance testing. Because of the magnitude of changes in the questionnaire, an additional set of staff was recruited to test changes in the questionnaire across two phases of additional testing. Email was the primary tool used to communicate and track progress during this phase. Once RTI's iTeam accepted the CAI software, the software was sent to SAMHSA for acceptance testing. Once the SAMHSA team confirmed their acceptance via email, RTI integrated the new interview software into the master laptop configuration for the QFT. After this integration occurred, a final round of integration testing was performed by the programming team.

2.3.1.3 Programming Field Support Systems

QFT data were collected from a national sample of households across the continental United States from September 1, 2012, through November 3, 2012, concurrent with the 2012 quarters 3 and 4 of the main study. Therefore, data had to be collected, processed, and managed separately from the 2012 quarters 3 and 4 main study data. This effort required numerous modifications to existing support systems primarily used by RTI and NSDUH FSs. New pages were added to the Web-based CMS to allow FSs to assign, transfer, and monitor QFT cases separately from the main study. The NSDUH reporting system was changed to include a new set of production, expense, and data quality reports for the QFT. Modifications to NSDUH databases and data processing systems were required to accommodate CAI questionnaire changes that involved a multitude of new Blaise variables and to ensure that data transmitted to and from the field were appropriately identified and stored separately from main study data. Finally, a number of changes were needed in the verification system, including development of a separate computer-assisted telephone interviewing (CATI) questionnaire for telephone verifiers and new functionality on the data quality intranet to support monitoring and tracking of verification data.

RTI employed the same iterative process of development and testing used for the screening and interview software to change these systems. However, because these are internal systems used primarily by RTI and FSs and exist largely for the automation and streamlining of internal project operations, testing of functionality was primarily the responsibility of the programming team. New functionality was developed and implemented on a development site, pointed at back-end development databases. Testing was completed by members of the programming team, with the second tier of support from the NSDUH Help team and in some cases members of NSDUH's operations and data quality teams. Upon completion of testing, these systems were released to the production environment, and the Web programming team continued to monitor and support their operation.

2.3.2 Staffing

The field management team and structure for the QFT were identical to those used for the main study. All of the FIs selected for the QFT also worked on the 2012 quarters 3 and 4 main study data collection, which overlapped with the QFT field period. FIs were chosen for the QFT data collection based on several factors. Initial consideration of FIs was determined by proximity to QFT segments. Field managers analyzed the QFT sample distribution to determine which FIs would be strategic choices for consideration. Location, however, was not the only determining factor.

Length of service on NSDUH was also an important selection criterion for QFT FIs. The goal for the QFT interviewing team was to have a mix of veteran and newer FIs working on the QFT data collection effort that was similar to the distribution for FIs working in quarters 3 and 4 of the main study. FIs who had attended the January 2012 new-to-project (NTP) training session or who had attended an earlier NTP session were eligible for selection for the QFT data collection. Tenure information was gathered for the proposed cohort of QFT FIs, and the distribution of their length of service was similar to the main study, with slightly more experienced FIs working on the QFT. ***Table 2.3*** shows the distribution of 2012 QFT FIs by tenure level compared with the 2012 quarters 3 and 4 main study FIs collecting data at the same time.

Proximity to sample segments and experience level were balanced with each FI's previous data quality and cost efficiency results, availability, and dependability to take on the additional QFT work from September 1 through November 30, 2012. A group of alternates was also recruited as replacements in case there was any attrition among the initially selected group of FIs. In total, 159 FIs successfully completed the QFT FI training and were prepared to conduct QFT data collection (see ***Section 2.3.3***).

Table 2.3 Tenure Distribution of 2012 Quarters 3 to 4 Main Study Field Interviewers Compared with 2012 Questionnaire Field Test Field Interviewers

Number of Quarters Worked on NSDUH Since 2005	2012 Quarters 3 and 4 NSDUH Field Interviewers		2012 Questionnaire Field Test Field Interviewers	
	Count	Percent	Count	Percent
0 - 4	216	27.5	13	8.2
5 - 8	107	13.6	26	16.4
9 - 12	54	6.9	19	11.9
13 - 16	53	6.7	9	5.7
17 - 20	55	7.0	14	8.8
21 - 24	36	4.6	8	5.0
25 - 28	44	5.6	12	7.5
≥ 29	221	28.1	58	36.5
Total	786	100.0	159	100.0

2.3.3 Training Procedures

2.3.3.1 Training Materials

Using a master list of needed supplies, all training materials were prepared and ordered (if necessary) in preparation for QFT training activities. A detailed, near-verbatim training guide was prepared for each member of the training team. Along with the training guide, numerous printed materials were also developed:

- QFT FI handbook that contained protocols and procedures for conducting work on the QFT;
- training workbook that contained necessary exercises, screening and interviewing mock scripts, and additional instructions;
- quality control forms specifically for the various training cases;
- interview incentive receipts for use during the practice interviews;
- showcard booklets for training and use during subsequent fieldwork;
- supplies to be used during the course of training, including the lead letter, study description, and question & answer (Q&A) brochure;
- administrative forms providing site-specific details for proper travel reimbursement; and
- evaluation forms used by trainers when observing FIs in class.

Additionally, PowerPoint slides were developed to accompany the various training guide sections, providing illustrations of the item under discussion or summarizing the main points conveyed in the guide.

As part of the QFT training plan, the electronic multimedia, interactive training application, referred to as iLearning (which stands for independent learning), was used. Using

iLearning allowed FIs to complete a QFT iLearning course at their own pace and review portions of the course again as needed. The QFT iLearning course consisted of visual slides with text and graphics, an audio component providing important information and instructions, a training video, interactive practice exercises, and an assessment portion to ensure the FI's comprehension of the QFT material presented. Upon completion of the course and transmission to RTI, the course assessment results were posted to the CMS for field management staff review. The QFT iLearning course was completed by all FIs selected for the QFT and prior to attendance at an in-person QFT FI training session. All 163 QFT FIs scheduled to attend the in-person QFT FI training sessions successfully completed and passed the QFT iLearning course. (See ***Section 2.3.3.3*** for more details on the number of FIs who actually completed the QFT FI training sessions.)

2.3.3.2 Train-the-Trainers Session

To prepare trainers and instruct all project management staff—including FSs, regional supervisors (RSs), and regional directors (RDs), as well as other NSDUH team members—in the procedures for the QFT, a Train-the-Trainers (TTT) session was held in Raleigh, North Carolina, on August 8 and 9, 2012. A 1-day management meeting was held the day prior to the TTT session on August 7, 2012, to bring all staff together for discussions on key field management topics.

The TTT session was led by members of the instrumentation team who reviewed all portions of the QFT training guide and materials and the logistics for the QFT and instruction on the equipment being used. Following the review of the QFT FI training, each RD led a special QFT management session for his or her RSs and FSs to provide instructions and answer questions related to managing the QFT fieldwork.

2.3.3.3 Field Interviewer Training Sessions

Training sessions for QFT FIs were held in two locations—Cincinnati, Ohio, and Baltimore, Maryland—with each site hosting two separate training sessions. Session A was held on August 25 and 26, 2012. Session B took place on August 28 and 29, 2012. Of the 163 QFT FIs scheduled to attend the in-person QFT FI training, three FIs were unable to attend the training and participate in the QFT prior to conducting the sessions. Of the 160 QFT FIs who attended the QFT FI training sessions, 159 FIs successfully completed the training. One FI demonstrated significant performance issues during the QFT training session and, therefore, did not successfully complete the training. This FI was excused from the QFT data collection, and the cases originally assigned to this FI were reassigned to another FI. ***Table 2.4*** summarizes the results of the QFT FI training sessions.

Table 2.4 Questionnaire Field Test Field Interviewer Training Program

QFT FI Training Session	Cincinnati, Ohio, FIs Trained	Baltimore, Maryland, FIs Trained	Total
Session A (August 25 and 26, 2012)	51	36	87
Session B (August 28 and 29, 2012)	48	24	72
Total QFT FIs Completing Training	99	60	159

The QFT FI training program included an initial self-study component (completed at home prior to training) in which FIs read the QFT FI handbook and completed the QFT iLearning course. During the 2-day in-person classroom training, FIs had hands-on practice with the QFT equipment, programs, and QFT-specific procedures. The 2-day QFT FI training agenda is provided in ***Exhibit 2.1***.

Day 1

Training classes began with an introduction of the QFT and the FI responsibilities on the study. The next topic on the QFT equipment provided instruction in the use of the laptop computer hardware and the basics of the tablet hardware and software, including the screening program. FIs learned about locating and contacting respondents, completed a group walk-through of a QFT screening, and were able to practice effectively answering respondent questions. Then FIs were introduced to the QFT interview conventions and completed a group walk-through of a QFT interview. The FI debriefing questions were covered, as well as additional tips for answering QFT-related respondent questions and dealing with nonresponse. The late afternoon was spent completing two paired mock interviews to gain more practice with the overall QFT process. During these mock interviews, FIs were observed by trainers and were given constructive feedback on their performance and understanding. This was also a time when retraining could take place and FIs could ask questions. All FIs were invited to attend an evening FI laboratory session for additional practice or assistance. FIs completed a QFT screening and interview exercise for homework during the evening as well.

Day 2

Day 2 included instruction on the transmission process and how to troubleshoot problems with the equipment. The homework from the previous evening was reviewed. FIs completed an actual transmission during this session to ensure everything was working properly and to pick up their assigned QFT cases. Then FIs completed two more paired mock interviews while trainers observed, and they received feedback from their trainers. At the end of the training day, administrative tasks were reviewed, including reporting to their FS, how to record time and expenses, and tips on organization. During a session wrap-up, key procedures and protocols of the QFT were reviewed and FI questions were answered. FIs also completed the first installment of the FI feedback survey.

2.4 Data Collection Procedures

This section describes the data collection procedures for the QFT, including contacting and screening sample dwelling units (SDUs), interview administration, controlled access and refusal conversion procedures, data collection management and quality control, and problems encountered.

2.4.1 Questionnaire and Protocol Changes for the 2012 QFT

The 2012 QFT data collection involved the following changes to the 2012 NSDUH questionnaire and protocol:

- The response categories in the highest education completed question were revised.

Exhibit 2.1 Questionnaire Field Test Field Interviewer Training Agenda

	DAY 1
9:00	**(1) Introduction to the QFT [30 minutes]**
	• Introductions & Training Agenda
	• QFT Overview
	• QFT FI Responsibilities
9:30	**(2) Introduction to the QFT Equipment [45 minutes]**
	• Reviewing the Equipment Assignment and Receipt Form (EARF)
	• Tablet Hardware
	• Laptop Hardware
	• Getting Started on the Tablet
	• Equipment Care & Maintenance
10:15	**Break**
10:30	**(3) Administering the QFT Screening [1 hour, 30 minutes]**
	• Locating & Contacting Respondents
	• Screening Procedures
	• QFT Screening - Group Walk-Through
	• Answering Respondent Questions & Nonresponse
	• QFT Paired Screening Exercises
12:00	**Lunch**
1:00	**(4) Administering the QFT Interview [2 hours]**
	• Interview Materials & Procedures
	• QFT Interview - Group Walk-Through
	• FI Debriefing Questions - Interview
	• Answering Respondent Questions & Nonresponse
3:00	**Break**
3:15	**(5) QFT Paired Mocks 1 & 2 [1 hour, 45 minutes]**
	• Review of QFT Process
	• Paired Mocks 1 & 2
	• Review of Paired Mocks 1 & 2
	• Individual Feedback
	• Day 1 Questions & Wrap-Up
5:00	**Adjourn**
6:00 – 8:00	**Field Interviewer Lab**
Homework Exercise	
	DAY 2
9:00	**(6) Transmission & Troubleshooting [45 minutes]**
	• Review of Homework Exercise
	• Answer FI Questions from Day 1
	• Transmission Procedures (including Actual Transmission)
	• Troubleshooting & Technical Support
9:45	**(7) QFT Paired Mocks 3 & 4 [2 hours]**
	• Paired Mocks 3 & 4
10:30	**Break**
10:45	**(7) QFT Paired Mocks 3 & 4 (continued)**
	• Review of Paired Mocks 3 & 4
	• Individual Feedback
12:00	**Lunch**
1:00	**(8) Administrative Tasks [45 minutes]**
	• Reporting to Field Supervisor (FS)
	• Recording Time & Expenses
	• Organization
1:45	**(9) Session Wrap-Up [45 minutes]**
	• Review of Key Procedures & Protocols
	• Day 2 Questions
	• FI Feedback
2:30	**Adjourn**

- The reference date calendar was converted to a computerized application that appeared on-screen.
- Variables in the audio computer-assisted self-interviewing (ACASI) tutorial section were combined and streamlined.
- Smokeless tobacco sections were combined into one section.
- The definition of binge drinking was changed to four or more drinks for female respondents.
- Questions currently included in the special drugs module for hallucinogens, such as ketamine, tryptamines (dimethyltryptamine [DMT], alpha-methyltryptamine [AMT], 5-MeO-DIPT [N, N-diisopropyl-5-methoxytryptamine], also known as "Foxy"), and *Salvia divinorum*, were moved to the core hallucinogens module.
- New inhalants questions for markers and air duster were added.
- A new methamphetamine module was added.
- The definition, approach, and terminology for measuring the misuse of prescription drugs were all revised.
- Modules were added asking respondents about any use of pain relievers, tranquilizers, stimulants, and sedatives as opposed to just nonmedical use.
- The focus of the prescription drug modules was on a 12-month reference period rather than the lifetime reference period used in the current questionnaire.
- Electronic pill images of prescription drugs replaced the current showcard versions.
- Discontinued prescription drugs were removed.
- Prescription drugs currently included elsewhere in the questionnaire were added to the appropriate prescription drug module.
- Questions about use of cough or cold medicines just to get high were moved to the beginning of the special drugs module.
- The special drugs module questions about needle use were reworded, and questions about use of prescription stimulants with a needle were moved to the prescription stimulants module.
- The stimulant questions were revised to reflect separate methamphetamine and prescription stimulant modules.
- The marijuana marketing module was removed.
- The prior substance use module was revised to remove prescription drug questions, to revise methamphetamine questions to refer to the stand-alone question, and to drop questions about which drug was used first.
- The health care module was revised and expanded.
- Questions about how many times the respondent moved in the past 5 years were removed from the social environment and youth experiences modules.

- Questions about prescription drugs were removed from the questions about using drugs with alcohol in the consumption of alcohol module and moved to the appropriate prescription drug modules.
- Questions about drinking four or more drinks on an occasion that were asked of females in the consumption of alcohol module were dropped.
- Questions about disability status and how well the respondent speaks English were added to the ACASI section of the questionnaire in the back-end demographics.
- New questions about family members currently serving in the U.S. military were added to the back-end demographics.
- Industry and occupation questions were removed.
- Marital status was moved from the core demographics to the back-end demographics.
- The education, employment, health insurance, and income questions were all moved to the ACASI portion of the interview. In addition, the top response category for income was revised.
- Questions about step, foster, adoptive, or foster relationships in the household roster were removed
- A new module introduced proxy respondents to the ACASI.
- Questions about cellular telephones and landlines were revised. Two new questions were added, and the previous questions were removed.
- New FI debriefing questions were added and administered via a new screening device, a tablet computer with a 7-inch screen size. These questions had previously been completed by FIs on their laptop computers at the end of the CAI protocol, after all other questions had been completed.
- New contact materials, including a redesigned version of the lead letter and Q&A brochure, were used.

Some of the questionnaire changes were implemented earlier than in the 2015 survey year. A few select changes made to the QFT questionnaire were also adopted for the 2013 survey year. These changes include the following items:

- Two new response categories were added to the race question. The response options now include (a) Guamanian or Chamorro and (b) Samoan.
- New questions were added to ask about serving in the reserve components in the military. The current questions were edited for consistency.
- Questions about use of medical marijuana were added to the blunts module.
- New questions were added to the health care module that ask about height, weight, and the discussions one has had with a doctor about substance use and abuse in the past year.

- The Mental Health Surveillance Study (MHSS) questions were eliminated because no MHSS recruitment occurred as part of the QFT, and the MHSS was discontinued in 2013.[5]

Each of these features of the QFT data collection represents a difference from how the FIs administered the main study data collection in 2011 and 2012.

2.4.2 Contacting Dwelling Units

A few procedural changes were implemented during the QFT that differed from the 2012 main study. When contacting respondents, FIs referred to RTI International (or RTI) and the U.S. Department of Health and Human Services (DHHS), as opposed to Research Triangle Institute and the U.S. Public Health Service. These updates were reflected in all field materials used for the QFT, including the lead letter, study description, Q&A brochure, "Sorry I Missed You" (SIMY) card, Spanish card, interview appointment card, summary of the questionnaire, "Who Uses the Data?" sheet, RTI/SAMHSA fact sheet, and the door person letters. Because the QFT interviews were conducted in English only, Spanish versions of materials were not provided for the QFT. To help FIs distinguish QFT materials from main study materials, the majority of the QFT materials were printed on gray paper and had the QFT version number (v. QFT 9.12) in the lower right corner.

2.4.2.1 Lead Letters

Similar to the main study, prior to an FI's arrival at an SDU, a lead letter was mailed to the address briefly explaining the study and requesting the resident's cooperation (see ***Appendix A***). This letter was printed on DHHS letterhead with the signature of DHHS' national study director and RTI's national field director. Upon arrival at the SDU, the FI referred the respondent to this letter and answered any questions. If the respondent had no knowledge of the lead letter, the FI provided another copy, explained that one was previously sent, and then answered any further questions.

The lead letter was modified for the QFT with redesigned content and format changes to the FI ID and letterhead. The "United States Public Health Service" reference was replaced with the "U.S. Department of Health and Human Services" in the letter. Additionally, the letters were preaddressed to include the county, parish, or district name as part of the address and salutation. These changes were based on the Contact Materials Redesign Study, which included 12 English focus groups and five Spanish focus groups in five metropolitan areas in the United States (Currivan et al., 2009).

2.4.2.2 Introduction, Study Description, and Informed Consent

When in-person contact was made with an adult resident of the SDU, the QFT FIs followed the same introductory and informed consent scripts and procedures for the screening as the main study, with one exception. The "U.S. Department of Health and Human Services" was identified as the sponsor of the study and "RTI International" was used instead of "Research

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[5] ***Appendix M*** provides estimates for new or revised items in the QFT questionnaire that were added to the 2013 main study questionnaire.

Triangle Institute" in the study introduction script. These same wording changes were made to the study description, in addition to updating it with Peter Tice's signature at the bottom as the current NSDUH Project Officer. All other informed consent procedures remained the same for the QFT, including handing a study description to the respondent.

2.4.2.3 Callbacks

QFT FIs followed similar guidelines for callbacks as the main study, including appropriate use of SIMY cards, unable to contact (UTC) letters, and appointment cards. These materials were utilized by FIs in the same manner as the main study. If no one was at home during the initial visit to the SDU, the FI left a SIMY card to inform the resident(s) that the FI planned to make another callback at a later date/time. If the FI was unable to contact anyone at the SDU after repeated attempts, the FS sent a UTC letter. Appointment cards were used to remind respondents when the FI would return to complete the interview.

For the main study, except in the case of adamant refusals, FIs attempted to make at least four callbacks (in addition to the initial call) to each SDU in order to complete the screening process and complete an interview, if yielded. These contacts were made at different hours on different days of the week to increase the likelihood of completing the screening. These same guidelines were followed as best as possible for the QFT, but the more widely dispersed sample and the limited number of QFT FIs available to travel longer distances resulted in less flexibility for assignments and fewer staff for remote segments. For the main study, FSs were able to generate more effective callbacks by strategically assigning and transferring cases based on FI availability and experience.

For the QFT, FIs made five or more contacts to each dwelling unit with the exception of language barrier cases, physically or mentally incompetent cases, or refusal cases. QFT data collection ended on November 3, 2012, which was approximately a 2-month data collection period as opposed to the 3-month data collection period on the main study and originally planned for the QFT. Although the QFT did exceed the nationwide goal of 2,000 completed interviews, the QFT experienced lower response rates than the main study. (See ***Section 4.2.1*** and ***Table 4.1*** in ***Chapter 4*** for a comparison of response rates between the QFT and the two main study comparison samples.) The lower response rates are mainly a result of the limited number of QFT FIs available for assignments and the transfer of cases. However, the response rates may have been higher if FIs had made additional callbacks to convert refusals and reach the UTC respondents over another month of data collection.

2.4.3 Dwelling Unit Screening

QFT procedures for screening at a dwelling unit were similar to those used on the main study. The most significant change was that all screenings were completed on the tablet, as opposed to the iPAQ (see ***Section 2.3.1*** for more information on the new equipment). The introduction and informed consent scripts incorporated the changes specified above. The information gathered from the respondent during the screening was the same as what is collected in the main study.

After the interview respondent selections were made (codes 30, 31, and 32), the FI was prompted by the tablet to complete debriefing questions. The questions were not read out loud to the respondent; rather, the FI completed them on his or her own after leaving the SDU. In the case of an on-the-spot interview, the FI answered the questions while setting up the laptop or during the ACASI section of the interview. These post-screening debriefing questions ask about the respondents' recollections and reactions to the lead letter (see ***Appendix E***).

2.4.4 Interview Administration

Upon selection, FIs attempted to complete the QFT interview using many similar techniques as in the main study. However, FIs were trained to answer common respondent questions based on the QFT procedures. For example, as discussed previously, FIs used the QFT naming conventions of "RTI International" and the "U.S. Department of Health and Human Services" rather than "Research Triangle Institute" and the "U.S. Public Health Service." To describe the types of questions asked, the FI provided the respondent with the QFT version of the summary of the questionnaire, but FIs were instructed to never tell respondents that they were part of a questionnaire field test or provide specific sample size information. Also different from the main study, interviews for the QFT were only conducted in English. No interviews were conducted in Spanish. Therefore, if an FI encountered a household or respondent unable to complete the screener or interview in English, the FI thanked the respondent for his or her time and coded out the case appropriately.

2.4.4.1 Informed Consent and Getting Started

Prior to beginning a QFT interview, FIs obtained informed consent by following the same informed consent procedures as used in the main study. This included reading the QFT version of the appropriate introduction and informed consent scripts from the QFT showcard booklet before the interview began. These scripts were modified for the QFT to ensure that respondents were accurately informed about the study. Specifically, the informed consent statement states that the individual respondent will represent thousands of others. Because the representativeness of each respondent differs in the QFT sample, the sample size information was removed from the script. In addition, the reference to the "U.S. Public Health Service" in the introduction and informed consent scripts for respondents aged 18 or older was replaced with the "U.S. Department of Health and Human Services." Finally, as part of the informed consent, FIs provided the QFT study description if they had not already done so. Respondents were never informed that the interview was part of a questionnaire field test.

2.4.4.2 Computer-Assisted Interviews

FIs began the interview with the front-end computer-assisted personal interviewing (CAPI) section, which contained demographic questions similar to those on the main study with a few key differences. New questions were added regarding the respondent's prior military service, two new categories were added to the race question ("Guamanian or Chamorro" and "Samoan"), and response categories were adjusted in the education-level question. As in the main study interview, the FI introduced the respondent to the computer prior to the respondent completing the practice session and ACASI section on his or her own. As noted in ***Section 2.4.1,***

there were several key changes to the ACASI portion of the interview for the QFT, including the electronic reference calendar and on-screen pill cards.

Following the ACASI section of the interview, the FI took the computer back and asked the household roster questions. Following these questions, the FI inquired about the use of a proxy for the health insurance and income questions. For the QFT, a second ACASI section administered the health insurance and income questions. If a proxy was used, the FI introduced the proxy to the computer prior to the proxy completing a short practice session and the health insurance and income questions on his or her own. However, if the respondent answered the questions or the proxy had previously used the computer, there was no additional practice session. The industry and occupation questions and MHSS recruitment screens were removed from the QFT interview. In addition, the number of showcards was reduced because many of the questions previously requiring showcards were moved to the ACASI portion of the interview for the QFT, allowing respondents to view answer choices on-screen.

2.4.4.3 End of Interview Procedures

QFT quality control forms were completed in the same manner as on the main study. Minor changes were made to the verification screen, including removing the word "home" in the telephone number reference to match the wording on the QFT quality control form and asking respondents to enter their current address. Text was added that told the respondent to return the form in the sealed envelope to the FI.

Respondents received a $30 incentive for completing the interview following the same procedures used on the main study. At this point, if not given earlier, the FI provided the respondent with the QFT version of the Q&A brochure (see ***Appendix A***). QFT certificates of participation were also available for youth respondents and were presented in the same way as on in the main study.

Finally, the FI debriefing questions were removed from the end of the interview because these questions were answered in the tablet upon entering a code of 70 for the completed interview. This change allowed the FIs to answer the questions after leaving the household and reduce the length of time in the respondent's home. The questions were answered by the FIs based on the interview and any comments the respondent may have offered.

2.4.5 Controlled Access Procedures

Controlled access was treated in much the same way for the QFT as for the main study. When controlled access situations were encountered, controlled access packets were requested by the FS. The QFT controlled access packets reflected the differences in the naming conventions implemented for the QFT. To gain access in difficult situations, FSs also transferred cases between QFT FIs. If those attempts failed, "Call-Me" letters were sent directly to a selected household. These letters informed residents that an FI had been trying to contact them and asked that they contact an FS by telephone.

2.4.6 Refusal Conversion Procedures

Refusal conversion procedures followed for the QFT were similar to those used for the main study. If a potential respondent refused, the FI attempted to address the respondent's concerns and was trained to accept the refusal in a positive manner, thereby avoiding the possibility of creating an adversarial relationship and precluding future opportunities for conversion. A refusal letter was then sent by the FS. The refusal letter was tailored to the specific concerns expressed by the potential respondent and asked him or her to reconsider participation. Based on the refusal situation, an in-person conversion was generally attempted by the original FI or another QFT FI available nearby or on travel assignment. However, in some FS regions, another QFT FI was not available nearby or on travel assignment due to the small number of cases remaining in the area.

2.4.7 Data Collection Management and Quality Control

FIs and field management staff worked strategically to balance quality, cost, and production goals for the QFT, just as they do for the main study. The case management tools, features, and reports used by the management team to monitor fieldwork for the main study were adapted for use during the QFT.

2.4.7.1 Web-Based Case Management Reports

The Web-based Case Management System (CMS) housed a QFT reports' page that mirrored the main study reports' pages. The structure of the reports remained the same for the QFT. The following daily reports were available for case management on the QFT: daily FS and State response rate report, daily status reports, edited address reports, duplicate address reports, and recruit reports. The following weekly reports were also available on the CMS: executive summary report, data quality summary report, missing screening data report, record of calls (ROC) time discrepancies, and the interview length report. These reports were the same as the main study reports except that QFT data were used.

2.4.7.2 Field Interviewer Observation Procedures

In conjunction with QFT data collection, field observations of QFT FIs were conducted by RTI and SAMHSA staff members. Groups of four FIs were chosen for field observations in each of five metropolitan areas: Detroit, Michigan; Miami, Florida; Denver, Colorado; New York City, New York; and Chicago, Illinois. SAMHSA staff also observed an additional five FIs in North Carolina, Maryland, Virginia, and Pennsylvania. An observation was considered complete only after a full interview was observed. An observation where only screenings or partial interviews took place was not considered complete.

To keep travel costs to a minimum, FIs were chosen for QFT field observations based on location and proximity to RTI and SAMHSA observation staff. FIs were observed in nine States total, centered on metropolitan areas. Observers used the QFT field observation screening checklist and the QFT field observation interviewing checklist to document their observations. A field observer reference sheet and a field observer task list were used to help maintain consistency in planning observation assignments and interacting with FIs and respondents (see ***Appendix D***). Observers were asked to ensure that a field observation FI instruction sheet was

sent to each FI prior to the FI's arrival in the field. The QFT housing unit (HU) and group quarters unit (GQU) scripts and CAI specifications for the front-end and back-end CAPI questions were provided to observers for their use during the observations. These materials were developed specifically for the QFT data collection effort based on similar materials used for the main study field observation process.

Observers were asked to transfer information from paper field observation screening checklists and field observation interviewing checklists to spreadsheets designed specifically for the QFT field observations. The field observation manager then used the spreadsheets to process the results of the field observation, which included issuing any appropriate disciplinary action, creating a retraining plan to address any observed errors, and sending any comments about the performance of the questionnaire, equipment, or materials to the appropriate RTI staff member.

The same standardized retraining process was used for the QFT field observations as is used for the main study field observations. After the field observation manager reviewed each observation form, for each FI who had errors reported on his or her observation, a member of the NSDUH operations team completed a document referred to as the FI retraining template. This template indicates the errors the FI made, the type of retraining required, and the dates by which the retraining must be completed. The FS used this form to provide standardized feedback and retraining (as scripted on the template) and issued any appropriate disciplinary action as directed by the field observation manager.

2.4.7.3 Verification of Completed Cases

Of the 2,044 completed QFT interviews, 16 QFT quality control forms were not returned. Of the 2,029 that were returned to RTI, 1,859 came back with a status of OK (indicating no problems), 167 came back with problems, and 3 respondents refused to complete the form.

Two types of changes were made to the verification scripts for the QFT:

- *minor change due to changes in the QFT protocol*: for example, referencing a tablet instead of an iPAQ, providing a different computer tutorial question as an example to the respondent, and saying "U.S. Department of Health and Human Services" and "RTI"; and
- *changes designed to improve falsification detection*: having the respondent provide some household roster (number of people who are male and female) and address (street number and name) information. On the main study, respondents simply confirmed the information is correct after it is provided. This change was also made for the 2013 main study verification scripts.

Of the completed QFT interviews, 901 cases were selected for telephone verification. No problems were found with 435 cases, 184 cases did have problems, 227 cases were unable to be contacted, and 55 cases had other issues. Of the completed QFT screenings, 913 cases were selected for telephone verification. No problems were found for 397 of the cases, 161 cases did have problems, 252 cases were unable to be contacted, and 103 cases had other issues. Problem cases were those that verified with errors, such as items the respondent did not remember the FI performing, the respondent reported that this was not the correct phone number for that address,

or if the respondent said that he or she was not given the $30 incentive. Cases with "other issues" were considered unresolvable and included situations in which the telephone interviewer was never able to speak with the respondent, someone answered the phone but refused or hung up, or an initial problem was reported but callback verification staff were not able to recontact the respondent to confirm the issue. Staff on the callback verification team recontacted respondents when a problem was reported and more information was needed to confirm or clarify the situation because, during the initial call, the verification script was read verbatim by the telephone verifiers.

2.4.8 Problems Encountered

2.4.8.1 CAI Questionnaire Issues

Several minor inconsistencies in the CAI program were uncovered, either during data collection or during analysis. Most notably, a routing issue in the hallucinogens module caused 14 cases to be routed incorrectly for questions LS05, LS11, and LS17. This logic was included in the specifications correctly, but it was not added to the program. If a respondent reported having used lysergic acid diethylamide (LSD) in question LS01a or LSREF1, or reported using phencyclidine (PCP) in question LS01b or LSREF2, or reported using Ecstasy in question LS01f or LSREF3, and reported "YES" to any of the new questions (*Salvia divinorum*, DMT/AMT/"Foxy," or ketamine), he or she was not routed to question LS05, LS11, or LS17 as indicated in the specifications. Four respondents were incorrectly routed out of the LSD use questions as a result. A final value for LSD recency was imputed for these cases. An additional 10 cases incorrectly skipped the Ecstasy use questions, and those respondents have unknown Ecstasy recency. These errors did not cause a significant shift in the QFT prevalence estimates for LSD, Ecstasy, or any other hallucinogen. The data that are not available for these cases are initiation data for LSD and Ecstasy. However, initiation data were not analyzed as part of this QFT report. Overall, the impact of the routing logic issue for these 14 cases is minimal.

A second routing inconsistency occurred for question HLTH29, which asks respondents if they had cancer during the past 12 months. If a respondent indicated his or her current age as the age of first cancer diagnosis in any of the preceding health questions, HLTH29 should have been skipped. This logic was correctly indicated in the specifications, but it was not included in the CAI program. HLTH29 was not skipped during the QFT, and respondents were asked for redundant information. This routing error was corrected for the 2013 DR and 2015 redesign and did not cause a loss of unique data for any case.

Additionally, some programming logic incorrectly remained in the QFT CAI from the test questionnaire used in the two phases of cognitive interviewing conducted during QFT pretesting. This logic affected two questions. Respondents who reported receiving the prescription drug that they misused for free from a friend or relative were asked two follow-up questions. The first question asked the respondent to specify how that friend or relative got the prescription drugs (e.g., question PRY42BSP). If the respondent answered, "He or she got the drug in some other way," the second question asked respondents to specify where this friend or relative got the prescription drug (e.g., question PRY42C). During the cognitive interviewing phase, the specifications called for the questionnaire to skip questions PRY42BSP and PRY42C. (This allowed analysts to avoid learning of others' illegal behavior.) Because this logic was not

removed from the QFT specifications, 17 respondents aged 12 to 17 were skipped out of two follow-up questions regarding the source of prescription drugs in each of the four prescription drug main modules (questions PRY42BSP, PRY42C, TRY21BSP, TRY21C , STY26BSP, STY26C, SVY19BSP, and SV19C). ***Table 2.5*** presents the question text for each of these QFT items affected by the incorrect logic and the number of QFT respondents who incorrectly skipped. As ***Table 2.5*** indicates, the number of respondents affected by the inclusion of this incorrect logic was small, so the impact of this error on the QFT analysis was minimal.

The data structure was changed for question TX10 after QFT data collection. TX10 lists 12 drugs and asks respondents to indicate which for one or more of these drugs the respondent needed treatment. During the QFT, there were 12 possible responses, but the CAI program only accepted 10 responses. After a review of 2012 data, it was found that no respondent had entered more than six responses to question TX10. It is believed that there was no loss of data as a result of this error in the QFT results. TX10 was updated to accept 12 possible responses for the 2013 DR and the 2015 redesign.

Table 2.5 Questionnaire Field Test Items with Programming Logic Errors

Variable	Question Text	Number of QFT Respondents Who Incorrectly Skipped Item
PRY42BSP	Please type in the other way you got the [pain reliever]. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press [ENTER] to go to the next question.	2
PRY42C	You reported that you got the [pain reliever] from a friend or relative for free. How did your **friend or relative** get the [pain reliever]?	9
TRY21BSP	Please type in the other way you got the [tranquilizer]. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press [ENTER] to go to the next question.	1
TRY21C	You reported that you got the [tranquilizer] from a friend or relative for free. How did your **friend or relative** get the [tranquilizer]?	4
STY26BSP	Please type in the other way you got the [stimulant]. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press [ENTER] to go to the next question.	0
STY26C	You reported that you got the [stimulant] from a friend or relative for free. How did your **friend or relative** get the [stimulant]?	4
SVY19BSP	Please type in the other way you got the [sedative]. You do not need to give a detailed description — just a few words will be okay. When you have finished typing your answer, press [ENTER] to go to the next question.	1
SV19C	You reported that you got the [sedative] from a friend or relative for free. How did your **friend or relative** get the [sedative]?	1

2.4.8.2 Data Collection Issues

Data on callbacks indicate that the distribution of visits to SDUs to complete QFT screenings and interviews was similar to the 2011 and 2012 quarters 3 and 4 comparison samples (see ***Section 4.2*** in ***Chapter 4***). Despite these similar callback patterns, overall response rates were lower for the QFT sample than for the two main study comparison samples. One reason for this discrepancy was that fewer QFT FIs were available to work the widely dispersed QFT sample. Field management staff had less flexibility to assign and transfer cases between FIs, which made the on-the-spot interview and callback attempts less successful than during the main study data collection. For example, fewer experienced refusal converters were available to be assigned to refusal conversion efforts. For those QFT segments that were remote, fewer callback attempts were feasible without having FIs travel long distances for only a few pending cases.

QFT sample partitions 2 and 3 were released on September 28, 2012, when it was determined that additional sample was needed to ensure the target of 2,000 completed QFT interviews was met. This additional sample was released in all QFT States, except for Connecticut, New Mexico, Oregon, South Carolina, Utah, and Virginia. Because data collection ended on November 3, 2012, FIs did not have as much time to contact these cases in the second release as in the original release, but all of these cases were contacted at least five times. Overall, response rates were higher for the original sample release, but the number of SDUs, screenings, and interviews associated with the additional release were quite small and, therefore, did not have much of an impact on the overall response rate.

3. Processing and Analysis of the 2012 Questionnaire Field Test Data and 2011 and 2012 Comparison Data

3.1 Overview of Data Processing and Analysis Approach

This chapter describes the procedures followed to process the 2012 Questionnaire Field Test (QFT), the 2011 National Survey on Drug Use and Health (NSDUH) main study comparison data, and the 2012 quarters 3 and 4 NSDUH main study comparison data. All data processing procedures were developed and implemented to provide the greatest possible degree of comparability among these three datasets to facilitate valid comparisons. ***Section 3.2*** describes the usable case rules followed, and ***Section 3.3*** details the editing and coding procedures. ***Section 3.4*** presents the imputation procedures, and ***Section 3.5*** describes the weighting steps followed and the creation of variance estimation strata and replicates. ***Section 3.6*** describes the data file preparation, and ***Section 3.7*** discusses the data analysis issues.

3.2 Defining Usable Cases

3.2.1 Overview of Defining Usable Cases

A key step in the preliminary data processing procedures established the minimum item response requirements in order for cases to be used in weighting and further analysis (i.e., "usable" cases). These procedures were designed to disregard data from cases with unacceptable levels of missing data, thereby using data from cases with lower levels of missing data and reducing the amount of statistical imputation that would be needed for any given record.

3.2.2 Usable Case Definitions

The usable case criteria that were in place for the main survey were used for the 2011 main study and the 2012 quarters 3 and 4 NSDUH main study comparison data, as defined below:

1. The lifetime cigarette gate question CG01 must be answered as "yes" or "no."
2. At least nine (9) of the following additional gates must have answers of "yes" or "no": (a) chewing tobacco, (b) snuff, (c) cigars, (d) alcohol, (e) marijuana, (f) cocaine (in any form), (g) heroin, (h) hallucinogens, (i) inhalants, (j) misuse of pain relievers, (k) misuse of tranquilizers, (l) misuse of stimulants, and (m) misuse of sedatives. (For the "multiple gate" modules for hallucinogens through misuse of sedatives, at least one gate question in the series for that module must have an answer of "yes" or "no.")

In the 2011 main study, 0.08 percent of all completed interviews (including interviews from Alaska and Hawaii) did not meet the usable case criteria.[6] In the 2012 quarters 3 and 4 NSDUH main study comparison data (which excluded interviews from Alaska and Hawaii), 0.04 percent of the completed interviews did not meet the usable case criteria.

For the QFT, fully defined data for lifetime use or nonuse of cigarettes continued to be a requirement. Because of changes to the QFT instrument, the following was the second criterion for usable cases in the QFT:

- "Usability" must be determined for at least nine (9) of the following additional modules: (a) smokeless tobacco, (b) cigars, (c) alcohol, (d) marijuana, (e) cocaine (in any form), (f) heroin, (g) hallucinogens, (h) inhalants, (i) methamphetamine, (j) pain relievers, (k) tranquilizers, (l) prescription stimulants (i.e., independent of methamphetamine), and (m) sedatives.

As in the main survey, the usability criterion for smokeless tobacco through heroin was that lifetime use or nonuse must be determined. For the "multiple gate" modules for hallucinogens and inhalants, at least one gate question in the series for that module was required to have an answer of "yes" or "no."

The usability criterion for the prescription drugs in the QFT required that any past year or lifetime use or nonuse can be determined from the data. Specifically, any of the following met the usability criteria for prescription drugs:

- past year use of at least one specific prescription drug in a category (e.g., pain relievers) is reported in the screener questions; or
- lifetime use or nonuse of any prescription drugs in the category is reported; or
- past year nonuse of *all* specific prescription drugs in the screener is reported, regardless of whether lifetime use or nonuse can be determined.

One QFT respondent (0.05 percent of the 2,044 completed interviews) did not meet the usable case criteria and was not included for further analysis. This case failed to meet the usability criteria for smokeless tobacco, cigars, inhalants, methamphetamine, tranquilizers, stimulants, and sedatives. This respondent refused most of the questions in the screeners for tranquilizers, stimulants, and sedatives and refused to report whether he or she had ever used these prescription drugs.

3.3 Editing and Coding Procedures

3.3.1 Overview of Editing and Coding Procedures

Data that field interviewers (FIs) transmit to RTI are processed to create a raw data file in which no logical editing of the data has been done. The raw data file consists of one record for

[6] The 2011 comparison dataset (excluding interviews in Alaska and Hawaii) was created from the cases in the full survey that already been identified as meeting the usable case criteria.

each transmitted interview. Cases were eligible to be treated as final respondents if they met the usable case criteria described in ***Section 3.2***.

Logical editing was the first step in processing the raw QFT data and the raw comparison data from 2011 and quarters 3 and 4 of 2012. Logical editing involved using data from within a respondent's record to (a) reduce the amount of item nonresponse (i.e., missing data) in interview records, including identification of items that were legitimately skipped; (b) make related data elements consistent with each other; and (c) identify ambiguities or inconsistencies to be resolved through statistical imputation procedures (see ***Section 3.4***).

In addition, a limited set of written answers that interviewers or respondents typed for responses that did not fit any of the listed categories or examples were assigned numeric codes to facilitate further use of these data in creating final variables or in analysis. These are subsequently referred to as "OTHER, Specify" data.

3.3.2 Coding of "OTHER, Specify" Data

Written answers that respondents or interviewers typed were assigned numeric codes for the following: other Hispanic origin, other racial groups, other Asian origin, and other drugs that respondents used.[7] Typed "OTHER, Specify" responses first were compared against databases for the relevant "OTHER, Specify" variables that contained typed entries and the associated numeric codes. If an exact match was found between the typed response and an entry in the system, the response was assigned the appropriate numeric code. Typed responses that did not match an existing entry were output for manual analyst review and coding.

Coding of data for Hispanic origin, Asian origin, and race made these data available for creating final demographic variables. Coding of "OTHER, Specify" data for drugs made these data available for examining the quality of responses to the drug use questions.

Although "OTHER, Specify" data were not coded for other variables, weighted QFT percentages were generated for affirmative reports to selected lead questions governing "OTHER, Specify" data, such as reports of obtaining misused prescription drugs "some other way." Findings for these additional "OTHER, Specify" data are discussed in ***Section 4.6*** in ***Chapter 4***.

3.3.3 General Editing Principles

To reduce the potential for differences to be attributable to the effects of editing, data for the main study comparison samples from 2011 and quarters 3 and 4 of 2012 (referred to in the remainder of ***Section 3.3*** as "comparison" data) and for the QFT were edited in the same manner wherever possible. If questionnaire changes for the QFT did not permit total comparability between the editing procedures for the QFT and the comparison data, the aim was to make the procedures as comparable as possible.

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[7] Additional "OTHER, Specify" variables had previously been coded for the 2011 survey. These variables were not included for the 2011 comparison data analysis because corresponding variables were not coded in the QFT or the comparison data from quarters 3 and 4 of 2012.

One of the initial steps in the editing involved development and implementation of procedures for identifying potential patterned responses in the data (subsequently referred to as data "diagnostics"). Specifically, respondents may enter patterned responses in the core drug use modules that raise questions about the validity of their answers in a particular module or in the interview as a whole. The types of patterned responses that were reviewed in the core modules for the comparison data are documented in the editing and coding section (Section 10) of the 2010 methodological resource book (Kroutil, Handley, & Bradshaw, 2012a). Checks were made for these same patterns in core QFT modules that did not change (or underwent minimal change) relative to the main survey. Because the content of the new methamphetamine module in the QFT was similar to the content in the core modules for marijuana, cocaine, and heroin, the same types of data checks in these latter modules were implemented for the methamphetamine module. Particular attention was given to developing specifications and reviewing data for the QFT prescription drug questions because of changes to these questions for the QFT. Depending on the results, cases that otherwise met the usable case criteria could be treated as nonrespondents because their answer patterns raised questions about the overall validity of their interview data. Alternatively, cases could be kept as final respondents but with all variables in one or more of their modules being assigned codes for "bad data," provided that these cases still met the usable case criteria after the assignment of "bad data" codes (see ***Section 3.2***); codes for "bad data" were treated as missing values in subsequent data processing or analysis. Findings based on these data diagnostics reviews are discussed in ***Section 4.6*** in ***Chapter 4***.

A key component of the editing procedures for the QFT and comparison data involved assignment of codes to indicate when it could be determined unambiguously that respondents legitimately skipped out of questions because of their answers to previous questions. For example, if respondents answered the lifetime alcohol use question AL01 as "no," all remaining questions in the alcohol module were skipped. In this situation, the editing procedures assigned codes to the remaining alcohol variables to indicate that the questions were not applicable because the respondents never used alcohol. However, if respondents did not know or refused to report whether they had ever used alcohol, the remaining questions for alcohol use also were skipped. In this situation, the edited alcohol use variables that had been skipped continued to have missing values. Determination of whether these respondents were lifetime alcohol users or nonusers was handed through the imputation procedures described in ***Section 3.4***.

Because the QFT and comparison interviews consisted of "core" sections (i.e., certain demographic characteristics and use of cigarettes through misuse of sedatives) and noncore sections starting with the special drugs section, a second key principle of the editing procedures was that data from supplemental sections typically were not used to edit core data. An exception discussed in ***Section 3.3.4*** is that comparison data on methamphetamine use from the supplemental special drugs module along with core data were taken into account in a special set of edited variables for methamphetamine and stimulants.

However, core drug data could be used to edit supplemental data when respondents were not asked supplemental questions about a given drug based on their report of most recent use of that drug in the corresponding core module. For example, respondents in the QFT or comparisons were not asked questions about cocaine dependence or abuse in the supplemental substance dependence and abuse module if they last used cocaine or crack cocaine more than 12 months ago. In this situation, the edited variables for cocaine dependence or abuse were

assigned codes to indicate that respondents were not asked these questions because the questions did not apply.

In all core drug modules for the comparison data and in the cigarette through methamphetamine core QFT modules, respondents were asked "gate" questions to determine lifetime use or nonuse; because of changes to the questioning strategy and routing logic in the QFT for prescription drugs, principles for editing the QFT prescription drug variables are discussed in ***Section 3.3.4***.[8] The modules for hallucinogens and inhalants in all datasets and the prescription drug modules in the comparison data included multiple gate questions about lifetime use (or misuse) of specific drugs in the category. Respondents who reported lifetime use of the particular drug (e.g., marijuana) or any drug in the category (e.g., hallucinogens) were asked when they last used the drug (or any drug in the category). Respondents who did not know or refused to report when they last used were asked follow-up questions in an attempt to obtain data on the specific period when they last used (e.g., within the past 30 days, more than 30 days ago but within the past 12 months, or more than 12 months ago). If these respondents indicated the specific period when they last used, the data from these follow-up questions were incorporated into the edited variables for most recent use. If these respondents on follow-up still did not know or refused to report when they last used, the edited variable for most recent use was assigned a code to indicate that these respondents logically could be inferred to be users at some point in their lifetime based on the computer-assisted interviewing (CAI) routing. A definite period of most recent use was statistically imputed (see ***Section 3.4***).

The CAI program included checks that alerted respondents or interviewers when an entered answer was inconsistent with a previous answer. In this way, the inconsistency could be resolved while the interview was in progress. In situations where a "consistency check" was triggered during the interview, final values from these checks were incorporated into the edited variables for drugs and selected additional measures in the QFT and comparison data.

Not every inconsistency was resolved during the interviews, and the CAI program did not include checks for every possible inconsistency that might have occurred in the data. In NSDUH editing for the main survey, inconsistencies between related variables in core substance use modules are flagged and the inconsistencies are resolved through statistical imputation (Kroutil et al., 2012a). To facilitate timely data processing, however, only a limited set of additional inconsistencies were resolved in the editing procedures. Consequently, inconsistencies could exist between related variables in the QFT or comparison data that would otherwise have been handled in the editing procedures for the main study. However, special "flag" variables were created to alert analysts to the occurrence of these inconsistencies. Findings based on these flag variables are discussed in ***Section 4.6*** in ***Chapter 4***.

3.3.4 Special Editing Situations

Most editing of the QFT and comparison data followed the principles discussed in ***Section 3.3.2***. In the alcohol module, the question in the comparison data that was used to define binge alcohol use asked both males and females about the number of days that they consumed five or more drinks on the same occasion in the past 30 days. In the QFT, males were asked

[8] The text typically mentions "use" when referring both to prescription drugs and other substances. For prescription drugs, however, this term means "misuse," unless otherwise indicated.

about consumption of five or more drinks on the same occasion, and females were asked about consumption of four or more drinks on the same occasion. These binge alcohol use variables were edited in the same manner in both the QFT and comparison data. However, the edited QFT variable was given a name that was different from the name for the corresponding variable in the comparison data to indicate the differences in content.

In addition, the following special situations were relevant to editing of the QFT or comparison data:

- In the comparison data, respondents were asked separate questions about their use of snuff or their use of chewing tobacco. In the QFT, respondents were asked about their use of any smokeless tobacco product (i.e., snuff or chewing tobacco).
- In all three datasets, respondents could report more recent use of crack cocaine than they reported for use of any cocaine. Respondents also could report more recent use of specific hallucinogens (lysergic acid diethylamide [LSD], phencyclidine [PCP], or Ecstasy in the comparison data; LSD, PCP, Ecstasy, ketamine, dimethyltryptamine [DMT], alpha-methyltryptamine [AMT], N, N-diisopropyl-5-methoxytryptamine [5-MeO-DIPT], or *Salvia divinorum* in the comparison data) than they reported for use of any hallucinogen. In addition, respondents in the comparison data could report more recent misuse or use of OxyContin® or methamphetamine than they reported for any pain reliever or any stimulant, respectively.
- In all three datasets, respondents were asked whether they used hallucinogens, inhalants, pain relievers, tranquilizers, stimulants, or sedatives other than those they were asked about. Respondents were asked to specify the names of up to five additional drugs (subsequently referred to as "OTHER, Specify" data). However, respondents could fail to report use of specific drugs in direct questions about these drugs and then mention these drugs in the "OTHER, Specify" data.
- Respondents could indicate that the only prescription drugs they misused in the lifetime period (for the comparison data) or the past year (for the QFT) were over-the-counter (OTC) medications, despite being instructed not to include use of OTCs in answering the questions.
- A new methamphetamine module was added for the QFT. In the comparison data, methamphetamine questions were included in the core stimulants module, and methamphetamine was considered to be part of the general category of stimulants. The comparison data also included methamphetamine questions in the noncore special drugs module that were used in determining methamphetamine use, stimulant misuse, and most recent use (or misuse).
- The focus of the questions for specific prescription drugs in the QFT was on the past 12 months and on the lifetime period in the comparison data. In addition, QFT respondents first were asked a series of screening questions about *any* use of specific prescription drugs in the past 12 months (i.e., use or misuse) or any lifetime use if they did not report past year use. QFT respondents were asked about misuse in the past year of any of the specific prescription drugs they reported using in that period. In contrast, respondents in the comparison data were asked about misuse of specific prescription drugs in the lifetime period, and questions about more recent misuse

applied to the general categories (e.g., past year or past month misuse of any tranquilizers).

- Questions in the QFT about use of stimulants with a needle were moved from the noncore special drugs module to the core stimulants module. These QFT questions applied only to use of stimulants with a needle in the past 12 months or past 30 days.
- New questions about methamphetamine dependence or abuse were added to the substance dependence and abuse module.
- Sections of the interview in the comparison data that were interviewer-administered were self-administered in the QFT (e.g., health insurance, income).

For the special editing procedures described in this section that were relevant to the comparison data, additional details are provided in the editing and coding section of the 2010 methodological resource book (Kroutil et al., 2012a).

3.3.4.1 Smokeless Tobacco

Editing of the QFT variables for smokeless tobacco use followed the general principles discussed previously. In the comparison data, variables for any smokeless tobacco use were created based on the data for use of snuff and use of chewing tobacco. The following principles were applied in creating the smokeless tobacco variables in the comparison data:

- Respondents who answered "no" to both questions about lifetime use of snuff and chewing tobacco were classified as nonusers of smokeless tobacco.
- Respondents who answered "no" to one of the questions about lifetime use of snuff or chewing tobacco but who did not know or refused to report whether they ever used the other type of smokeless tobacco were assigned a missing value for lifetime use or nonuse of smokeless tobacco. Lifetime use or nonuse was statistically imputed (see ***Section 3.4***).
- Respondents who reported use of either snuff or chewing tobacco at a minimum were classified as lifetime users of smokeless tobacco. The period of most recent use was determined from respondents' answers to the questions about most recent use of the smokeless tobacco products.
- In general, the report of most recent use of either snuff or chewing tobacco was chosen for the variable pertaining to most recent smokeless tobacco use. If relevant variables for one of the smokeless tobacco products had missing data, special codes were assigned for use in statistically imputing a final period of most recent use. For example, if a respondent reported last using snuff more than 30 days ago but within the past 12 months but did not know when he or she last used chewing tobacco, the variable for most recent use of smokeless tobacco was assigned a code to indicate that the respondent logically last used at some point in the past 12 months. This respondent could have been a past month user of any smokeless tobacco if he or she used chewing tobacco in the past month. A specific period of most recent use was statistically imputed.

3.3.4.2 More Recent Use for General Drug Categories and Specific Drugs

For hallucinogens in the QFT and comparison data and for pain relievers and stimulants in the comparison data, consistency checks were triggered if respondents reported more recent use of a specific type of drug in the category (e.g., Ecstasy) than they reported for their last use of any drug in the category (e.g., any hallucinogen). As noted in the general principles (Kroutil et al., 2012a), the editing procedures took into account data from these consistency checks. For example, suppose a respondent reported last using any hallucinogen more than 30 days ago but within the past 12 months and last using Ecstasy within the past 30 days. If this respondent reported in the consistency checks that his or her last use of any hallucinogen also was in the past 30 days, the edited variable for most recent hallucinogen use reflected this change, and the data were no longer inconsistent.

However, if the data continued to indicate more recent use of a specific drug than for use of any drug in the category despite the respondent being given the opportunity to resolve the inconsistency, then the editing procedures logically inferred more recent use of any drug in the category. For example, if a respondent's answers continued to indicate last use of Ecstasy in the past 30 days and last use of any hallucinogen more than 30 days ago but within the past 12 months, the respondent was logically inferred to have last used any hallucinogen in the past 30 days; a special code was assigned to the variable for most recent hallucinogen use to indicate that this edit had been performed.

In the comparison data, these principles applied to editing of the variable for most recent use of any hallucinogen relative to reports of most recent use of LSD, PCP, or Ecstasy. Questions in the comparison data about most recent use of the hallucinogens ketamine, DMT, AMT, or 5-MeO-DIPT ("Foxy"), and *Salvia divinorum* were in the supplemental special drugs module and therefore were not used in editing the data for most recent use of any hallucinogen. For the QFT, questions about these three additional hallucinogens were moved from the special drugs module to the core hallucinogens module. The hallucinogens module for the QFT also included consistency checks that were triggered if respondents reported more recent use of any of these three hallucinogens than was reported for most recent use of any hallucinogen. Consequently, data on most recent use of these additional hallucinogens, along with data on most recent use of LSD, PCP, or Ecstasy, were used in editing the data for most recent use any hallucinogen in the QFT. The same principles applied to editing the QFT data when respondents reported more recent use of any of these additional hallucinogens compared with reports of most recent use of any hallucinogen.

The cocaine and crack cocaine modules in the QFT and comparison data did not include consistency checks if respondents reported more recent use of crack cocaine than for cocaine in general. Consequently, data on the most recent use of crack were used to infer more recent use of cocaine in general, as per the example discussed previously for hallucinogens. Additional issues related to the editing of the data for most recent use of methamphetamine and misuse of any stimulant are discussed in the methamphetamine section.

3.3.4.3 " OTHER, Specify" Data for Drugs

For hallucinogens and inhalants in all three datasets and for prescription drugs in the comparison data, questions about lifetime use (or misuse) were logically inferred to be "yes" if respondents originally did not report use of these drugs in the direct questions but reported them in the "OTHER, Specify" data. Additional details about these editing procedures for the comparison data are provided in the editing and coding section of the 2010 methodological resource book (Kroutil et al., 2012a).

As noted previously, QFT respondents were asked about use of specific prescription drugs in the past year and misuse of those drugs that they used in the past year. Consistent with the structure of questions in the comparison data, QFT respondents who reported that they misused "any other" drug in the category (e.g., any other prescription pain reliever) in the past 12 months could specify past year misuse of up to five individual drugs. If a respondent reported past year use of a specific drug (e.g., the generic pain reliever hydrocodone), did not report misusing the drug in the past year, but then reported it in the "OTHER, Specify" data, the response in the edited variable for past year misuse was logically inferred to be "yes"; no editing needed to be done for the variable pertaining to any use in the past year. If the respondent reported misuse of a particular drug in the "OTHER, Specify" data but did not report using it in the past year (and therefore was not asked about past year misuse of the drug), both the variable for any past year use and the variable for past year misuse of that drug were assigned codes to indicate that the respondent used and misused that drug in the past year.

3.3.4.4 OTC Misuse

One way that persons can misuse prescription drugs is by taking them without having their own prescription. Because OTC drugs by definition are available without a prescription, respondents in both the QFT and comparison data were instructed not to include OTCs when answering the prescription drug questions. For the comparison data, respondents who specified that they misused OTCs were logically inferred never to have misused any of the prescription drugs in the overall category (e.g., pain relievers) if they reported never misusing any of the specific prescription drugs in the gate questions and the only other "prescription" drugs they reported misusing in their lifetime were OTCs.

A similar principle was applied to the editing of the QFT prescription drug data, except that these edits focused on misuse of prescription drugs in the past year. Specifically, QFT respondents were logically inferred not to have misused any of the prescription drugs in that category in the past year if they did not use or misuse any of the drugs in that category except for "any other" drug, and the only other drugs they reported misusing in the past year were OTCs. However, no editing was done to the screening question about any use of other drugs in that category in the past year (which resulted in respondents being routed to the question about misuse of any other drug in the category) because respondents could have used other *prescription* drugs in the past year that they did not misuse.

3.3.4.5 Methamphetamine Use

Editing of the methamphetamine variables in the comparison data took into account the placement of the methamphetamine questions in the core stimulants module. Specifically, the

CAI program for the comparison data required answers to questions about methamphetamine use to be consistent with answers to related questions about misuse of stimulants in general. As noted previously, for example, a consistency check was triggered if respondents reported more recent use of methamphetamine than they reported for the most recent misuse of any prescription stimulant. In keeping with the general editing principles for the comparison data, the editing procedures took answers in these consistency checks into account when creating the edited methamphetamine and general stimulant variables. Furthermore, the editing procedures for the comparison data required misuse of any stimulant always to be as recent as or more recent than the last use of methamphetamine.

Since 2005, questions about methamphetamine use have been included in the supplemental special drugs module for respondents who did not previously report methamphetamine use in the core stimulants module. Because methamphetamine in recent years has typically been manufactured illegally rather than through the legitimate pharmaceutical industry, methamphetamine users may fail to report their use when questions about the drug are asked in the context of questions about misuse of stimulants that are (or have been) available by prescription in the United States. Data from these methamphetamine questions in the special drugs module were used to create "core-plus-noncore" (CPN) measures of lifetime and most recent use of methamphetamine in the comparison data. For example, if respondents in the comparison data did not report methamphetamine use in the core stimulants module because they did not think of it as a prescription drug but they reported use in the special drugs module, their reports for their most recent use of methamphetamine in the special drugs module were incorporated into the CPN variable for most recent use. In addition, if these respondents who did not think of methamphetamine as a prescription drug reported more recent use of methamphetamine in the special drugs module than they reported for their most recent misuse of any stimulant, the edited CPN variable for most recent stimulant misuse reflected the special drugs data for methamphetamine.

Editing of the QFT data for lifetime and most recent use of methamphetamine followed the general principles described in ***Section 3.3.3***. Because the methamphetamine use questions in the QFT were placed in a module separate from questions about misuse of prescription stimulants, the edited data for use or most recent use of methamphetamine were not required to be consistent with data from the core stimulants module. For example, QFT respondents could report lifetime use of methamphetamine without reporting misuse of prescription stimulants in their lifetime; these responses were not considered to be inconsistent.

3.3.4.6 Prescription Drugs

Editing of the prescription drug variables in the comparison data generally followed the overall principles described in ***Section 3.3.3***. Editing of these variables also included the special situations for "OTHER, Specify" data and reports of misuse of only OTC drugs that were described previously in ***Sections 3.3.4.3*** and ***3.3.4.4***.

In the QFT, respondents first were asked to report any use of a series of prescription drugs in that psychotherapeutic category (e.g., pain relievers) in the past 12 months (subsequently referred to in this section as "screener" questions). Respondents who did not report past year use of any prescription drug in that category (including use of "any other" prescription

drug) were asked whether they ever used any prescription drug in that category. Respondents who endorsed use of one or more specific prescription drugs in the past 12 months in the screener questions were asked about past year misuse of the prescription drugs that they reported using in that period. If respondents reported misuse of any prescription drugs in a given category in the past 12 months, they were asked whether they misused any prescription drugs in that category in the past 30 days. Thus, unlike the 12-month questions, misuse in the past 30 days applied only to the broad prescription drug category rather than to specific prescription drugs. If respondents used prescription drugs in a given category in the past 12 months but they did not report misuse, they were asked about lifetime misuse of any prescription drugs in that category. Similarly, respondents who reported lifetime but not past year use of any prescription drugs in that category were asked about lifetime misuse. Thus, as for misuse in the past 30 days, lifetime misuse applied only to the broad prescription drug category.

Consistent with the general editing principles described in ***Section 3.3.3***, an important component of editing the prescription drug variables in the QFT involved assignment of codes to indicate when respondents were not asked questions that were not applicable. For example, if respondents did not report use of a particular drug in the past 12 months, then the corresponding edited variables for misuse of that drug in the past 12 months were assigned codes to indicate that the questions did not apply.

As an exception to the general principle of retaining missing values when respondents answered a question governing a skip pattern as "don't know" (DK) or "refused" (REF), QFT respondents who had responses of DK or REF in their screener data for past year use of specific prescription drugs and reported no past year use of other drugs in the screener could answer the question about lifetime use of any prescription drugs in the category as "no." In this situation, the report of no lifetime use of any prescription drug in the category took precedence over the responses of DK or REF in editing the QFT prescription drug variables. Similarly, if respondents answered one or more questions about past year misuse of specific prescription drugs as DK or REF and answered questions about past year misuse of other prescription drugs as "no" (or were skipped out of the past year misuse questions because they did not report any past year use of these drugs), they were asked whether they ever misused any prescription drug in that category in their lifetime. Again, if these respondents answered this lifetime misuse question as "no," this report overruled the responses of DK or REF in editing the past year misuse variables.

Because of the structure of the prescription drug questions in the QFT, respondents were not asked a specific question for their most recent misuse of any prescription drugs in that category. Rather, variables for most recent misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives were created from respondents' answers to questions about misuse of any prescription drug in the category in the past 30 days, misuse of specific prescription drugs in a given category in the past 12 months, and lifetime misuse of any prescription drug in the category. The following general principles were applied in creating the variables for most recent use of any prescription drugs in a given category in the QFT data:

- Respondents who reported misuse of prescription drugs[9] in the past 30 days were classified as having last misused prescription drugs in the past 30 days.
- Respondents who reported misuse of one or more specific prescription drugs in the past 12 months were classified as having last misused prescription drugs more than 30 days ago but within the past 12 months, provided that they answered "no" to the question about misuse in the past 30 days.
- Respondents who reported lifetime (but not past year) misuse of prescription drugs were classified as having last misused prescription drugs more than 12 months ago, provided that (a) they answered all applicable questions about misuse of specific prescription drugs in the past 12 months as "no"; or (b) they reported any use of prescription drugs in their lifetime and they explicitly reported that they did not use any prescription drugs in that category in the past 12 months.
- Respondents who reported that they never used or never misused prescription drugs were classified as never having misused prescription drugs. (The coding of the variables for most recent use did not distinguish between respondents who never used prescription drugs and lifetime users who never misused prescription drugs.)

3.3.4.7 Needle Use

Editing of the needle use data in the QFT and comparison samples principally involved assignment of the appropriate codes to indicate when respondents were not asked questions that did not apply. For example, respondents were not asked the needle use questions for a given drug (e.g., cocaine) if they reported in the corresponding core module that they never used the drug. Respondents also were not asked the follow-up questions in the special drugs module about most recent use of a drug with a needle if they used the drug in their lifetime but never used a needle to inject it.

In addition, "OTHER, Specify" data on use of other drugs with a needle were used to edit needle use data within the special drugs module. For example, if respondents did not report using cocaine with a needle but they specified it as some "other" drug they used with a needle, the edits inferred that these respondents used cocaine with a needle at some point in their lifetime.

Consistent with editing in the core modules (and with general principles of editing described previously), however, data on needle use from the special drugs module were not used in editing drug use data from the corresponding core module. For example, if respondents reported more recent use of cocaine with a needle in the special drugs module compared with their reports of most recent use of cocaine (including any reports of crack cocaine), the editing procedures for both the QFT and comparison data did not resolve this inconsistency.

As noted previously, the needle use questions for stimulants in the QFT were moved from the special drugs module to the core stimulants module. In addition, the questions about use of stimulants with a needle applied to stimulants that respondents misused in the past 12 months. Even if the editing procedures allowed editing of core data based on data in the special drugs

[9] In this text, "prescription drugs" refers to any prescription drugs in a given category (e.g., any prescription pain reliever).

module, reports of lifetime use of prescription stimulants with a needle in the "OTHER, Specify" data for special drugs could *not* be used to infer past year use of stimulants with a needle or to infer past year misuse of specific stimulants in the core stimulants module.

3.3.4.8 Methamphetamine and Prescription Stimulant Dependence or Abuse

In the comparison data, because methamphetamine was grouped together with other stimulants, comparison data respondents who reported past year methamphetamine use were asked questions about dependence or abuse for *prescription stimulants*. The QFT included questions about dependence and abuse for methamphetamine that were separate from questions about dependence and abuse for prescription stimulants that were misused in the past 12 months. Consequently, QFT respondents who reported methamphetamine use in the past year but who did not report past year misuse of prescription stimulants were asked dependence and abuse questions for methamphetamine but were not asked corresponding questions for stimulants.

QFT respondents who reported past year use of methamphetamine and past year misuse of prescription stimulants were asked both sets of dependence and abuse questions. For these respondents, no editing was done to the methamphetamine dependence or abuse variables based on respondents' answers to questions about corresponding symptoms of dependence or abuse for prescription stimulants. Similarly, no editing was done to the stimulant dependence or abuse variables based on respondents' answers to questions about corresponding symptoms of dependence or abuse for methamphetamine.

3.3.4.9 Interviewer-Administered versus Self-Administered Data

The basic content of the QFT variables for marital status, employment status, health insurance, and income underwent little or no change relative to the variables in the comparison data, except that they were self-administered instead of being interviewer-administered. Consequently, little or no change to the editing procedures for these variables in the QFT were required relative to the procedures for editing these variables in the comparison data. Editing of these variables in all three datasets principally involved assignment of codes to indicate when it could be determined unambiguously that respondents were not asked questions that did not apply.

3.4 Imputation Procedures

3.4.1 Overview of Imputation Procedures

This section describes the imputation procedures that were implemented for the 2012 QFT data and the two comparison datasets—the 2012 quarters 3 and 4 main study data and the 2011 main study data. The advantages of performing imputation include the following: (1) reducing bias due to differential nonresponse, (2) allowing all cases to be used for analysis, and (3) improving the quality of data at the subdomain level. The small QFT sample sizes and the limited amount of time for imputation make it difficult to implement the standard NSDUH imputation methods due to sparse donor pools. Because the comparison of the QFT data with the main study data was performed at a fairly aggregate level, a simple mean imputation procedure satisfies the needs of the QFT and could be implemented within the short time period for the QFT. The two main study comparison datasets—2012 quarters 3 and 4 and all quarters from

2011—were imputed using the same approach. One of the simplest methods of imputing for missing data is to replace each missing value with the weighted mean of the observed values for a variable within a class of respondents containing the respondent with the missing value. This method provides an unbiased estimate of the overall variable mean either if the probability of the value being missing is the same for every respondent in a class or if values within a class are not related to their probabilities of being missing. If neither of these conditions holds, the estimated variable mean after imputation is biased, but the bias is likely less than if no imputation had taken place, which is equivalent to treating the entire sample as a single imputation class.

3.4.2 Imputation Methodology

Variables that were imputed include demographics, health insurance, income, and recency of drug use. The noncore variables associated with drug abuse were not imputed.[10] ***Table 3.1*** lists the variables that were imputed for each of the three sets of data. As was done in the main study, imputation indicators were created for each imputed variable. For the drug use variables, three variables indicating lifetime use, past year use, and past month use were created from the imputed recency of use variables. In addition to misuse, the QFT instrument asked about any use of prescription drugs. These variables were not imputed for this analysis. Questions about lifetime and past month use of OxyContin® were not included in the QFT instrument; therefore, only the past year indicator variable for OxyContin® misuse was imputed for the QFT data. The QFT instrument contained separate modules for methamphetamine and prescription stimulants. Therefore, an additional recency of misuse of stimulants excluding methamphetamine was imputed for the QFT only. For the 2011 and 2012 comparison data, the CPN measures for methamphetamine and misuse of stimulants were created to compare with the combined stimulants and methamphetamine variables in the QFT.

For categorical variables (including both nominal and ordinal), the weighted percentage for each variable level within an imputation class was used to impute the missing values. Imputation classes were based, where possible, on categorical age (12 to 17 years, 18 to 25 years, and 26 years and older), gender, and four-level race (white, black, Hispanic, and other). For the race variable imputation, only age group and gender were used to create imputation classes. For the continuous variable WELMOS—number of months on welfare—the weighted mean was computed within an imputation class, then used to impute the missing values. Weighted means were computed using PROC DESCRIPT from SUDAAN® (RTI International, 2008), and weighted percentages were computed using PROC CROSSTAB. As an example, assume that among white females aged 26 or older the marital status variable has a complete case weighted distribution as follows: married (65 percent), widowed (10 percent), divorced (15 percent), and never married (10 percent). If 20 cases within this imputation class have missing values, then 13 cases would be imputed as married, 2 cases as widowed, 3 cases as divorced, and 2 cases as never been married. Rounding was used when the percentages did not result in exact numbers of cases and when there were fewer records with missing values than there were levels of the

[10] Variables that regularly undergo imputation, but did not for the QFT include the following: roster variables; roster pair variables; Hispanic group and immigrant status; personal income variables; "old method" insurance variables; daily cigarette use, cigar, pipe, chewing tobacco, and snuff use variables; core-only stimulants and methamphetamine use variables; 12-month and 30-day frequency of drug use variables; age at first drug use variables; and nicotine dependence variables.

Table 3.1 Imputed Variables

Demographic Variables	
Race	Education
Hispanic Indicator	Employment Status
Marital Status	
Income Variables	
Family Income	Food Stamps
Wages	Welfare Payments
Social Security	Welfare Services
Supplemental Security	Number of Months on Welfare
Health Insurance Variables	
Medicaid/CHIP (Children's Health Insurance Program)	Private Health Insurance
Medicare	Other Health Insurance
CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)	
Drug Use Variables	
Cigarette Use	Inhalant Use
Smokeless Tobacco Use	Marijuana Use
Alcohol Use	Core plus Noncore Stimulant Misuse
Binge Alcohol Use (Past Month Only)	Core plus Noncore Stimulant Misuse, Excluding Methamphetamine Use (QFT Only)
Cocaine Use	Core plus Noncore Methamphetamine Use
Crack Use	Pain Reliever Misuse
Hallucinogen Use	OxyContin® Misuse (QFT: Past Year Only)
LSD Use (Lysergic Acid Diethylamide)	Sedative Misuse
PCP Use (Phencyclidine)	Tranquilizer Misuse
Ecstasy Use	
Heroin Use	

QFT = Questionnaire Field Test.

imputed value. For example, an imputation class for the four-level recency variable may have had only two records requiring imputation. In these cases, the distribution of imputed cases may have looked very different from the distribution of complete cases. However, the rounding algorithm was such that the distribution of imputed values would match the weighted distribution of complete values in expectation.

Imputation was occasionally restricted to a few categories when partial information about the nonrespondent was known or in order to maintain consistency with other variables. For example, when imputing employment status, if the nonrespondent was known to be employed, but the level of employment (full-time or part-time) was not known, the weighted percentages were calculated among employed respondents in each imputation class, and imputation was restricted to full- or part-time employment.

In a few cases, the imputation class contained only nonrespondents. When this happened, imputation classes were collapsed by race, then by gender, then by age until at least one

respondent was in the imputation class. For example, ***Exhibit 3.1*** shows the imputation classes for the 12- to 17-year-old age category. If the nonrespondent was a 15-year-old, Hispanic, and female, and no respondents were in the imputation class for 12- to 17-year-old, Hispanic females, that class would be merged with the class containing 12- to 17-year-old females of other races. Collapsing would continue up the hierarchy until at least one respondent was in the imputation class. Continuing the example above, it may have been necessary to collapse all races or both genders. Note that if collapsing was necessary, care was taken to collapse as few classes as possible. As shown in ***Exhibit 3.1***, if collapsing of the race categories was only necessary among females, parallel collapsing was not done among males. Similarly, if collapsing was only necessary among 12- to 17-year-olds, no collapsing was done within the other age categories (***Exhibit 3.2***).

Exhibit 3.1 Collapsing Imputation Classes: Race

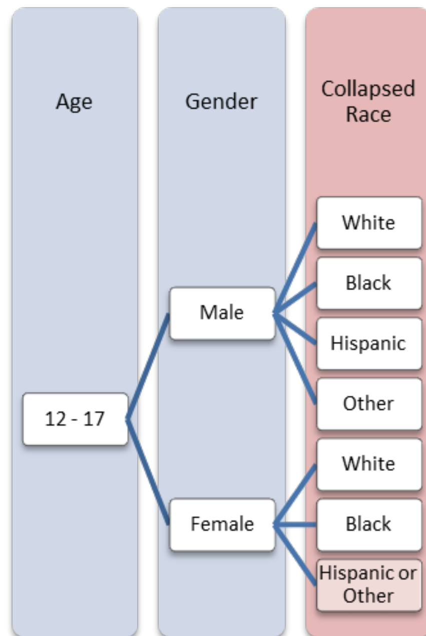
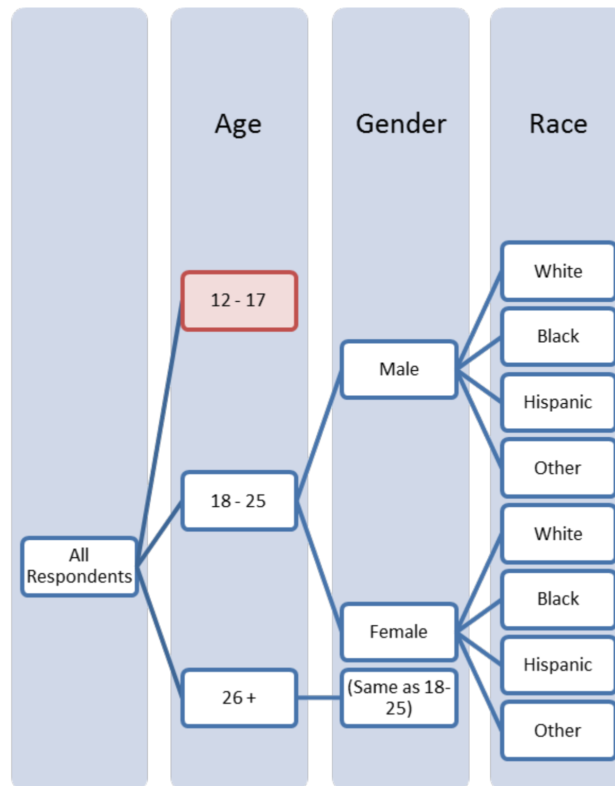


Exhibit 3.2 Collapsing Imputation Classes: Race and Gender



3.5 Weighting Procedures

3.5.1 Overview of Weighting Procedures

Estimates and measures of data quality from the 2012 QFT sample were compared with those from the 2012 main study during the same quarters (2012 quarters 3 and 4) and from the full year for the 2011 main study. Analysis weights for those three samples needed to be developed for the QFT analysis. This section discusses the methods used to develop sample weights for the 2012 QFT analysis.

For some research questions (Question 1a to 1c), QFT respondents were compared with the 2012 quarters 3 and 4 and the 2011 NSDUH respondents. To increase the efficiency of the comparisons by removing the impact of differences between the demographic characteristics of the three samples caused by random sampling and then exacerbated by nonresponse, nonresponse-adjusted weights were calibrated for the QFT sample and 2012 quarters 3 and 4 main study sample to distributions of demographic variables from the 2011 sample. Instead of the full process (Chen et al., 2013) used in developing 12-month analysis weights, where five adjustment steps were implemented, a shortened process was used similar to producing weights for the 6-month detailed tables. That is, the design weights were computed for both the QFT sample and the 2012 quarters 3 and 4 main sample in a manner consistent with 2011 NSDUH weighting procedures. The design weights were then adjusted for nonresponse at the dwelling unit and person level, followed by a poststratification adjustment where nonresponse-adjusted

weights were further poststratified to the sum of the analysis weights from the 2011 NSDUH sample for selected demographic domains.

The final analysis weight was used to calculate the weighted distributions for the 2011 comparison data. For the 2012 QFT and the 2012 quarters 3 and 4 main study data, the final analysis weights were not available; therefore, the preliminary analysis weights were used instead. This preliminary weight was created from the person-level sample design weights adjusted to account for nonresponse at the household level.

3.5.2 Weighting Procedures

This section discusses in detail the procedures used to develop the analysis weights for the three samples and summarizes the distribution of the QFT analysis weights.

3.5.2.1 2011 NSDUH Sample Weights

The analysis weights (ANALWT) for the 2011 NSDUH sample had 15 weight components, and among them 5 were adjustment factors at both the dwelling and person levels (Chen et al., 2013). The generalized exponential model (GEM) (Folsom & Singh, 2000) was used for the nonresponse and poststratification adjustments within nine model groups corresponding to nine census divisions. ANALWT is the product of all 15 weight components.

After removing respondents from Hawaii and Alaska, as well as interviews completed using the Spanish-version questionnaire (LANGVER=2), analysis weights for the remaining respondents in the 2011 NSDUH were used for the 2012 QFT analyses. The domain-level sums of the ANALWT for these retained respondents were used as control totals in the poststratification for the 2012 QFT sample and the 2012 quarters 3 and 4 main study sample as discussed in the following section.

3.5.2.2 2012 Quarters 3 and 4 Main Study Sample Weights

Design-based weights were computed for the 2012 quarters 3 and 4 main study sample in a manner consistent with standard NSDUH weighting procedures. To facilitate timely completion of the QFT analyses, quarter 4 screenings and interviews completed after December 2, 2012, were considered nonrespondents. After December 2, 2012, an additional 2,909 screenings and 604 interviews were completed that would have been included in the 2012 quarters 3 and 4 main study comparison data had the December 2, 2012, cutoff date not been implemented. The nonresponse adjustments at both the dwelling unit level (DUNR) and person level (PRNR) for the 2012 quarters 3 and 4 main study sample were similar to those used to develop the regular 6-month analysis weights. However, the person-level poststratification (PRPS) for the 2012 quarters 3 and 4 main study sample was different from the regular 6-month analysis weights, where the nonresponse-adjusted weights were adjusted to the census population estimates. For the QFT analyses, the person-level poststratification adjusted the weights to match ANALWT sums for eligible respondents from the 2011 NSDUH sample. GEM was used to implement all three adjustment steps.

The final analysis weights for the 2012 quarters 3 and 4 main study sample were the product of various design weights and three adjustment factors. The various design weights were as follows:

- inverse probability of selecting census tracts;
- inverse probability of selecting segments;
- quarter segment weight adjustment;
- subsegmentation inflation adjustment;
- inverse probability of selecting dwelling units;
- added/subsampled dwelling unit adjustment;
- dwelling unit sample release adjustment;
- dwelling unit-level nonresponse adjustment;
- inverse probability of selecting a person from a dwelling unit;
- person-level nonresponse adjustment; and
- person-level poststratification adjustment.

The three adjustment factors were as follows:

- *Dwelling Unit-Level Nonresponse Adjustment (DUNR)*. One model was used to account for the failure to obtain screening interviews from eligible dwelling units. The proposed variables in the model are listed below, and they were all kept in the final model.
  - State,
  - quarter,
  - population density (metropolitan statistical area [MSA], ≥ 1 million; MSA, < 1 million; non-MSA, urban; non-MSA, rural),
  - group quarters (college dorm; other group quarters; non-group quarters),
  - percent of owner-occupied dwelling units in a segment (CO: > 50 percent; 10 to 50 percent; < 10 percent),
  - percent of blacks or African Americans in a segment (CB: > 50 percent; 10 to 50 percent; < 10 percent),
  - percent of Hispanics in a segment (CH: > 50 percent; 10 to 50 percent; < 10 percent),
  - segment combined median rent and housing value (CV: 1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
  - CO * CB,
  - CO * CH,
  - CO * CV,

  - CV * CB, and
  - CV * CH.
- *Person-Level Nonresponse Adjustment (PRNR)*. One model was used to adjust person-level nonresponse, and the proposed variables in the model are listed below (they were all kept in the final model):
  - State,
  - quarter,
  - age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 or older),
  - race (white; black; Native American; Asian; multiple races),
  - Hispanicity (Hispanic; non-Hispanic),
  - gender (male; female),
  - population density (MSA, ≥ 1 million; MSA, < 1 million; non-MSA, urban; non-MSA, rural),
  - group quarters (college dorm; other group quarters; non-group quarters),
  - percent of owner-occupied dwelling units in a segment (CO: > 50 percent; 10 to 50 percent; < 10 percent),
  - percent of blacks or African Americans in a segment (CB: > 50 percent; 10 to 50 percent; < 10 percent),
  - percent of Hispanics in a segment (CH: > 50 percent; 10 to 50 percent; < 10 percent),
  - segment combined median rent and housing value (CV: 1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
  - CO * CB,
  - CO * CH,
  - CO * CV,
  - CV * CB,
  - CV * CH,
  - age group * Race3 (white; black; others),
  - age group * Hispanicity,
  - age group * gender,
  - Race3 * Hispanicity,
  - Race3 * gender,
  - Hispanicity * gender,
  - age group * Race3 * Hispanicity,
  - age group * Race3 * gender,

    - age group * Hispanicity * gender, and
    - Race3 * Hispanicity * gender.
- *Person-Level Poststratification Adjustment (PRPS).* The respondents in the 2012 quarters 3 and 4 main sample from Hawaii and Alaska and interviews completed with the Spanish-version questionnaire were removed before the PRPS. One model was used to force the weights of the 2012 quarters 3 and 4 main study sample to sum up to the ANALWT totals for eligible respondents in the 2011 NSDUH by the following proposed demographic domains (all proposed variables were kept in the final model):
    - State,
    - age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 to 64; 65 or older),
    - race (white; black; Native American; Asian; multiple races),
    - Hispanicity (Hispanic; non-Hispanic),
    - gender (male; female),
    - age group * Race3 (white; black; others),
    - age group * Hispanicity,
    - age group * gender,
    - Race3 * Hispanicity,
    - Race3 * gender,
    - Hispanicity * gender,
    - age group * Race3 * Hispanicity,
    - age group * Race3 * gender,
    - age group * Hispanicity * gender, and
    - Race3 * Hispanicity * gender.

3.5.2.3 2012 QFT Sample Weights

Design-based weights for the 2012 quarters 3 and 4 QFT sample were computed in a manner consistent with standard NSDUH weighting procedures. The three adjustment steps, DUNR, PRNR, and PRPS, were implemented in a similar fashion as for the 2012 quarters 3 and 4 main study sample weights using GEM. The differences were that fewer variables in the GEM models were used to develop QFT sample weights because of the relatively small 2012 QFT sample.

The final analysis weights for the 2012 quarters 3 and 4 QFT sample were the product of various design weights and three adjustment factors. The various design weights were as follows:

- inverse probability of selecting QFT State sampling (SS) regions;
- inverse probability of selecting census tracts;
- inverse probability of selecting segments;

- quarter segment weight adjustment;
- subsegmentation inflation adjustment;
- inverse probability of selecting dwelling units;
- added or subsampled dwelling unit adjustment;
- dwelling unit sample release adjustment;
- dwelling unit-level nonresponse adjustment;
- inverse probability of selecting a person from a dwelling unit;
- person-level nonresponse adjustment; and
- person-level poststratification adjustment.

The three adjustment factors were as follows:

- *Dwelling Unit-Level Nonresponse Adjustment (DUNR)*. One model was used to account for the failure to obtain screening interviews from eligible dwelling units. The variables in the model are listed below, and some two-way interactions of segment-level variables (CO, CH, CB, and CO) were collapsed in order to get a convergent model:
  - State,
  - population density (MSA, ≥ 1 million; MSA, < 1 million; non-MSA, urban; non-MSA, rural),
  - group quarters (college dorm; other group quarters; non-group quarters),
  - percent of owner-occupied dwelling units in a segment (CO: > 50 percent; 10 to 50 percent; < 10 percent),
  - percent of blacks or African Americans in a segment (CB: > 50 percent; 10 to 50 percent; < 10 percent),
  - percent of Hispanics in a segment (CH: > 50 percent; 10 to 50 percent; < 10 percent),
  - segment combined median rent and housing value (CV: 1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
  - CO * CB,
  - CO * CH,
  - CO * CV,
  - CV * CB, and
  - CV * CH.
- *Person-Level Nonresponse Adjustment (PRNR).* One model was used to adjust person-level nonresponse, and the proposed variables in the model are listed as follows (they were all kept in the final model):

- State,
- age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 or older),
- race (white; black; Native American; Asian; multiple races),
- Hispanicity (Hispanic; non-Hispanic),
- gender (male; female),
- population density (MSA, ≥ 1 million; MSA, < 1 million; non-MSA, urban; non-MSA, rural),
- group quarters (college dorm; other group quarters; non-group quarters),
- percent of owner-occupied dwelling units in a segment (CO: > 50 percent; 10 to 50 percent; < 10 percent),
- percent of blacks or African Americans in a segment (CB: > 50 percent; 10 to 50 percent; < 10 percent),
- percent of Hispanics in a segment (CH: > 50 percent; 10 to 50 percent; < 10 percent),
- segment combined median rent and housing value (CV: 1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
- CO * CB,
- CO * CH,
- CO * CV,
- CV * CB,
- CV * CH,
- age group * Race3 (white; black; others),
- age group * Hispanicity,
- age group * gender,
- Race3 * Hispanicity,
- Race3 * gender, and
- Hispanicity * gender.

• *Person-Level Poststratification Adjustment (PRPS)*. One model was used to force the weights of the 2012 quarters 3 and 4 QFT sample to sum up to ANALWT totals for eligible respondents in the 2011 NSDUH by the following proposed demographic domains (all variables were kept in the final model):

- age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 to 64; 65 or older),
- race (white; black; Native American; Asian; multiple races),
- Hispanicity (Hispanic; non-Hispanic),
- gender (male; female),

- age group * Race3 (white; black; others),
- age group * Hispanicity,
- age group * gender,
- Race3 * Hispanicity,
- Race3 * gender, and
- Hispanicity * gender.

3.5.3 Distribution of QFT Analysis Weights

The distribution of analysis weights for the 2011 NSDUH sample, 2012 quarters 3 and 4 QFT sample, and 2012 quarters 3 and 4 main study sample are summarized in ***Table 3.2***.

Table 3.2 Weight Distribution of QFT Analysis Weights

Statistics	2011 NSDUH Sample Weights	2012 Quarters 3 and 4 QFT Sample Weights	2012 Quarters 3 and 4 Main Study Sample Weights
100% Maximum	108,117	790,075	125,076
99%	28,632	481,574	53,068
95%	14,867	323,750	30,590
90%	9,707	270,961	21,027
75% Quarter 3	3,942	152,927	8,486
50% Median	1,501	83,482	3,378
25% Quarter 1	715	48,820	1,729
10%	320	35,068	870
5%	196	30,391	540
1%	63	10,123	237
0% Minimum	1	4,131	24
n	65,928	2,044	31,213
Mean	3,688	118,945	7,789
Sum of Weights	243,124,072	243,124,072	243,124,073
Unequal Weighting Effect (UWE)[1]	3.5156	1.7172	3.0279

[1] UWE measures the variation in weights.

3.5.4 Creation of Variance Estimation Strata and Replicates

The nature of the stratified, clustered sampling design of the NSDUH main study and QFT samples requires that the design structure be taken into consideration when computing variances of survey estimates. Key nesting variables were created for the QFT and main study comparison samples to capture explicit stratification and to identify clustering.

To allow for comparisons between the QFT and main study samples, a common set of stratification and clustering variables were defined. Because State sampling (SS) regions serve as strata for the main study samples and as primary sampling units (PSUs) for the QFT sample,

there was no direct way of capturing the covariance between the samples and using the entire main study sample. Instead, the approach used for the 1999 paper-and-pencil interviewing (PAPI) and CAI mode analysis was followed in developing a design structure that could be used to simultaneously analyze all three samples (Gfroerer, Eyerman, & Chromy, 2002). Steps in the process were as follows:

- Within the QFT sampling strata (census regions), variance strata were generally formed by assigning two sequential QFT selected SS regions to the same variance strata on the sorted sampling frame. Each sampled SS region was then assigned to a replicate (1 or 2). However, there were three QFT SS regions per variance strata for three randomly selected strata. This was necessary because an odd number of QFT SS regions were selected in three of the census regions. Within these three strata, the third SS region was randomly assigned to either replicate 1 or replicate 2. This led to a total of 105 QFT variance strata, with two replicates per strata.
- Using the sorted QFT sampling frame of SS regions, the main study SS regions not selected for the QFT were assigned to QFT sampling strata sequentially, in accordance with the assignments of selected QFT SS regions. These assignments kept the number of SS regions per strata as equal as possible given the distribution of QFT sampled SS regions within the sorted SS region frame. For SS regions not selected for the QFT sample, the original replicate assignments of either replicate 1 or replicate 2 were maintained. A further discussion of the assignment of main study replicates can be found in the 2011 sample design report (Morton et al., 2012).

Although this approach to design structure variables does not fit the main study perfectly, it does capture the total variance and allows for taking advantage of any covariance induced by the overlapping SS regions between the samples.

3.6 Data File Preparation

Three data files were prepared for the QFT analysis. In order to evaluate the QFT, two comparison data files for 2011 and 2012 were created based on main study cases.

3.6.1 QFT Data File

The QFT data file was comprised of interviews conducted from September 1, 2012, through November 3, 2012. No Spanish interviews or interviews in Alaska and Hawaii were conducted, and these data underwent the normal data quality checks and telephone verification. The final analysis data file resulted in 2,044 respondents.

3.6.2 2011 Comparison Data File

The 2011 comparison data file was created from the 2011 main study analysis file. The full set of respondents was subset down to 65,928 by excluding Spanish cases as well as interviews conducted in Alaska and Hawaii.

3.6.3 2012 Comparison Data File

The 2012 comparison data file was created using most of the 2012 main study cases worked in quarters 3 and 4. As was done for the 2011 comparison file, Spanish interviews, Alaska interviews, and Hawaii interviews were also excluded. In order to allow time for analysis under the QFT schedule, the 2012 comparison file only contains cases with a completed interview as of December 2, 2012. Because this time frame was prior to completing verification on the full 2012 main study sample, some decisions were made to exclude cases undergoing field verifications at the time, based on the following criteria:

- *Cases completed by quarter 3 or 4 field interviewers (FIs) found to have been falsified as of December 2, 2012*. In addition to cases that were determined to have some form of falsification, cases completed by these same FIs were dropped whenever it could not be determined whether the interview was actually completed or whether informed consent was completed. This second set of cases usually resulted from being unable to contact the respondent.
- Quarter 4 cases that were worked by FIs whose work was still being field verified as of December 2, 2012.
- *Quarter 3 interviews for FIs whose work was still being field verified as of December 2, 2012*. If falsification of quarter 4 work was found, previous 2012 work completed by these FIs needed to be field verified.

Interviews scheduled for telephone verification that were not finalized by close of business on December 2, 2012, and did meet any of the exclusion criteria above were included in the 2012 quarters 3 and 4 comparison data file. The resulting 2012 quarters 3 and 4 comparison data file contained 31,213 interviews (see ***Table 3.3***).

Table 3.3 Data Files Created for the 2012 Questionnaire Field Test Analyses

Data File	Data Collection Period	Number of Respondents
QFT	9/1/2012 – 11/3/2012	2,044
2011 Comparison	1/1/2011 – 12/31/2011	65,928
2012 Comparison	7/1/2012 – 12/2/2012	31,213

3.7 Data Analysis Issues

3.7.1 Primary Analytic Goals

The primary goal of the QFT was to measure patterns of effects on NSDUH estimates due to changes in the protocol planned for the 2015 redesign. Decisions about changes in the questionnaire and protocol have, for the most part, already been made. As a result, the focus of the statistical analysis is the measurement of how the *collective* set of protocol changes could affect key NSDUH estimates—overall and by the three major age groups—when the new protocol is implemented in 2015. The QFT sample size was not large enough to permit quantitative assessments of the impact of *individual* changes in the protocol because such analyses would require dedicated samples for assessing each change, unless it were assumed that

the effects of changes are uncorrelated with each other—that the effect of each change on outcomes of interest is independent of the effects of all other changes. To carry out such a design to estimate the effects of each protocol change would be prohibitively costly and infeasible. Also, the resources needed to carry out such extensive testing would have risked having an impact on the main 2012 survey estimates by affecting the availability of interviewers to work on the main study.

3.7.2 Comparison with Current NSDUH Data

Most of the analyses in this report compare estimates from the 2012 QFT with estimates from the 2011 NSDUH and quarters 3 and 4 from the 2012 NSDUH. Comparisons between the 2012 QFT and quarters 3 and 4 from 2012 allow for estimating the effects of the overall protocol change over approximately the same time period, with the QFT being conducted during the last month of quarter 3 and the first month of quarter 4 of the main study.

An additional point of comparison is provided by estimates from the 2011 NSDUH. Use of the 2011 NSDUH provides additional sample with which to compare against the QFT sample. Rather than relying solely on comparisons with the 2012 quarters 3 and 4 sample, survey designers felt it would be informative to compare estimates from the QFT with the 2011 NSDUH sample as well. In a manner of speaking, the 2011 NSDUH provides another data point with a larger sample size with which to compare the QFT. This provides assurance that differences in estimates between the QFT and the 2012 quarters 3 and 4 sample are not unique to that comparison. Also, comparisons between the 2011 NSDUH and the QFT sample can be viewed as an early indicator of what differences in estimates might emerge between the 2014 NSDUH and the 2015 NSDUH, the first year of the fully implemented redesign. Use of the 2011 NSDUH as a comparison point assumes that differences in NSDUH estimates between 2011 and 2012 are generally small.

In addition to comparisons of estimates between the QFT and 2012 quarters 3 and 4 and 2011 NSDUH samples, two other analyses were carried out to rule out potential confounders of comparisons between the QFT and 2012 quarters 3 and 4 samples.

3.7.2.1 Comparison of QFT Data and 2012 Quarters 3 and 4 Data to Assess "Seasonality" Effects on Estimates

In principle, the 2012 QFT and comparison cases from quarters 3 and 4 of the 2012 NSDUH generally cover the same time period, late summer and early fall. Estimates from quarter 3 in the 2012 NSDUH were compared with estimates from quarter 4 in the 2012 NSDUH as a check for differences in estimates between the two quarters. Because the QFT was conducted in only 2 months out of the 6 months of quarters 3 and 4, there was concern that the particular months chosen for the QFT sample (September and October 2012) may not be representative of all 6 months in the last half of 2012, particularly if there were differences in estimates between quarters 3 and 4. If there were underlying changes in behavior taking place throughout the 6 months of quarters 3 and 4, the ideal design would involve collecting data using the redesigned instrument throughout the same time period. However, due to resource constraints, the QFT sample could not be fielded in all of the 6 months of quarters 3 and 4 in 2012. If estimates in quarter 3 were similar to those in quarter 4 and there was no underlying

change in the behaviors estimated by NSDUH, the time point at which the QFT was fielded would be of less concern.

In other words, given that the QFT was conducted during a 2-month period, an assumption needed to be made that the net impact of the protocol changes will not be different for the 2 months of the field test than for the other 10 months of the year. This does not imply an assumption that drug and mental health reporting cannot be affected by the month of data collection, only that the net impact of the changes in the redesign protocol will not be affected by the particular month or season chosen.

For the estimates shown in ***Tables I-1*** to ***I-12*** in ***Appendix I***, ***Tables J-1*** to ***J-12*** in ***Appendix J***, and ***Tables K-1*** to ***K-4*** in ***Appendix K***, significance tests were carried out for differences between quarters 3 and 4. Overall, very few significant differences emerged, suggesting that comparisons between estimates from the quarters 3 and 4 2012 NSDUH sample and the QFT sample are not affected by detectable seasonal differences.

3.7.2.2 Comparison of QFT Outcomes with 2012 Quarters 3 and 4 Main Study Outcomes to Assess Level of Effort Effects on Estimates

Another concern with comparing estimates from the QFT sample with those from the 2012 quarters 3 and 4 main study sample is that that field efforts for NSDUH are not distributed equally across the 3 months of each quarter. Typically, many interviews are conducted in the first month of each quarter, fewer are conducted in the second month, and fewer still in the third month. First-month responses may be systematically different from third-month responses, given differences in the level of effort required to screen households and interview selected respondents in the first month versus the third month. Analyses of the relationship between indicators related to length of time in the field, such as interview visits, have shown that respondents requiring more calls to complete the interview may have higher self-reported rates of illicit drug use (Biemer & Wang, 2006). Given that the QFT data were collected in a compressed, 2-month time, reduced calling effort may lead to differences between estimates from the QFT sample and the 2012 quarters 3 and 4 sample.

To investigate this possibility, estimates for a limited number of measures were examined by the number of visits required to complete the interview for both the QFT and 2012 quarters 3 and 4 samples. Indicators examined were lifetime use measures of hallucinogens, inhalants, any prescription drug misuse, pain reliever misuse, tranquilizer misuse, and past year and past month serious psychological distress (SPD). Overall, there was little evidence of strong differences in estimates by the number of visits and little indication that any such patterns differed by sample.

3.7.3 Comparisons with Other Survey Data

Estimates from the QFT sample were also compared with estimates from other appropriate sources, such as those shown in Appendix C from the 2010 NSDUH national findings report (Center for Behavioral Health Statistics and Quality [CBHSQ], 2011). Such comparisons provide relevant evidence on the effects of changes in the NSDUH data collection protocol. As noted in the 2010 national findings report, the results of such comparisons may be difficult to interpret given differences between NSDUH and other data collection systems in a

number of areas, including the population of interest, sample design, data collection periods, screening and interviewing protocols, and estimation procedures.

The following data sources were used in these comparisons:

- National Ambulatory Medical Care Survey (NAMCS) and the hospital outpatient clinic component of the National Hospital Ambulatory Medical Care Survey (NHAMCS), which mention specific prescription psychotherapeutic drugs;
- National Health Interview Survey (NHIS), which includes the numbers of doctor visits, income, education, and cellular telephone coverage; and
- National Health and Nutrition Examination Survey (NHANES), which includes direct measures of height and weight.

Results for these comparisons are discussed in ***Chapter 9***.

4. Data Collection Outcomes and Data Quality Assessment

4.1 Overview of Data Collection and Data Quality Outcomes

This chapter presents a variety of indicators used to assess the quality of the 2012 Questionnaire Field Test (QFT) data. Where feasible and appropriate, data quality outcomes for the 2012 QFT data are compared with the 2011 main study comparison data and the 2012 quarters 3 and 4 main study comparison data. Examining these indicators identifies the potential impact of the questionnaire and protocol revisions implemented for the QFT on data quality when the partial redesign is implemented in 2015.

Section 4.2 presents unit response rates for all three datasets, including both screening and interviewing response rates. ***Section 4.3*** details imputation rates for variables that were common to the 2011 comparison data, the 2012 quarters 3 and 4 comparison data, and the QFT data, while ***Section 4.4*** details missing data rates for new or revised items in the QFT questionnaire. ***Section 4.5*** presents interview timing results, including comparisons among the three datasets where appropriate. ***Section 4.6*** describes other data quality indicators for the new prescription drug modules included in the 2012 QFT questionnaire.

4.2 Unit Response Rates

4.2.1 Screening Response Rates (SRRs) and Number of Visits for Completed and Noncompleted Screenings

The screening response rate (SRR) is the total number of completed screenings divided by the total eligible dwelling units. The eligible dwelling units are computed by subtracting the number of sample dwelling units (SDUs) not eligible to be included in the National Survey on Drug Use and Health (NSDUH) from the total number of SDUs. Ineligibles include vacant units, those that are not a primary residence, units that are not dwelling units, group quarters units (GQUs) listed as housing units (HUs), HUs listed as GQUs, only military units, listing errors, other ineligibles, and those SDUs where the residents will live there less than half of the quarter.

SRRs were calculated for the 2011 main study comparison sample, the 2012 quarters 3 and 4 main study comparison sample, and the 2012 QFT sample. Response rates for 2011 were calculated using final 2011 main study data. Data for Alaska and Hawaii were removed to make rates more comparable with the 2012 QFT. SRRs for the 2012 comparison sample were calculated based on the preliminary results for quarters 3 and 4 of 2012, with Alaska and Hawaii removed.[11] Screeners associated with field interviewers (FIs) that were subject to field verification at the time the preliminary data were obtained were considered nonrespondents to minimize the risk of introducing falsified cases onto the comparison file. Because the 2012

[11] Main study screenings completed in Spanish were retained and treated as completions on both the 2011 comparison file and the 2012 comparison file because it was difficult to determine which screenings were completed in English and which screenings were completed in Spanish.

comparison data were based on the data collected through December 2, 2012, quarter 4 screenings completed after that date were considered nonrespondents for the purposes of the QFT analysis. Similarly, any screener completions that were later recoded as screener incompletes (e.g., resulting from falsification detected after December 2, 2012) were treated as screener completions for the purposes of the QFT analysis.

Table 4.1 lists the sample totals and the national screening and interviewing response rates for the 2011 main study comparison file, the 2012 quarters 3 and 4 main study comparison file, and the 2012 QFT. This table provides both the weighted and unweighted screening and interviewing response rates for each sample. The weighted screening response rates for the 2011 main study comparison file, the 2012 quarters 3 and 4 main study comparison file, and the 2012 QFT were 87.00, 81.77, and 83.58 percent, respectively.

Table 4.1 Screenings, Interviews, and Response Rates for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test

	2011 Main Study Comparison Sample		2012 Quarters 3 and 4 Main Study Comparison Sample		2012 Questionnaire Field Test	
Selected Dwelling Units	211,227		104,618		5,358	
Eligible Dwelling Units	174,912		86,755		4,623	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Eligibility Rate	82.81%	83.14%	82.93%	83.22%	86.28%	86.24%
Complete Screenings	152,333		71,540		3,837	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Screening Response Rate	87.09%	87.00%	82.46%	81.77%	83.00%	83.58%
Selected Persons	86,155		39,354		2,823	
Completed Interviews	65,928		31,213		2,044	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Interviewing Response Rate	76.52%	70.46%	79.31%	74.58%	72.41%	69.04%
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Overall Response Rate	66.64%	61.30%	65.40%	60.98%	60.09%	57.71%

One difference between the QFT sample and the two main study samples that could not be accounted for is the language used to complete the screenings. For the main study, the screenings could be completed in English or Spanish, and the FI had the ability to switch languages as needed. As a result, the language used for each screening could not be determined. For the QFT, no Spanish version of the screening interview was available, so households that could not complete the screening in English were treated as nonrespondents. This factor reduced the QFT's SRR relative to the other two samples. An additional factor that could have affected SRRs was improvements to the QFT lead letter, which were expected to improve SRRs.

Whenever feasible, FIs were required to make at least four callback visits to dwelling units when attempting to complete the screening and interviewing. In general, callbacks continued to be made as long as the field supervisor (FS) felt there was a chance that the screening or the interview could be completed in a cost-effective manner. In some cases, more

than 10 visits were made to complete a screening or interview. ***Table 4.2*** presents data on the number of visits made for successfully completed screenings in each of the three samples. The overall pattern of visits for completed screenings in the QFT sample looked quite similar to the 2011 and 2012 quarters 3 and 4 comparison samples, with only slight differences for a few categories. These distributions indicate there were no significant differences in the number of screenings required to complete household screenings in the QFT data collection compared with the 2011 and 2012 quarters 3 and 4 comparison samples.

For comparison, ***Table 4.3*** presents data on the number of visits made to dwelling units that were not successfully screened for each of the three samples. This further comparison allows for an assessment of how the QFT screening results might have differed from the 2011 and 2012 quarters 3 and 4 comparison samples. For each category of the number of visits made, the noncompleted screenings in the 2011 and 2012 quarters 3 and 4 comparison samples looked quite similar. The overall pattern of visits for noncompleted screenings in the QFT sample looked similar to the 2011 and 2012 quarters 3 and 4 comparison samples. The proportion of noncompleted screeners appeared to differ for two categories of visits made:

- A lower proportion of noncompleted QFT screenings were in the single visit category compared with the 2011 and 2012 quarters 3 and 4 comparison samples.
- A greater proportion of noncompleted QFT screenings were in the 10 or more category.

Overall, these results do not suggest systematic differences in the distribution of noncompleted screeners in each category of visits made for the QFT sample relative to the 2011 and 2012 quarters 3 and 4 comparison samples.

4.2.2 Interview Response Rates (IRRs) and Number of Visits for Completed and Noncompleted Screenings

The interviewing response rate (IRR) is the number of completed interviews divided by the total number of eligible respondents chosen through screening. If there are any ineligible respondents (younger than 12 or actually in the military), these are subtracted from the total. For the 2012 main study comparison sample, interview status was determined based on the December 3, 2012, preliminary results. Cases that were undergoing field verification at that time were treated as nonrespondents. Cases that resulted in interview completions after this date were treated as nonrespondents, and cases that were classified as interviews on this date that were later recoded as noncompletes were treated as completed interviews for the purposes of the QFT analysis. To make the 2011 main study and the 2012 quarters 3 and 4 main study more comparable with the QFT, interviews completed in Spanish were treated as eligible nonrespondents and interviews completed in Alaska and Hawaii were excluded.

Table 4.4 presents the unweighted and weighted IRRs by age group for all three samples. The weighted IRRs for the 2011 main study, the 2012 quarters 3 and 4 main study, and the 2012 QFT were 70.46, 74.58, and 69.04 percent, respectively.

Table 4.2 Number of Visits Made for Completed Screenings for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test

Visits	2011 Main Study Comparison Sample			2012 Quarters 3 and 4 Main Study Comparison Sample			2012 Questionnaire Field Test Sample		
	Screenings	Percent	Cumulative Percent	Screenings	Percent	Cumulative Percent	Screenings	Percent	Cumulative Percent
1	54,976	36.09	36.09	26,634	37.23	37.23	1,442	37.58	37.58
2	31,785	20.87	56.96	14,842	20.75	57.98	853	22.23	59.81
3	19,143	12.57	69.53	8,768	12.26	70.24	471	12.28	72.09
4	12,090	7.94	77.47	5,691	7.95	78.19	299	7.79	79.88
5-9	24,707	16.22	93.69	11,321	15.82	94.01	577	15.04	94.92
10+	9,632	6.32	100.00	4,283	5.99	100.00	195	5.08	100.00
Unknown	0	0.00	100.00	1	0.00	100.00	0	0.00	100.00
Total	152,333	100.00	100.00	71,540	100.00	100.00	3,837	100.00	100.00

Table 4.3 Number of Visits Made for Noncompleted Screenings for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test

Visits	2011 Main Study Comparison Sample			2012 Quarters 3 and 4 Main Study Comparison Sample			2012 Questionnaire Field Test Sample		
	Non-completed Screenings	Percent	Cumulative Percent	Non-completed Screenings	Percent	Cumulative Percent	Non-completed Screenings	Percent	Cumulative Percent
1	11,500	19.51	19.51	6,249	18.88	18.88	220	14.46	14.46
2	10,847	18.40	37.91	6,253	18.89	37.77	259	17.03	31.49
3	6,698	11.36	49.27	3,643	11.01	48.78	187	12.29	43.78
4	4,890	8.30	57.57	2,721	8.22	57.00	141	9.27	53.05
5-9	12,922	21.92	79.49	7,337	22.17	79.17	359	23.60	76.65
10+	12,089	20.51	100.00	6,849	20.69	100.00	355	23.40	100.00
Unknown	0	0.00	100.00	0	0.00	100.00	0	0.00	100.00
Total	58,946	100.00	100.00	33,097	100.00	100.00	1,521	100.00	100.00

Table 4.4 Interview Response Rates, by Age, for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)

Age Category	Unweighted Percent			Weighted Percent		
	2011	2012 Quarters 3 and 4	QFT	2011	2012 Quarters 3 and 4	QFT
12-17	82.80	84.50	82.05	82.70	84.59	82.25
18-25	78.46	80.84	75.71	77.69	80.76	75.26
26-34	71.46	76.65	68.07	69.86	76.27	68.91
35-49	70.21	73.31	66.25	68.68	72.97	66.32
50-64	68.71	72.89	67.25	68.30	72.46	66.78
65+	64.09	68.07	63.68	62.96	67.35	63.48

NOTE: Cases where respondents provided only the age category 50+ were counted in the 65+ category.

Table 4.5 presents data on the number of visits made for completed interviews for the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples. Similar to the results on the number of visits for completed screenings, the proportion of completed interviews in each category of the number of visits followed a similar pattern across the three samples. The proportion of completed interviews appeared to differ across the three samples for two categories:

- A lower proportion of completed QFT interviews was in the single visit category. This difference indicates that QFT interviews were less likely to be completed "on the spot," that is, at the same time the household was screened and one or more respondents were selected.
- The proportion of interviews in the 10 or more visits category was greatest for the 2011 comparison sample, somewhat less for the 2012 quarters 3 and 4 comparison sample, and lower still for the 2012 QFT sample.

Beyond these two differences, the distribution of completed interviews by the number of visits made for the QFT sample was similar to the 2011 and 2012 quarters 3 and 4 comparison samples.

Table 4.6 presents results for the number of visits made for selected respondents who were not successfully interviewed for each of the three samples. This further comparison allows for an assessment of how the QFT interviewing results might have differed from the 2011 and 2012 quarters 3 and 4 comparison samples. In general, the proportion of noninterviews for the QFT sample across the categories of visits followed a similar pattern as the 2011 and 2012 quarters 3 and 4 comparison samples. A few categories appeared to differ meaningfully between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples:

- About 4 percent more QFT noninterviews were in the three-visit category.
- About 5 percent more QFT noninterviews were in the five- to nine-visit category.
- The proportion of QFT noninterviews in the 10-visit or more category was about 4 percent lower than the 2012 quarters 3 and 4 sample and about 8 percent lower than the 2011 comparison sample.

Table 4.5 Number of Visits Made for Completed Interviews for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test

	2011 Main Study Comparison Sample			2012 Quarters 3 and 4 Main Study Comparison Sample			2012 Questionnaire Field Test Sample		
Visits	**Completed Interviews**	**Percent**	**Cumulative Percent**	**Completed Interviews**	**Percent**	**Cumulative Percent**	**Completed Interviews**	**Percent**	**Cumulative Percent**
1	23,884	36.23	36.23	11,583	37.11	37.11	700	34.25	34.25
2	22,784	34.56	70.79	10,767	34.50	71.61	726	35.52	69.77
3	7,506	11.39	82.18	3,516	11.26	82.87	243	11.89	81.66
4	3,478	5.28	87.46	1,636	5.24	88.11	126	6.16	87.82
5-9	5,992	9.09	96.55	2,731	8.75	96.86	192	9.39	97.21
10+	2,174	3.30	99.85	910	2.92	99.78	55	2.69	99.90
Unknown	110	0.17	100.00	70	0.22	100.00	2	0.10	100.00
Total	65,928	100.00	100.00	31,213	100.00	100.00	2,044	100.00	100.00

Table 4.6 Number of Visits Made for Noncompleted Interviews for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test

	2011 Main Study Comparison Sample			2012 Quarters 3 and 4 Main Study Comparison Sample			2012 Questionnaire Field Test Sample		
Visits	**Non-completed Interviews**	**Percent**	**Cumulative Percent**	**Non-completed Interviews**	**Percent**	**Cumulative Percent**	**Non-completed Interviews**	**Percent**	**Cumulative Percent**
1	1,163	6.30	6.30	525	7.90	7.90	41	5.10	5.10
2	2,219	12.02	18.32	899	13.54	21.44	108	13.43	18.53
3	1,916	10.38	28.70	720	10.84	32.28	115	14.30	32.83
4	1,704	9.23	37.93	645	9.71	41.99	77	9.58	42.41
5-9	6,079	32.93	70.86	2,181	32.84	74.83	300	37.31	79.72
10+	5,350	28.98	100.00	1,636	24.63	100.00	162	20.15	100.00
Unknown	0	0.00	100.00	0	0.00	100.00	0	0.00	100.00
Total	18,485	100.00	100.00	6,642	100.00	100.00	804	100.00	100.00

Overall, these results indicate some differences in the distribution of noninterview cases by the number of visits made for the QFT sample relative to the 2011 and 2012 quarters 3 and 4 comparison samples. The greatest difference was that a greater proportion of QFT noninterviews fell within categories for three to nine visits, while a greater proportion of 2011 and 2012 quarters 3 and 4 cases fell within both the single visit category and the 10 or more visit categories.

4.3 Imputation Rates for Common 2011 Comparison Data, 2012 Quarters 3 and 4 Comparison Data, and QFT Variables

Another indicator of the quality of the QFT data is the proportion of cases for which imputation was required prior to using specific variables for analysis. For the QFT data, 2011 comparison data, and 2012 quarters 3 and 4 comparison data, records with missing data were subject to the same imputation procedures. However, when the values of other nonmissing variables could be used to determine the value of the missing variable, the value was "logically assigned" instead of imputed.

Tables 4.7a through ***4.7d*** provide rates of imputation and logical assignment that selected variables underwent in processing the 2011 comparison data, the 2012 quarters 3 and 4 comparison data, and the QFT data. (***Section 3.4*** in ***Chapter 3*** describes these imputation procedures.) These tables include the following columns for the variables of interest:

- respondents in domain (unweighted),
- unweighted frequency of records imputed or logically assigned, and
- weighted percentage (relative to their domain size) of records imputed or logically assigned.

A "domain" in this context is the set of respondents who received a value other than a skip code for the imputation-revised variable of interest. In other words, a domain is the subset of respondents for whom the variable of interest is relevant or applicable. In ***Table 4.7b***, for example, only among respondents aged 15 or older (the domain) is it relevant to ask about employment status (the variable of interest). Unless otherwise specified, the domain for each variable includes all respondents. For comparing imputation rates, ***Tables 4.7a*** through ***4.7d*** also include an indicator for whether observed differences in imputation rates between either the 2011 or 2012 quarters 3 and 4 comparison data and the imputation rates for the QFT data are statistically significant at the 0.05 level.

As ***Table 4.7a*** shows, the weighted percentages of cases that were either imputed or logically assigned in all three datasets were generally low for substance use variables, with nearly all of the percentages at or below 0.5 percent. Weighted percentages of imputed or logically assigned cases for the following substance use variables appeared to be slightly higher for the QFT dataset than for the 2011 and 2012 quarters 3 and 4 comparison datasets:

- lysergic acid diethylamide (LSD) recency,
- Ecstasy recency,

Table 4.7a Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Substance Use Variables

	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
Variable (Domain)	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Marijuana Recency	65,928	91	0.1	31,213	43	0.1	2,044	2	0.1
Cocaine Recency	65,928	65	0.1[a]	31,213	24	0.1[a]	2,044	0	0.0
Crack Recency	65,928	35	0.1[a]	31,213	8	0.0	2,044	0	0.0
Heroin Recency	65,928	37	0.0	31,213	18	0.0	2,044	1	0.0
Hallucinogen Recency	65,928	357	0.4	31,213	151	0.3[a]	2,044	24	1.0
LSD Recency	65,928	98	0.2	31,213	35	0.1	2,044	8	0.5
PCP Recency	65,928	74	0.1	31,213	38	0.1	2,044	2	0.2
Ecstasy Recency	65,928	96	0.1	31,213	50	0.1	2,044	12	0.6
Inhalant Recency	65,928	219	0.2	31,213	93	0.1	2,044	11	0.5
Cigarette Recency (Lifetime Cigarette Users)	33,754	30	0.1	15,474	10	0.0	1,091	1	0.1
Smokeless Tobacco Recency	65,928	70	0.1	31,213	19	0.1	2,044	2	0.0
Alcohol Recency	65,928	77	0.1	31,213	30	0.1	2,044	1	0.0
Binge Alcohol Use (Past Month Alcohol Users)	29,249	739	2.2	13,988	346	2.4	925	20	1.6
Pain Reliever Recency	65,928	473	0.5[a]	31,213	242	0.5[a]	2,044	34	1.4
OxyContin® Recency[4]	65,928	291	0.3	31,213	147	0.2	N/A	N/A	N/A
OxyContin® Past Year Use[4]	N/A	N/A	N/A	N/A	N/A	N/A	2,044	11	0.7
Tranquilizer Recency	65,928	159	0.1	31,213	70	0.2	2,044	11	0.5
Sedative Recency	65,928	191	0.2	31,213	90	0.1	2,044	12	0.3
Core Plus Noncore Stimulant Recency	65,928	216	0.2	31,213	90	0.2	2,044	10	0.5
Core plus Noncore Methamphetamine Recency	65,928	97	0.1	31,213	48	0.1	2,044	1	0.1
Stimulants Excluding Methamphetamine Recency[4]	N/A	N/A	N/A	N/A	N/A	N/A	2,044	10	0.4

LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine; QFT = Questionnaire Field Test.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] OxyContin® recency was only available for the 2011 and 2012 comparison files; the QFT only asked about past year use. Stimulant misuse excluding methamphetamine was only available on the QFT.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table 4.7b Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Selected Demographic and Socioeconomic Variables

	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
Variable (Domain)	**Respondents in Domain**	**Unweighted Frequency**	**Weighted Percentage**	**Respondents in Domain**	**Unweighted Frequency**	**Weighted Percentage**	**Respondents in Domain**	**Unweighted Frequency**	**Weighted Percentage**
Detailed Race: 15 Levels	65,928	2,406	3.2	31,213	1,218	3.7	2,044	96	3.3
Hispanic or Latino Origin	65,928	93	0.1	31,213	78	0.1	2,044	2	0.0
Education Level	65,928	3	0.0	31,213	3	0.0	2,044	0	0.0
Marital Status (Age 15+)	54,955	12	0.0[a]	26,036	1	0.0[a]	1,779	8	0.4
Employment Status (Age 15+)	54,955	43	0.1[a]	26,036	17	0.1[a]	1,779	10	0.4
Employment Status (Age 18+)	43,509	37	0.1[a]	20,748	14	0.1[a]	1,503	9	0.4

QFT = Questionnaire Field Test.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table 4.7c Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Health Insurance Variables

Variable (Domain)	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Respondent Has Health Insurance	65,928	494	0.4[a]	31,213	315	0.5[a]	2,044	34	1.2
Type of Insurance									
Private	65,928	411	0.3[a]	31,213	263	0.4[a]	2,044	32	0.8
Medicare	65,928	222	0.2	31,213	132	0.3	2,044	19	0.7
Military Health Care: CHAMPUS, TRICARE, CHAMPVA, VA	65,928	223	0.2[a]	31,213	144	0.2[a]	2,044	17	0.7
Medicaid/CHIP	65,928	511	0.4	31,213	328	0.5	2,044	29	1.0
Other (Respondents without Private Health Insurance, Medicare, Medicaid/CHIP, or Military Health Care)	11,149	244	1.2	5,197	149	1.6	431	19	4.3

CHIP = Children's Health Insurance Program; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veteran's Affairs; QFT = Questionnaire Field Test; VA = Department of Veteran's Affairs.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table 4.7d Cases Imputed or Logically Assigned for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test: Income Variables

Variable (Domain)	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Total Family Income > or < $20,000	65,928	2,768	3.8	31,213	1,375	3.9	2,044	95	4.1
Total Family Income – Finer Categories	65,928	7,614	14.4	31,213	3,696	14.5	2,044	265	14.1
Source of Family Income									
Social Security or Railroad Retirement Payments	65,928	646	0.7	31,213	343	0.6	2,044	33	1.1
Wages	65,928	192	0.2[a]	31,213	105	0.3[a]	2,044	38	1.2
Public Assistance	65,928	521	0.5[a]	31,213	254	0.4[a]	2,044	37	1.1
Supplemental Security Income	65,928	913	0.9[a]	31,213	461	0.8[a]	2,044	54	1.6
Food Stamps	65,928	267	0.3	31,213	167	0.3[a]	2,044	24	0.6
Welfare/Job Placement/ Child Care	65,928	380	0.4	31,213	193	0.3[a]	2,044	28	0.7
Number of Months on Welfare (Family Receives Public Assistance or Welfare/Job Placement/Child Care)	4,807	204	3.5[a]	2,155	118	5.5	160	13	9.3

QFT = Questionnaire Field Test.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

- inhalants recency,
- pain reliever recency,
- tranquilizer recency, and
- core-plus-noncore (CPN) stimulant recency (see ***Table 3.1*** in ***Section 3.4.2***).

These differences in rates of imputation or logical assignment for substance use variables between the QFT dataset and the 2011 and 2012 quarters 3 and 4 comparison datasets were generally small, from 0.3 percent for multiple variables to 0.9 percent for pain relievers recency. For one substance use variable, percent binge alcohol use among past month alcohol users, the imputation or logical assignment rate for the QFT dataset (1.6 percent) appeared to be slightly lower than the 2011 comparison dataset (2.2 percent) and the 2012 quarters 3 and 4 comparison dataset (2.4 percent).

The weighted percentages of cases that were either imputed or logically assigned in all three datasets were relatively low for most of the demographic variables presented in ***Table 4.7b***. These rates were similar across all three datasets for the first three variables—detailed race, Hispanic or Latino origin, and education level. Although the imputation rates for the other three demographic variables—marital status for those aged 15 or older, employment status for those aged 15 or older, and employment status for those aged 18 or older—were all below 0.5 percent, the imputation rates for these three variables were significantly higher in the QFT data than in the 2011 and 2012 comparison data. The QFT imputation rates were 0.4 percent for each of these three variables. For the 2011 and 2012 comparison data, the imputation rates were 0.1 percent or lower.

In ***Table 4.7c*****,** the weighted percentages of cases that were either imputed or logically assigned in all three datasets were somewhat higher on average compared with the substance use and demographic variables. These percentages ranged from 0.2 percent for military health care in the 2011 and 2012 quarters 3 and 4 comparison data to 4.3 percent for other health care in the QFT data. The weighted percentages of imputed or logically assigned cases were highest for the other health care variable, and this rate appeared to be higher for the QFT dataset compared with the 2011 comparison data (1.2 percent) and the 2012 quarters 3 and 4 data (1.6 percent). In addition, the weighted percentages for whether the respondent has health insurance appeared to be higher for the QFT dataset (1.2 percent) compared with the 2011 comparison data (0.4 percent) and the 2012 quarters 3 and 4 data (0.5 percent). The health insurance question was among the set of items moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) in the QFT instrument, so the higher imputation rates observed could have resulted from QFT respondents being more likely to not answer this question. This outcome could also provide an explanation for other questionnaire items moved from CAPI to ACASI in the QFT instrument. (See ***Section 4.4*** for the complete results and a discussion of item missingness rates in the QFT data and the 2011 and 2012 quarters 3 and 4 comparison data.)

Weighted percentages for cases that were either imputed or logically assigned in all three datasets for income variables are shown in ***Table 4.7d***. Not surprisingly, the weighted percentages for some of the income variables were relatively high, such as the total family income's finer categories. For all three datasets, the rates for total family income's finer

categories were similar, and all were greater than 14 percent. With the two exceptions of (1) total family income greater or less than $20,000 and (2) total family income's finer categories, the rates of imputation or logical assignment appeared to be slightly higher for the QFT dataset than for the 2011 and 2012 quarters 3 and 4 comparison datasets. The variables presented in ***Table 4.7d*** were all based on questionnaire items moved from CAPI to ACASI administration for the QFT. ***Section 4.4*** presents and discusses the higher item missingness rates observed for most of these items when administered in ACASI in the QFT versus CAPI in the 2011 and 2012 comparison data.

4.4 Missing Data Rates for New or Revised QFT Items and Comparisons of Missing Data Rates for Moved QFT Items with 2011 and 2012 Quarters 3 and 4 Comparison Data

4.4.1 Missing Data Rates for New, Revised, or Moved Items in the QFT Questionnaire

To examine data quality among survey items in the QFT questionnaire that are new questions or have been revised in some way, this section discuses item missingness rates. The QFT items met one of the following criteria:

- the question is new to the instrument,
- the question or response options have been significantly revised, or
- the question has been moved from one part of the questionnaire to another, including either being moved to a different module or moved from CAPI to ACASI administration.

Table C-1 in ***Appendix C*** provides missing data rates for these new, revised, or moved items for the QFT sample. Missing data rates were relatively low for most of these QFT items, but some items did produce relatively high missingness rates. For example, health insurance items QHI08, QHI09, and QHI10—which ask about private health insurance plans covering treatment for alcohol abuse or alcoholism, drug abuse, or mental or emotional problems—had the highest missing data rates, from 20 to 25 percent of respondents. However, these high missingness rates for these items administered via ACASI in the QFT were actually significantly lower than the missingness rates for these same items administered via CATI in the 2011 and 2012 quarters 3 and 4 comparison data.[12] Two questions asking about family income level also had missingness rates of nearly 10 percent, such as items QI22 and QI23a, which ask about total combined family income. A few core substance use items showed relatively high missingness rates, but the number of respondents answering each of these questions was very low, producing an unreliable estimate for extrapolating missingness rates to the larger NSDUH target population.

4.4.2 Missing Data Rates for Items Moved in the QFT Questionnaire for the QFT Data, 2011 Comparison Data, and 2012 Quarters 3 and 4 Comparison Data

Although valid comparisons of missing data rates for new or revised QFT items between the QFT data and the two comparison datasets were not possible, items that were moved from

[12] For a detailed summary of data quality issues related to moving specific sets of questionnaire items from CAPI to ACASI, see Appendix R.

CAPI to ACASI administration and were not otherwise changed can be compared. These comparisons allow assessment of whether item nonresponse rates appear likely to change once these items are administered via ACASI in the main study beginning in 2015. As ***Table 4.8*** indicates,[13] missingness rates for many of these moved items were similar when administered in ACASI for the QFT as when these were administered by CAPI in the 2011 and 2012 quarters 3 and 4 comparison files. However, some moved items had lower missingness rates in the QFT data, and several other items had higher missingness rates in the QFT data. This section provides details on selected moved items that produced statistically different missingness rates than either the 2011 or 2012 quarters 3 and 4 comparison data.

Two sets of items administered in ACASI for the QFT had significantly lower missingness rates than in the 2011 and 2012 quarters 3 and 4 comparison files, including the following:

- Items QD43, QD44, QD46, QD47, and QD48 on workplace alcohol and drug use policies had lower item missingness rates in the QFT data compared with the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but proportionately lower in the QFT data.
- Items asking about health insurance coverage for treatment of alcohol abuse (QHI08), drug abuse (QHI09), and mental health issues (QHI10) had lower item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for QHI08 and QHI09 were about 44 or 45 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but only about 27 or 28 percent in the QFT data. Similarly, the missingness rate for QHI10 was about 27 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but only about 18 percent in the QFT data.

Several types of items that were moved to ACASI for the QFT had significantly higher missingness rates than the CAPI items from the 2011 and 2012 quarters 3 and 4 comparison samples, including the following:

- Item QD07 on marital status, item QD13 on moving home in the past year, and item QD13a on State of residence 1 year ago all had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for these three items were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but ranged from 0.4 to 0.8 percent in the QFT data.
- Item QD19 on full-time or part-time student status, item QD20 on missing school due to illness or injury, and item QD21 skipping school days all had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for these three items were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but ranged from 1.0 to 1.5 percent in the QFT data.

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[13] To aid in its readability, the multipage ***Table 4.8*** appears in its entirety at the end of this discussion in ***Section 4.4.2***.

- The item asking about work at a job or business at any time in the past week, QD26, had a significantly higher item missingness rate in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for this item were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but 0.2 percent in the QFT data.
- Several items that ask about recent employment history, missing workdays, size of employing organization, and related issues—QD33, QD36, QD38, QD39a, QD40, QD41, and QD42—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but proportionately higher in the QFT data.
- The item asking about private health insurance coverage, QHI06, had a significantly higher item missingness rate in the QFT data than in the 2011 comparison data. Missingness rates for this item were 0.3 percent in the 2011 comparison data and 0.4 percent in the 2012 quarters 3 and 4 comparison data, but 0.7 percent in the QFT data. Although the missingness rate was about twice as high in the QFT data as in the 2012 quarters 3 and 4 comparison data, this difference was not statistically significant.
- Most of the items asking about receipt of various sources of income or participation in government assistance programs—QI03N, QI05N, QI07N, QI08N, and QI10N—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but proportionately higher in the QFT data.
- Two items on personal income levels—QI20N and QI21A—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. The missingness rates for both items were close to 2 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but were 3.7 percent for QI20N and 4.6 percent for QI21A in the QFT data.

The higher missingness rates observed for these sets of items that were moved from CAPI to ACASI administration in the QFT instrument were not anticipated. All else being equal, higher item missingness rates could potentially reduce or limit the quality of the data collected in ACASI mode. For this reason, missingness rates for these sets of items will be closely monitored in the 2013 Dress Rehearsal (DR) data to see whether similar patterns continue. A detailed report on the impact of the higher item missingness rates observed for several items moved from CAPI to ACASI administration in the QFT instrument is included as ***Appendix R*** in this report.
In addition, ***Section 9.4*** in ***Chapter 9*** provides the results of further analyses of several of these items, including benchmarking against other Federal surveys with similar target populations. These additional analyses provide further evidence on the potential impact on data quality for selected items moved to ACASI when the redesigned protocol is implemented in 2015.

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,3]			QFT[1,2]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Ever used ketamine? (LS01i[5])	65,926	105	0.1	31,213	51	0.1	2,044	2	0.2
Ever used DMT, AMT, or Foxy? (LS01j[5])	65,926	114	0.2	31,212	58	0.2	2,044	3	0.2
Ever used *Salvia divinorum* (LS01k[5])	65,926	127	0.1	31,212	70	0.2	2,044	3	0.3
How long has it been since you last used ketamine? (LS33[5])	656	4	0.6	321	3	0.2	25	0	0.0[*]
How long has it been since you last used DMT, AMT, or Foxy? (LS34[5])	478	1	0.1	309	1	0.2	14	1	4.1[*]
How long has it been since you last used *Salvia divinorum*? (LS35[5])	2,583	4	0.2	1,065	1	0.1	51	0	0.0[*]
Ever used a needle to inject any drug that was not prescribed for you? (SD15[6])	65,926	28	0.0[a]	31,213	14	0.0[a]	2,044	0	0.0[*]
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	54,954	11	0.0[a]	26,036	1	0.0[a*]	1,778	7	0.4
How many times have you been married? (QD08)	20,247	4	0.0	9,659	2	0.0	859	2	0.2
How many times in the past 12 months have you moved? (QD13)	65,914	48	0.1[a]	31,212	28	0.0[a]	2,043	29	0.8
In what State did you live in one year ago today? (QD13a)	20,017	6	0.0[a]	9,585	5	0.0[a]	618	5	0.7

See notes at end of table. (continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,3]			QFT[1,2]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Were you born in the United States? (QD14)	65,914	6	0.0	31,212	3	0.0*	2,043	1	0.0
Have you lived in the United States for at least one year? (QD16a)	5,101	1	0.0*	2,437	0	0.0*	239	1	0.3
How many years have you lived in the United States? (QD16b)	4,872	8	0.1[a]	2,337	3	0.1	227	0	0.0*
How many months have you lived in the United States? (QD16c)	228	0	0.0*	100	0	0.0*	11	2	19.7*
Are you now attending or are you currently enrolled in school? (QD17)	65,914	4	0.0	31,212	1	0.0*	2,043	4	0.1
What grade or year of school are you now attending? (QD18)	34,297	8	0.0	15,915	10	0.2	804	2	0.5
Are you a full-time student or a part-time student? (QD19)	34,297	20	0.0[a]	15,915	10	0.0[a]	804	12	1.0
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	31,249	86	0.3[a]	14,472	34	0.2[a]	690	13	1.4
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	26,816	27	0.1[a]	10,528	9	0.1[a]	597	10	1.5
Did you work at a job or business at any time last week? (QD26)	54,944	5	0.0[a]	26,035	1	0.0[a]*	1,778	6	0.2

See notes at end of table. (continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,3]			QFT[1,2]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Even though you did not work at any time last week, did you have a job or business? (QD27)	25,795	2	0.0	11,746	2	0.0	747	4	0.5
How many hours did you work last week at all jobs or businesses? (QD28)	29,144	35	0.1	14,288	20	0.1	1,025	5	0.3
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	32,036	15	0.0	15,921	14	0.1	1,129	3	0.2
Which one of these reasons best describes why you did not work last week? (QD30)	2,892	1	0.0	1,633	1	0.1	104	0	0.0[*]
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	22,903	7	0.1	10,113	2	0.0[a]	643	7	0.8
During the past 30 days, did you make specific efforts to find work? (QD32)	5,851	2	0.1	2,607	0	0.0[*]	156	0	0.0[*]
Did you work at a job or business at any time during the past 12 months? (QD33)	22,908	11	0.1[a]	10,114	3	0.0[a]	649	7	0.6
How many different employers have you had in the past 12 months? (QD36)	32,855	17	0.0[a]	15,906	14	0.1[a]	1,066	11	0.8
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	32,036	5	0.0	15,921	4	0.0	1,129	3	0.3
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	7,023	56	0.7[a]	3,615	35	0.9[a]	249	14	4.3

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

	2011 Comparison Data[1]			2012 Comparison Data[1,3]			QFT[1,2]		
Instrument Item	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In what year did you last work at a job or business? (QD39a)	22,903	93	0.8[a]	10,106	44	0.7[a]	643	23	5.2
In what month in did you last work at a job or business? (QD39b)	7,413	30	0.4	3,335	21	0.5	175	1	0.7[*]
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	32,036	22	0.0[a]	15,921	13	0.1[a]	1,129	12	0.6
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	32,036	14	0.0[a]	15,921	7	0.0[a]	1,129	12	0.5
How many people work for your employer out of this office, store, etc.? (QD42)	32,036	92	0.3[a]	15,921	57	0.5[a]	1,129	19	1.1
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	32,036	1,656	4.4[a]	15,921	872	4.7[a]	1,129	37	3.0
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	23,221	404	2.0[a]	11,463	198	1.8[a]	858	5	0.4
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	32,036	190	0.7	15,921	107	0.7	1,129	8	0.4
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	32,036	4,428	11.8[a]	15,921	2,231	11.9[a]	1,129	89	7.7

See notes at end of table. (continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,3]			QFT[1,2]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Does your workplace ever test its employees for alcohol use? (QD47)	32,036	1,805	5.4[a]	15,921	907	5.3[a]	1,129	46	3.2
Does your workplace ever test its employees for drug use? (QD48)	32,036	1,441	4.3	15,921	741	4.4[a]	1,129	35	3.0
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	14,351	230	2.0	7,214	112	1.8	530	5	1.2
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	14,351	806	5.5	7,214	418	5.3	530	19	3.7
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	14,351	1,865	14.0	7,214	937	13.0	530	58	11.3
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	32,036	45	0.2	15,921	24	0.2	1,129	8	0.5
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	32,036	49	0.2	15,921	26	0.2	1,129	7	0.3
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	65,914	193	0.2	31,211	130	0.3	2,042	17	0.6
You have indicated that [SAMPLE MEMBER B] covered by Medicare. Is this correct? (QHI01v)	1,208	1	0.0	620	5	0.1	86	1	1.1*
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	65,914	360	0.3	31,211	235	0.4	2,042	25	0.8

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,3]			QFT[1,2]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
You have indicated that [SAMPLE MEMBER B] covered by Medicaid. Is this correct? (QHI02v)	220	1	0.4[*]	102	0	0.0[*]	7	0	0.0[*]
[SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02A)	28,126	567	1.9	13,131	312	2.5	663	20	3.8
[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	65,914	194	0.2	31,211	142	0.2	2,042	15	0.6
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	65,914	382	0.3[a]	31,211	261	0.4	2,042	30	0.7
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)	40,366	149	0.2	19,247	69	0.2	1,148	4	0.1
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	40,366	18,327	43.8[a]	19,247	8,785	44.5[a]	1,148	322	26.4
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	40,366	18,195	43.8[a]	19,247	8,748	44.8[a]	1,148	330	27.6
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	40,366	10,900	26.9[a]	19,247	5,187	26.4[a]	1,148	209	18.2
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)	10,940	30	0.2[a]	5,061	13	0.3	412	0	0.0[*]

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

	2011 Comparison Data[1]			2012 Comparison Data[1,3]			QFT[1,2]		
Instrument Item	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
During the past 12 months, was there any time when [SAMPLE MEMBER] did not have any kind of health insurance or coverage? (QHI13)	55,956	143	0.2	26,605	68	0.1	1,685	8	0.2
During the past 12 months, about how many months without any kind of health insurance or coverage? (QHI14)	4,873	23	0.6	2,046	13	0.4	155	2	1.1
About how long has it been since [SAMPLE MEMBER] last had any kind of health care coverage? (QHI15)	9,498	77	0.5	4,297	23	0.2	325	6	0.8
Which of these reasons is the main reason why [SAMPLE MEMBER] stopped being covered by health insurance? (QHI17)	8,524	52	0.4	3,857	20	0.4	258	7	1.6
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18[7])	974	9	0.6	440	5	0.7	67	1	0.6[*]
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	65,913	616	0.6	31,211	341	0.6	2,042	31	1.0
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	65,913	883	0.8[a]	31,211	459	0.8[a]	2,042	52	1.5
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	65,913	162	0.2[a]	31,211	103	0.3[a]	2,042	36	1.1
In [YEAR], did you receive food stamps? (QI07N)	65,912	236	0.3	31,211	165	0.3	2,042	22	0.5

See notes at end of table.

(continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

	2011 Comparison Data[1]			2012 Comparison Data[1,3]			QFT[1,2]		
Instrument Item	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
At any time during [YEAR], even for one month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	65,912	462	0.4[a]	31,211	239	0.4[a]	2,042	35	1.0
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	65,912	349	0.3[a]	31,211	191	0.3[a]	2,042	26	0.6
For how many months in [YEAR]did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (QI12AN)	1,181	38	3.0	492	20	5.3	40	3	3.6[*]
At any time during [YEAR], even for one month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	65,912	462	0.4[a]	31,211	239	0.4[a]	2,042	35	1.0
For how many months in [YEAR]did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12BN)	3,583	123	3.0	1,645	80	5.0	114	4	5.1[*]
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	65,912	785	1.9[a]	31,211	393	1.9[a]	2,042	84	3.7

See notes at end of table. (continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

	2011 Comparison Data[1]			2012 Comparison Data[1,3]			QFT[1,2]		
Instrument Item	**Number of Cases Asked the Question (unweighted)**	**Number of Cases with Missing Data[4] (unweighted)**	**Missing Data[4] (weighted)**	**Number of Cases Asked the Question (unweighted)**	**Number of Cases with Missing Data[4] (unweighted)**	**Missing Data[4] (weighted)**	**Number of Cases Asked the Question (unweighted)**	**Number of Cases with Missing Data[4] (unweighted)**	**Missing Data[4] (weighted)**
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21A)	47,732	581	2.2[a]	22,448	258	2.2[a]	1,196	46	4.6
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21B)	17,395	352	2.7	8,370	193	3.3	769	24	3.6
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)	43,440	2,582	7.8	20,458	1,293	8.1	1,131	91	9.5
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23A)	9,445	605	6.1	4,572	298	6.9	365	27	9.7

See notes at end of table. (continued)

Table 4.8 Item Missingness Rates for Moved Items in the 2012 Questionnaire Field Test, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,3]			QFT[1,2]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23B)	44,537	2,810	6.4	20,887	1,314	6.3	1,328	87	6.1

* Low precision.

AMT = alpha-methyltryptamine; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyltryptamine; QFT = Questionnaire Field Test, VA = Department of Veterans Affairs.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self- administered.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] QFT data collected from September 1 through November 3, 2012.
[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[4] Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.
[5] For 2011 and 2012 comparison data, these items correspond to items in the special drugs module but were moved to the hallucinogens module in the QFT.
[6] For 2011 and 2012 comparison data, this item correspond to special drug item SD05.
[7] "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

4.5 Interview Timing Results

4.5.1 Central Tendency Statistics for Overall and Module Timing Results for the 2011 and 2012 Quarters 3 and 4 Comparison Data and the 2012 QFT Data

4.5.1.1 Overall and Module Timing Results for All Respondents in the 2011 and 2012 Quarters 3 and 4 Comparison Data and the 2012 QFT Data

To assess interview timing for the partially redesigned QFT instrument, ***Tables 4.9a*** through ***4.9f*** provide mean and median timing results by module for the 2011 main study comparison data, the 2012 quarters 3 and 4 comparison data, and the QFT data. These comparisons include timing results for all respondents in each of the three sets of interviews, as well as separate timing results for five age categories—aged 12 to 17, 18 to 25, 26 to 49, 50 to 64, and 65 or older. Timing results categorized by age groups provide data on how age is related to interview duration for the partially redesigned QFT questionnaire and how this compares with the current main study timing. Respondents with an overall administration time of less than 30 minutes or greater than 240 minutes were classified as outliers and excluded from the timing results.

Administration times for all three datasets were calculated according to the standard NSDUH timing data calculation procedures. One necessary variation to the timing calculations was creating an "administrative residual" category to capture small amounts of additional interviewing time that did not clearly fall within a defined interview section. Because the administrative residual timings differed in the revised QFT protocol compared with the 2011 main study and 2012 quarters 3 and 4 protocol, accounting for this time in the three datasets allowed for more direct and accurate comparisons of overall and section timings across the datasets. In addition, the administrative residual category provides the ability to add mean section timings and the administrative residual timing to produce the mean overall timing for the interviews from each dataset. For each of the three sets of respondents, the mean overall interview time can be calculated by adding the following mean section times, which are bolded in ***Tables 4.9a*** through ***4.9f***:[14]

- introduction,
- core demographics,
- calendar,
- beginning ACASI,
- tutorial,
- total core substances,
- special drugs to consumption of alcohol,
- back-end demographics,
- household roster,

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[14] To aid in their readability, ***Tables 4.9a*** through ***4.9f*** appear together at the end of this discussion in ***Section 4.5.1.1***.

- proxy information/decision,
- proxy tutorial,
- health insurance,
- income, and
- verification.

Table 4.9a shows that overall interview times were somewhat lower for all QFT respondents aged 12 or older (mean 59.53, median 55.99) compared with all 2011 respondents (mean 61.37, median 58.62) and all 2012 quarters 3 and 4 respondents (mean 60.97, median 58.30). Among other factors, the higher item missingness rates observed for multiple questionnaire items moved from CAPI to ACASI in the QFT instrument (see ***Section 4.4.2***) could have contributed to the shorter overall administration times for the QFT interviews. Overall interview times were lower or similar for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents for most age groups, as shown in ***Tables 4.9b*** through ***4.9f***. One exception to this pattern was that the overall timing for QFT respondents aged 65 or older was actually higher than those 65 or older in the 2011 and 2012 quarters 3 and 4 interviews. Patterns of overall interview timing across the five age groups were generally similar for the three sets of respondents, where respondents aged 12 to 17 and those aged 50 or older had higher overall timings than those aged 18 to 49. For all of the respondent sets, the highest mean and median overall interview times were greatest for respondents aged 65 or older.

The first five sections in the partially redesigned QFT questionnaire—introduction, core demographics, calendar, beginning ACASI, and tutorial—took less time to administer for most respondents compared with the 2011 and 2012 questionnaire. The lower average administration times among QFT respondents on these early modules were generally small, but also consistent across age groups. Timings for these sections varied, so a few exceptions to this general pattern were observed. For example, among respondents aged 50 to 64 and those aged 65 or older, timings for the tutorial section were actually higher among QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents.

As expected, the average timing for the total core substance use sections for all respondents aged 12 or older was higher for the QFT respondents (mean 13.60, median 11.75) than the 2011 respondents (mean 12.34, median 11.18) and the 2012 quarters 3 and 4 respondents (mean 12.19, median 11.08). Additions and revisions to the hallucinogens, inhalants, and prescription drug sections in the partially redesigned QFT questionnaire contributed the most to higher administration times among QFT respondents for the core substance use modules. Combining the smokeless tobacco items appeared to contribute to lower average timings for the tobacco section for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents, across all age groups. Timing differences between QFT respondents versus 2011 and 2012 quarters 3 and 4 respondents for the remaining core substance use modules—alcohol, marijuana, cocaine and crack, and heroin—were generally small and inconsequential.

Timings for the redesigned prescription drug modules are of particular interest, given the considerable changes made to these modules in the QFT questionnaire. The average timing for the four prescription drug modules for QFT respondents aged 12 or older (mean 5.95,

median 4.92) was clearly higher than the 2011 respondents (mean 5.35, median 4.77) and 2012 quarters 3 and 4 respondents (mean 5.34, median 4.77). Among the redesigned prescription drug modules, the pain relievers module accounted for the higher administration times for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents. Average timings for the other three prescription drug modules—tranquilizers, stimulants, and sedatives—were similar or lower among the three sets of respondents. Administration times did vary across age groups among the QFT, 2011, and 2012 quarters 3 and 4 respondents. For example, ***Table 4.9b*** shows that QFT respondents aged 12 to 17 actually took less time to complete the four prescription drug modules than adolescent respondents in the 2011 and 2012 comparison samples. The overall average timing for the prescription drug modules was increased among QFT respondents by higher administration times for adult respondents aged 18 or older. In addition, the timing differences between QFT respondents and the 2011 and 2012 quarters 3 and 4 respondents increased steadily across the four adult age groups, so that differences among the three sets of respondents were most pronounced among those aged 65 or older (***Table 4.9f***). One potential factor contributing to the increased administration times for the prescription drug modules among respondents aged 65 or older was the shift in focus from lifetime use to past year use of prescription medications. Having to report on use of all prescription drugs in the past 12 months could have increased the time required for older respondents to complete the redesigned modules.

For sections from special drugs to consumption of alcohol, administration times for all QFT respondents aged 12 or older varied in relation to the section timings for the 2011 and 2012 quarters 3 and 4 respondents. Sections with lower QFT timings compared with the 2011 and 2012 quarters 3 and 4 interviews included special drugs, prior substance use, youth experiences, youth mental health service utilization, adolescent depression, and consumption of alcohol. The lower administration times for special drugs, prior substance use, and youth experiences appeared likely to result from the deletion of one or more items from these sections in the QFT questionnaire. QFT administration times were higher than the 2011 and 2012 quarters 3 and 4 interviews for substance dependence and abuse and mental health, despite few changes to these sections in the QFT questionnaire. For the remaining sections from special drugs to consumption of alcohol, administration times for QFT respondents were generally similar to the section timings for the 2011 and 2012 quarters 3 and 4 respondents.

Section timings for the remaining back-end modules also varied for all respondents aged 12 or older when comparing QFT with 2011 and 2012 quarters 3 and 4 respondents, based mostly on changes made to the QFT questionnaire. For example, under back-end demographics, the average times for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents were higher for education, but lower for employment. These findings are consistent with the changes to the QFT questionnaire, such as adding new items on disability to the education section and deleting questions on industry and occupation from the employment section.

For the health insurance section, a higher average administration time was observed for QFT respondents compared with the 2011 and 2012 quarters 3 and 4 respondents. The only change to this section in the QFT questionnaire was moving these questions from CAPI to ACASI administration. One possible explanation for the increased timing among QFT respondents was that a higher number of proxy reporters answered these questions in the QFT

and the health insurance module is the first section after the proxy tutorial. One consequence of this sequence is that QFT proxy reporters might have used additional time getting accustomed to the interview protocol, including the relationship fills.

The income section was also moved from CAPI to ACASI administration in the QFT questionnaire, and a new question on household telephone service was added to this section. These changes corresponded with lower timings for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents for those aged 12 to 49; similar timings for QFT, 2011, and 2012 quarters 3 and 4 respondents for those aged 50 or older; and higher timings for QFT respondents compared with 2011 and 2012 quarters 3 and 4 respondents for those aged 65 or older. The explanation for this unique pattern across age groups is not immediately clear.

Table 4.9a Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 or Older)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.94	1.73	1.78	1.62	1.52	1.40
Core Demographics	2.22	1.85	2.18	1.82	2.10	1.73
Calendar[4]	1.67	1.48	1.66	1.50	1.15	1.17
Beginning ACASI	2.41	2.20	2.38	2.17	2.22	2.03
Tutorial	3.44	3.27	3.45	3.27	3.34	3.15
Total Core Substances	12.34	11.18	12.19	11.08	13.60	11.75
Tobacco	2.02	1.70	1.96	1.67	1.83	1.43
Alcohol	2.15	1.98	2.13	1.98	2.25	2.07
Marijuana	0.49	0.37	0.49	0.37	0.52	0.40
Cocaine and Crack	0.21	0.13	0.21	0.13	0.22	0.13
Heroin	0.10	0.08	0.10	0.08	0.10	0.08
Hallucinogens	0.83	0.63	0.81	0.63	1.18	0.92
Inhalants	1.18	0.92	1.15	0.90	1.35	1.07
Methamphetamine					0.20	0.15
Total Prescription Drugs	5.35	4.77	5.34	4.77	5.95	4.92
Pain Relievers (Screener)					2.42	2.03
Tranquilizers (Screener)					0.88	0.70
Stimulants (Screener)					0.92	0.75
Sedatives (Screener)					0.81	0.63
Pain Relievers (Screener Plus Main Module)[5]	2.09	1.90	2.08	1.88	3.02	2.45
Tranquilizers (Screener Plus Main Module)[5]	1.15	0.98	1.15	0.98	1.04	0.75
Stimulants (Screener Plus Main Module)[5]	1.16	0.97	1.16	0.97	1.02	0.78
Sedatives (Screener Plus Main Module)[5]	0.95	0.75	0.94	0.75	0.87	0.67

See notes at end of table. (continued)

Table 4.9a Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 or Older) (continued)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol[6]	21.93	20.23	21.68	20.02	20.50	18.78
Special Drugs	1.60	1.47	1.59	1.45	0.57	0.52
Risk/Availability	2.96	2.68	2.94	2.67	2.92	2.62
Blunts	0.27	0.20	0.27	0.20	0.29	0.20
Substance Dependence and Abuse	2.19	1.58	2.13	1.56	2.29	1.72
Market Information for Marijuana	0.27	0.00	0.27	0.00		
Prior Substance Use	1.24	0.95	1.20	0.92	1.09	0.92
Special Topics, Drug Treatment	1.63	1.35	1.61	1.33	1.68	1.37
Health Care	1.29	1.10	1.30	1.08	2.79	2.48
Adult Mental Health Service Utilization	0.80	0.63	0.79	0.63	0.85	0.70
Social Environment	0.96	1.02	0.95	1.00	0.94	0.95
Parenting Experiences	0.14	0.00	0.14	0.00	0.20	0.00
Youth Experiences	2.79	0.00	2.78	0.00	2.10	0.00
Mental Health	2.10	1.77	2.09	1.77	2.27	1.97
Adult Depression	1.10	0.30	1.10	0.30	1.15	0.37
Youth Mental Health Service Utilization	0.64	0.00	0.64	0.00	0.48	0.00
Adolescent Depression	0.55	0.00	0.55	0.00	0.43	0.00
Consumption of Alcohol	0.55	0.45	0.54	0.45	0.46	0.40
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	4.45	4.42	4.51	4.53	4.00	3.65
Education[8]	0.58	0.48	0.57	0.45	0.85	0.68
Employment	3.52	3.67	3.58	3.82	1.78	1.70

See notes at end of table. (continued)

Table 4.9a Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 or Older) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.64	1.40	1.69	1.45	1.50	1.28
Proxy Information/Decision	0.57	0.32	0.57	0.33	0.58	0.45
Proxy Tutorial					0.74	0.00
Health Insurance[9]	1.40	1.28	1.40	1.28	1.59	1.37
Income[9]	3.71	3.23	3.64	3.23	3.23	2.73
Verification	3.01	2.57	3.14	2.70	3.31	2.85
Administrative Residual	0.65	NA	0.70	NA	0.13	NA
Overall Questionnaire	61.37	58.62	60.97	58.30	59.53	55.99

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and the Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9b Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 to 17)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	2.00	1.87	1.83	1.72	1.55	1.45
Core Demographics	2.13	1.75	2.09	1.73	2.01	1.65
Calendar[4]	1.66	1.50	1.66	1.52	1.22	1.23
Beginning ACASI	2.44	2.27	2.40	2.22	2.21	2.10
Tutorial	3.64	3.55	3.70	3.58	3.41	3.37
Total Core Substances	11.93	11.00	11.93	10.98	11.97	10.83
Tobacco	1.77	1.48	1.70	1.47	1.41	1.13
Alcohol	1.62	1.40	1.60	1.38	1.62	1.32
Marijuana	0.46	0.32	0.46	0.33	0.51	0.42
Cocaine and Crack	0.18	0.13	0.17	0.13	0.17	0.13
Heroin	0.10	0.08	0.10	0.08	0.10	0.08
Hallucinogens	0.88	0.73	0.88	0.73	1.24	1.03
Inhalants	1.37	1.13	1.36	1.12	1.52	1.25
Methamphetamine					0.22	0.20
Total Prescription Drugs	5.56	5.07	5.66	5.15	5.20	4.52
Pain Relievers (Screener)					2.35	2.03
Tranquilizers (Screener)					0.81	0.67
Stimulants (Screener)					0.83	0.72
Sedatives (Screener)					0.73	0.60
Pain Relievers (Screener Plus Main Module)[5]	2.17	2.02	2.18	2.03	2.68	2.32
Tranquilizers (Screener Plus Main Module)[5]	1.19	1.05	1.21	1.08	0.87	0.68
Stimulants (Screener Plus Main Module)[5]	1.20	1.03	1.23	1.05	0.90	0.73
Sedatives (Screener Plus Main Module)[5]	1.00	0.82	1.03	0.85	0.76	0.62

See notes at end of table.

(continued)

Table 4.9b Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 to 17) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol[6]	22.27	20.90	22.19	20.80	20.52	19.15
Special Drugs	1.68	1.58	1.68	1.60	0.54	0.52
Risk/Availability	2.97	2.77	3.03	2.80	2.85	2.62
Blunts	0.25	0.20	0.25	0.20	0.29	0.20
Substance Dependence and Abuse	0.97	0.00	0.87	0.00	0.87	0.00
Market Information for Marijuana	0.20	0.00	0.20	0.00		
Prior Substance Use	0.60	0.00	0.55	0.00	0.47	0.00
Special Topics, Drug Treatment	1.38	1.18	1.35	1.15	1.31	1.12
Health Care	1.33	1.17	1.34	1.18	2.74	2.50
Adult Mental Health Service Utilization						
Social Environment						
Parenting Experiences						
Youth Experiences	8.21	7.83	8.28	7.85	7.83	7.32
Mental Health						
Adult Depression						
Youth Mental Health Service Utilization	1.88	1.60	1.90	1.60	1.78	1.50
Adolescent Depression	1.62	0.63	1.65	0.63	1.61	0.60
Consumption of Alcohol	0.30	0.00	0.28	0.00	0.23	0.00
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	2.53	1.73	2.59	1.73	3.34	3.03
Education[8]	0.88	0.82	0.85	0.80	1.27	1.17
Employment	1.34	0.35	1.42	0.32	0.74	0.48

See notes at end of table. (continued)

Table 4.9b Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 12 to 17) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	2.13	1.85	2.17	1.90	1.94	1.75
Proxy Information/Decision	1.00	0.75	1.00	0.77	0.88	0.75
Proxy Tutorial					2.00	1.98
Health Insurance[9]	1.42	1.28	1.40	1.28	1.75	1.57
Income[9]	3.97	3.45	3.84	3.45	3.47	3.00
Verification	3.13	2.67	3.20	2.75	3.16	2.85
Administrative Residual	0.49	NA	0.52	NA	0.12	NA
Overall Questionnaire	60.74	58.70	60.51	58.55	59.56	57.17

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.

[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.

[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.

[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.

[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).

[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9c Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 18 to 25)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.81	1.67	1.67	1.57	1.32	1.38
Core Demographics	2.15	1.82	2.11	1.80	1.96	1.70
Calendar[4]	1.64	1.47	1.63	1.48	0.98	0.95
Beginning ACASI	2.30	2.12	2.28	2.10	2.19	2.05
Tutorial	3.01	2.85	2.99	2.83	2.82	2.67
Total Core Substances	11.77	10.65	11.41	10.37	12.35	10.87
Tobacco	2.06	1.77	1.96	1.67	1.85	1.53
Alcohol	2.27	2.10	2.25	2.08	2.21	2.10
Marijuana	0.55	0.40	0.54	0.38	0.56	0.40
Cocaine and Crack	0.21	0.12	0.20	0.12	0.21	0.12
Heroin	0.09	0.07	0.09	0.07	0.09	0.07
Hallucinogens	0.76	0.53	0.71	0.52	1.00	0.70
Inhalants	0.94	0.73	0.90	0.72	1.04	0.85
Methamphetamine					0.16	0.12
Total Prescription Drugs	4.88	4.35	4.77	4.30	5.25	4.33
Pain Relievers (Screener)					1.98	1.78
Tranquilizers (Screener)					0.70	0.58
Stimulants (Screener)					0.72	0.63
Sedatives (Screener)					0.61	0.53
Pain Relievers (Screener Plus Main Module)[5]	2.00	1.78	1.95	1.73	2.72	2.18
Tranquilizers (Screener Plus Main Module)[5]	1.04	0.87	1.02	0.87	0.93	0.62
Stimulants (Screener Plus Main Module)[5]	1.04	0.85	1.02	0.85	0.95	0.67
Sedatives (Screener Plus Main Module)[5]	0.80	0.65	0.78	0.65	0.65	0.55

See notes at end of table. (continued)

Table 4.9c Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 18 to 25) (continued)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol[6]	20.46	18.75	20.02	18.48	18.29	16.72
Special Drugs	1.46	1.32	1.42	1.28	0.51	0.45
Risk/Availability	2.61	2.37	2.54	2.33	2.48	2.22
Blunts	0.32	0.22	0.31	0.22	0.35	0.23
Substance Dependence and Abuse	3.08	2.47	2.98	2.35	3.12	2.32
Market Information for Marijuana	0.45	0.00	0.46	0.00		
Prior Substance Use	1.49	1.20	1.41	1.13	1.15	0.98
Special Topics, Drug Treatment	1.64	1.33	1.60	1.30	1.64	1.30
Health Care	1.03	0.90	1.02	0.90	2.28	2.07
Adult Mental Health Service Utilization	1.05	0.82	1.04	0.80	0.97	0.75
Social Environment	1.31	1.18	1.29	1.17	1.07	1.00
Parenting Experiences	0.01	0.00	0.01	0.00	0.02	0.00
Youth Experiences						
Mental Health	2.94	2.73	2.89	2.68	2.70	2.50
Adult Depression	1.52	0.47	1.54	0.47	1.47	0.47
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.72	0.60	0.70	0.58	0.54	0.45
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	5.71	5.63	5.79	5.67	4.06	3.68
Education[8]	0.66	0.57	0.65	0.53	0.77	0.65
Employment	4.62	4.65	4.72	4.70	1.98	1.82

See notes at end of table. (continued)

Table 4.9c Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 18 to 25) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.54	1.30	1.60	1.35	1.48	1.27
Proxy Information/Decision	0.39	0.23	0.40	0.25	0.55	0.42
Proxy Tutorial					0.40	0.00
Health Insurance[9]	1.42	1.33	1.42	1.33	1.46	1.28
Income[9]	3.61	3.18	3.60	3.18	2.92	2.45
Verification	2.88	2.52	3.03	2.67	3.35	2.92
Administrative Residual	0.57	NA	0.64	NA	0.13	NA
Overall Questionnaire	59.27	56.58	58.59	56.05	54.26	50.80

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9d Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 26 to 49)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.94	1.70	1.77	1.58	1.56	1.37
Core Demographics	2.29	1.90	2.26	1.88	2.11	1.72
Calendar[4]	1.65	1.45	1.64	1.45	1.09	1.07
Beginning ACASI	2.35	2.13	2.31	2.10	2.07	1.92
Tutorial	3.28	3.12	3.27	3.07	3.01	2.88
Total Core Substances	12.18	11.03	12.01	10.95	13.36	11.46
Tobacco	2.06	1.78	2.02	1.76	1.89	1.62
Alcohol	2.38	2.18	2.37	2.18	2.40	2.18
Marijuana	0.46	0.35	0.45	0.33	0.49	0.35
Cocaine and Crack	0.24	0.13	0.23	0.13	0.23	0.13
Heroin	0.10	0.08	0.10	0.08	0.10	0.08
Hallucinogens	0.77	0.60	0.75	0.58	1.08	0.85
Inhalants	1.07	0.85	1.02	0.82	1.21	0.97
Methamphetamine					0.19	0.13
Total Prescription Drugs	5.11	4.53	5.06	4.53	5.76	4.89
Pain Relievers (Screener)					2.28	1.98
Tranquilizers (Screener)					0.85	0.70
Stimulants (Screener)					0.89	0.75
Sedatives (Screener)					0.77	0.65
Pain Relievers (Screener Plus Main Module)[5]	1.99	1.78	1.99	1.78	2.95	2.44
Tranquilizers (Screener Plus Main Module)[5]	1.11	0.93	1.10	0.93	1.01	0.78
Stimulants (Screener Plus Main Module)[5]	1.12	0.93	1.10	0.93	0.96	0.77
Sedatives (Screener Plus Main Module)[5]	0.89	0.72	0.87	0.72	0.84	0.68

See notes at end of table. (continued)

Table 4.9d Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 26 to 49) (continued)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol[6]	21.96	19.97	21.55	19.67	20.43	18.67
Special Drugs	1.55	1.40	1.54	1.40	0.57	0.52
Risk/Availability	2.95	2.67	2.88	2.63	2.85	2.53
Blunts	0.25	0.18	0.25	0.18	0.26	0.20
Substance Dependence and Abuse	2.74	2.17	2.73	2.18	2.80	2.18
Market Information for Marijuana	0.20	0.00	0.21	0.00		
Prior Substance Use	1.63	1.32	1.61	1.32	1.33	1.18
Special Topics, Drug Treatment	1.81	1.47	1.77	1.43	1.81	1.46
Health Care	1.25	1.08	1.23	1.07	2.62	2.33
Adult Mental Health Service Utilization	1.25	0.95	1.21	0.93	1.16	0.88
Social Environment	1.42	1.28	1.40	1.25	1.24	1.08
Parenting Experiences	0.53	0.00	0.51	0.00	0.51	0.00
Youth Experiences						
Mental Health	3.16	2.95	3.09	2.87	3.07	2.75
Adult Depression	1.79	0.53	1.74	0.50	1.71	0.49
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.63	0.57	0.62	0.57	0.49	0.47
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	5.62	5.52	5.60	5.45	4.13	3.72
Education[8]	0.22	0.13	0.23	0.13	0.61	0.48
Employment	5.05	5.00	5.02	4.93	2.23	2.03

See notes at end of table. (continued)

Table 4.9d Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 26 to 49) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.40	1.22	1.44	1.25	1.38	1.23
Proxy Information/Decision	0.30	0.22	0.31	0.22	0.41	0.35
Proxy Tutorial					0.22	0.00
Health Insurance[9]	1.32	1.23	1.33	1.23	1.41	1.23
Income[9]	3.48	3.00	3.43	3.03	2.96	2.51
Verification	2.87	2.42	3.01	2.57	3.13	2.73
Administrative Residual	0.90	NA	0.94	NA	0.12	NA
Overall Questionnaire	61.54	58.55	60.87	57.88	57.39	53.90

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9e Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 50 to 64)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.09	1.73	1.99	1.70	1.70	1.48
Core Demographics	2.51	2.00	2.42	1.90	2.24	1.85
Calendar[4]	1.74	1.50	1.73	1.52	1.39	1.48
Beginning ACASI	2.60	2.33	2.55	2.28	2.40	2.08
Tutorial	4.05	3.95	4.13	4.10	4.26	4.15
Total Core Substances	14.37	12.88	14.41	13.08	16.55	14.40
Tobacco	2.41	2.02	2.39	2.00	2.24	1.67
Alcohol	2.74	2.52	2.78	2.55	2.86	2.47
Marijuana	0.52	0.42	0.53	0.43	0.52	0.47
Cocaine and Crack	0.30	0.18	0.30	0.18	0.29	0.20
Heroin	0.13	0.10	0.13	0.12	0.13	0.10
Hallucinogens	0.95	0.72	0.94	0.72	1.40	1.10
Inhalants	1.31	1.03	1.31	1.05	1.55	1.25
Methamphetamine					0.23	0.18
Total Prescription Drugs	6.02	5.35	6.03	5.43	7.33	6.22
Pain Relievers (Screener)					2.91	2.42
Tranquilizers (Screener)					1.14	0.92
Stimulants (Screener)					1.20	0.93
Sedatives (Screener)					1.10	0.83
Pain Relievers (Screener Plus Main Module)[5]	2.19	1.97	2.23	2.03	3.57	3.03
Tranquilizers (Screener Plus Main Module)[5]	1.30	1.12	1.31	1.13	1.30	0.98
Stimulants (Screener Plus Main Module)[5]	1.37	1.15	1.36	1.15	1.26	0.97
Sedatives (Screener Plus Main Module)[5]	1.15	0.93	1.13	0.93	1.19	0.90

See notes at end of table. (continued)

Table 4.9e Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 50 to 64) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol[6]	24.19	21.80	24.21	22.00	22.14	20.23
Special Drugs	1.78	1.57	1.78	1.58	0.67	0.62
Risk/Availability	3.51	3.15	3.52	3.20	3.45	3.20
Blunts	0.22	0.18	0.22	0.18	0.22	0.20
Substance Dependence and Abuse	2.46	2.03	2.51	2.07	2.63	2.12
Market Information for Marijuana	0.13	0.00	0.13	0.00		
Prior Substance Use	1.84	1.50	1.80	1.50	1.46	1.28
Special Topics, Drug Treatment	1.97	1.65	2.01	1.65	1.90	1.63
Health Care	1.74	1.47	1.76	1.52	3.52	3.23
Adult Mental Health Service Utilization	1.50	1.10	1.43	1.08	1.25	1.02
Social Environment	1.66	1.50	1.67	1.50	1.50	1.40
Parenting Experiences	0.27	0.00	0.29	0.00	0.24	0.00
Youth Experiences						
Mental Health	3.62	3.27	3.67	3.37	3.17	2.87
Adult Depression	1.99	0.60	1.99	0.58	1.50	0.52
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.67	0.62	0.67	0.62	0.63	0.53
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	5.24	5.18	5.18	5.13	4.60	4.17
Education[8]	0.18	0.12	0.20	0.12	0.67	0.55
Employment	4.79	4.82	4.70	4.75	2.50	2.32

See notes at end of table. (continued)

Table 4.9e Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 50 to 64) (continued)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.03	0.85	1.15	0.92	1.13	0.98
Proxy Information/Decision	0.30	0.22	0.33	0.23	0.50	0.38
Proxy Tutorial					0.18	0.00
Health Insurance[9]	1.38	1.23	1.39	1.25	1.71	1.50
Income[9]	3.48	3.02	3.48	3.03	3.45	3.00
Verification	3.12	2.60	3.35	2.72	3.83	2.95
Administrative Residual	0.87	NA	0.99	NA	0.17	NA
Overall Questionnaire	66.96	63.13	67.30	63.97	66.24	62.25

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9f Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 65+)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.15	1.80	1.92	1.70	1.69	1.50
Core Demographics	2.74	2.25	2.64	2.17	2.66	2.30
Calendar[4]	1.89	1.62	1.83	1.62	1.52	1.57
Beginning ACASI	3.01	2.68	3.05	2.67	2.89	2.32
Tutorial	4.86	4.73	4.92	4.75	5.32	5.13
Total Core Substances	17.26	15.97	17.40	16.10	22.04	19.45
Tobacco	2.82	2.33	2.85	2.38	2.57	2.20
Alcohol	3.16	2.87	3.13	2.89	3.43	3.25
Marijuana	0.47	0.42	0.48	0.43	0.60	0.52
Cocaine and Crack	0.26	0.23	0.27	0.22	0.31	0.23
Heroin	0.17	0.15	0.17	0.15	0.16	0.15
Hallucinogens	1.19	0.93	1.19	0.95	1.79	1.45
Inhalants	1.88	1.48	1.89	1.47	2.29	1.72
Methamphetamine					0.29	0.23
Total Prescription Drugs	7.30	6.68	7.41	6.75	10.60	8.28
Pain Relievers (Screener)					4.28	3.05
Tranquilizers (Screener)					1.69	1.27
Stimulants (Screener)					1.71	1.27
Sedatives (Screener)					1.62	1.25
Pain Relievers (Screener Plus Main Module)[5]	2.49	2.33	2.48	2.33	5.10	3.73
Tranquilizers (Screener Plus Main Module)[5]	1.63	1.47	1.67	1.52	1.93	1.43
Stimulants (Screener Plus Main Module)[5]	1.66	1.43	1.71	1.47	1.77	1.27
Sedatives (Screener Plus Main Module)[5]	1.52	1.28	1.56	1.32	1.80	1.30

See notes at end of table. (continued)

Table 4.9f Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 65+) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol[6]	26.51	24.20	26.80	24.84	26.64	23.87
Special Drugs	2.06	1.87	2.08	1.90	0.75	0.67
Risk/Availability	4.59	4.05	4.53	3.98	4.36	3.85
Blunts	0.23	0.20	0.23	0.20	0.25	0.20
Substance Dependence and Abuse	1.74	0.00	1.81	1.35	2.03	1.80
Market Information for Marijuana	0.02	0.00	0.02	0.00		
Prior Substance Use	1.52	1.30	1.57	1.35	1.67	1.35
Special Topics, Drug Treatment	2.14	1.88	2.22	1.90	2.36	1.95
Health Care	2.47	2.15	2.56	2.18	4.75	4.35
Adult Mental Health Service Utilization	1.77	1.33	1.80	1.33	1.74	1.33
Social Environment	2.29	2.02	2.24	1.98	1.96	1.77
Parenting Experiences	0.04	0.00	0.05	0.00	0.07	0.00
Youth Experiences						
Mental Health	4.47	4.00	4.60	4.13	4.65	4.25
Adult Depression	1.62	0.67	1.66	0.65	1.38	0.68
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.70	0.65	0.69	0.65	0.67	0.62
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	2.93	1.82	3.09	1.88	5.00	4.40
Education[8]	0.16	0.12	0.16	0.12	0.90	0.68
Employment	2.52	1.38	2.63	1.43	2.08	1.75

See notes at end of table. (continued)

Table 4.9f Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (All Respondents Aged 65+) (continued)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	0.82	0.62	0.87	0.67	0.96	0.73
Proxy Information/Decision	0.32	0.20	0.32	0.20	0.48	0.42
Proxy Tutorial					0.32	0.00
Health Insurance[9]	1.46	1.30	1.49	1.32	2.13	1.93
Income[9]	3.89	3.28	3.73	3.32	4.43	3.98
Verification	3.62	2.92	3.76	3.10	3.98	3.15
Administrative Residual	0.86	NA	0.88	NA	0.17	NA
Overall Questionnaire	72.32	68.43	72.70	69.39	80.24	74.45

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Timings for the module rows in bold are mutually exclusive. However, these timings may not sum exactly to the overall questionnaire timing because of rounding.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

4.5.1.2 Overall and Module Timing Results for Affirmative Gate Respondents in the 2011 and 2012 Quarters 3 and 4 Comparison Data and the 2012 QFT Data

The section and overall timing statistics presented in ***Section 4.5.1.1*** provided results for all QFT, 2011, and 2012 quarters 3 and 4 respondents. ***Tables 4.9g*** through ***4.9l*** show mean and median timings by module only for "affirmative gate" respondents.[15] These comparisons include timing results only for affirmative gate respondents in each of the three sets of interviews, including separate timing results for five age categories—aged 12 to 17, 18 to 25, 26 to 49, 50 to 64, and 65 or older. Timing results categorized by age groups provide data on how age is related to interview duration for affirmative gate respondents using the partially redesigned QFT questionnaire compared with the current main study questionnaire.

For these tables, affirmative gate respondents were defined as the following subsets of QFT, 2011, and 2012 quarters 3 and 4 respondents:

1. those who answered affirmatively to at least one gate question within the core substance questions, or
2. those whose prior responses directed them to complete a specific questionnaire module.

For example, only respondents who reported smoking part or all of a cigarette in their lifetime were included in the timing reports for the tobacco use module. Similarly, only respondents who were administered the parenting experiences module contributed to the mean timing for that module.

Presenting data only for affirmative gate respondents, ***Tables 4.9g*** through ***4.9l*** highlight timing statistics for respondents whose administration times for a module were beyond the minimal time taken by those respondents who had no data to report for a given module. These timing data focus on respondents who actually reported behavior that led to specific sets of additional questions. As a result, these results provide a sense of the impact of questionnaire changes for the set of respondents who have behavior to report for each module.

Given that the purpose of these tables is to show timing results for respondents who have behavior to report for each module, this section focuses primarily on sections where changes were made in the QFT questionnaire, such as the prescription drug modules and back-end demographic questions. Overall, among all affirmative gate respondents aged 12 or older, timing results followed similar patterns for the core substances sections as seen for all respondents in ***Section 4.5.1.1***. As ***Table 4.9g*** shows, the average timing for the total core substances section for all affirmative gate respondents aged 12 or older was higher for the QFT respondents (mean 13.93, median 12.05) than the 2011 respondents (mean 12.61, median 11.38) and the 2012 quarters 3 and 4 respondents (mean 12.39, median 11.23). Higher administration times were observed for the hallucinogens, inhalants, and prescription drug sections for QFT respondents, and lower administration times were observed for the tobacco section for QFT respondents, compared with the 2011 and the 2012 quarters 3 and 4 respondents. Timing differences between

[15] To aid in their readability, ***Tables 4.9g*** through ***4.9l*** appear together at the end of this discussion in ***Section 4.5.1.2***.

affirmative gate respondents in the QFT versus 2011 and 2012 quarters 3 and 4 for the remaining core substance use modules—alcohol, marijuana, cocaine and crack, and heroin—were generally small and inconsequential.

The impact of changes to the prescription drug modules on timing results was a special focus for affirmative gate respondents because use of multiple types of prescription drugs could significantly increase respondent burden in these modules. Among respondents who reported use and misuse of prescription drugs, average QFT timings for the four prescription drug modules exceeded the average timings for the 2011 and 2012 quarters 3 and 4 comparison interviews. The greatest difference was observed among affirmative gate respondents aged 26 or older, for whom the difference between QFT versus 2011 and 2012 quarters 3 and 4 respondents was over 1 minute. As noted in ***Section 4.5.1.1***, the additional time required to complete the pain reliever module in the partially redesigned QFT instrument was mitigated by time savings in other prescription drug modules, resulting in lower overall administration times for the prescription drug modules for all respondents. For affirmative gate respondents, ***Table 4.9g*** shows that the overall timing for total prescription drugs for QFT respondents (mean 6.46, median 5.42) was quite similar to the 2011 respondents (mean 6.42, median 5.78) and the 2012 quarters 3 and 4 respondents (mean 6.34, median 5.77).

For back-end demographics, the average times for QFT affirmative gate respondents compared with 2011 and 2012 quarters 3 and 4 respondents followed patterns to those shown for all respondents in ***Section 4.5.1.1***. Average administration times for QFT affirmative gate respondents were higher for education, but lower for employment. The difference between QFT affirmative gate respondents and 2011 and 2012 quarters 3 and 4 affirmative gate respondents shown for employment was similarly more pronounced than the difference for education.

Table 4.9g Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 or Older)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.94	1.73	1.78	1.62	1.52	1.40
Core Demographics	2.22	1.85	2.18	1.82	2.10	1.73
Calendar[4]	1.67	1.48	1.66	1.50	1.15	1.17
Beginning ACASI	2.41	2.20	2.38	2.17	2.22	2.03
Tutorial	3.44	3.27	3.45	3.27	3.34	3.15
Total Core Substances	12.61	11.38	12.39	11.23	13.93	12.05
Tobacco	2.66	2.33	2.60	2.28	2.49	2.15
Alcohol	2.58	2.32	2.56	2.32	2.67	2.40
Marijuana	0.81	0.67	0.80	0.65	0.82	0.68
Cocaine and Crack	0.72	0.55	0.70	0.55	0.69	0.57
Heroin	0.51	0.33	0.49	0.32	0.53	0.32
Hallucinogens	1.45	1.22	1.40	1.18	1.71	1.46
Inhalants	1.70	1.40	1.65	1.37	1.75	1.45
Methamphetamine					0.43	0.35
Total Prescription Drugs	6.42	5.78	6.34	5.77	6.46	5.42
Pain Relievers (Screener)					2.42	2.03
Tranquilizers (Screener)					0.88	0.70
Stimulants (Screener)					0.92	0.75
Sedatives (Screener)					0.81	0.63
Pain Relievers (Screener Plus Main Module)[5]	3.08	2.78	3.03	2.75	3.02	2.45
Tranquilizers (Screener Plus Main Module)[5]	1.85	1.65	1.84	1.63	1.04	0.75
Stimulants (Screener Plus Main Module)[5]	1.98	1.72	1.96	1.75	1.02	0.78
Sedatives (Screener Plus Main Module)[5]	1.88	1.63	1.85	1.57	0.87	0.67

See notes at end of table. (continued)

Table 4.9g Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 or Older) (continued)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol[6]	21.93	20.23	21.68	20.02	20.50	18.78
Special Drugs	1.60	1.47	1.59	1.45	0.57	0.52
Risk/Availability	2.96	2.68	2.94	2.67	2.92	2.62
Blunts	0.54	0.47	0.53	0.45	0.61	0.52
Substance Dependence and Abuse	3.83	3.05	3.72	2.98	3.76	2.98
Market Information for Marijuana	1.49	1.38	1.47	1.37		
Prior Substance Use	1.65	1.32	1.61	1.30	1.40	1.20
Special Topics, Drug Treatment	1.63	1.35	1.61	1.33	1.68	1.37
Health Care	1.29	1.10	1.30	1.08	2.79	2.48
Adult Mental Health Service Utilization	2.29	1.90	2.23	1.87	2.18	1.88
Social Environment	1.45	1.28	1.43	1.27	1.28	1.13
Parenting Experiences	2.52	2.20	2.43	2.13	2.46	2.03
Youth Experiences	8.21	7.83	8.28	7.85	7.83	7.32
Mental Health	3.62	3.23	3.59	3.18	3.62	3.17
Adult Depression	3.21	1.30	3.22	1.33	3.18	1.39
Youth Mental Health Service Utilization	3.08	2.73	3.18	2.75	2.98	2.62
Adolescent Depression	2.58	1.02	2.65	1.03	2.60	1.00
Consumption of Alcohol	0.79	0.63	0.77	0.63	0.63	0.53
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	4.46	4.42	4.51	4.53	4.00	3.65
Education[8]	0.58	0.48	0.57	0.45	0.85	0.68
Employment	4.22	4.33	4.30	4.40	2.05	1.88

See notes at end of table. (continued)

Table 4.9g Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 or Older) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.64	1.40	1.69	1.45	1.50	1.28
Proxy Information/Decision	0.57	0.32	0.57	0.33	0.58	0.45
Proxy Tutorial					0.73	0.00
Health Insurance[9]	1.40	1.28	1.40	1.28	1.59	1.37
Income[9]	3.71	3.23	3.64	3.23	3.23	2.73
Verification	3.01	2.57	3.14	2.70	3.31	2.85
Overall Questionnaire	61.37	58.62	60.97	58.30	59.53	55.99

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.9a*** to ***4.9f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the Tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9h Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 to 17)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	2.00	1.87	1.83	1.72	1.55	1.45
Core Demographics	2.13	1.75	2.09	1.73	2.01	1.65
Calendar[4]	1.66	1.50	1.66	1.52	1.22	1.23
Beginning ACASI	2.44	2.27	2.40	2.22	2.21	2.10
Tutorial	3.64	3.55	3.70	3.58	3.41	3.37
Total Core Substances	12.30	11.27	11.98	10.93	12.04	11.15
Tobacco	2.97	2.62	2.85	2.55	2.47	2.07
Alcohol	2.47	2.23	2.43	2.22	2.48	2.33
Marijuana	1.20	1.07	1.17	1.07	1.19	1.09
Cocaine and Crack	1.18	1.05	1.05	0.94	0.77	0.77
Heroin	0.73	0.70	0.55	0.45	0.62	0.62
Hallucinogens	1.92	1.68	1.90	1.68	2.05	1.73
Inhalants	2.30	1.97	2.28	1.98	2.06	1.81
Methamphetamine					0.41	0.42
Total Prescription Drugs	6.74	6.15	6.74	5.97	5.69	5.03
Pain Relievers (Screener)					2.35	2.03
Tranquilizers (Screener)					0.81	0.67
Stimulants (Screener)					0.83	0.72
Sedatives (Screener)					0.73	0.60
Pain Relievers (Screener Plus Main Module)[5]	3.45	3.16	3.44	3.08	2.68	2.32
Tranquilizers (Screener Plus Main Module)[5]	2.12	1.95	2.08	1.88	0.87	0.68
Stimulants (Screener Plus Main Module)[5]	2.15	1.87	2.15	1.83	0.90	0.73
Sedatives (Screener Plus Main Module)[5]	2.18	1.88	2.24	1.92	0.76	0.62

See notes at end of table. (continued)

Table 4.9h Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 to 17) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol[6]	22.27	20.90	22.19	20.80	20.52	19.15
Special Drugs	1.68	1.58	1.68	1.60	0.54	0.52
Risk/Availability	2.97	2.77	3.03	2.80	2.85	2.62
Blunts	0.69	0.60	0.68	0.60	0.79	0.72
Substance Dependence and Abuse	3.89	3.03	3.75	3.02	3.73	3.08
Market Information for Marijuana	1.47	1.38	1.47	1.35		
Prior Substance Use	1.37	1.07	1.34	1.03	1.12	0.97
Special Topics, Drug Treatment	1.38	1.18	1.35	1.15	1.31	1.12
Health Care	1.33	1.17	1.34	1.18	2.74	2.50
Adult Mental Health Service Utilization						
Social Environment						
Parenting Experiences						
Youth Experiences	8.21	7.83	8.28	7.85	7.83	7.32
Mental Health						
Adult Depression						
Youth Mental Health Service Utilization	3.08	2.73	3.18	2.75	2.98	2.62
Adolescent Depression	2.58	1.02	2.65	1.03	2.60	1.00
Consumption of Alcohol	0.85	0.57	0.84	0.55	0.68	0.43
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	2.53	1.73	2.59	1.73	3.34	3.03
Education[8]	0.88	0.82	0.85	0.80	1.28	1.17
Employment	2.62	1.42	2.80	1.50	1.44	1.13

See notes at end of table. (continued)

Table 4.9h Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 12 to 17) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	2.13	1.85	2.17	1.90	1.94	1.75
Proxy Information/Decision	1.00	0.75	1.00	0.77	0.88	0.75
Proxy Tutorial					2.00	1.98
Health Insurance[9]	1.42	1.28	1.40	1.28	1.75	1.57
Income[9]	3.97	3.45	3.84	3.45	3.47	3.00
Verification	3.13	2.67	3.20	2.75	3.16	2.85
Overall Questionnaire	60.74	58.70	60.51	58.55	59.56	57.17

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.9a*** to ***4.9f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the Health Insurance and Income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9i Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 18 to 25)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.81	1.67	1.67	1.57	1.32	1.38
Core Demographics	2.15	1.82	2.11	1.80	1.96	1.70
Calendar[4]	1.64	1.47	1.63	1.48	0.98	0.95
Beginning ACASI	2.30	2.12	2.28	2.10	2.19	2.05
Tutorial	3.01	2.85	2.99	2.83	2.82	2.67
Total Core Substances	11.99	10.85	11.67	10.63	12.59	11.08
Tobacco	2.61	2.33	2.52	2.25	2.43	2.15
Alcohol	2.49	2.25	2.47	2.25	2.48	2.28
Marijuana	0.83	0.70	0.82	0.70	0.84	0.73
Cocaine and Crack	0.76	0.58	0.74	0.58	0.79	0.65
Heroin	0.58	0.37	0.53	0.36	0.50	0.31
Hallucinogens	1.47	1.27	1.40	1.17	1.78	1.56
Inhalants	1.42	1.22	1.46	1.25	1.69	1.40
Methamphetamine					0.48	0.40
Total Prescription Drugs	6.14	5.53	5.99	5.53	6.01	5.08
Pain Relievers (Screener)					1.98	1.78
Tranquilizers (Screener)					0.70	0.58
Stimulants (Screener)					0.72	0.63
Sedatives (Screener)					0.61	0.53
Pain Relievers (Screener Plus Main Module)[5]	2.97	2.70	2.90	2.67	2.72	2.18
Tranquilizers (Screener Plus Main Module)[5]	1.75	1.55	1.72	1.53	0.93	0.62
Stimulants (Screener Plus Main Module)[5]	1.90	1.65	1.87	1.70	0.95	0.67
Sedatives (Screener Plus Main Module)[5]	1.79	1.57	1.81	1.68	0.65	0.55

See notes at end of table. (continued)

Table 4.9i Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 18 to 25) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol[6]	20.46	18.76	20.02	18.48	18.29	16.72
Special Drugs	1.46	1.32	1.42	1.28	0.51	0.45
Risk/Availability	2.61	2.37	2.54	2.33	2.48	2.22
Blunts	0.52	0.45	0.51	0.43	0.60	0.53
Substance Dependence and Abuse	4.06	3.37	3.91	3.20	3.94	3.19
Market Information for Marijuana	1.45	1.35	1.44	1.35		
Prior Substance Use	1.66	1.33	1.57	1.27	1.31	1.12
Special Topics, Drug Treatment	1.64	1.33	1.60	1.30	1.64	1.30
Health Care	1.03	0.90	1.02	0.90	2.28	2.07
Adult Mental Health Service Utilization	2.05	1.75	2.03	1.75	1.92	1.58
Social Environment	1.31	1.18	1.29	1.17	1.07	1.00
Parenting Experiences	2.90	2.38	2.30	2.13	2.38	1.84
Youth Experiences						
Mental Health	3.23	2.95	3.18	2.90	3.01	2.73
Adult Depression	2.84	1.08	2.87	1.17	2.83	1.18
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.83	0.68	0.82	0.68	0.65	0.53
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	5.71	5.63	5.79	5.67	4.06	3.68
Education[8]	0.67	0.57	0.65	0.53	0.77	0.65
Employment	4.62	4.65	4.72	4.70	1.98	1.82

See notes at end of table. (continued)

Table 4.9i Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 18 to 25) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.54	1.30	1.60	1.35	1.48	1.27
Proxy Information/Decision	0.39	0.23	0.40	0.25	0.55	0.42
Proxy Tutorial					0.40	0.00
Health Insurance[9]	1.42	1.33	1.42	1.33	1.46	1.28
Income[9]	3.61	3.18	3.60	3.18	2.92	2.45
Verification	2.88	2.52	3.03	2.67	3.35	2.92
Overall Questionnaire	59.27	56.58	58.59	56.05	54.26	50.80

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.9a*** to ***4.9f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9j Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 26 to 49)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Introduction	1.94	1.70	1.77	1.58	1.56	1.37
Core Demographics	2.29	1.90	2.26	1.88	2.11	1.72
Calendar[4]	1.65	1.45	1.64	1.45	1.09	1.07
Beginning ACASI	2.35	2.13	2.31	2.10	2.07	1.92
Tutorial	3.28	3.12	3.27	3.07	3.01	2.88
Total Core Substances	12.26	11.12	12.08	11.03	13.45	11.55
Tobacco	2.42	2.12	2.38	2.08	2.35	2.00
Alcohol	2.50	2.25	2.48	2.25	2.55	2.28
Marijuana	0.63	0.48	0.62	0.47	0.69	0.52
Cocaine and Crack	0.63	0.50	0.62	0.50	0.63	0.52
Heroin	0.40	0.30	0.45	0.28	0.61	0.26
Hallucinogens	1.26	1.08	1.25	1.10	1.56	1.30
Inhalants	1.41	1.20	1.35	1.17	1.56	1.34
Methamphetamine					0.39	0.30
Total Prescription Drugs	6.31	5.70	6.26	5.70	6.00	5.08
Pain Relievers (Screener)					2.28	1.98
Tranquilizers (Screener)					0.85	0.70
Stimulants (Screener)					0.89	0.75
Sedatives (Screener)					0.77	0.65
Pain Relievers (Screener Plus Main Module)[5]	2.93	2.65	2.90	2.62	2.95	2.44
Tranquilizers (Screener Plus Main Module)[5]	1.83	1.62	1.84	1.62	1.01	0.78
Stimulants (Screener Plus Main Module)[5]	1.90	1.67	1.90	1.68	0.96	0.77
Sedatives (Screener Plus Main Module)[5]	1.76	1.55	1.68	1.48	0.84	0.68

See notes at end of table. (continued)

Table 4.9j Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 26 to 49) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol[6]	21.96	19.97	21.55	19.67	20.43	18.67
Special Drugs	1.55	1.40	1.54	1.40	0.57	0.52
Risk/Availability	2.95	2.67	2.88	2.63	2.85	2.53
Blunts	0.48	0.42	0.46	0.40	0.51	0.45
Substance Dependence and Abuse	3.58	2.77	3.50	2.70	3.63	2.92
Market Information for Marijuana	1.58	1.45	1.53	1.42		
Prior Substance Use	1.73	1.40	1.71	1.40	1.44	1.25
Special Topics, Drug Treatment	1.81	1.47	1.77	1.43	1.81	1.46
Health Care	1.25	1.08	1.23	1.07	2.62	2.33
Adult Mental Health Service Utilization	2.30	1.93	2.22	1.87	2.20	1.88
Social Environment	1.42	1.28	1.40	1.25	1.24	1.08
Parenting Experiences	2.44	2.15	2.37	2.08	2.39	1.93
Youth Experiences						
Mental Health	3.66	3.33	3.59	3.25	3.59	3.15
Adult Depression	3.46	1.57	3.42	1.62	3.44	1.77
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.68	0.60	0.67	0.60	0.53	0.50
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	5.62	5.52	5.60	5.45	4.14	3.72
Education[8]	0.22	0.13	0.23	0.13	0.61	0.48
Employment	5.06	5.00	5.02	4.93	2.23	2.03

See notes at end of table. (continued)

Table 4.9j Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 26 to 49) (continued)

	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.40	1.22	1.44	1.25	1.39	1.23
Proxy Information/Decision	0.30	0.22	0.31	0.22	0.41	0.35
Proxy Tutorial					0.16	0.00
Health Insurance[9]	1.32	1.23	1.33	1.23	1.41	1.23
Income[9]	3.48	3.00	3.43	3.03	2.96	2.52
Verification	2.87	2.42	3.01	2.57	3.14	2.73
Overall Questionnaire	61.54	58.55	60.87	57.88	57.39	53.90

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.9a*** to ***4.9f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the Tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9k Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 50 to 64)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.09	1.73	1.99	1.70	1.70	1.48
Core Demographics	2.51	2.00	2.42	1.90	2.24	1.85
Calendar[4]	1.74	1.50	1.73	1.52	1.39	1.48
Beginning ACASI	2.60	2.33	2.55	2.28	2.40	2.08
Tutorial	4.05	3.95	4.13	4.10	4.26	4.15
Total Core Substances	14.43	12.97	14.44	13.09	16.52	14.85
Tobacco	2.77	2.33	2.79	2.38	2.84	2.33
Alcohol	2.88	2.65	2.93	2.68	3.08	2.78
Marijuana	0.71	0.55	0.70	0.52	0.71	0.62
Cocaine and Crack	0.73	0.57	0.71	0.58	0.63	0.58
Heroin	0.46	0.33	0.40	0.32	0.33	0.34
Hallucinogens	1.53	1.28	1.46	1.28	1.79	1.64
Inhalants	1.63	1.40	1.65	1.33	2.03	1.73
Methamphetamine					0.57	0.38
Total Prescription Drugs	7.42	6.68	7.36	6.86	7.35	6.30
Pain Relievers (Screener)					2.91	2.42
Tranquilizers (Screener)					1.14	0.92
Stimulants (Screener)					1.20	0.93
Sedatives (Screener)					1.10	0.83
Pain Relievers (Screener Plus Main Module)[5]	3.39	3.03	3.35	2.98	3.57	3.03
Tranquilizers (Screener Plus Main Module)[5]	2.11	1.95	2.04	1.89	1.30	0.98
Stimulants (Screener Plus Main Module)[5]	2.33	1.97	2.19	2.03	1.26	0.97
Sedatives (Screener Plus Main Module)[5]	1.83	1.55	1.69	1.43	1.19	0.90

See notes at end of table. (continued)

Table 4.9k Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 50 to 64) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol[6]	24.19	21.80	24.21	22.00	22.14	20.23
Special Drugs	1.78	1.57	1.78	1.58	0.67	0.62
Risk/Availability	3.51	3.15	3.52	3.20	3.45	3.20
Blunts	0.65	0.52	0.62	0.52	0.78	0.63
Substance Dependence and Abuse	3.56	2.75	3.59	2.90	3.88	3.07
Market Information for Marijuana	1.77	1.60	1.85	1.71		
Prior Substance Use	1.94	1.58	1.92	1.58	1.57	1.38
Special Topics, Drug Treatment	1.97	1.65	2.01	1.65	1.90	1.63
Health Care	1.74	1.47	1.76	1.52	3.52	3.23
Adult Mental Health Service Utilization	2.94	2.38	2.68	2.26	2.48	2.11
Social Environment	1.66	1.50	1.67	1.50	1.50	1.40
Parenting Experiences	2.91	2.52	2.76	2.47	2.79	2.67
Youth Experiences						
Mental Health	4.46	4.00	4.52	4.10	4.14	3.63
Adult Depression	4.03	1.82	4.07	1.73	3.59	1.66
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.74	0.65	0.74	0.67	0.73	0.57
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	5.24	5.18	5.18	5.13	4.60	4.17
Education[8]	0.18	0.12	0.20	0.12	0.67	0.55
Employment	4.79	4.82	4.70	4.75	2.50	2.32

See notes at end of table. (continued)

Table 4.9k Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 50 to 64) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.03	0.85	1.15	0.92	1.13	0.98
Proxy Information/Decision	0.30	0.22	0.33	0.23	0.50	0.38
Proxy Tutorial					0.18	0.00
Health Insurance[9]	1.38	1.23	1.39	1.25	1.71	1.50
Income[9]	3.48	3.02	3.48	3.03	3.45	3.00
Verification	3.12	2.60	3.35	2.72	3.83	2.95
Overall Questionnaire	66.96	63.13	67.30	63.97	66.24	62.25

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.9a*** to ***4.9f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

Table 4.9l Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 65+)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Introduction	2.15	1.80	1.92	1.70	1.69	1.50
Core Demographics	2.74	2.25	2.64	2.17	2.66	2.30
Calendar[4]	1.89	1.62	1.83	1.62	1.52	1.57
Beginning ACASI	3.01	2.68	3.05	2.67	2.89	2.32
Tutorial	4.86	4.73	4.92	4.75	5.32	5.13
Total Core Substances	17.28	15.85	17.35	16.02	22.36	19.56
Tobacco	3.33	2.90	3.31	2.93	3.00	2.45
Alcohol	3.49	3.20	3.41	3.15	3.77	3.62
Marijuana	0.84	0.66	0.81	0.67	1.09	0.80
Cocaine and Crack	0.86	0.68	0.78	0.68	1.09	0.88
Heroin	0.46	0.47	0.91	0.42	0.39	0.39
Hallucinogens	1.83	1.28	2.42	1.53	2.02	2.25
Inhalants	2.44	2.07	2.37	2.03	1.66	1.66
Methamphetamine					0.53	0.42
Total Prescription Drugs	9.36	8.39	9.05	7.77	10.67	8.82
Pain Relievers (Screener)					4.28	3.05
Tranquilizers (Screener)					1.69	1.27
Stimulants (Screener)					1.71	1.27
Sedatives (Screener)					1.62	1.25
Pain Relievers (Screener Plus Main Module)[5]	4.30	3.98	3.94	3.72	5.10	3.73
Tranquilizers (Screener Plus Main Module)[5]	3.11	2.53	3.01	2.57	1.93	1.43
Stimulants (Screener Plus Main Module)[5]	2.85	2.48	2.91	2.33	1.77	1.27
Sedatives (Screener Plus Main Module)[5]	3.45	2.12	3.34	1.90	1.80	1.30

See notes at end of table. (continued)

Table 4.9l Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 65+) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Special Drugs to Consumption of Alcohol[6]	26.51	24.20	26.80	24.84	26.64	23.87
Special Drugs	2.06	1.87	2.08	1.90	0.75	0.67
Risk/Availability	4.59	4.05	4.53	3.98	4.36	3.85
Blunts	0.85	0.57	0.63	0.53	0.84	0.64
Substance Dependence and Abuse	3.49	2.95	3.51	2.93	3.64	2.89
Market Information for Marijuana	2.14	1.84	1.71	1.18		
Prior Substance Use	1.72	1.45	1.74	1.47	1.82	1.45
Special Topics, Drug Treatment	2.14	1.88	2.22	1.90	2.36	1.95
Health Care	2.47	2.15	2.56	2.18	4.75	4.35
Adult Mental Health Service Utilization	3.37	2.85	3.38	2.80	3.47	3.19
Social Environment	2.29	2.02	2.24	1.98	1.96	1.77
Parenting Experiences	4.80	4.42	3.49	3.33	4.80	4.80
Youth Experiences						
Mental Health	5.76	5.17	5.90	5.32	5.66	4.93
Adult Depression	3.80	1.33	3.89	1.33	2.58	1.07
Youth Mental Health Service Utilization						
Adolescent Depression						
Consumption of Alcohol	0.86	0.73	0.83	0.72	0.80	0.68
Back-End Demographics (Moves, Born in United States, Disability, Education and Employment)[7]	2.93	1.82	3.09	1.88	5.00	4.40
Education[8]	0.16	0.12	0.16	0.12	0.90	0.68
Employment	2.52	1.38	2.63	1.43	2.08	1.75

See notes at end of table. (continued)

Table 4.9l Overall and Module Mean/Median Timing Data for the 2011 Main Study, Q3-Q4 2012 Main Study, and 2012 Questionnaire Field Test in Minutes (Affirmative Gate Respondents Aged 65+) (continued)

Module	2011 Main Study[1]		Q3-Q4 2012 Main Study[1,2]		2012 Questionnaire Field Test[1,3]	
	Mean	Median	Mean	Median	Mean	Median
Household Roster	0.82	0.62	0.87	0.67	0.96	0.73
Proxy Information/Decision	0.32	0.20	0.32	0.20	0.48	0.42
Proxy Tutorial					0.32	0.00
Health Insurance[9]	1.46	1.30	1.49	1.32	2.13	1.93
Income[9]	3.89	3.28	3.73	3.32	4.43	3.98
Verification	3.62	2.92	3.76	3.10	3.98	3.15
Overall Questionnaire	72.32	68.43	72.70	69.39	80.24	74.45

ACASI = audio computer-assisted self-interviewing; NA = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.9a*** to ***4.9f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are *not* necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire timing.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The calendar appears before the beginning ACASI and tutorial in the 2011 main study and Q3-Q4 2012 main study and is interviewer-administered. The calendar follows the tutorial in the QFT and is self-administered.
[5] Prescription drug modules for the 2011 main study and Q3-Q4 2012 main study include only a main module. For the QFT, timings for the screener sections are included in the overall screener plus main module timings.
[6] These modules comprise the total noncore ACASI for the 2011 main study and Q3-Q4 2012 main study, and this measure includes timing for the ENDAUDIO question that the interviewer completes to close out the ACASI section. The mean total noncore ACASI timing for the QFT sections completed only by the respondent is the sum of the mean timings for special drugs to consumption of alcohol and back-end demographics.
[7] The back-end demographics module is interviewer-administered in the 2011 main study and Q3-Q4 2012 main study. The timing data for the QFT include timing for the ENDAUDIO question.
[8] Timings for the education module in the QFT include non-education questions in this section of the questionnaire (marital status, number of times married, military families).
[9] In all datasets, the respondent or an adult proxy who is a family member may complete the health insurance and income modules. In the 2011 main study and Q3-Q4 2012 main study, the health insurance and income modules are interviewer-administered. In the QFT, these modules are self-administered for the respondent or a proxy.

4.5.2 Selected Detailed Interview Timing Data for the 2012 Questionnaire Field Test and the 2011 and 2012 Quarter 3 and 4 Comparison Data

Administration times for the 2011 and 2012 quarters 3 and 4 comparison samples and the QFT instrument were calculated according to standard timing data calculation procedures for a number of specific questionnaire sections. ***Tables 4.10a*** through ***4.10v*** present unweighted overall QFT timing results and results for selected modules for all respondents and for five separate age groups.[16] Timing results by age group for each section are presented in separate tables for the QFT interviews, the 2011 comparison interviews, and the 2012 quarters 3 and 4 comparison interviews. For each age category, these tables provide the number of interviews, the number of extreme or missing records, summary statistics, quartiles, percentiles, and the highest and lowest extreme cases. Respondents with an overall interview administration time of less than 30 minutes or greater than 240 minutes were classified as outliers and were excluded from these timing results.

As noted in ***Section 4.5.1.1***, the partially redesigned QFT instrument took less than 60 minutes on average to administer among all respondents aged 12 or older, as shown in ***Table 4.10a***. Examining timing data within age groups reveals that respondents aged 65 or older experienced the longest average administration times among all age groups, with an overall mean of more than 80 minutes. Respondents aged 50 to 64 also had a mean administration time that was considerably higher than the mean for all QFT respondents. Mean interview timings for respondents aged 12 to 17 were similar to the overall mean for QFT respondents, while the average times for respondents aged 18 to 25 and those aged 26 to 49 were lower than the overall mean for QFT respondents. The overall timing patterns across age groups for QFT respondents were rather consistent with the patterns for the 2011 comparison data interviews and the 2012 quarters 3 and 4 comparison interviews, as shown in ***Tables 4.10b*** and ***4.10c***.

Tables 4.10d through ***4.10f*** provide timing results for the tobacco module for respondents who answered the question LEADCIG in the QFT interviews, the 2011 comparison interviews, and the 2012 quarters 3 and 4 comparison interviews. One difference between the QFT questionnaire and the 2011 and 2012 quarters 3 and 4 questionnaire was that questions about chewing tobacco and snuff were combined in the tobacco module for the QFT questionnaire. This change was intended to increase efficiency in collecting age of first use, recency, and frequency of smokeless tobacco use. In addition, this section in the QFT questionnaire no longer collected data on the brand of smokeless tobacco that the respondent has used. As expected, the efficiencies produced by these changes to the QFT questionnaire resulted in a slightly lower mean timing for this module among QFT respondents (1.83) compared with the 2011 comparison respondents (2.02) and the 2012 quarters 3 and 4 comparison respondents (1.96).

As ***Tables 4.10g*** through ***4.10j*** indicate, older respondents generally took more time than younger respondents to complete the four prescription drug module screeners—pain relievers, tranquilizers, stimulants, and sedatives. The new screeners included in the QFT questionnaire asked respondents to report any past year use of prescription pain relievers, tranquilizers, stimulants, and sedatives. These screener questions then asked respondents to report all use of

[16] To aid in their readability, ***Tables 4.10a*** through ***4.10v*** appear together at the end of this discussion in ***Section 4.5.2***.

drugs in each category, both those that were prescribed and those that were misused. The mean pain relievers screener administration time was nearly 2½ minutes, which was the longest of the four screeners. Because the prescription drug screeners were new in the QFT instrument, timing data for these sections cannot be compared with the 2011 and 2012 quarters 3 and 4 comparison interviews.

In the QFT instrument, the four prescription drug main modules followed the screeners and asked, for each drug used in the past year, whether respondents misused any of them. Respondents who reported never using a particular class of drug in the past year skip the main module and are excluded from the timing data for the four prescription drug main modules presented in presented in ***Tables 4.10k*** through ***4.10v***. These tables provide timing results for the prescription drug main modules for the QFT interviews, 2011 comparison interviews, and 2012 quarters 3 and 4 comparison interviews. Among QFT respondents who answered questions in the pain reliever, tranquilizer, and stimulant main modules, those aged 18 to 25 had the longest mean administration times (***Table 4.10k***). This finding did not hold in the 2011 and 2012 quarters 3 and 4 comparison samples, where respondents aged 65 or older generally had the longest mean administration times for these prescription drug modules among all age groups (***Tables 4.10l*** and ***4.10m***). For the sedatives main module, respondents aged 65 or older had the longest mean administration times among all age groups for the QFT interviews, 2011 comparison interviews, and 2012 quarters 3 and 4 comparison interviews (***Tables 4.10t***, ***4.10u***, and ***4.10v***).

Overall, excluding the new prescription drug screeners, the mean timings for each of the four prescription drug main modules were lower for QFT respondents than for the 2011 and 2012 quarters 3 and 4 comparison respondents. As noted in ***Section 4.5.1.1***, the redesign of the prescription drug modules was a major factor in increasing the overall burden on respondents aged 65 or older in completing this questionnaire. Based on the QFT timing data, the additional amount of time that respondents aged 65 or older took to complete the partially redesigned questionnaire was significantly longer—about 8 minutes longer—than in the 2011 and 2012 comparison data interviews.

Table 4.10a Unweighted Overall Interview Timing Data for the Questionnaire Field Test Protocol in Minutes, in Total and by Age Groups: All QFT Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records[1,2]	38	2	23	12	1	0
Summary Statistics (Minutes)[1]						
Mean	59.53	59.56	54.26	57.39	66.24	80.24
Variance	390.36	246.82	269.00	375.11	424.96	862.65
Standard Deviation	19.76	15.71	16.40	19.37	20.61	29.37
Quartiles						
Maximum	228.47	170.48	140.88	191.52	149.88	228.47
Q3	68.27	67.95	62.92	65.90	76.67	88.07
Median	55.99	57.17	50.80	53.90	62.25	74.45
Q1	46.08	48.53	42.73	44.01	51.97	62.22
Minimum	30.13	31.52	30.13	30.13	34.70	39.97
Mode	47.20	64.30	49.72	39.22	.	64.95
Range	198.33	138.97	110.75	161.38	115.18	188.50
Percentiles						
99%	122.97	106.88	113.00	121.88	126.15	174.25
95%	95.23	85.78	82.88	94.83	106.90	148.20
90%	82.98	79.33	74.25	80.87	94.50	112.32
10%	39.07	42.40	36.73	37.63	42.72	53.98
5%	35.97	38.88	33.40	34.78	40.27	48.32
1%	31.45	34.65	30.48	31.32	35.93	41.77
Extremes						
5 Highest (Highest)	228.47	170.48	140.88	191.52	149.88	228.47
	191.52	135.07	125.35	171.93	126.15	174.25
	174.25	115.90	120.50	148.27	122.97	173.52
	173.52	115.13	116.13	129.47	119.97	168.10
	171.93	107.18	113.00	125.18	119.63	160.88
5 Lowest	30.43	34.52	30.48	31.05	38.07	47.02
	30.30	34.05	30.45	30.85	37.65	46.17
	30.13	33.28	30.45	30.30	36.72	42.87
	30.13	33.20	30.43	30.13	35.93	41.77
(Lowest)	30.13	31.52	30.13	30.13	34.70	39.97

Q = quarter; QFT = Questionnaire Field Test.

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

[2] Because the QFT interviews included a higher number of cases with extreme values, which were excluded from this ***Table 4.10*** series of tables (as indicated in footnote 1), the overall mean and median timings for the QFT, 2011 comparison data, and 2012 comparison data interviews were also calculated with the extreme values included. Including the extreme cases had minimal impact on the overall mean and median interview times for the 2011 and 2012 comparison data. The impact on the overall mean and median interview times for the QFT was somewhat greater, resulting in decreases of about 0.5 minutes for both the overall mean and median timing. Given that including the extreme cases resulted in slightly *decreased* overall mean and median interview times for the QFT, including the extreme cases would lead to similar conclusions as those drawn from comparing the QFT timing data with the 2011 and 2012 comparison data interviews with the extreme cases excluded.

Table 4.10b Unweighted Overall Interview Timing Data for the 2011 Comparison Protocol in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,747	22,376	21,582	14,279	4,673	2,837
Extreme/Missing Records[1]	181	43	80	41	11	6
Summary Statistics (Minutes)[1]						
Mean	61.37	60.74	59.27	61.54	66.96	72.32
Variance	288.36	230.79	263.23	307.81	399.00	445.89
Standard Deviation	16.98	15.19	16.22	17.54	19.97	21.12
Quartiles						
Maximum	236.17	236.17	234.93	222.57	218.43	194.58
Q3	69.70	68.67	67.28	69.83	76.68	83.07
Median	58.62	58.70	56.58	58.55	63.13	68.43
Q1	49.67	50.22	48.05	49.43	52.87	57.25
Minimum	30.02	30.23	30.02	30.12	30.65	32.05
Mode	55.73	49.92	52.95	54.15	58.20	54.38
Range	206.15	205.93	204.92	192.45	187.78	162.53
Percentiles						
99%	115.32	105.90	110.25	117.50	131.70	137.32
95%	92.32	87.68	88.77	94.33	105.55	110.52
90%	82.73	80.00	79.78	83.83	93.25	99.53
10%	43.03	43.73	41.68	42.92	45.57	48.88
5%	39.80	40.50	38.58	39.62	42.03	44.72
1%	34.52	35.02	33.70	34.08	36.63	38.05
Extremes						
5 Highest (Highest)	236.17	236.17	234.93	222.57	218.43	194.58
	234.93	228.00	222.63	212.67	215.88	191.63
	228.00	220.82	215.25	211.48	169.97	183.68
	222.63	209.50	209.02	205.88	165.40	177.35
	222.57	207.32	208.87	194.20	163.03	173.73
5 Lowest	30.08	30.45	30.08	30.35	32.33	33.63
	30.07	30.35	30.07	30.25	32.12	32.75
	30.05	30.28	30.05	30.23	31.88	32.40
	30.05	30.28	30.05	30.13	31.45	32.35
(Lowest)	30.02	30.23	30.02	30.12	30.65	32.05

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10c Unweighted Overall Interview Timing Data for the 2012 Comparison Protocol in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,084	10,438	10,267	6,826	2,189	1,364
Extreme/Missing Records[1]	129	27	69	25	5	3
Summary Statistics (Minutes)[1]						
Mean	60.97	60.51	58.59	60.87	67.30	72.70
Variance	291.15	242.33	253.74	306.08	385.92	474.65
Standard Deviation	17.06	15.57	15.93	17.50	19.64	21.79
Quartiles						
Maximum	237.43	237.43	229.95	227.67	202.00	218.40
Q3	69.42	68.53	66.67	69.60	76.93	85.14
Median	58.30	58.55	56.05	57.88	63.97	69.39
Q1	49.12	49.78	47.63	48.73	53.72	57.28
Minimum	30.02	30.55	30.02	30.03	30.80	31.97
Mode	52.28	47.22	50.53	52.13	45.90	43.58
Range	207.42	206.88	199.93	197.63	171.20	186.43
Percentiles						
99%	115.67	107.68	108.98	116.32	130.68	140.08
95%	91.90	87.53	87.58	93.32	102.50	111.08
90%	82.23	79.63	78.57	82.43	92.83	100.07
10%	42.52	43.33	41.30	42.13	45.77	48.62
5%	39.02	39.88	37.88	38.53	42.02	43.58
1%	33.97	34.68	33.55	33.77	35.77	35.55
Extremes						
5 Highest (Highest)	237.43	237.43	229.95	227.67	202.00	218.40
	229.95	228.20	187.40	204.18	196.90	217.73
	228.20	225.62	186.87	195.47	179.37	170.68
	227.67	221.42	178.53	170.45	167.33	167.10
	225.62	215.20	174.98	168.27	165.27	159.80
5 Lowest	30.12	30.70	30.13	30.57	32.47	33.32
	30.07	30.70	30.12	30.55	32.42	33.18
	30.05	30.63	30.12	30.38	32.18	33.07
	30.03	30.55	30.07	30.05	32.05	32.43
(Lowest)	30.02	30.55	30.02	30.03	30.80	31.97

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10d Unweighted Overall Interview Timing Data for the QFT Tobacco Module in Minutes, in Total and by Age Groups: All QFT Respondents Answering LEADCIG

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records[1]	38	2	23	12	1	0
Summary Statistics (Minutes)[1]						
Mean	1.83	1.41	1.85	1.89	2.24	2.57
Variance	2.09	0.86	2.10	2.35	3.07	2.89
Standard Deviation	1.45	0.93	1.45	1.53	1.75	1.70
Quartiles						
Maximum	21.68	8.05	13.97	21.68	13.47	11.15
Q3	2.40	1.58	2.63	2.50	3.00	3.27
Median	1.43	1.13	1.53	1.62	1.67	2.20
Q1	0.88	0.85	0.75	0.89	1.07	1.57
Minimum	0.20	0.35	0.22	0.20	0.28	0.32
Mode	0.73	1.10	0.28	0.38	0.83	1.87
Range	21.48	7.70	13.75	21.48	13.18	10.83
Percentiles						
99%	6.65	4.95	5.97	6.82	8.68	8.97
95%	4.25	3.50	4.10	4.37	5.22	5.70
90%	3.62	2.58	3.77	3.52	4.23	4.68
10%	0.53	0.65	0.43	0.43	0.70	0.73
5%	0.40	0.57	0.33	0.37	0.57	0.58
1%	0.28	0.43	0.25	0.25	0.32	0.40
Extremes						
5 Highest (Highest)	21.68	8.05	13.97	21.68	13.47	11.15
	13.97	5.52	11.98	10.53	8.68	8.97
	13.47	5.43	6.00	8.27	8.20	7.32
	11.98	5.42	5.98	7.07	8.15	6.83
	11.15	5.37	5.97	7.07	6.80	6.58
5 Lowest	0.23	0.42	0.25	0.23	0.43	0.53
	0.22	0.42	0.25	0.23	0.35	0.50
	0.22	0.40	0.25	0.22	0.33	0.42
	0.22	0.38	0.23	0.22	0.32	0.40
(Lowest)	0.20	0.35	0.22	0.20	0.28	0.32

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10e Unweighted Overall Interview Timing Data for the 2011 Tobacco Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents Answering LEADCIG

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,737	22,369	21,580	14,278	4,673	2,837
Extreme/Missing Records[1]	181	42	80	41	11	6
Summary Statistics (Minutes)[1]						
Mean	2.02	1.77	2.06	2.06	2.41	2.82
Variance	2.12	1.40	2.28	2.05	3.31	3.53
Standard Deviation	1.46	1.18	1.51	1.43	1.82	1.88
Quartiles						
Maximum	28.68	22.08	24.88	24.10	28.68	25.37
Q3	2.60	2.13	2.83	2.68	3.00	3.52
Median	1.70	1.48	1.77	1.78	2.02	2.33
Q1	1.02	0.97	0.90	1.07	1.30	1.67
Minimum	0.07	0.18	0.08	0.07	0.13	0.20
Mode	0.83	0.83	0.42	1.40	1.48	2.10
Range	28.62	21.90	24.80	24.03	28.55	25.17
Percentiles						
99%	6.93	6.30	6.85	6.98	8.25	9.25
95%	4.70	4.08	4.82	4.58	5.45	6.13
90%	3.80	3.08	3.98	3.75	4.40	5.00
10%	0.63	0.70	0.50	0.60	0.75	1.05
5%	0.48	0.60	0.38	0.47	0.57	0.78
1%	0.32	0.47	0.25	0.32	0.38	0.52
Extremes						
5 Highest (Highest)	28.68	22.08	24.88	24.10	28.68	25.37
	27.12	19.32	24.17	23.98	27.12	23.93
	25.37	15.23	21.58	23.52	24.93	20.32
	24.93	13.78	21.27	16.47	22.45	17.77
	24.88	12.62	15.80	13.70	22.25	15.12
5 Lowest	0.12	0.27	0.12	0.17	0.18	0.35
	0.10	0.27	0.12	0.15	0.17	0.32
	0.10	0.27	0.12	0.12	0.17	0.30
	0.08	0.23	0.10	0.10	0.13	0.27
(Lowest)	0.07	0.18	0.08	0.07	0.13	0.20

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10f Unweighted Overall Interview Timing Data for the 2012 Tobacco Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,055	10,424	10,261	6,820	2,188	1,362
Extreme/Missing Records[1]	129	27	69	25	5	3
Summary Statistics (Minutes)[1]						
Mean	1.96	1.70	1.96	2.02	2.39	2.85
Variance	1.87	1.19	1.99	1.84	2.91	3.10
Standard Deviation	1.37	1.09	1.41	1.36	1.71	1.76
Quartiles						
Maximum	22.43	17.28	16.20	20.60	22.43	16.95
Q3	2.52	2.08	2.70	2.63	3.02	3.63
Median	1.67	1.45	1.67	1.75	2.00	2.38
Q1	0.98	0.97	0.83	1.07	1.30	1.72
Minimum	0.12	0.27	0.12	0.13	0.12	0.13
Mode	0.82	0.82	0.43	0.50	1.75	2.07
Range	22.32	17.02	16.08	20.47	22.32	16.82
Percentiles						
99%	6.63	5.63	6.45	6.50	8.53	8.85
95%	4.57	3.75	4.60	4.57	5.52	6.07
90%	3.68	2.88	3.83	3.70	4.38	5.10
10%	0.62	0.72	0.47	0.60	0.77	1.07
5%	0.47	0.60	0.37	0.45	0.57	0.80
1%	0.30	0.47	0.25	0.30	0.38	0.52
Extremes						
5 Highest (Highest)	22.43	17.28	16.20	20.60	22.43	16.95
	20.60	14.93	13.18	11.78	13.42	16.27
	17.28	13.65	12.28	10.98	13.27	12.13
	16.95	11.53	10.77	10.83	13.12	10.52
	16.27	11.25	10.25	10.70	12.77	10.45
5 Lowest	0.13	0.30	0.17	0.18	0.28	0.43
	0.13	0.30	0.17	0.18	0.27	0.35
	0.13	0.28	0.15	0.18	0.27	0.35
	0.12	0.27	0.13	0.17	0.23	0.28
(Lowest)	0.12	0.27	0.12	0.13	0.12	0.13

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10g Unweighted Overall Interview Timing Data for the QFT Pain Relievers Screener in Minutes, in Total and by Age Groups: All Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records[1]	38	2	23	12	1	0
Summary Statistics (Minutes)[1]						
Mean	2.42	2.35	1.98	2.28	2.91	4.28
Variance	3.09	1.53	0.90	1.64	3.53	20.12
Standard Deviation	1.76	1.24	0.95	1.28	1.88	4.49
Quartiles						
Maximum	43.75	9.47	10.13	12.58	12.27	43.75
Q3	2.72	2.68	2.28	2.61	3.17	4.28
Median	2.03	2.03	1.78	1.98	2.42	3.05
Q1	1.57	1.60	1.43	1.53	1.85	2.38
Minimum	0.43	0.78	0.43	0.60	0.90	1.20
Mode	1.83	1.40	1.50	1.83	1.90	3.05
Range	43.32	8.68	9.70	11.98	11.37	42.55
Percentiles						
99%	9.18	7.95	5.45	8.77	12.22	19.43
95%	4.72	4.70	3.50	4.33	6.80	10.45
90%	3.70	3.70	2.95	3.50	4.58	8.03
10%	1.27	1.30	1.13	1.25	1.50	1.97
5%	1.10	1.10	1.00	1.12	1.38	1.83
1%	0.85	0.88	0.72	0.90	1.07	1.45
Extremes						
5 Highest (Highest)	43.75	9.47	10.13	12.58	12.27	43.75
	19.43	9.30	8.27	11.82	12.22	19.43
	16.03	8.78	7.28	10.53	11.02	16.03
	12.58	8.48	5.60	9.43	9.18	12.25
	12.27	8.27	5.45	9.38	9.03	11.83
5 Lowest	0.68	0.87	0.72	0.88	1.30	1.70
	0.62	0.85	0.68	0.80	1.18	1.68
	0.60	0.82	0.62	0.75	1.13	1.52
	0.50	0.82	0.50	0.75	1.07	1.45
(Lowest)	0.43	0.78	0.43	0.60	0.90	1.20

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10h Unweighted Overall Interview Timing Data for the QFT Tranquilizer Screener in Minutes, in Total and by Age Groups: All Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records[1]	38	2	23	12	1	0
Summary Statistics (Minutes)[1]						
Mean	0.88	0.81	0.70	0.85	1.14	1.69
Variance	0.57	0.34	0.34	0.42	0.83	1.85
Standard Deviation	0.75	0.59	0.58	0.65	0.91	1.36
Quartiles						
Maximum	9.85	6.28	9.85	8.02	5.23	8.33
Q3	1.00	0.92	0.78	0.95	1.23	1.85
Median	0.70	0.67	0.58	0.70	0.92	1.27
Q1	0.52	0.50	0.47	0.53	0.70	0.88
Minimum	0.15	0.20	0.15	0.15	0.30	0.48
Mode	0.57	0.57	0.47	0.58	0.97	1.23
Range	9.70	6.08	9.70	7.87	4.93	7.85
Percentiles						
99%	4.97	3.27	2.25	3.30	5.20	7.90
95%	1.87	1.68	1.35	1.75	2.68	4.97
90%	1.42	1.30	1.12	1.35	1.75	3.60
10%	0.40	0.38	0.37	0.42	0.48	0.75
5%	0.35	0.33	0.30	0.35	0.42	0.65
1%	0.27	0.27	0.22	0.28	0.33	0.52
Extremes						
5 Highest (Highest)	9.85	6.28	9.85	8.02	5.23	8.33
	8.33	5.98	5.10	6.95	5.20	7.90
	8.02	4.70	2.95	6.12	5.18	5.15
	7.90	3.85	2.50	5.10	5.18	5.13
	6.95	3.67	2.25	4.67	5.10	5.07
5 Lowest	0.20	0.27	0.22	0.27	0.38	0.63
	0.18	0.23	0.22	0.27	0.37	0.62
	0.17	0.22	0.18	0.27	0.35	0.53
	0.15	0.22	0.17	0.23	0.33	0.52
(Lowest)	0.15	0.20	0.15	0.15	0.30	0.48

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10i Unweighted Overall Interview Timing Data for the QFT Stimulant Screener in Minutes, in Total and by Age Groups: All Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records[1]	38	2	23	12	1	0
Summary Statistics (Minutes)[1]						
Mean	0.92	0.83	0.72	0.89	1.20	1.71
Variance	0.62	0.30	0.16	0.70	1.04	1.82
Standard Deviation	0.79	0.55	0.39	0.84	1.02	1.35
Quartiles						
Maximum	16.55	5.52	3.55	16.55	5.83	6.53
Q3	1.03	0.98	0.83	1.02	1.25	1.73
Median	0.75	0.72	0.63	0.75	0.93	1.27
Q1	0.55	0.52	0.47	0.57	0.70	0.95
Minimum	0.15	0.17	0.17	0.15	0.30	0.47
Mode	0.57	0.58	0.53	0.63	0.93	1.55
Range	16.40	5.35	3.38	16.40	5.53	6.07
Percentiles						
99%	5.23	3.08	2.22	4.38	5.58	6.22
95%	1.85	1.72	1.47	1.75	4.18	5.42
90%	1.47	1.35	1.15	1.35	1.72	3.25
10%	0.40	0.40	0.35	0.42	0.57	0.82
5%	0.35	0.33	0.30	0.35	0.50	0.72
1%	0.25	0.25	0.18	0.25	0.32	0.47
Extremes						
5 Highest (Highest)	16.55	5.52	3.55	16.55	5.83	6.53
	6.53	5.13	2.90	5.85	5.58	6.22
	6.22	3.80	2.68	5.53	5.53	6.05
	6.05	3.58	2.55	5.42	5.25	5.90
	5.90	3.42	2.22	4.98	5.25	5.50
5 Lowest	0.17	0.23	0.18	0.22	0.40	0.62
	0.17	0.23	0.17	0.22	0.38	0.58
	0.17	0.22	0.17	0.22	0.35	0.58
	0.17	0.22	0.17	0.22	0.32	0.47
(Lowest)	0.15	0.17	0.17	0.15	0.30	0.47

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10j Unweighted Overall Interview Timing Data for the QFT Sedative Screener in Minutes, in Total and by Age Groups: All Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,006	539	481	668	189	129
Extreme/Missing Records[1]	38	2	23	12	1	0
Summary Statistics (Minutes)[1]						
Mean	0.81	0.73	0.61	0.77	1.10	1.62
Variance	0.47	0.25	0.14	0.43	0.81	1.43
Standard Deviation	0.69	0.50	0.37	0.65	0.90	1.20
Quartiles						
Maximum	11.77	5.35	4.47	11.77	4.92	6.42
Q3	0.93	0.87	0.72	0.87	1.17	1.67
Median	0.63	0.60	0.53	0.65	0.83	1.25
Q1	0.47	0.43	0.40	0.48	0.67	0.97
Minimum	0.07	0.13	0.07	0.12	0.23	0.45
Mode	0.57	0.40	0.57	0.57	0.83	0.87
Range	11.70	5.22	4.40	11.65	4.68	5.97
Percentiles						
99%	4.55	2.62	2.08	2.42	4.92	6.13
95%	1.72	1.63	1.17	1.58	3.65	4.80
90%	1.35	1.28	0.97	1.27	1.47	3.47
10%	0.35	0.33	0.30	0.37	0.50	0.72
5%	0.28	0.28	0.25	0.30	0.43	0.60
1%	0.20	0.20	0.15	0.22	0.30	0.50
Extremes						
5 Highest (Highest)	11.77	5.35	4.47	11.77	4.92	6.42
	6.42	4.57	2.62	4.87	4.92	6.13
	6.13	3.52	2.13	4.65	4.85	4.92
	5.35	3.38	2.10	4.42	4.85	4.87
	4.92	2.87	2.08	4.10	4.75	4.82
5 Lowest	0.13	0.18	0.15	0.22	0.38	0.55
	0.13	0.17	0.15	0.17	0.37	0.55
	0.13	0.17	0.15	0.17	0.32	0.55
	0.12	0.15	0.13	0.13	0.30	0.50
(Lowest)	0.07	0.13	0.07	0.12	0.23	0.45

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10k Unweighted Overall Interview Timing Data for the Pain Reliever Module in Minutes, in Total and by Age Groups: All QFT Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,150	171	274	476	142	87
Extreme/Missing Records[1]	894	2	23	12	1	0
Summary Statistics (Minutes)[1]						
Mean	1.05	1.03	1.31	0.94	0.88	1.21
Variance	1.73	1.42	2.63	1.55	0.78	1.72
Standard Deviation	1.31	1.19	1.62	1.25	0.88	1.31
Quartiles						
Maximum	12.65	7.58	12.65	11.85	8.02	11.22
Q3	1.10	1.10	1.70	0.98	1.00	1.33
Median	0.65	0.62	0.67	0.58	0.69	0.95
Q1	0.37	0.43	0.35	0.32	0.47	0.58
Minimum	0.07	0.08	0.07	0.07	0.13	0.17
Mode	0.23	0.45	0.28	0.23	0.40	0.42
Range	12.58	7.50	12.58	11.78	7.88	11.05
Percentiles						
99%	7.20	7.20	8.28	5.95	5.27	11.22
95%	3.62	3.32	4.03	3.50	1.82	2.97
90%	2.48	2.50	3.53	1.85	1.38	2.10
10%	0.22	0.23	0.22	0.18	0.28	0.42
5%	0.15	0.17	0.13	0.15	0.23	0.33
1%	0.10	0.10	0.10	0.10	0.13	0.17
Extremes						
5 Highest (Highest)	12.65	7.58	12.65	11.85	8.02	11.22
	11.85	7.20	8.28	10.13	5.27	4.48
	11.22	6.62	8.28	8.52	3.47	3.37
	10.13	4.45	7.57	8.12	3.45	2.98
	8.52	4.38	6.77	5.95	2.22	2.97
5 Lowest	0.10	0.15	0.10	0.10	0.22	0.33
	0.08	0.13	0.10	0.10	0.18	0.28
	0.07	0.13	0.10	0.10	0.17	0.27
	0.07	0.10	0.07	0.10	0.13	0.20
(Lowest)	0.07	0.08	0.07	0.07	0.13	0.17

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10l Unweighted Overall Interview Timing Data for the Pain Reliever Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,745	22,375	21,581	14,279	4,673	2,837
Extreme/Missing Records[1]	183	43	80	41	11	6
Summary Statistics (Minutes)[1]						
Mean	2.09	2.17	2.00	1.99	2.19	2.49
Variance	1.37	1.34	1.33	1.31	1.49	1.59
Standard Deviation	1.17	1.16	1.15	1.14	1.22	1.26
Quartiles						
Maximum	37.20	37.20	22.28	27.05	22.83	21.92
Q3	2.57	2.65	2.45	2.40	2.60	3.02
Median	1.90	2.02	1.78	1.78	1.97	2.33
Q1	1.37	1.47	1.27	1.30	1.47	1.77
Minimum	0.02	0.02	0.05	0.08	0.08	0.07
Mode	1.67	1.95	1.57	1.58	1.78	1.90
Range	37.18	37.18	22.23	26.97	22.75	21.85
Percentiles						
99%	6.02	5.93	5.93	5.83	6.72	6.77
95%	3.97	3.97	3.98	3.88	4.12	4.20
90%	3.30	3.33	3.28	3.18	3.33	3.57
10%	0.98	1.03	0.90	0.95	1.10	1.33
5%	0.77	0.78	0.70	0.78	0.93	1.05
1%	0.40	0.38	0.33	0.47	0.53	0.63
Extremes						
5 Highest (Highest)	37.20	37.20	22.28	27.05	22.83	21.92
	36.30	36.30	21.43	26.02	16.05	20.18
	27.05	21.02	19.03	22.88	15.05	16.33
	26.02	19.70	18.05	20.85	14.95	15.55
	22.88	18.47	17.65	17.60	12.23	12.68
5 Lowest	0.05	0.05	0.07	0.13	0.18	0.10
	0.05	0.05	0.07	0.12	0.12	0.10
	0.05	0.05	0.07	0.12	0.12	0.10
	0.05	0.05	0.07	0.10	0.10	0.08
(Lowest)	0.02	0.02	0.05	0.08	0.08	0.07

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10m Unweighted Overall Interview Timing Data for the Pain Reliever Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,084	10,438	10,267	6,826	2,189	1,364
Extreme/Missing Records[1]	129	27	69	25	5	3
Summary Statistics (Minutes)[1]						
Mean	2.08	2.18	1.95	1.99	2.23	2.48
Variance	1.23	1.24	1.19	1.20	1.22	1.14
Standard Deviation	1.11	1.11	1.09	1.10	1.11	1.07
Quartiles						
Maximum	21.67	21.23	18.00	21.67	17.90	12.55
Q3	2.55	2.67	2.38	2.42	2.68	3.05
Median	1.88	2.03	1.73	1.78	2.03	2.33
Q1	1.37	1.50	1.25	1.30	1.55	1.77
Minimum	0.03	0.07	0.03	0.10	0.20	0.20
Mode	1.63	1.80	1.30	1.48	1.78	2.02
Range	21.63	21.17	17.97	21.57	17.70	12.35
Percentiles						
99%	5.85	5.98	5.68	5.82	6.33	5.85
95%	3.90	3.90	3.88	3.78	4.03	4.13
90%	3.28	3.32	3.20	3.22	3.38	3.60
10%	1.00	1.05	0.90	0.98	1.17	1.35
5%	0.78	0.78	0.72	0.80	0.97	1.15
1%	0.42	0.38	0.38	0.45	0.63	0.77
Extremes						
5 Highest (Highest)	21.67	21.23	18.00	21.67	17.90	12.55
	21.23	18.42	17.10	17.82	13.98	11.50
	18.42	14.80	13.52	13.03	8.78	10.15
	18.00	14.73	11.97	12.13	8.08	9.17
	17.90	14.13	11.78	10.60	7.73	7.58
5 Lowest	0.10	0.12	0.12	0.15	0.48	0.48
	0.08	0.10	0.10	0.12	0.47	0.45
	0.08	0.10	0.10	0.12	0.43	0.42
	0.07	0.08	0.08	0.10	0.38	0.32
(Lowest)	0.03	0.07	0.03	0.10	0.20	0.20

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10n Unweighted Overall Interview Timing Data for the Tranquilizer Module in Minutes, in Total and by Age Groups: All QFT Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	417	33	96	196	52	40
Extreme/Missing Records[1]	1,627	2	23	12	1	0
Summary Statistics (Minutes)[1]						
Mean	0.75	0.98	1.13	0.56	0.58	0.76
Variance	0.80	0.96	1.40	0.58	0.35	0.28
Standard Deviation	0.89	0.98	1.18	0.76	0.59	0.53
Quartiles						
Maximum	6.45	3.78	6.38	6.45	2.93	2.93
Q3	0.80	1.48	1.71	0.53	0.64	0.98
Median	0.40	0.40	0.57	0.33	0.41	0.64
Q1	0.25	0.30	0.31	0.20	0.26	0.42
Minimum	0.05	0.07	0.05	0.05	0.07	0.17
Mode	0.17	0.33	0.25	0.17	0.47	0.70
Range	6.40	3.72	6.33	6.40	2.87	2.77
Percentiles						
99%	4.05	3.78	6.38	4.05	2.93	2.93
95%	2.60	3.25	3.40	2.08	2.32	1.73
90%	1.95	2.30	2.60	1.38	1.03	1.39
10%	0.15	0.15	0.22	0.13	0.15	0.23
5%	0.12	0.12	0.12	0.10	0.08	0.18
1%	0.07	0.07	0.05	0.07	0.07	0.17
Extremes						
5 Highest (Highest)	6.45	3.78	6.38	6.45	2.93	2.93
	6.38	3.25	4.73	4.05	2.62	1.77
	4.73	2.43	4.62	3.97	2.32	1.70
	4.62	2.30	3.57	2.95	1.52	1.57
	4.05	2.15	3.40	2.67	1.10	1.22
5 Lowest	0.07	0.20	0.12	0.08	0.10	0.25
	0.07	0.15	0.12	0.07	0.08	0.22
	0.07	0.13	0.10	0.07	0.08	0.20
	0.05	0.12	0.08	0.07	0.08	0.17
(Lowest)	0.05	0.07	0.05	0.05	0.07	0.17

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10o Unweighted Overall Interview Timing Data for the Tranquilizer Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,744	22,374	21,581	14,279	4,673	2,837
Extreme/Missing Records[1]	184	43	80	41	11	6
Summary Statistics (Minutes)[1]						
Mean	1.15	1.19	1.04	1.11	1.30	1.63
Variance	0.58	0.50	0.60	0.53	0.62	0.89
Standard Deviation	0.76	0.71	0.78	0.73	0.79	0.94
Quartiles						
Maximum	39.18	10.97	39.18	11.18	11.60	15.40
Q3	1.48	1.55	1.32	1.40	1.65	2.15
Median	0.98	1.05	0.87	0.93	1.12	1.47
Q1	0.65	0.68	0.57	0.63	0.77	0.98
Minimum	0.02	0.02	0.02	0.03	0.07	0.07
Mode	0.73	0.65	0.55	0.82	0.73	1.20
Range	39.17	10.95	39.17	11.15	11.53	15.33
Percentiles						
99%	3.48	3.35	3.30	3.57	3.93	4.50
95%	2.48	2.43	2.32	2.40	2.68	2.93
90%	2.07	2.10	1.90	1.97	2.35	2.68
10%	0.43	0.45	0.38	0.43	0.53	0.67
5%	0.33	0.35	0.30	0.35	0.42	0.53
1%	0.18	0.17	0.17	0.22	0.25	0.27
Extremes						
5 Highest (Highest)	39.18	10.97	39.18	11.18	11.60	15.40
	22.78	10.27	22.78	10.58	8.87	9.52
	22.18	9.27	22.18	10.13	7.73	9.00
	15.40	9.03	14.77	8.57	7.60	8.42
	14.77	8.63	13.27	8.40	7.53	8.35
5 Lowest	0.03	0.05	0.05	0.07	0.12	0.08
	0.03	0.05	0.03	0.07	0.10	0.08
	0.03	0.03	0.03	0.05	0.10	0.08
	0.02	0.03	0.03	0.05	0.08	0.07
(Lowest)	0.02	0.02	0.02	0.03	0.07	0.07

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10p Unweighted Overall Interview Timing Data for the Tranquilizer Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,084	10,438	10,267	6,826	2,189	1,364
Extreme/Missing Records[1]	129	27	69	25	5	3
Summary Statistics (Minutes)[1]						
Mean	1.15	1.21	1.02	1.10	1.31	1.67
Variance	0.56	0.51	0.42	0.66	0.55	1.06
Standard Deviation	0.75	0.71	0.65	0.81	0.74	1.03
Quartiles						
Maximum	27.42	16.67	8.03	27.42	7.45	22.12
Q3	1.48	1.60	1.28	1.37	1.72	2.27
Median	0.98	1.08	0.87	0.93	1.13	1.52
Q1	0.65	0.72	0.58	0.63	0.77	0.98
Minimum	0.03	0.03	0.05	0.03	0.12	0.13
Mode	0.63	0.82	0.63	0.70	1.08	1.72
Range	27.38	16.63	7.98	27.38	7.33	21.98
Percentiles						
99%	3.35	3.23	3.25	3.38	3.62	4.27
95%	2.48	2.48	2.23	2.37	2.65	2.90
90%	2.07	2.13	1.83	1.92	2.32	2.70
10%	0.43	0.47	0.38	0.43	0.55	0.67
5%	0.33	0.35	0.30	0.35	0.43	0.53
1%	0.18	0.18	0.17	0.22	0.28	0.32
Extremes						
5 Highest (Highest)	27.42	16.67	8.03	27.42	7.45	22.12
	26.75	8.82	7.80	26.75	7.25	7.95
	22.12	7.28	6.42	8.43	6.58	7.95
	16.67	6.60	5.70	7.28	5.75	6.38
	8.82	6.50	5.67	6.72	5.13	6.30
5 Lowest	0.05	0.07	0.07	0.10	0.20	0.18
	0.05	0.05	0.05	0.08	0.20	0.18
	0.03	0.05	0.05	0.07	0.15	0.18
	0.03	0.05	0.05	0.03	0.15	0.15
(Lowest)	0.03	0.03	0.05	0.03	0.12	0.13

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10q Unweighted Overall Interview Timing Data for the Stimulants Module in Minutes, in Total and by Age Groups: All QFT Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	256	37	97	94	17	11
Extreme/Missing Records[1]	1,788	2	23	12	1	0
Summary Statistics (Minutes)[1]						
Mean	0.82	0.97	1.15	0.47	0.66	0.64
Variance	1.04	0.81	1.28	0.83	0.61	0.11
Standard Deviation	1.02	0.90	1.13	0.91	0.78	0.33
Quartiles						
Maximum	7.97	3.98	4.02	7.97	3.20	1.32
Q3	1.06	1.15	1.95	0.47	0.73	0.77
Median	0.38	0.65	0.58	0.23	0.45	0.62
Q1	0.20	0.38	0.20	0.17	0.22	0.37
Minimum	0.02	0.10	0.08	0.02	0.05	0.18
Mode	0.17	0.22	0.25	0.17	0.45	0.77
Range	7.95	3.88	3.93	7.95	3.15	1.13
Percentiles						
99%	3.98	3.98	4.02	7.97	3.20	1.32
95%	3.12	3.20	3.42	1.38	3.20	1.32
90%	2.25	2.10	2.98	0.83	1.63	0.98
10%	0.12	0.22	0.13	0.08	0.07	0.25
5%	0.08	0.12	0.10	0.07	0.05	0.18
1%	0.05	0.10	0.08	0.02	0.05	0.18
Extremes						
5 Highest (Highest)	7.97	3.98	4.02	7.97	3.20	1.32
	4.02	3.20	3.98	3.50	1.63	0.98
	3.98	3.03	3.65	1.87	1.18	0.77
	3.98	2.10	3.48	1.43	0.87	0.77
	3.65	1.82	3.42	1.38	0.73	0.68
5 Lowest	0.07	0.23	0.10	0.07	0.22	0.58
	0.05	0.22	0.10	0.07	0.13	0.52
	0.05	0.22	0.10	0.05	0.12	0.37
	0.03	0.12	0.08	0.03	0.07	0.25
(Lowest)	0.02	0.10	0.08	0.02	0.05	0.18

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10r Unweighted Overall Interview Timing Data for the Stimulants Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,744	22,375	21,580	14,279	4,673	2,837
Extreme/Missing Records[1]	184	43	80	41	11	6
Summary Statistics (Minutes)[1]						
Mean	1.16	1.20	1.04	1.12	1.37	1.66
Variance	0.65	0.61	0.56	0.64	0.87	0.99
Standard Deviation	0.81	0.78	0.75	0.80	0.93	0.99
Quartiles						
Maximum	30.18	16.17	25.07	30.18	17.23	12.02
Q3	1.50	1.58	1.32	1.40	1.73	2.23
Median	0.97	1.03	0.85	0.93	1.15	1.43
Q1	0.62	0.63	0.57	0.62	0.75	0.95
Minimum	0.02	0.02	0.03	0.03	0.05	0.02
Mode	0.73	0.67	0.58	0.73	0.73	1.02
Range	30.17	16.15	25.03	30.15	17.18	12.00
Percentiles						
99%	3.57	3.45	3.43	3.53	4.27	4.55
95%	2.70	2.67	2.42	2.55	3.00	3.18
90%	2.18	2.23	1.95	2.03	2.58	3.03
10%	0.42	0.42	0.37	0.42	0.52	0.62
5%	0.32	0.30	0.28	0.33	0.40	0.48
1%	0.17	0.15	0.15	0.20	0.23	0.23
Extremes						
5 Highest (Highest)	30.18	16.17	25.07	30.18	17.23	12.02
	25.07	14.42	14.62	18.47	16.28	9.72
	18.47	10.52	10.98	13.80	10.17	7.67
	17.23	10.37	10.97	11.58	7.68	7.65
	16.28	8.33	10.20	11.40	7.03	7.50
5 Lowest	0.03	0.03	0.05	0.08	0.10	0.07
	0.03	0.03	0.05	0.07	0.10	0.07
	0.03	0.03	0.05	0.07	0.08	0.05
	0.02	0.03	0.03	0.05	0.08	0.03
(Lowest)	0.02	0.02	0.03	0.03	0.05	0.02

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10s Unweighted Overall Interview Timing Data for the Stimulants Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,084	10,438	10,267	6,826	2,189	1,364
Extreme/Missing Records[1]	129	27	69	25	5	3
Summary Statistics (Minutes)[1]						
Mean	1.16	1.23	1.02	1.10	1.36	1.71
Variance	0.64	0.64	0.48	0.65	0.70	1.12
Standard Deviation	0.80	0.80	0.69	0.80	0.84	1.06
Quartiles						
Maximum	26.47	21.15	11.63	26.47	9.57	9.17
Q3	1.50	1.65	1.30	1.38	1.77	2.32
Median	0.97	1.05	0.85	0.93	1.15	1.47
Q1	0.63	0.67	0.55	0.62	0.77	0.93
Minimum	0.03	0.03	0.05	0.03	0.10	0.15
Mode	0.75	0.85	0.57	0.68	0.92	0.85
Range	26.43	21.12	11.58	26.43	9.47	9.02
Percentiles						
99%	3.53	3.48	3.37	3.57	3.68	4.52
95%	2.70	2.72	2.37	2.48	3.02	3.20
90%	2.17	2.27	1.90	1.93	2.53	3.05
10%	0.42	0.42	0.37	0.43	0.52	0.63
5%	0.32	0.32	0.28	0.33	0.43	0.50
1%	0.17	0.15	0.13	0.20	0.27	0.27
Extremes						
5 Highest (Highest)	26.47	21.15	11.63	26.47	9.57	9.17
	21.15	11.38	6.72	15.07	8.00	9.05
	15.07	10.63	6.35	10.33	7.88	8.97
	11.63	8.27	6.13	9.42	7.52	8.87
	11.38	7.55	6.08	8.78	5.95	8.67
5 Lowest	0.05	0.05	0.07	0.08	0.17	0.22
	0.05	0.05	0.07	0.08	0.15	0.22
	0.03	0.05	0.07	0.07	0.13	0.20
	0.03	0.03	0.05	0.05	0.12	0.20
(Lowest)	0.03	0.03	0.05	0.03	0.10	0.15

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10t Unweighted Overall Interview Timing Data for the Sedatives Module in Minutes, in Total and by Age Groups: All QFT Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	243	21	47	109	39	27
Extreme/Missing Records[1]	1,801	2	23	12	1	0
Summary Statistics (Minutes)[1]						
Mean	0.49	0.62	0.46	0.39	0.47	0.89
Variance	0.45	0.57	0.33	0.47	0.21	0.69
Standard Deviation	0.67	0.76	0.58	0.68	0.46	0.83
Quartiles						
Maximum	5.52	2.28	2.83	5.52	2.38	4.05
Q3	0.53	0.70	0.52	0.40	0.53	0.97
Median	0.28	0.23	0.25	0.23	0.38	0.68
Q1	0.15	0.17	0.17	0.13	0.18	0.38
Minimum	0.03	0.05	0.03	0.03	0.08	0.15
Mode	0.13	0.13	0.18	0.08	0.18	0.57
Range	5.48	2.23	2.80	5.48	2.30	3.90
Percentiles						
99%	3.83	2.28	2.83	3.83	2.38	4.05
95%	1.90	2.08	1.73	0.93	1.95	2.75
90%	0.97	2.07	1.25	0.62	0.93	1.83
10%	0.10	0.10	0.10	0.08	0.13	0.30
5%	0.08	0.08	0.07	0.07	0.08	0.28
1%	0.03	0.05	0.03	0.03	0.08	0.15
Extremes						
5 Highest (Highest)	5.52	2.28	2.83	5.52	2.38	4.05
	4.05	2.08	2.17	3.83	1.95	2.75
	3.83	2.07	1.73	2.77	1.05	1.83
	2.83	1.90	1.70	1.40	0.93	1.33
	2.77	0.87	1.25	1.08	0.67	1.18
5 Lowest	0.05	0.13	0.10	0.05	0.13	0.33
	0.05	0.13	0.10	0.05	0.13	0.32
	0.03	0.10	0.07	0.05	0.12	0.30
	0.03	0.08	0.07	0.03	0.08	0.28
(Lowest)	0.03	0.05	0.03	0.03	0.08	0.15

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10u Unweighted Overall Interview Timing Data for the Sedatives Module in Minutes, in Total and by Age Groups: All 2011 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	65,744	22,375	21,580	14,279	4,673	2,837
Extreme/Missing Records[1]	184	43	80	41	11	6
Summary Statistics (Minutes)[1]						
Mean	0.95	1.00	0.81	0.89	1.15	1.52
Variance	0.52	0.49	0.39	0.44	0.74	1.07
Standard Deviation	0.72	0.70	0.62	0.66	0.86	1.03
Quartiles						
Maximum	24.85	11.98	23.67	24.85	24.15	20.28
Q3	1.18	1.32	0.98	1.08	1.45	2.02
Median	0.75	0.82	0.65	0.72	0.93	1.28
Q1	0.48	0.52	0.43	0.48	0.62	0.82
Minimum	0.02	0.02	0.03	0.05	0.05	0.03
Mode	0.48	0.58	0.48	0.52	0.48	0.65
Range	24.83	11.97	23.63	24.80	24.10	20.25
Percentiles						
99%	3.10	3.08	2.93	2.97	3.33	4.20
95%	2.33	2.38	1.93	2.08	2.77	3.00
90%	1.83	1.95	1.48	1.62	2.22	2.85
10%	0.33	0.33	0.30	0.33	0.42	0.53
5%	0.25	0.25	0.23	0.27	0.33	0.40
1%	0.13	0.13	0.13	0.15	0.20	0.20
Extremes						
5 Highest (Highest)	24.85	11.98	23.67	24.85	24.15	20.28
	24.15	10.52	20.70	10.27	11.50	14.82
	23.67	9.87	11.52	10.02	11.37	14.07
	20.70	9.02	10.70	9.82	8.58	9.62
	20.28	8.80	8.38	8.67	7.42	8.23
5 Lowest	0.03	0.03	0.05	0.07	0.10	0.07
	0.03	0.03	0.05	0.07	0.08	0.07
	0.02	0.02	0.03	0.07	0.08	0.05
	0.02	0.02	0.03	0.07	0.07	0.03
(Lowest)	0.02	0.02	0.03	0.05	0.05	0.03

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

Table 4.10v Unweighted Overall Interview Timing Data for the Sedatives Module in Minutes, in Total and by Age Groups: All 2012 Comparison Respondents

	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	31,083	10,437	10,267	6,826	2,189	1,364
Extreme/Missing Records[1]	130	27	69	25	5	3
Summary Statistics (Minutes)[1]						
Mean	0.94	1.03	0.78	0.87	1.13	1.56
Variance	0.48	0.48	0.34	0.35	0.61	1.25
Standard Deviation	0.69	0.69	0.58	0.59	0.78	1.12
Quartiles						
Maximum	22.12	7.30	22.12	10.18	16.92	15.28
Q3	1.18	1.35	0.95	1.07	1.40	2.14
Median	0.75	0.85	0.65	0.72	0.93	1.32
Q1	0.50	0.53	0.43	0.48	0.63	0.83
Minimum	0.03	0.03	0.05	0.03	0.03	0.07
Mode	0.50	0.43	0.48	0.43	0.92	1.37
Range	22.08	7.27	22.07	10.15	16.88	15.22
Percentiles						
99%	3.05	3.10	2.82	2.93	3.15	4.10
95%	2.32	2.42	1.83	2.02	2.68	3.00
90%	1.83	2.02	1.40	1.57	2.17	2.85
10%	0.33	0.35	0.30	0.35	0.42	0.53
5%	0.25	0.27	0.23	0.27	0.33	0.42
1%	0.15	0.15	0.13	0.17	0.22	0.20
Extremes						
5 Highest (Highest)	22.12	7.30	22.12	10.18	16.92	15.28
	16.92	6.72	9.88	6.80	7.20	13.53
	15.28	6.47	7.67	6.75	5.03	13.22
	13.53	6.22	6.78	6.68	4.72	10.62
	13.22	5.97	5.83	6.62	4.35	8.45
5 Lowest	0.03	0.05	0.07	0.07	0.12	0.15
	0.03	0.05	0.07	0.05	0.10	0.15
	0.03	0.05	0.07	0.05	0.07	0.15
	0.03	0.03	0.05	0.03	0.05	0.12
(Lowest)	0.03	0.03	0.05	0.03	0.03	0.07

[1] Extreme records have an interview length of less than 30 minutes or more than 240 minutes. Respondents with 0 seconds for this section are also excluded.

4.5.3 Timing Data for High and Low Reports of Numbers of Prescription Drugs Used or Misused in the Past Year in the QFT Sample

4.5.3.1 Procedures for Categorizing High and Low Reports of Prescription Drugs

Different cut points for extreme high numbers of prescription drugs used or misused were chosen according to the distributions within age groups so that interview timing data would be generated for the most extreme reports within a given age group. As much as possible, cut points were chosen for the respondents in the 95th percentile among the past year users or misusers. For example, a total of 733 QFT respondents reported any past year use of prescription pain relievers, and 685 of these past year users (93.5 percent) reported use of one to six pain relievers. The 12 past year users who reported use of exactly seven pain relievers comprised 1.6 percent of the past year users, which yielded a cumulative percentage of 95.1 percent of past year users of pain relievers who reported using one to seven pain relievers. Based on this review, a cut point of past year use of seven or more pain relievers was chosen for the timing data for the pain relievers screener among persons aged 12 or older.

Because the cut points for numbers of prescription drugs differ by age group, the sample sizes for individual age groups do not sum to the total sample sizes used in the analyses for persons aged 12 or older. For example, if a constant cut point of "seven or more" pain relievers used in the past year had been picked as per the cut point for respondents aged 12 or older, only five respondents aged 12 to 17, seven respondents aged 35 to 49, and five respondents aged 50 or older reported past year use of this many pain relievers. In comparison, analyses of timing data for the pain relievers screener by age group included 9 respondents aged 12 to 17, 11 respondents aged 35 to 49, and 11 respondents aged 50 or older (***Table 4.11a***). (To improve readability, note that ***Tables 4.11a*** through ***4.11p*** appear *after* all discussion of timing data in this section.)

In addition, if the cut point is lower for a particular age group than for all respondents aged 12 or older, the maximum interview time shown in that age group may be greater than the maximum interview time shown for respondents aged 12 or older. For example, the maximum time required to complete the pain relievers screener among respondents who reported past year use of seven or more pain relievers was 7.28 minutes (***Table 4.11a***). A respondent aged 50 or older who reported use of five or more pain relievers had a corresponding time of 8.03 minutes but was below the "seven or more" threshold set for respondents aged 12 or older.

For timing data among QFT respondents who reported use or misuse of lower numbers of prescription drugs, a constant criterion of exactly one pain reliever used or misused was applied to all groups. For lower reports of use or misuse across all four prescription drug categories, more variation in the cut points was applied to allow for respondents who might report use or misuse across more than one drug category. However, upper limits of three prescription drugs used in the past year and two prescription drugs misused would result in respondents reporting use or misuse of drugs in less than all four of the categories.

The following timing data were run:

- *For respondents who reported any past year use of high numbers of pain relievers*: Pain relievers screener times (***Table 4.11a***) and total interview times (***Table 4.11i***).
- *For respondents who reported any past year use of only one pain reliever*: Pain relievers screener times (***Table 4.11b***) and total interview times (***Table 4.11j***).
- *For respondents who reported past year misuse of high numbers of pain relievers*: Pain relievers screener and main module times (***Table 4.11c***) and total interview times (***Table 4.11k***).
- *For respondents who reported past year misuse of only one pain reliever*: Pain relievers screener and main module times (***Table 4.11d*** and total interview times (***Table 4.11l***).
- *For respondents who reported any past year use of high numbers of any prescription drugs*: All prescription drug screener timings for pain relievers through sedatives (***Table 4.11e***) and total interview times (***Table 4.11m***).
- *For respondents who reported any past year use of lower numbers of any prescription drugs*: All prescription drug screener timings for pain relievers through sedatives (***Table 4.11f***) and total interview times (***Table 4.11n***).
- *For respondents who reported past year misuse of high numbers of any prescription drugs*: All prescription drug screener and main module timings for pain relievers through sedatives (***Table 4.11g***) and total interview times (***Table 4.11o***).
- *For respondents who reported past year misuse of lower numbers of any prescription drugs*: All prescription drug screener and main module timings for pain relievers through sedatives (***Table 4.11h***) and total interview times (***Table 4.11p***).

Unlike the standard timing analyses, timing data from respondents who had extreme low (less than 30 minutes) or extreme high (greater than 240 minutes) total interview times were retained for these analyses. The tables indicate the numbers of cases that would have been excluded if these criteria had been applied.

4.5.3.2 Key Findings on High and Low Reports of Prescription Drugs

In general, there was not much difference in the amount of time needed to complete the screener sections for pain relievers or for all prescription drugs for respondents who reported use of high numbers of prescription drugs and those who reported use of lower numbers.

- The *average* time to complete the pain relievers screener was 2.48 minutes for respondents aged 12 or older who reported use of seven or more pain relievers in the past year (***Table 4.11a***) and 2.24 minutes for respondents who used only one pain reliever (***Table 4.11b***).
- **Maximum** times to complete the pain relievers screener according to the number of drugs that were used were 8.03 minutes for a respondent aged 50 or older who reported use of at least five but fewer than seven pain relievers, 7.28 minutes for a respondent aged 12 or older who reported use of seven or more pain relievers, and 11.83 minutes for a respondent who used only one pain reliever.

- The *average* time to complete all of the QFT prescription drug screeners was 5.33 minutes for respondents aged 12 or older who reported use of 11 or more prescription drugs of any kind in the past year (***Table 4.11e***) and 4.69 minutes for respondents who used one to three prescription drugs (***Table 4.11f***).
- **Maximum** times to complete all of the prescription drug screeners according to the number of drugs that were used were 13.18 minutes for a respondent aged 12 to 17 who reported use of at least 5 but fewer than 11 prescription drugs in the past year, 10.33 minutes for a respondent aged 12 or older who reported use of 11 or more prescription drugs, and 28.43 minutes for a respondent who used 1 to 3 prescription drugs.
- A more notable pattern for times to complete both the screeners and main modules was observed according to the numbers of prescription drugs that respondents misused. However, because of the small sample sizes (especially for respondents who misused extreme high numbers of prescription drugs) and the variability in the timing data, caution is advised in interpreting these data. To verify the reproducibility of these findings, this investigation could be repeated with data from the 2013 DR, including possible use of combined QFT and DR data to increase the sample sizes.
- The *average* time to complete the pain relievers screener and main module was 6.95 minutes for respondents aged 12 or older who reported misuse of eight or more pain relievers in the past year (***Table 4.11c***) and 2.18 minutes for respondents who misused only one pain reliever (***Table 4.11d***).
- **Maximum** times to complete the pain relievers screener and main module according to the number of drugs that were misused used were 12.45 minutes for a respondent aged 26 to 34 who reported misuse of seven pain relievers, 11.88 minutes for a respondent aged 12 or older who misused eight or more pain relievers, and 7.28 minutes for a respondent who misused only one pain reliever.
- The *average* time to complete the screeners and main modules for all prescription drugs was 14.23 minutes for respondents aged 12 or older who reported misuse of 14 or more prescription drugs in the past year (***Table 4.11g***) and 7.99 minutes for respondents who misused one or two prescription drugs (***Table 4.11h***).
- **Maximum** times to complete the screeners and main modules according to the number of drugs that were misused were 28.88 minutes for a respondent aged 18 to 25 who reported misuse of 15 or more prescription drugs in the past year and 25.03 minutes for a respondent aged 35 to 49 who misused 1 prescription drug.

Highlights for the time required to complete the entire interview according to the number of prescription drugs that were *used* in the past year include the following:

- *Average* times to complete the entire interview were 58.73 minutes for respondents aged 12 or older who used one pain reliever in the past year (***Table 4.11j***) and 58.73 minutes for respondents who used one to three prescription drugs in any of the screeners (***Table 4.11n***).
- The **shortest** time to complete the interview for a respondent who used one to three prescription drugs was 26.93 minutes (***Table 4.11n***).

- Among respondents who reported past year use of higher numbers of prescription drugs, *average* times to complete the entire interview were 68.28 minutes for respondents aged 12 or older who used 7 or more pain relievers in the past year (***Table 4.11i***) and 68.46 minutes for respondents who used 11 or more prescription drugs in any of the screeners (***Table 4.11m***).
- The **shortest** time to complete the interview for a respondent who used 11 or more prescription drugs was 39.60 minutes (***Table 4.11m***).

On average, therefore, the interview times among persons aged 12 or older differed by about 10 minutes between the timings for respondents who reported use of a low number of prescription pain relievers or prescription psychotherapeutics (but use of at least one drug) and those reported use of extreme high numbers of prescription drugs.

Highlights for the time required to complete the entire interview according to the number of prescription drugs that were *misused* in the past year include the following. However, note that the groups of respondents who used high numbers of prescription drugs in the past year and those who misused high numbers of prescription drugs in that period are not mutually exclusive.

- *Average* times to complete the entire interview were 65.41 minutes for respondents aged 12 or older who misused one pain reliever in the past year (***Table 4.11l***) and 64.47 minutes for respondents who misused one or two prescription drugs in any of the modules (***Table 4.11p***).
- The **shortest** time to complete the interview for a respondent who misused one or two prescription drugs in any category was 27.23 minutes (***Table 4.11p***).
- Among respondents who reported past year misuse of higher numbers of prescription drugs, *average* times to complete the entire interview were 68.15 minutes for respondents aged 12 or older who misused 8 or more pain relievers in the past year (***Table 4.11k***) and 68.50 minutes for respondents who misused 14 or more prescription drugs in any of the screeners (***Table 4.11o***).
- The **shortest** time to complete the interview for a respondent who misused 14 or more prescription drugs in any category was 43.22 minutes (***Table 4.11o***).

Extreme high interview times were observed regardless of the numbers of prescription drugs that respondents used or misused. For example, one respondent who used one to three prescription drugs in the past year had a total interview time of 228.47 minutes (***Table 4.11n***), and a respondent who used one pain reliever had a total interview time of 191.52 minutes (***Table 4.11j***). Nevertheless, the shortest time to complete the interview for respondents who misused 14 or more prescription drugs was about 16 minutes longer than the shortest time for respondents who misused only one or two prescription drugs (***Tables 4.11o*** and ***4.11p***, respectively).

Table 4.11a Overall Interview Timing Data for the QFT Pain Relievers Screener in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Used in the Past Year

	Overall, Used 7 or More Pain Relievers in the Past Year[1]	12-17, Used 5 or More Pain Relievers in the Past Year[1]	18-25, Used 8 or More Pain Relievers in the Past Year[1]	26-34, Used 7 or More Pain Relievers in the Past Year[1]	35-49, Used 6 or More Pain Relievers in the Past Year[1]	50+, Used 5 or More Pain Relievers in the Past Year[2]
Sample Used in Analysis[3]	48	9	17	11	11	11
Extreme/Missing Records[4]	1	0	0	0	0	0
Summary Statistics (Minutes)						
Mean	2.48	2.04	2.25	2.43	2.80	3.10
Variance	1.20	0.45	0.65	0.28	1.01	3.27
Standard Deviation	1.09	0.67	0.81	0.53	1.01	1.81
Maximum	7.28	3.47	3.70	3.93	4.72	8.03
Median	2.26	1.73	2.05	2.33	2.68	2.80
Minimum	0.45	1.37	1.13	1.88	1.60	1.67
Range	6.83	2.10	2.57	2.05	3.12	6.37
Extremes						
5 Highest (Highest)	7.28	3.47	3.70	3.93	4.72	8.03
	4.72	2.70	3.60	2.52	4.15	3.83
	4.15	2.32	3.38	2.48	3.52	3.72
	3.93	1.90	3.30	2.43	3.17	3.22
	3.72	1.73	2.68	2.38	2.80	3.07
5 Lowest	1.50	1.73	1.63	2.30	2.37	2.05
	1.47	1.68	1.50	2.23	2.28	2.02
	1.45	1.62	1.47	2.17	1.83	1.90
	1.13	1.60	1.45	2.10	1.73	1.83
(Lowest)	0.45	1.37	1.13	1.88	1.60	1.67

[1] Cases whose number of reported drugs was at or above the 95th percentile for users in this age group.
[2] Cases whose number of reported drugs was at or above the 94th percentile for users in this age group.
[3] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.
[4] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11b Overall Interview Timing Data for the QFT Pain Relievers Screener in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Used in the Past Year

	Overall, Used 1 Pain Reliever in the Past Year	12-17, Used 1 Pain Reliever in the Past Year	18-25, Used 1 Pain Reliever in the Past Year	26-34, Used 1 Pain Reliever in the Past Year	35-49, Used 1 Pain Reliever in the Past Year	50+, Used 1 Pain Reliever in the Past Year
Sample Used in Analysis	335	82	82	41	64	66
Extreme/Missing Records[1]	6	0	3	0	2	1
Summary Statistics (Minutes)						
Mean	2.24	2.01	1.91	1.94	2.48	2.90
Variance	1.79	0.57	0.81	0.61	2.67	3.75
Standard Deviation	1.34	0.75	0.90	0.78	1.63	1.94
Maximum	11.83	4.75	5.45	4.02	11.82	11.83
Median	1.95	1.87	1.68	1.75	2.06	2.38
Minimum	0.43	0.82	0.43	0.75	0.62	0.90
Range	11.40	3.93	5.02	3.27	11.20	10.93
Extremes						
5 Highest (Highest)	11.83	4.75	5.45	4.02	11.82	11.83
	11.82	4.42	4.58	3.88	8.10	10.45
	10.45	3.80	4.57	3.50	4.57	8.68
	8.68	3.70	3.98	3.25	4.42	5.45
	8.10	3.47	3.45	3.18	3.88	5.15
5 Lowest	0.72	1.10	0.80	1.22	1.10	1.38
	0.72	1.08	0.72	1.20	1.07	1.30
	0.68	1.07	0.72	1.18	1.07	1.30
	0.62	1.03	0.68	1.13	0.93	1.07
(Lowest)	0.43	0.82	0.43	0.75	0.62	0.90

[1] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11c Overall Interview Timing Data for the QFT Pain Relievers Screener and Main Module in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Misused in the Past Year

		Overall, Misused 8 or More Pain Relievers in the Past Year[1]	12-17, Misused 8 or More Pain Relievers in the Past Year[1]	18-25, Misused 8 or More Pain Relievers in the Past Year[1]	26-34, Misused 7 or More Pain Relievers in the Past Year[1]	35-49, Misused 4 or More Pain Relievers in the Past Year[2]	50+, Misused 2 or More Pain Relievers in the Past Year[3]
Sample Used in Analysis[4]		9	3	5	2	2	2
Extreme/Missing Records[5]		0	0	0	0	0	0
Summary Statistics (Minutes)							
Mean		6.95	8.36	6.39	8.97	5.35	7.19
Variance		8.10	7.10	10.24	24.27	0.22	1.65
Standard Deviation		2.85	2.67	3.20	4.93	0.47	1.28
Maximum		11.88	9.90	11.88	12.45	5.68	8.10
Median		5.48	9.90	5.15	8.97	5.35	7.19
Minimum		3.63	5.28	3.63	5.48	5.02	6.28
Range		8.25	4.62	8.25	6.97	0.67	1.82
Extremes							
5 Highest	(Highest)	11.88	9.90	11.88	12.45	5.68	8.10
		9.90	9.90	6.17	5.48	5.02	6.28
		9.90	5.28	5.15	—	—	—
		6.17	—	5.13	—	—	—
		5.48	—	3.63	—	—	—
5 Lowest		5.48	—	11.88	—	—	—
		5.28	—	6.17	—	—	—
		5.15	9.90	5.15	—	—	—
		5.13	9.90	5.13	12.45	5.68	8.10
	(Lowest)	3.63	5.28	3.63	5.48	5.02	6.28

— Not applicable.

[1] Cases whose number of reported drugs was at or above the 95th percentile for misusers in this age group.

[2] Cases whose number of reported drugs was at or above the 90th percentile for misusers in this age group.

[3] Cases whose number of reported drugs was at or above the 70th percentile for misusers in this age group.

[4] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

[5] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11d Overall Interview Timing Data for the QFT Pain Relievers Screener and Main Module in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Misused in the Past Year

		Overall, Misused 1 Pain Reliever in the Past Year	12-17, Misused 1 Pain Reliever in the Past Year	18-25, Misused 1 Pain Reliever in the Past Year	26-34, Misused 1 Pain Reliever in the Past Year	35-49, Misused 1 Pain Reliever in the Past Year	50+, Misused 1 Pain Reliever in the Past Year
Sample Used in Analysis		84	19	36	13	11	5
Extreme/Missing Records[1]		1	0	1	0	0	0
Summary Statistics (Minutes)							
Mean		2.18	1.71	2.13	2.18	2.83	2.85
Variance		1.22	0.25	1.55	0.55	2.30	0.43
Standard Deviation		1.10	0.50	1.24	0.74	1.51	0.66
Maximum		7.28	3.12	7.28	3.88	7.08	3.83
Median		1.96	1.43	1.75	2.05	2.33	2.73
Minimum		0.72	1.25	0.72	1.33	1.50	2.05
Range		6.57	1.87	6.57	2.55	5.58	1.78
Extremes							
5 Highest	(Highest)	7.28	3.12	7.28	3.88	7.08	3.83
		7.08	2.48	4.58	3.18	3.43	3.05
		4.58	2.15	4.32	2.58	3.00	2.73
		4.32	2.13	3.67	2.38	2.97	2.60
		3.88	2.10	3.42	2.35	2.57	2.05
5 Lowest		1.18	1.37	1.18	1.83	2.22	3.83
		1.17	1.35	1.17	1.67	2.12	3.05
		1.00	1.28	1.00	1.45	2.07	2.73
		0.87	1.27	0.87	1.33	1.88	2.60
	(Lowest)	0.72	1.25	0.72	1.33	1.50	2.05

[1] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11e Overall Interview Timing Data for All QFT Prescription Drug Screeners in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Used in the Past Year

	Overall, Used 11 or More Prescription Drugs in the Past Year[1]	12-17, Used 6 or More Prescription Drugs in the Past Year[1]	18-25, Used 15 or More Prescription Drugs in the Past Year[1]	26-34, Used 11 or More Prescription Drugs in the Past Year[1]	35-49, Used 8 or More Prescription Drugs in the Past Year[1]	50+, Used 9 or More Prescription Drugs in the Past Year[1]
Sample Used in Analysis[2]	47	9	13	9	10	8
Extreme/Missing Records[3]	0	0	0	0	0	0
Summary Statistics (Minutes)						
Mean	5.33	5.18	4.40	5.41	6.31	6.77
Variance	4.34	10.18	3.14	3.67	5.54	6.42
Standard Deviation	2.08	3.19	1.77	1.92	2.35	2.53
Maximum	10.33	13.18	9.07	8.93	9.55	10.33
Median	4.65	4.65	3.88	4.53	5.39	7.02
Minimum	2.38	2.70	2.38	3.80	3.85	3.40
Range	7.95	10.48	6.68	5.13	5.70	6.93
Extremes						
5 Highest (Highest)	10.33	13.18	9.07	8.93	9.55	10.33
	9.42	5.93	6.60	8.27	9.42	9.00
	9.38	5.18	5.17	5.83	9.38	8.58
	9.07	4.70	4.68	5.02	7.08	7.42
	9.00	4.65	4.37	4.53	5.65	6.62
5 Lowest	2.88	4.65	3.83	4.53	5.13	7.42
	2.87	4.03	3.58	4.22	4.63	6.62
	2.82	3.38	2.88	4.08	4.38	5.08
	2.70	2.82	2.87	4.03	4.02	3.72
(Lowest)	2.38	2.70	2.38	3.80	3.85	3.40

[1] Cases whose number of reported drugs was at or above the 95th percentile for users in this age group.

[2] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

[3] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11f Overall Interview Timing Data for All QFT Prescription Drug Screeners in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Used in the Past Year

	Overall, Used 1 to 3 Prescription Drugs in the Past Year[1]	12-17, Used 1 or 2 Prescription Drugs in the Past Year[2]	18-25, Used 1 to 3 Prescription Drugs in the Past Year[1]	26-34, Used 1 to 3 Prescription Drugs in the Past Year	35-49 Used 1 to 3 Prescription Drugs in the Past Year[1]	50+, Used 1 or 2 Prescription Drugs in the Past Year[3]
Sample Used in Analysis[4]	646	121	160	106	131	98
Extreme/Missing Records[5]	10	0	5	0	4	1
Summary Statistics (Minutes)						
Mean	4.69	4.40	3.79	4.08	4.89	6.60
Variance	7.55	2.90	2.66	3.07	8.49	19.69
Standard Deviation	2.75	1.70	1.63	1.75	2.91	4.44
Maximum	28.43	9.98	11.80	14.65	28.43	27.52
Median	4.03	3.98	3.52	3.75	4.12	5.48
Minimum	1.12	2.08	1.12	1.55	1.58	1.90
Range	27.32	7.90	10.68	13.10	26.85	25.62
Extremes						
5 Highest (Highest)	28.43	9.98	11.80	14.65	28.43	27.52
	27.52	9.68	9.82	8.53	14.75	25.82
	25.82	9.47	8.85	8.50	12.18	23.47
	23.47	8.28	7.40	8.18	12.08	18.22
	18.22	7.88	7.33	7.80	9.23	14.52
5 Lowest	1.55	2.52	1.57	2.25	2.20	2.62
	1.47	2.43	1.47	2.22	2.00	2.53
	1.28	2.23	1.28	2.13	1.95	2.40
	1.22	2.22	1.22	1.98	1.82	1.98
(Lowest)	1.12	2.08	1.12	1.55	1.58	1.90

[1] Cases whose number of reported drugs was below the 75th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

[2] Cases whose number of reported drugs was below the 80th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

[3] Cases whose number of reported drugs was below the 65th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

[4] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

[5] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within some age groups.

Table 4.11g Overall Interview Timing Data for All QFT Prescription Drug Screeners and Main Modules in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Misused in the Past Year

		Overall, Misused 14 or More Prescription Drugs in the Past Year[1]	12-17, Misused 16 or More Prescription Drugs in the Past Year[1]	18-25, Misused 15 or More Prescription Drugs in the Past Year[1]	26-34, Misused 8 or More Prescription Drugs in the Past Year[2]	35-49, Misused 5 or More Prescription Drugs in the Past Year[2]	50+, Misused 2 or More Prescription Drugs in the Past Year[2]
Sample Used in Analysis[3]		11	3	6	4	3	3
Extreme/Missing Records[4]		0	0	0	0	0	0
Summary Statistics (Minutes)							
Mean		14.23	16.78	14.19	13.03	9.66	14.71
Variance		39.27	3.44	67.77	36.16	0.06	23.03
Standard Deviation		6.27	1.86	8.23	6.01	0.24	4.80
Maximum		28.88	18.22	28.88	21.93	9.85	20.22
Median		11.02	17.43	10.53	10.73	9.73	12.45
Minimum		7.92	14.68	7.92	8.72	9.38	11.45
Range		20.97	3.53	20.97	13.22	0.47	8.77
Extremes							
5 Highest	(Highest)	28.88	18.22	28.88	21.93	9.85	20.22
		18.93	17.43	18.93	10.92	9.73	12.45
		18.22	14.68	11.02	10.55	9.38	11.45
		17.43	—	10.05	8.72	—	—
		14.68	—	8.37	—	—	—
5 Lowest		10.92	—	18.93	—	—	—
		10.17	—	11.02	21.93	—	—
		10.05	18.22	10.05	10.92	9.85	20.22
		8.37	17.43	8.37	10.55	9.73	12.45
	(Lowest)	7.92	14.68	7.92	8.72	9.38	11.45

— Not applicable.

[1] Cases whose number of reported drugs was at or above the 95th percentile for misusers in this age group.

[2] Cases whose number of reported drugs was at or above the 90th percentile for misusers in this age group.

[3] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

[4] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11h Overall Interview Timing Data for All QFT Prescription Drug Screeners and Main Modules in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Misused in the Past Year

	Overall, Misused 1 or 2 Prescription Drugs in the Past Year[1]	12-17, Misused 1 or 2 Prescription Drugs in the Past Year[2]	18-25, Misused 1 or 2 Prescription Drugs in the Past Year[1]	26-34, Misused 1 or 2 Prescription Drugs in the Past Year[1]	35-49, Misused 1 Prescription Drug in the Past Year[1]	50+, Misused 1 Prescription Drug in the Past Year[1]
Sample Used in Analysis[3]	139	27	66	18	14	7
Extreme/Missing Records[4]	1	0	1	0	0	0
Summary Statistics (Minutes)						
Mean	7.99	6.72	7.13	7.79	10.64	11.86
Variance	13.92	4.01	11.35	5.03	27.50	15.76
Standard Deviation	3.73	2.00	3.37	2.24	5.24	3.97
Maximum	25.03	11.35	20.80	12.98	25.03	16.53
Median	7.13	6.75	6.70	7.93	9.43	12.57
Minimum	2.57	3.95	2.57	4.42	5.68	6.47
Range	22.47	7.40	18.23	8.57	19.35	10.07
Extremes						
5 Highest (Highest)	25.03	11.35	20.80	12.98	25.03	16.53
	20.80	9.87	18.22	10.67	18.18	15.50
	20.28	9.60	17.33	9.50	12.15	13.08
	18.22	9.30	16.70	9.50	11.53	12.57
	18.18	8.70	12.20	9.20	11.08	12.32
5 Lowest	3.95	4.65	4.03	5.90	7.55	13.08
	3.53	4.42	3.53	5.63	7.43	12.57
	3.03	4.32	3.03	5.35	6.52	12.32
	3.02	4.12	3.02	4.47	6.32	6.55
(Lowest)	2.57	3.95	2.57	4.42	5.68	6.47

[1] Cases whose number of reported drugs was at or below the 70th percentile for misusers in this age group.

[2] Cases whose number of reported drugs was below the 75th percentile for misusers in this age group.

[3] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within some age groups.

[4] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11i Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Used in the Past Year

	Overall, Used 7 or More Pain Relievers in the Past Year[1]	12-17, Used 5 or More Pain Relievers in the Past Year[1]	18-25, Used 8 or More Pain Relievers in the Past Year[1]	26-34, Used 7 or More Pain Relievers in the Past Year[1]	35-49, Used 6 or More Pain Relievers in the Past Year[1]	50+, Used 5 or More Pain Relievers in the Past Year[2]
Sample Used in Analysis[3]	47	9	17	11	11	11
Extreme/Missing Records[4]	1	0	0	0	0	0
Summary Statistics (Minutes)						
Mean	68.28	64.30	64.08	63.23	64.81	83.64
Variance	489.80	373.31	366.73	509.28	783.46	1166.54
Standard Deviation	22.13	19.32	19.15	22.57	27.99	34.15
Maximum	129.47	103.27	111.50	111.97	129.47	174.25
Median	62.92	63.33	61.17	56.20	56.17	83.17
Minimum	39.60	42.37	41.53	39.60	38.92	45.93
Range	89.87	60.90	69.97	72.37	90.55	128.32
Extremes						
5 Highest (Highest)	129.47	103.27	111.50	111.97	129.47	174.25
	111.97	77.65	103.35	97.68	101.73	95.18
	111.50	72.73	80.60	71.07	78.70	90.52
	106.88	70.53	70.02	64.90	61.37	86.65
	103.35	63.33	68.20	57.13	56.95	84.90
5 Lowest	43.22	63.33	52.95	51.73	51.55	75.52
	42.37	55.22	51.30	51.68	50.48	72.25
	41.53	47.87	45.53	49.68	46.62	62.90
	41.00	45.72	43.22	43.93	41.00	48.77
(Lowest)	39.60	42.37	41.53	39.60	38.92	45.93

[1] Cases whose number of reported drugs was at or above the 95th percentile for users in this age group.

[2] Cases whose number of reported drugs was at or above the 94th percentile for users in this age group.

[3] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

[4] Overall interview time was less than 30 minutes (24.6 minutes) and therefore excluded from the analysis of overall interview timing. The respondent was an 18 to 25 year old and reported past year use of seven pain relievers. Consequently, this case was at the cut point for respondents aged 12 or older, but was below the cut point extreme for 18 to 25 year olds.

Table 4.11j Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Used in the Past Year

	Overall, Used 1 Pain Reliever in the Past Year	12-17, Used 1 Pain Reliever in the Past Year	18-25, Used 1 Pain Reliever in the Past Year	26-34, Used 1 Pain Reliever in the Past Year	35-49, Used 1 Pain Reliever in the Past Year	50+, Used 1 Pain Reliever in the Past Year
Sample Used in Analysis	335	82	82	41	64	66
Extreme/Missing Records[1]	6	0	3	0	2	1
Summary Statistics (Minutes)						
Mean	58.73	56.68	53.31	55.06	62.97	66.16
Variance	363.18	187.15	265.03	282.39	585.75	436.51
Standard Deviation	19.06	13.68	16.28	16.80	24.20	20.89
Maximum	191.52	115.13	113.00	98.18	191.52	150.02
Median	55.77	55.23	50.57	52.35	60.33	60.20
Minimum	27.23	34.05	27.23	30.13	28.48	28.37
Range	164.28	81.08	85.77	68.05	163.03	121.65
Extremes						
5 Highest (Highest)	191.52	115.13	113.00	98.18	191.52	150.02
	150.02	88.40	102.78	90.55	123.75	113.23
	123.75	83.27	82.80	87.68	105.63	111.85
	115.13	80.62	80.23	83.20	94.83	109.83
	113.23	80.52	78.75	78.80	93.93	100.30
5 Lowest	29.07	37.68	31.73	34.32	38.20	40.73
	28.63	37.02	31.30	33.45	32.92	40.27
	28.48	36.75	29.80	32.90	32.70	38.97
	28.37	35.72	29.07	32.48	28.63	34.70
(Lowest)	27.23	34.05	27.23	30.13	28.48	28.37

[1] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11k Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Pain Relievers Misused in the Past Year

		Overall, Misused 8 or More Pain Relievers in the Past Year[1]	12-17, Misused 8 or More Pain Relievers in the Past Year[1]	18-25, Misused 8 or More Pain Relievers in the Past Year[1]	26-34, Misused 7 or More Pain Relievers in the Past Year[1]	35-49, Misused 4 or More Pain Relievers in the Past Year[2]	50+, Misused 2 or More Pain Relievers in the Past Year[3]
Sample Used in Analysis[4]		9	3	5	2	2	2
Extreme/Missing Records[5]		0	0	0	0	0	0
Summary Statistics (Minutes)							
Mean		68.15	79.78	64.87	80.83	64.62	79.76
Variance		569.84	435.89	721.63	1939.61	133.93	195.03
Standard Deviation		23.87	20.88	26.86	44.04	11.57	13.97
Maximum		111.50	103.27	111.50	111.97	72.80	89.63
Median		61.17	72.73	55.52	80.83	64.62	79.76
Minimum		43.22	63.33	43.22	49.68	56.43	69.88
Range		68.28	39.93	68.28	62.28	16.37	19.75
Extremes							
5 Highest	(Highest)	111.50	103.27	111.50	111.97	72.80	89.63
		103.27	72.73	61.17	49.68	56.43	69.88
		72.73	63.33	55.52	—	—	—
		63.33	—	52.95	—	—	—
		61.17	—	43.22	—	—	—
5 Lowest		61.17	—	111.50	—	—	—
		55.52	—	61.17	—	—	—
		52.95	103.27	55.52	—	—	—
		49.68	72.73	52.95	111.97	72.80	89.63
	(Lowest)	43.22	63.33	43.22	49.68	56.43	69.88

— Not applicable.

[1] Cases whose number of reported drugs was at or above the 95th percentile for misusers in this age group.

[2] Cases whose number of reported drugs was at or above the 90th percentile for misusers in this age group.

[3] Cases whose number of reported drugs was at or above the 70th percentile for misusers in this age group.

[4] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

[5] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11l Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Pain Relievers Misused in the Past Year

		Overall, Misused 1 Pain Reliever in the Past Year	12-17, Misused 1 Pain Reliever in the Past Year	18-25, Misused 1 Pain Reliever in the Past Year	26-34, Misused 1 Pain Reliever in the Past Year	35-49, Misused 1 Pain Reliever in the Past Year	50+, Misused 1 Pain Reliever in the Past Year
Sample Used in Analysis[1]		84	19	36	13	11	5
Extreme/Missing Records[2]		1	0	1	0	0	0
Summary Statistics (Minutes)							
Mean		65.41	63.01	62.59	59.07	75.80	88.47
Variance		454.68	208.55	401.71	170.69	1246.43	161.83
Standard Deviation		21.32	14.44	20.04	13.06	35.30	12.72
Maximum		171.93	83.02	116.13	85.98	171.93	104.30
Median		62.45	62.58	60.11	56.10	62.32	86.68
Minimum		27.23	40.55	27.23	40.98	47.30	69.93
Range		144.70	42.47	88.90	45.00	124.63	34.37
Extremes							
5 Highest	(Highest)	171.93	83.02	116.13	85.98	171.93	104.30
		116.13	82.98	106.88	76.17	92.55	95.18
		106.88	80.62	102.78	69.00	91.07	86.68
		104.30	80.52	87.02	65.07	78.40	86.27
		102.78	79.33	84.05	64.90	66.13	69.93
5 Lowest		40.55	48.40	41.35	53.55	61.22	104.30
		39.95	45.72	39.95	47.82	55.80	95.18
		35.05	45.62	35.05	46.40	55.73	86.68
		33.93	42.07	33.93	45.52	51.32	86.27
	(Lowest)	27.23	40.55	27.23	40.98	47.30	69.93

[1] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

[2] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11m Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Used in the Past Year

		Overall, Used 11 or More Prescription Drugs in the Past Year[1]	12-17, Used 6 or More Prescription Drugs in the Past Year[1]	18-25, Used 15 or More Prescription Drugs in the Past Year[1]	26-34, Used 11 or More Prescription Drugs in the Past Year[1]	35-49, Used 8 or More Prescription Drugs in the Past Year[1]	50+, Used 9 or More Prescription Drugs in the Past Year[1]
Sample Used in Analysis[2]		47	9	13	9	10	8
Extreme/Missing Records[3]		0	0	0	0	0	0
Summary Statistics (Minutes)							
Mean		68.46	70.52	62.49	64.39	75.43	77.11
Variance		460.65	280.79	348.93	520.32	687.04	319.05
Standard Deviation		21.46	16.76	18.68	22.81	26.21	17.86
Maximum		129.47	103.27	111.50	111.97	129.47	95.18
Median		62.92	72.73	59.58	56.20	70.23	84.03
Minimum		39.60	42.37	41.53	39.60	50.48	45.93
Range		89.87	60.90	69.97	72.37	78.98	49.25
Extremes							
5 Highest	(Highest)	129.47	103.27	111.50	111.97	129.47	95.18
		111.97	77.65	80.60	88.50	101.73	90.52
		111.50	76.12	73.92	72.32	93.42	89.63
		103.35	73.43	68.20	57.13	78.70	84.90
		103.27	72.73	62.92	56.20	76.52	83.17
5 Lowest		43.22	72.73	55.52	56.20	63.95	84.90
		42.37	70.53	52.95	52.38	56.95	83.17
		42.28	63.33	45.53	51.73	51.55	72.25
		41.53	55.22	43.22	49.68	51.55	55.27
	(Lowest)	39.60	42.37	41.53	39.60	50.48	45.93

[1] Cases whose number of reported drugs was at or above the 95th percentile for users in this age group.

[2] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

[3] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11n Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Used in the Past Year

		Overall, Used 1 to 3 Prescription Drugs in the Past Year[1]	12-17, Used 1 or 2 Prescription Drugs in the Past Year[2]	18-25, Used 1 to 3 Prescription Drugs in the Past Year[1]	26-34, Used 1 to 3 Prescription Drugs in the Past Year	35-49 Used 1 to 3 Prescription Drugs in the Past Year[1]	50+, Used 1 or 2 Prescription Drugs in the Past Year[3]
Sample Used in Analysis[4]		646	121	160	106	131	98
Extreme/Missing Records[5]		10	0	5	0	4	1
Summary Statistics (Minutes)							
Mean		58.73	59.35	52.95	53.94	59.61	68.49
Variance		394.94	227.72	246.17	265.02	494.06	685.86
Standard Deviation		19.87	15.09	15.69	16.28	22.23	26.19
Maximum		228.47	115.13	125.35	108.78	191.52	228.47
Median		55.55	56.00	50.31	50.57	55.80	62.19
Minimum		26.93	34.05	26.93	31.45	28.48	28.37
Range		201.53	81.08	98.42	77.33	163.03	200.10
Extremes							
5 Highest	(Highest)	228.47	115.13	125.35	108.78	191.52	228.47
		191.52	106.88	113.00	98.92	125.18	150.02
		150.02	100.90	102.78	98.18	123.75	119.63
		125.35	95.55	84.05	90.55	119.80	113.23
		125.18	93.28	82.80	87.68	105.63	111.85
5 Lowest		28.63	37.68	29.90	33.33	30.85	40.22
		28.48	37.02	29.80	32.90	29.98	38.97
		28.37	36.75	29.07	32.48	29.52	36.72
		27.23	35.72	27.23	31.85	28.63	34.70
	(Lowest)	26.93	34.05	26.93	31.45	28.48	28.37

[1] Cases whose number of reported drugs was below the 75th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

[2] Cases whose number of reported drugs was below the 80th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

[3] Cases whose number of reported drugs was below the 65th percentile for users in this age group but allowed for reporting of use of more than one drug across all four modules.

[4] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

[5] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within some age groups.

Table 4.11o Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Extreme High Numbers of Prescription Drugs Misused in the Past Year

	Overall, Misused 14 or More Prescription Drugs in the Past Year[1]	12-17, Misused 16 or More Prescription Drugs in the Past Year[1]	18-25, Misused 15 or More Prescription Drugs in the Past Year[1]	26-34, Misused 8 or More Prescription Drugs in the Past Year[2]	35-49, Misused 5 or More Prescription Drugs in the Past Year[2]	50+, Misused 2 or More Prescription Drugs in the Past Year[2]
Sample Used in Analysis[3]	11	3	6	4	3	3
Extreme/Missing Records[4]	0	0	0	0	0	0
Summary Statistics (Minutes)						
Mean	68.50	79.78	67.49	72.55	79.38	81.37
Variance	478.57	435.89	618.54	832.11	720.64	105.33
Standard Deviation	21.88	20.88	24.87	28.85	26.84	10.26
Maximum	111.50	103.27	111.50	111.97	108.90	89.63
Median	61.17	72.73	58.34	64.28	72.80	84.60
Minimum	43.22	63.33	43.22	49.68	56.43	69.88
Range	68.28	39.93	68.28	62.28	52.47	19.75
Extremes						
5 Highest (Highest)	111.50	103.27	111.50	111.97	108.90	89.63
	103.27	72.73	80.60	76.17	72.80	84.60
	80.60	63.33	61.17	52.38	56.43	69.88
	72.73	—	55.52	49.68	—	—
	63.33	—	52.95	—	—	—
5 Lowest	59.58	—	80.60	—	—	—
	55.52	—	61.17	111.97	—	—
	52.95	103.27	55.52	76.17	108.90	89.63
	49.68	72.73	52.95	52.38	72.80	84.60
(Lowest)	43.22	63.33	43.22	49.68	56.43	69.88

— Not applicable.

[1] Cases whose number of reported drugs was at or above the 95th percentile for misusers in this age group.

[2] Cases whose number of reported drugs was at or above the 90th percentile for misusers in this age group.

[3] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within each age group.

[4] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

Table 4.11p Overall Interview Timing Data for the Full QFT Interview in Minutes, in Total and by Age Groups for Respondents Reporting Lower Numbers of Prescription Drugs Misused in the Past Year

	Overall, Misused 1 or 2 Prescription Drugs in the Past Year[1]	12-17, Misused 1 or 2 Prescription Drugs in the Past Year[2]	18-25, Misused 1 or 2 Prescription Drugs in the Past Year[1]	26-34, Misused 1 or 2 Prescription Drugs in the Past Year[1]	35-49, Misused 1 Prescription Drug in the Past Year[1]	50+, Misused 1 Prescription Drug in the Past Year[1]
Sample Used in Analysis[3]	139	27	66	18	14	7
Extreme/Missing Records[4]	1	0	1	0	0	0
Summary Statistics (Minutes)						
Mean	64.47	64.96	59.69	59.92	73.88	81.64
Variance	416.50	229.41	324.82	147.95	1001.08	359.68
Standard Deviation	20.41	15.15	18.02	12.16	31.64	18.97
Maximum	171.93	106.88	116.13	85.98	171.93	104.30
Median	61.67	64.43	56.33	58.88	64.23	86.27
Minimum	27.23	40.55	27.23	40.98	47.30	45.93
Range	144.70	66.33	88.90	45.00	124.63	58.37
Extremes						
5 Highest (Highest)	171.93	106.88	116.13	85.98	171.93	104.30
	125.18	83.02	113.00	78.13	92.55	95.18
	116.13	82.98	106.88	72.32	91.07	86.68
	113.00	80.62	102.78	69.52	78.40	86.27
	110.17	80.52	84.05	69.00	76.72	83.17
5 Lowest	38.62	48.40	38.62	50.03	55.80	86.68
	35.05	45.72	35.05	47.82	55.73	86.27
	33.93	45.62	33.93	46.40	51.55	83.17
	30.50	42.07	30.50	45.52	51.32	69.93
(Lowest)	27.23	40.55	27.23	40.98	47.30	45.93

[1] Cases whose number of reported drugs was at or below the 70th percentile for misusers in this age group.

[2] Cases whose number of reported drugs was below the 75th percentile for misusers in this age group.

[3] Sample sizes for individual age groups do not sum to the sample size for respondents aged 12 or older because different cut points were used overall and within some age groups.

[4] Overall interview time was less than 30 minutes or greater than 240 minutes, but was included in this particular analysis.

4.6 Other Data Quality Indicators

4.6.1 Overview of Other Data Quality Indicators

Examination of other data quality indicators focused on the following:

- triggering of inconsistency "flags" in the core drug use data;
- choosing "other" responses for which respondents subsequently were asked to specify a written response (i.e., "OTHER, Specify" data), such as other sources of prescription psychotherapeutic drugs;
- triggering of "hard errors" in the QFT if respondents reported first misusing specific prescription drugs at an age that was older than their current age;
- triggering of consistency checks in the QFT for respondents who reported first misuse of specific prescription drugs in a year and month that differed from the age they reported for when they first misused; and

- potential patterned responses in answers to the screening questions for past year prescription drug use or to the questions for past year misuse.

Identification and handling of potential patterned responses in the 2011 and 2012 comparison data also are discussed in this section.

4.6.2 Triggering of Inconsistency Flags in Core Drug Use Data

Examination of data from variables that flagged inconsistencies in the core drug modules focused on the following core modules or core variables, each of which underwent notable changes that could affect patterns of inconsistent data:

- smokeless tobacco;
- binge alcohol use (i.e., based on the threshold of four or more drinks on an occasion for females);
- most recent use of hallucinogens (i.e., based on moving questions about most recent use of three hallucinogens from the noncore special drugs module to the core hallucinogens module);
- methamphetamine; and
- prescription drugs.

Data for inconsistency flags first were examined for the QFT. The decision to examine inconsistency flag data in the two comparison datasets depended on the occurrence of inconsistencies in the QFT data. No or low occurrences of inconsistent data in the QFT could be a function of both the sample size and sample design. Regarding the sample design, persons aged 26 or older were sampled at a higher rate in the QFT than in the main survey. However, inconsistent response patterns in the main survey often involve reports of initiation of use that is more recent than the reports of last use. Because most initiation occurs among adolescents and young adults, having fewer QFT respondents in these two age groups could affect the occurrence of these patterns of inconsistent reports in the QFT data.

Very small numbers and percentages of QFT respondents had triggered flags for inconsistent data in the modules for smokeless tobacco, methamphetamine, and prescription drugs (i.e., fewer than five respondents for any given flag that was set). For prescription drugs, inconsistencies that were flagged pertained to errors in the computer-assisted interviewing (CAI) programming that were identified during data editing rather than logical inconsistencies.[17] These programming errors will be fixed for the 2013 DR. In addition, fewer than five respondents each in the pain relievers, tranquilizers, and stimulants modules reported misuse in the past 30 days and also reported misuse on "0 days" in that period. This logic was programmed correctly according to the CAI specifications (i.e., 0 was in the allowable range for the 30-day frequency

[17] These programming errors for prescription drugs involved (a) asking the 30-day misuse question when respondents had already reported initiating misuse of some prescription drug in that category (e.g., pain relievers) in the past 30 days, which gave respondents the opportunity to answer the 30-day misuse question as "no"; and (b) not skipping respondents out of subsequent 30-day misuse questions after they had answered the lead 30-day misuse question as "no," which gave respondents the opportunity to report misuse on 1 to 30 days in the past month.

questions). For the 2013 DR, however, the decision has been made to change the allowable range for the 30-day frequency of misuse to 1 to 30 days because respondents will have been asked a "yes/no" question for whether they misused any prescription drugs in that category in the past 30 days, or else they may have reported initiating misuse of a specific prescription drug in the past 30 days.

There were no situations in the QFT data in which the variable for most recent use of any hallucinogen was logically inferred to be more recent than that reported by respondents based on reports of more recent use of the specific hallucinogens ketamine, dimethyltryptamine (DMT), alpha-methyltryptamine (AMT), "Foxy", or *Salvia divinorum* (i.e., the three hallucinogens that had been moved from special drugs to the core hallucinogens module). There also were no situations in the QFT data in which more recent use of any hallucinogen was logically inferred based on reports of most recent use of lysergic acid diethylamide (LSD), phencyclidine (PCP), or Ecstasy (i.e., the specific hallucinogens that were included in this module for both the main survey and the QFT). Most recent use of any hallucinogen was set to an "indefinite" periods of use (i.e., at some point in the past 12 months or some point in the lifetime) because they had ambiguous data for most recent use of ketamine or of DMT, AMT, or "Foxy." Similar edits were implemented for a larger number of QFT respondents (but fewer than 20) based on ambiguous data for most recent use of LSD or Ecstasy. As noted previously, LSD and Ecstasy were not among the hallucinogens that had been moved from a noncore module to the core hallucinogens module for the QFT. Thus, these data suggest that hallucinogens that were already in this module might have more of an effect on editing of most recent use of any hallucinogen than the three hallucinogens that were moved from a noncore module.

For binge alcohol use, about 1 percent of QFT respondents had some inconsistency between their frequency of consumption of five or more drinks (for males) or four more drinks (for females) and other 30-day alcohol use data. Rates of inconsistent data for binge alcohol use and other 30-day alcohol use data were similar in the comparison data based on consumption of five or more drinks for both males and females (2011 comparison data: 0.8 percent; 2012 comparison data: 0.7 percent). The numbers of respondents in the comparison data who had these patterns of inconsistent data for binge alcohol use were about 10 to 20 times the number of QFT respondents with inconsistent data.

4.6.3 Responding to Lead Questions for "OTHER, Specify" Data

As noted in ***Section 3.3.2*** in ***Chapter 3***, only the "OTHER, Specify" data for Hispanic origin, race, and drugs were coded for use in further data processing or analysis. However, data for variables or response choices that govern whether respondents were asked "OTHER, Specify" questions provide an indication of data quality. For example, if predefined categories for a given question or predefined examples in preceding questions (e.g., specific prescription drugs) are understandable and encompass the bulk of expected responses, then the rates should be low for the residual "other" responses (e.g., misuse of "any other" pain reliever, obtaining pain relievers "some other way").

Estimates in ***Table N-1*** in ***Appendix N*** for new, moved, or revised items in the QFT include estimates for the following questions that have associated "OTHER, Specify" data:

- race (question QD05), including other race;
- past year misuse of specific prescription pain relievers (PRY01 to PRY40), including misuse of any other prescription pain relievers;
- reasons for misusing the last pain reliever (PRYMOTIV), including some other reason;
- source of the last pain reliever that the respondent misused (PRY42B), including getting the drug some other way;
- friend's or relative's source of the pain reliever that the respondent obtained from a friend or relative for free (PRY42C), including getting the drug some other way;
- past year misuse of specific prescription tranquilizers (TRY01 to TRY19);[18]
- reasons for misusing the last tranquilizer (TRYMOTIV);
- source of the last tranquilizer that the respondent misused (TRY21B);
- friend's or relative's source of the tranquilizer that the respondent obtained from a friend or relative for free (TRY21C);
- past year misuse of specific prescription stimulants (STY01 to STY24);
- reasons for misusing the last stimulant (STYMOTIV);
- source of the last stimulant that the respondent misused (STY26B);
- friend's or relative's source of the stimulant that the respondent obtained from a friend or relative for free (STY26C);
- past year misuse of specific prescription sedatives (SVY01 to SVY17);
- reasons for misusing the last sedative (SVYMOTIV);
- source of the last sedative that the respondent misused (SVY19B);
- friend's or relative's source of the sedative that the respondent obtained from a friend or relative for free (SVY19C);
- type of cancer (HLTH26), including other cancer; and
- born in the United States (QD14).[19]

Not counting question QD14, which does not offer an *explicit* choice of "other" (i.e., other country or territory is implied by a response of "no"), rates for "other" responses to these items were low in the QFT relative to rates for predefined prescription drugs or predefined response categories. These low rates support the overall conclusion that predefined categories or predefined examples of prescription drugs performed adequately in the QFT.

For past year misuse of specific pain relievers, for example, fewer than 10 QFT respondents aged 12 or older reported past year misuse of any other prescription pain reliever,

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[18] "Other" responses for tranquilizers, stimulants, and sedatives correspond to those listed for pain relievers.

[19] Respondents who answer question QD14 as "no" are routed to question QD15, which asks them to specify the country or territory where they were born.

for an estimate of 0.2 percent. In comparison, more than 50 respondents reported past year misuse of Vicodin®, for an estimate of 2.4 percent. An estimated 70.2 percent of persons who misused pain relievers in the past year reported misusing pain relievers the last time in order to relieve physical pain, 26.1 percent reported doing so to relax or relieve tension, and 22.3 percent reported doing so to feel good or get high. Fewer than five QFT respondents reported misusing pain relievers the last time for some other reason; the corresponding estimate of 2.1 percent would be suppressed.

More than 50 QFT respondents reported having some type of cancer in their lifetime. Although this number of respondents allowed acceptable precision for estimating the lifetime prevalence of cancer among persons aged 12 or older based on data from more than 2,000 respondents, prevalence estimates for specific types of cancer would be suppressed if based on the denominator of respondents who ever had cancer. Also, fewer than 10 QFT respondents reported having most specific types of cancer listed in question HLTH26, including other cancer. In the typed answers to the "OTHER, Specify" question for other forms of cancer, one of the answers corresponded to a type of cancer in the list in HLTH26. The second response did not correspond exactly to any of the types of cancer in the list.

Table M-1 in ***Appendix M*** shows weighted estimates for question QD14 in the QFT and in the comparison data for 2011 and 2012. The estimated percentage of persons aged 12 or older who were born in the United States based on QFT data (87.9 percent) was similar to the estimates in the 2011 and 2012 comparison data (88.8 and 88.9 percent, respectively). These findings suggest that moving the question about country of birth from CAPI to ACASI did not affect reporting of being born in or outside of the United States.

4.6.4 Triggering of Hard Errors Involving Ages at First Prescription Drug Misuse

In the main survey, consistency checks were triggered if respondents reported first misuse of prescription drugs at an age that was older than their current age. In these consistency checks, respondents had the option of changing their current age to make it consistent with their reported age at first misuse (AFU)[20] or to change their AFU to make it consistent with their current age.

For each specific prescription drug that QFT respondents misused in the past year, they were asked to report the age when they first misused the drug. Unlike the comparison data from the main survey, "hard errors" were triggered if QFT respondents reported an AFU for a specific prescription drug that was older than their current age. The message for these hard errors indicated that the AFU that respondents entered was older than their current age. Respondents could change their AFU for that prescription drug to make it consistent with their current age, but they could not change their current age.

The prescription drug variables in the CAI data that were associated with answers to the AFU questions did not directly capture information to indicate when these hard errors had been triggered. However, this information was available through the audit trail data, which indicated each keystroke that respondents made during the interview. The audit trail data for respondents

[20] The abbreviation "AFU" (typically, standing for "age at first use" for drugs other than prescription drugs) also is used in this section to refer to first misuse of prescription drugs.

who triggered at least one hard error in their interviews and also reported past year misuse of prescription drugs were checked by multiple reviewers.

No situations were identified in the audit trail data for the QFT in which respondents triggered a hard error between the AFU answers for individual prescription drugs and their current age. Numbers and percentages of respondents in the 2011 and 2012 comparison data who triggered corresponding consistency checks also were minimal. Fewer than 10 respondents for pain relievers and fewer than 5 respondents per module for tranquilizers, stimulants, and sedatives triggered consistency checks between their AFU data and current age in the 2011 or 2012 comparison samples.

4.6.5 Triggering of Specific Consistency Checks in the Prescription Drug Modules

If QFT respondents reported that they first misused a specific prescription drug within 1 year of their current age, they were asked to report the year and then the month when they first misused that drug (YFU and MFU, respectively).[21] A consistency check was triggered if the AFU reported by the respondent for the specific drug differed from the corresponding age that was calculated from the YFU, MFU, and birth month.

However, the programming specifications for the YFU and MFU questions for individual prescription drugs in the QFT were designed to limit the opportunities for respondents to enter answers in the YFU and MFU questions that were inconsistent with their answer to the corresponding AFU question. Specifically, the CAI logic typically limited the months that respondents could choose in the MFU questions based on their interview date, date of birth, reported AFU, and reported YFU. For example, suppose a respondent reported first misuse of a prescription drug at his or her current age and in the current year. If the respondent already had a birthday in the current year, then the only allowable months that the respondent could choose in the MFU question were from his or her birth month to the interview month. If specific criteria did not apply for restricting the allowable months in the MFU question, however, the default was for the MFU question to display all calendar months.

Data from the QFT suggest that the logical constraints for the AFU, YFU, and MFU questions were successful in reducing inconsistent reporting of initiation data for individual prescription drugs. Only three QFT respondents triggered consistency checks because of this pattern of inconsistent reporting. Two of these consistency checks were triggered for different pain relievers, and one consistency check was triggered for a tranquilizer. No consistency checks were triggered for prescription stimulants or sedatives. In addition, no more than one of these consistency checks was triggered for any of these respondents. In the final QFT sample, no respondents had inconsistent initiation data for individual prescription drugs.

In comparison, nearly 400 respondents in the 2011 comparison data (0.6 percent of all respondents) and nearly 150 respondents in the 2012 comparison data (0.5 percent) triggered consistency checks because their reported AFU for any pain reliever or OxyContin® was inconsistent with the calculated age at initiation based on their initial reports for their YFU and

[21] The abbreviations "YFU" (typically, standing for "year of first use" for drugs other than prescription drugs) and "MFU" (typically, standing for "month of first use") also are used in this section to refer to first misuse of prescription drugs.

MFU. For tranquilizers, the prescription drug category in the comparison data with the second highest number of inconsistencies between the reported AFU and initiation data based on the YFU and MFU, nearly 150 respondents in the 2011 comparison data (0.2 percent) and nearly 100 in the 2012 comparison data (0.3 percent) had this initial pattern of inconsistent data.

As noted previously, however, QFT respondents were asked the YFU and MFU questions for a given prescription drug only if they reported relatively recent initiation of misuse of that drug. Consequently, the low numbers of QFT respondents who triggered consistency checks based on their answers to the AFU, YFU, and MFU questions probably reflects the specific criteria for asking the YFU and MFU questions. Larger numbers of respondents triggering these consistency checks for prescription drugs would be expected in a full survey sample of approximately 67,000 respondents, and at least some of these respondents would be expected not to resolve some inconsistencies in these initiation data. Nevertheless, the findings for these types of inconsistencies in the prescription drug initiation data in the QFT and comparison data suggest that the changes to the CAI logic in the QFT will help to reduce the occurrence of these inconsistencies when the redesigned prescription drug questions are fielded in 2015.

4.6.6 Patterned Responses in the Core Drug Questions for the Comparison Data

As noted in ***Section 3.3.2*** in ***Chapter 3***, core modules in the 2011 and 2012 comparison data were reviewed for potential patterned responses according to the procedures documented in the editing and coding section (Section 10) of the 2010 methodological resource book (Kroutil et al., 2012a). These checks were implemented as part of the general editing procedures for editing the full 2011 survey data and the 2012 survey data from quarters 3 and 4, regardless of whether interviews were within or outside of the 48 States of the continental United States. However, fewer than five cases in the entire 2011 data were classified as nonrespondents even though they met the usable case criteria because of patterned responses in their core drug data. Similarly, fewer than five cases in the entire 2011 survey were retained as respondents, but with their original responses in one or more core drug modules being replaced with "bad data" codes. For the 2012 survey in quarters 3 and 4, there also were fewer than five cases that met the usable case criteria but were treated as nonrespondents and fewer than five cases that were retained as respondents but with their original responses in one or more core drug modules being replaced with "bad data" codes.

4.6.7 Patterned Responses in the Drug Use Questions for the QFT Data

The checks for patterned responses that were used for the comparison data also were implemented for core QFT modules that did not change (or underwent minimal change) relative to the comparison data. Because the content of the new methamphetamine module for the QFT was similar to the content of other modules in the comparison data, the relevant checks for the comparison data were run for the methamphetamine data in the QFT.

Changes to the prescription drug questions for the QFT had the potential to yield some results in which the pattern of responses could call into question the overall validity of the data for prescription drugs. Therefore, particular attention was given to identifying the occurrence of the following patterns in the prescription drug data and examining the results if these patterns occurred:

- keying responses of "1" (and only "1") to all screener questions for a given prescription drug category;
- keying responses of "2" (and only "2") to all screener questions for a given prescription drug category; and
- reports of high numbers of individual prescription drugs that were misused relative to the overall distribution of the number of drugs that were misused within a given category, with all AFUs being within 1 year of each other (including those in which all AFUs were at the same age).

4.6.7.1 Background on Patterned Responses in the QFT Prescription Drug Data

In modules preceding the screening questions for pain relievers, for example, responses of "2" in "gate" questions (e.g., any lifetime use of specific inhalants, any lifetime use of methamphetamine) meant "no." In the screeners for prescription drugs, however, responses of "2" typically meant use in the past year of a specific prescription drug. For example, a response of "2" in the first screening question for pain relievers meant use in the past year of the pain reliever Lortab®. Thus, if lifetime nonusers of drugs in modules that preceded the prescription drug screening questions failed to recognize that "2" no longer meant "no" in these screening questions, they might continue to key responses of "2," thinking incorrectly that this meant that they did not use any of the drugs in a given question.

Similarly, responses of "1" in gate questions for modules preceding the prescription drug screening questions meant "yes." On the one hand, a response of "1" in the screening questions for past year use of prescription drugs could correctly mean that respondents used that particular prescription drug in the past year. However, there were 11 questions in the screener for pain relievers about past year use. The remaining screeners for tranquilizers, stimulants, and sedatives each included six questions about past year use of prescription drugs in their respective categories. Consequently, keying responses only of "1" to every single screening question for a given prescription drug category would be highly unlikely; in questions where respondents could report use of more than one prescription drug in the past year, responses only of "1" would mean that the respondent used the first (and *only* the first) prescription drug shown in each question. Again, if some respondents failed to recognize that "1" no longer meant "yes" in the prescription drug screeners, they might think incorrectly that "1" meant "yes" to use of *any* of the drugs in a given question. Furthermore, if respondents keyed answers of "1" (and only "1") in screening questions to mean that they used at least one of the drugs in the list, it could not be determined which specific drugs they actually used.

As noted previously, QFT respondents were asked to report their ages when they first misused each of the prescription drugs that they reported misusing in the past 12 months. This could involve misuse of up to 40 pain relievers, 19 tranquilizers, 24 stimulants, and 17 sedatives. An underlying assumption for asking the initiation questions for each individual prescription drug was that most respondents would report past year misuse of relatively few prescription drugs, if any. Nevertheless, if respondents reported misuse of a relatively high number of prescription drugs within a category in the past year but provided little or no variation in their reported ages when they initiated misuse of each drug, concern could be raised about the validity of the self-reported initiation data. For example, some respondents could report the same

initiation data for each drug in order to get through the questions faster. Even if respondents were attempting to answer each individual initiation question as accurately as possible, concern also could be raised about respondents' ability to provide accurate self-reports in each set of initiation questions when they reported misuse of relatively high numbers of prescription drugs.

4.6.7.2 Actions Based on Patterned Responses in the QFT Prescription Drug Data

No cases were dropped from the QFT data (i.e., treated as nonrespondents) because of patterned responses. However, patterns of responses in the QFT prescription drug data were reported to SAMHSA for a total of 22 cases. For five of these respondents, edited variables for one or more categories of prescription drugs were assigned "bad data" codes because of patterned responses in their prescription drug data. These included three respondents who keyed only responses of "2" wherever possible in the screening questions and two respondents who keyed only responses of "1" wherever possible in the screening questions. One of these QFT respondents who keyed only responses of "1" in the screening questions had additional patterned responses in the questions about misuse, including endorsing all five ways of misuse in the past year for all four prescription drug categories (i.e., without a prescription, in greater amounts, more often, longer than told to take the drug, or in some other way not directed by a doctor) and endorsing all possible motivations for misuse in the past year for all four prescription drug categories. These results suggest the potential for patterned responses to occur more frequently in the redesigned prescription drug questions when the partially redesigned questionnaire is implemented in 2015. Unlike the lead questions in prior modules, responses of "1" or "2" in the screener questions do not mean "yes" or "no," respectively. Therefore, patterns of keying only "1" or only "2" wherever possible suggest that these respondents may not have noticed the change in meaning of these responses when they reached the prescription drug screener questions. This potential data quality issue warrants further monitoring in the 2013 DR data and the 2015 main study data.

4.6.7.3 Initiation Patterns in the QFT Prescription Drug Data

A total of 14 QFT respondents (including some of those who keyed responses of only "1" in the screening questions) reported past year misuse of four or more individual prescription drugs within a given prescription drug category, and they also reported no more than 1 year of variation in the answers to the individual AFU questions. These included respondents who reported first misuse of all prescription drugs within a category at the same age or often across multiple categories of prescription drugs.

A cut point of four or more was chosen based on the distributions for the numbers of individual prescription drugs for which respondents reported past year misuse. Specifically, percentages of QFT respondents reporting past year misuse of zero to three individual prescription drugs were 98.7 percent for pain relievers, 99.5 percent for tranquilizers and stimulants, and almost all respondents for sedatives (i.e., the percentage shown to one decimal place rounded to 100.0). For QFT respondents who were above this cut point, 26 reported past year misuse of four or more individual pain relievers, including 9 respondents who reported misuse of eight or more. For tranquilizers, 10 respondents reported past year misuse of four or more individual drugs, including 3 respondents who reported misuse of eight or more.

For stimulants, 10 respondents reported past year misuse of four or more individual drugs, including 7 respondents who reported misuse of six or seven stimulants.

One of these 14 respondents keyed responses of only "1" in the screening questions for all four categories of prescription drugs. Consequently, all edited prescription drug variables for this respondent (including the variables associated with the AFU questions) were assigned codes of "bad data," as described previously. No further editing was done to the data on initiation of misuse for the remaining 13 respondents. However, some of these respondents reported initiation of misuse of all prescription drugs at the same age more than 10 years prior to the interview date; AFUs for some of these prescription drugs also would have translated to initiation of misuse prior to the availability of these drugs by prescription in the United States. Other respondents not only reported initiation of misuse of all drugs at the same age but also reported initiation of misuse of all prescription drugs in the same year and month or keying of the response for "don't know" (DK) for the MFU questions after the first couple of times of being asked questions for the AFU, MFU, and YFU. This latter pattern could suggest either annoyance or fatigue associated with the respondent repeatedly asked about first misuse.

An additional five QFT respondents were identified with reports of past year misuse of relatively high numbers of individual prescription drugs. Unlike the previous 14 respondents, these respondents provided more variation in their initiation data. One of these five respondents also had codes of "bad data" assigned to prescription drug variables because the respondent keyed only responses of "1" wherever possible in the screening questions. No further editing was done to the data on initiation of misuse for the remaining four respondents.

4.6.7.4 Measurement Issues for Initiation of Prescription Drug Misuse in the QFT

The assumed primary analytic aim of the questions about initiation of misuse of prescription drugs is to distinguish between respondents who first misused *all* prescription drugs within a given category within the past 12 months (i.e., past year initiates) and those who initiated misuse of some prescription drugs in that category more than 12 months ago. If that is the case, then respondents' ability to recall accurately the *exact* ages when they first misused each individual prescription drug would become a secondary concern. In particular, if respondents can recall accurately that they first misused some prescription drugs in that category more than 12 months prior to being interviewed, then they by definition would not be past year initiates, even if there is some inaccuracy in their self-reports of when they first misused every individual drug.

On the surface, if respondents reported past year initiation of misuse for all individual prescription drugs in a category that they misused in the past year, then it would appear that these respondents could be classified as past year initiates of misuse for that category. For example, suppose a respondent reported misuse of four different prescription pain relievers and reported first misuse of all four at his or her current age. By definition, initiation of misuse for each of these pain relievers would have occurred in the past 12 months.

Because QFT respondents were asked questions about their first misuse of the prescription drugs that they misused in the past 12 months, a limitation of these initiation questions is that they do not capture information about other prescription drugs in the category

that respondents may have last misused more than 12 months ago. In the preceding example, if the respondent who misused four pain relievers at his or her current age misused a fifth pain reliever at some point in his or her lifetime but not in the past 12 months, the pain reliever questions in the QFT would not capture information about this additional prescription pain reliever. By definition, however, a respondent who misused any prescription drugs within a category (e.g., pain relievers) more than 12 months ago could not be a past year initiate for the overall category. A respondent who reported first misusing a prescription drug with a particular active ingredient (e.g., the pain reliever hydrocodone, such as Vicodin® or the generic equivalent hydrocodone with acetaminophen) or within a given prescription drug subcategory (e.g., benzodiazepine tranquilizers such as Xanax® or the generic equivalent alprazolam) also could not be classified with certainty as a past year initiate for the more narrowly defined subcategory. As for the definition of past year initiation for the overall prescription drug category, the respondent could have misused similar drugs in a subcategory (e.g., other pain relievers containing hydrocodone) more than 12 months ago but not in the past 12 months and therefore would not have been asked about these other drugs in the QFT.

4.6.8 Issues to Consider for the Dress Rehearsal

Based on the review of responses to the prescription drug questions in the QFT, two issues may be particularly relevant to the design of these questions for the 2013 DR:

1. alerting respondents that responses of "1" or "2" in the prescription drug screening questions do not necessarily mean "yes" or "no," respectively; and
2. capturing information about potential initiation of prescription drug misuse more than 12 months ago for those respondents who reported past year initiation of all prescription drugs in a category that they misused in the past year.

4.6.8.1 Alerting Respondents to Content Changes for Prescription Drugs

At a minimum, revisions to the prescription drug questions for the 2013 DR in response to the first issue could involve an introductory screen prior to the start of the screener for pain relievers to inform respondents of the change in meaning of responses of "1" or "2." Ideally, this would slow down respondents sufficiently to pay attention to this change.

However, if respondents are hurrying through the core drug questions without paying close attention to changes in the content—especially if they have become conditioned to expect that "2" means "no"—they still may fail to pay sufficient attention to a new introductory screen immediately prior to the prescription drug screeners. Therefore, an additional option for the 2013 DR would be inclusion of new logic relatively early in the screening questions for a given prescription drug category to alert respondents if they appear to be falling into a pattern of keying responses of only "1" or only "2" in the screener. For example, if a respondent entered answers of only "2" in the first two screening questions about past year use of pain relievers, the respondent might be prompted about what these responses of "2" mean (e.g., past year use of Lortab® and Percocet®, respectively, based on the content of the QFT questions). The respondent then would be asked whether these answers are correct. In case respondents have gotten conditioned to associate responses of "1" with "yes" and responses of "2" with "no," the question asking respondents to indicate whether these previous answers were correct could involve use of

a response other than "1" for "yes" if respondents want to confirm their answer and a response other than "2" for "no" if they want to indicate that their previous answers were not correct. Respondents who indicate that their previous answers were not correct would be re-asked the relevant screener questions to allow them to change their answers to these questions.

The decisions were made not to implement either of these changes for the 2013 DR. However, continued monitoring of the occurrence of these patterns is planned for the DR.

4.6.8.2 Refining the Initiation Questions for Prescription Drugs

In keeping with the aim of distinguishing between past year initiates of misuse of any prescription drug within a category and respondents who initiated misuse of some prescription drugs in that category more than 12 months ago, it would be necessary in the 2013 DR to collect additional initiation data only from those respondents who reported past year initiation of misuse for all of the prescription drugs in a category that they misused in the past year. If DR respondents continue to be asked initiation questions for each prescription drug that they misused in the past year, then any respondents who first misused any of these drugs more than 12 months prior to the interview date are not past year initiates. If first misuse in the past 12 months is the only initiation that respondents report for prescription drugs that they misused in that same period, they could be asked a follow-up question to determine if they ever misused any prescription drugs in that category more than 12 months ago.

Follow-up questions have been added to the 2013 DR instrument for respondents who report only past year initiation of specific prescription drugs in a given category (e.g., pain relievers).[22] These respondents will be asked whether they ever misused any prescription drug in that category more than 12 months prior to the interview date. Respondents who answer this follow-up question as "no" can be classified as past year initiates of misuse for any prescription drug in that category. Those who answer the follow-up question as "yes" can be classified as not being past year initiates. As noted previously, it will not be necessary to ask this follow-up question if respondents reported initiating misuse more than 12 months ago for any prescription drugs that they also misused in the past year. By definition, these respondents are not past year initiates.

[22] Included in the classification of respondents who reported only past year initiation are those who had missing data on initiation for some drugs in a given category (i.e., responses of "don't know" or "refused") and reported past year initiation for the remaining prescription drugs in that category that they misused in the past year.

5. Assessments of the Redesigned Protocol

5.1 Overview of QFT Protocol Assessment

This chapter presents the results of four efforts to assess the partially redesigned protocol used for the 2012 Questionnaire Field Test (QFT) data. The overall purpose of these assessments was to ensure that the revised questionnaire and protocol used for the 2012 QFT will facilitate continued high quality and efficiency in National Survey on Drug Use and Health (NSDUH) data collection when the partial redesign is implemented in 2015. ***Section 5.2*** presents complete results of field observations of QFT field interviewers (FIs). ***Section 5.3*** provides selected data compiled from FI debriefing items completed for QFT cases. ***Section 5.4*** presents findings from two surveys on new equipment used by FIs in the QFT. ***Section 5.5*** provides key findings from three focus groups conducted with QFT FIs about their experiences using the redesigned NSDUH interview protocol and tablet computer for screening.

5.2 Summary of Results from Field Observations of QFT Field Interviewers

This section summarizes the results of the field observations described previously in ***Section 2.4.7.2*** of ***Chapter 2.*** All field observations were completed between September 4 and September 17, 2012. During this time period, a total of 20 field observations were completed with 20 different FIs. These FIs completed 34 screenings and 28 interviews. Substance Abuse and Mental Health Services Administration (SAMHSA) staff observed 5 of the 20 FIs completing 10 screenings and 5 interviews. The remaining observations were conducted by RTI staff, which included observations by one FS, two regional supervisors (RSs), and two other RTI staff members. This section summarizes the field observation procedures followed and the errors observed. It also includes comments from observers and FIs about the new materials, procedures, and equipment used for the QFT data collection.

Several trends emerged among the QFT field observation data. The majority of FIs displayed positive behaviors when conducting screenings (see ***Appendix D***). Of the 21 items listed on the QFT field observation screening checklist, only 2 items were observed being conducted incorrectly more than 5 percent of the time:

- not asking all roster questions verbatim, and
- not reading verification instructions verbatim when no household members were selected for an interview (code 22, 25, 26, or 30).

These errors were not specifically related to the QFT and could have occurred during a main study observation. Based on observation of these errors, no changes to the equipment or materials are anticipated. Items were added to the QFT field observation screening checklist to reflect changes to the screening procedures, project information, and use of specific QFT materials. There was only one error recorded for these items (see ***Table 5.1***) in which an FI did not correctly answer a respondent's questions using the QFT-specific information.

Table 5.1 Screening Errors Specific to the Questionnaire Field Test

Screening Error	Error Rate, %	Errors Observed
Not including name, RTI International, DHHS, and lead letter in introduction	0.00	0
Not providing respondent with correct QFT materials	0.00	0
Answer questions correctly and thoroughly, referencing correct QFT details (e.g., RTI International, DHHS, did not mention QFT or field test, sample size, or payment)	2.94	1
TOTAL	0.98	1

DHHS = U.S. Department of Health and Human Services; QFT = Questionnaire Field Test.

NOTE: The error rate equals the percentage of observed cases where the error was observed. A total of 34 interviews were observed.

The majority of FIs also displayed positive behaviors when conducting interviews (see ***Appendix D***). Of the 14 items listed on the QFT field observation interviewing checklist, only 3 items were observed being conducted incorrectly at least 5 percent of the time:

- not explaining the purpose of the study thoroughly to an interview respondent who was not the screening respondent;
- not handing the QFT study description to the respondent; and
- not reading all screens verbatim.

As with the observed screening errors, these errors were not related specifically to the QFT and could have occurred during a main study observation. In instances where an error was recorded for the FI not handing the QFT study description to the respondent, the FI did not hand any study description to the respondent. This error was not attributed to the QFT procedures.

Items were added to the QFT field observation interview checklist to reflect changes to the interview procedures, project information, and use of specific QFT materials. Two errors were recorded on these items, as noted in ***Table 5.2***. For both of these errors, the FI used procedures or language from the main study instead of following QFT procedures.

Table 5.2 Interview Errors Specific to the Questionnaire Field Test

Interview Error	Error Rate, %	Errors Observed
Not following the proper QFT quality control form and incentive procedures	3.57	1
Not answering respondent questions correctly and thoroughly, referencing the appropriate QFT details (e.g., RTI International, DHHS, did not mention QFT or field test, sample size, or payment)	3.57	1
Not providing respondent with correct QFT materials	0.00	0
TOTAL	2.38	2

DHHS = U.S. Department of Health and Human Services; QFT = Questionnaire Field Test.

NOTE: The error rate equals the percentage of observed cases where the error was observed. A total of 28 interviews were observed.

The field observations show that FIs generally did well at following both new procedures specific to the QFT and procedures carried over from the main study. Although it is a cause for concern to see any violations of protocol, errors were relatively infrequent during the QFT field

observations. The results do not indicate that the majority of these errors were the result of any new field procedures specific to the QFT.

Observers were also asked to evaluate the performance of the QFT equipment (i.e., tablet and laptop) and materials (i.e., QFT lead letter, QFT study description, and "question & answer" [Q&A] brochure) while in the field. There were no additional comments or concerns from observers about the performance of the QFT materials during their observations. Three comments were provided about the performance of the tablet in the field. One FI was concerned that there was more glare on the tablet screen in direct sunlight than typically observed with the current iPAQ device. Another FI suggested that a new functionality be added to the tablet program, removing finalized cases from the "select case" screen when transmitted. This change does not need to be made for the 2013 Dress Rehearsal (DR) because this functionality is already available on the tablet. The view/sort function on the tablet already allows FIs to select whether they want to view pending or final cases on the select case screen. Two FIs had issues troubleshooting unexpected events with the tablet, such as an alarm going off during a screening. These troubleshooting issues are to be addressed during the 2013 DR training, and documentation will be added to the FI handbook on how to resolve these occurrences. The QFT field observations did not uncover any serious concerns about the QFT equipment or materials.

Observers did witness some respondent confusion during the interview. Respondents asked FIs for assistance with or were obviously confused by the following questions:

- **GOTDOG**:

  You answer questions by putting in the number that is shown next to your answer. The numbers are located in the second row of the keyboard.

  To answer a question, you first press the correct number and then press [ENTER].

  Do you have a dog?

  One respondent pressed F2 instead of 2 to answer this question and needed FI assistance.

- **AL08**:

  During the past 30 days, that is, since **[DATEFILL]**, on how many days did you have [IF QD01=5 THEN FILL 5 IF QD01=9 THEN FILL 4] **or more** drinks on the same occasion? By "occasion," we mean at the same time or within a couple of hours of each other.

  One respondent asked what the definition of "occasion" was for this question.

- **Pain Relievers Module**:

  One respondent asked the interviewer to explain the difference between Tylenol® with Codeine 3 and Tylenol® with Codeine 4.

  One respondent asked if he should be reporting pain relievers he was prescribed by a doctor and read the question out loud to the FI.

- **SP09**:

  In **[STATE FILL FROM FIPE4]**, has marijuana been legally approved for medical use?

One respondent did not know how to answer this question. She asked the FI, and the FI instructed her to use the "Don't Know" option.

- **HLTH19**:

  During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or nurse practitioner about your **own** health at a doctor's office, a clinic, or some other place?

One respondent asked if she should include all trips to the doctor because she is pregnant and goes to the doctor regularly.

- **QD35**:

  How many different employers, including yourself, have you had in the past 12 months?

One respondent was confused on how to answer this question if he or she had only one employer.

- **Household Roster**:

One respondent was confused on how to answer the relationship questions in this section, which asks about the ages and relationships of household members.

These experiences suggest that respondents might express similar confusion on these questions in the main study data collection. However, the main study field observations do not provide comparison data on how many times respondents were confused or what comments respondents made on these same issues.

Several respondents also made comments as they completed the interview. These comments do not necessarily indicate confusion or issues with the questionnaire, but they do give some insight into how respondents reacted to the instrument.

- ACASI (audio computer-assisted self-interviewing)—One respondent commented that the drug names made him laugh.
- ACASI—One respondent volunteered that she was a nurse and had not heard of all the drugs included in the ACASI. She commented that it was "an education."
- ACASI—One respondent laughed at the marijuana and crack availability questions, which ask how easily one could obtain these drugs.
- ACASI—One respondent commented, "I'm sure there are people who take all of these, but this is insane. I can't imagine."
- Household Roster—One respondent wondered why they had to repeat this information about household members from the screening and commented that it was repetitive.
- Household Roster—One respondent commented that the relationship questions were "unusual."

Observer comments also suggested changes that could be made to the computer-assisted interviewing (CAI) instrument. In two cases, it was suggested that a transition statement or instructions be added to the end of the interview to provide some context for the FI tasks. This statement would allow the end of the interview to flow more naturally and not leave the respondent sitting in silence while the FI finishes his or her tasks.

Despite issues with respondent confusion or misunderstanding, FI performance during field observations met the expected quality standards. Out of a possible 714 screening errors in the QFT field observations (34 completed screenings multiplied by 21 possible errors on the QFT field observation screening checklist), field observers noted 8 errors, or 1.12 percent of the possible screening errors. Out of a possible 392 interviewing errors in the QFT field observations (28 completed interviews multiplied by 14 possible errors on the QFT field observation interviewing checklist), field observers noted 17 errors, or 4.34 percent of the possible interview errors.

Overall, the 20 completed field observations provided an important opportunity to see firsthand how the QFT instrument, materials, and equipment performed in the field. These items all performed well, and only minimal changes were suggested. Several items that observers were instructed to observe went so smoothly that there were no reported issues or comments, including the flow of the screening presentation, overall issues with the tablet or tablet case, and issues transitioning between the screening and the interview. The lack of comments on these items, combined with the few comments and issues reported on other QFT-specific items, indicates the instruments, equipment, and materials performed well in the field. Although some small errors were observed, the QFT FIs also performed well while working with the new instrument, materials, and equipment. Because these observations were conducted with experienced FIs and from a nonrandom selection, they may not be generalizable to the NSDUH main study FI population. These field observation data did not produce any suggestions for significant changes to the 2013 DR or the 2015 redesign.

5.3 QFT Field Interviewer Debriefing Results

Additional insight on the redesigned protocol in 2015 was obtained from FI debriefing questions that were administered at the end of each interview. Debriefing items (shown in ***Appendix E***) were included in the QFT protocol. Debriefing items asked FIs to note whether respondents expressed any difficulties or reactions to certain features of the revised protocol, such as the electronic version of the reference calendar, the electronic pill images, proxy use of ACASI, and the new contact materials (Q&A brochure). In addition, FIs also responded to debriefing items about the screening respondent's recall of the lead letter. Although this reporting depends on unprompted information being supplied by QFT screening and interview respondents, these items provide information that can be used to identify potential problems with the new features of the redesigned protocol in an unobtrusive manner.

Tables 5.3 through ***5.8*** present information on FI reports of screening respondent recall of the lead letter. FIs reported that older screening respondents (those 26 or older) were more likely to recall seeing the lead letter than younger screening respondents (18 to 25 years old). To examine screening respondent recall of the lead letter more closely, a three-category measure of interview status at the dwelling unit level was created, as follows:

- *Not Selected* – Dwelling units in which the screening was completed and no one was selected for the interview.
- *Selected and Not Interviewed* – Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed. Interviews were not completed for several reasons, including refusal, noncontact, and language barriers.
- *Selected and Interviewed* – Dwelling units in which the screening was completed and at least one interview was completed.

Recall of the lead letter appeared to be associated with willingness to do the interview. ***Table 5.4*** shows that FI reports that the screening respondent recalled the lead letter were lower when the dwelling unit was selected for an interview but not interviewed than when an interview was completed in the dwelling unit. ***Tables 5.5*** through ***5.8*** show that this pattern did not vary a great deal by the age of the screening respondent, with the notable exception of cases where the age of the screening respondent was 65 or older. As shown in ***Table 5.8***, for screening respondents aged 65 or older, there was little difference in the recall of the lead letter between those in households where an interview was completed (57.5 percent) and those where a person was selected but no interviews were completed (55.2 percent).

Table 5.3 Screening Respondent Recall of Lead Letter, by Screening Respondent Age

QFTDBF1 - Did the respondent remember receiving the lead letter?	**Screening Respondent Age**								**Overall (*n* = 3,801)**	
	18 to 25 (*n* = 353)		**26 to 49 (*n* = 1,576)**		**50 to 64 (*n* = 1,054)**		**65 or Older (*n* = 818)**			
	N	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	131	37.1	809	51.3	589	55.9	422	51.6	1,951	51.3
No	222	62.9	767	48.7	465	44.1	396	48.4	1,850	48.7

NOTE: Screening respondent age was missing for 28 completed screenings.

Table 5.4 Screening Respondent Recall of Lead Letter, by Dwelling Unit Interview Status

QFTDBF1 - Did the respondent remember receiving the lead letter?	**Dwelling Unit Interview Status**							
	Not Selected[1] (*n* = 1,931)		**Selected & Not Interviewed[2] (*n* = 459)**		**Selected & Interviewed[3] (*n* = 1,443)**		**Overall (*n* =3,833)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	1,002	51.9	194	42.3	767	53.2	1,963	51.2
No	929	48.1	265	57.7	676	46.9	1,870	48.8

[1] Dwelling units in which the screening was completed and no one was selected for the interview.

[2] Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

[3] Dwelling units in which the screening was completed and at least one interview was completed.

Table 5.5 Recall of Lead Letter among Screening Respondents Aged 18 to 25, by Dwelling Unit Interview Status

QFTDBF1 - Did the respondent remember receiving the lead letter?	**Dwelling Unit Interview Status**							
	Not Selected[1] (*n* = 65)		**Selected & Not Interviewed[2] (*n* = 51)**		**Selected & Interviewed[3] (*n* = 237)**		**Overall (*n* = 353)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	31	47.7	13	25.5	87	36.7	131	37.1
No	34	52.3	38	74.5	150	63.3	222	62.9

[1] Dwelling units in which the screening was completed and no one was selected for the interview.

[2] Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

[3] Dwelling units in which the screening was completed and at least one interview was completed.

Table 5.6 Recall of Lead Letter among Screening Respondents Aged 26 to 49, by Dwelling Unit Interview Status

QFTDBF1 - Did the respondent remember receiving the lead letter?	**Dwelling Unit Interview Status**							
	Not Selected[1] (*n* = 569)		**Selected & Not Interviewed[2] (*n* = 239)**		**Selected & Interviewed[3] (*n* = 768)**		**Overall (*n* = 1,576)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	288	50.6	99	41.4	422	55.0	809	51.3
No	281	49.4	140	58.6	346	45.1	767	48.7

[1] Dwelling units in which the screening was completed and no one was selected for the interview.

[2] Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

[3] Dwelling units in which the screening was completed and at least one interview was completed.

Table 5.7 Recall of Lead Letter among Screening Respondents Aged 50 to 64, by Dwelling Unit Interview Status

QFTDBF1 - Did the respondent remember receiving the lead letter?	**Dwelling Unit Interview Status**							
	Not Selected[1] (*n* = 672)		**Selected & Not Interviewed[2] (*n* = 110)**		**Selected & Interviewed[3] (*n* = 272)**		**Overall (*n* = 1,054)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	375	55.8	49	44.6	165	60.7	589	55.9
No	297	44.2	61	55.4	107	39.3	465	44.1

[1] Dwelling units in which the screening was completed and no one was selected for the interview.

[2] Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

[3] Dwelling units in which the screening was completed and at least one interview was completed.

Table 5.8 Recall of Lead Letter among Screening Respondents Aged 65 or Older, by Dwelling Unit Interview Status

QFTDBF1 - Did the respondent remember receiving the lead letter?	Dwelling Unit Interview Status							
	Not Selected[1] (*n* = 607)		Selected & Not Interviewed[2] (*n* = 58)		Selected & Interviewed[3] (*n* = 153)		Overall (*n* = 818)	
	n	%	*n*	%	*n*	%	*n*	%
Yes	302	49.8	32	55.2	88	57.5	422	51.6
No	305	50.3	26	44.8	65	42.5	396	48.4

[1] Dwelling units in which the screening was completed and no one was selected for the interview.

[2] Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

[3] Dwelling units in which the screening was completed and at least one interview was completed.

Additional tabulations of the information presented in ***Tables 5.3*** to ***5.8*** are shown in ***Table 5.9*** as the rates at which interviews were completed in households selected for interviews, conditional on whether or not the lead letter was recalled. Overall, among those who were selected for the interview, when the screening respondent mentioned recalling the lead letter, 80.3 percent of the dwelling units had at least one completed interview (767 out of 955). In contrast, when the screening respondent did not mention recalling the lead letter, about 71 percent of dwelling units completed at least one interview (668 out of 933). When this is examined by screening respondent age groups, the differences range from about 7 percentage points for the 18 to 25 age group to about 13 percentage points for the 50 to 64 screening respondent age group. In contrast, there is only a small difference in the percentages of households interviewed by recall of the lead letter when the screening respondent was 65 or older.

Table 5.9 Interview Status, by Recall of Lead Letter and Screening Respondent Age

	18 to 25		26 to 49		50 to 64		65 or Older		Total	
	Recalled Lead Letter?		Recalled Lead Letter?		Recalled Lead Letter?		Recalled Lead Letter?		Recalled Lead Letter?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Selected	100	188	521	486	214	168	120	91	955	933
Interviewed	87	150	422	346	165	107	88	65	767	668
Percent Interviewed	87.0%	79.8%	81.0%	71.2%	77.1%	63.7%	73.3%	71.4%	80.3%	71.6%

Tables 5.10 and ***5.11*** provide more details on the screening respondent comments on the lead letter as reported by the FIs. Not surprisingly, the selected but not interviewed households had lower rates of screening respondents looking forward to the visit, expressions of interest in the study, and willingness to participate in the study than screening respondents in dwelling units where no one was selected for an interview or in dwelling units where at least one person was selected for the interview and at least one interview was completed. Screening respondents in dwelling units that were selected for an interview but did not complete an interview also had higher rates of not wanting anyone to come to their homes, expressions of confusion, reports of not having all questions about participation answered, and doubts about the confidentiality of their information. Additional details on the lead letter comments and on the Q&A brochure, as well as the length of the interview, are provided in ***Tables 5.10*** through ***5.15***.

Table 5.10 Screening Respondent Comments on Lead Letter, by Screening Respondent Age

QFTDBF2 - What comments, if any, did the respondent [R] make about the **lead letter** or in response to the **lead letter**?	Screening Respondent Age								Overall (*n* = 1,951)	
	18 to 25 (*n* = 131)		26 to 49 (*n* = 809)		50 to 64 (*n* = 589)		65 or Older (*n* = 422)			
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
R **did not make any comments** about the lead letter.	97	74.1	566	70.0	390	66.2	283	67.1	1,336	68.5
R was **looking forward** to your visit/**been waiting** for you.	18	13.7	93	11.5	95	16.1	56	13.3	262	13.4
R was **interested** in the study.	10	7.6	70	8.7	48	8.2	27	6.4	155	7.9
R would **like to participate** in the study.	8	6.1	50	6.2	33	5.6	21	5.0	112	5.7
R does not believe the government is paying $30/**waste of tax dollars**.	0	0.0	1	0.1	4	0.7	5	1.2	10	0.5
The letter **answered the R's questions**/concerns.	0	0.0	4	0.5	1	0.2	6	1.4	11	0.6
R did **not want someone coming to home** without permission.	0	0.0	6	0.7	7	1.2	9	2.1	22	1.1
R was **confused** by the letter.	4	3.1	12	1.5	10	1.7	6	1.4	32	1.6
The letter **did not answer all of the R's questions**/concerns.	1	0.8	18	2.2	13	2.2	13	3.1	45	2.3
R does not believe the survey is **confidential.**	0	0.0	5	0.6	7	1.2	7	1.7	19	1.0
R thought this was a **scam**.	0	0.0	6	0.7	4	0.7	6	1.4	16	0.8
R **does not open** anything addressed to "resident."	0	0.0	4	0.5	8	1.4	1	0.2	13	0.7
Other	4	3.1	32	4.0	27	4.6	24	5.7	87	4.5

Table 5.11 Screening Respondent Comments on Lead Letter, by Dwelling Unit Interview Status

QFTDBF2 - What comments, if any, did the respondent [R] make about the **lead letter** or in response to the **lead letter**?	Dwelling Unit Interview Status							
	Not Selected[1] (*n* = 1,002)		Selected & Not Interviewed[2] (*n* = 194)		Selected & Interviewed[3] (*n* = 767)		Overall (*n* = 1,963)	
	n	%	*n*	%	*n*	%	*n*	%
R **did not make any comments** about the lead letter.	673	67.2	139	71.7	529	69.0	1,341	68.3
R was **looking forward** to your visit/**been waiting** for you.	146	14.6	19	9.8	101	13.2	266	13.6
R was **interested** in the study.	78	7.8	5	2.6	76	9.9	159	8.1
R would **like to participate** in the study.	54	5.4	5	2.6	56	7.3	115	5.9
R does not believe the government is paying $30/**waste of tax dollars**.	7	0.7	1	0.5	2	0.3	10	0.5
The letter **answered the R's questions**/concerns.	8	0.8	1	0.5	2	0.3	11	0.6
R did **not want someone coming to home** without permission.	13	1.3	7	3.6	2	0.3	22	1.1
R was **confused** by the letter.	16	1.6	4	2.1	12	1.6	32	1.6
The letter **did not answer all of the R's questions**/concerns.	21	2.1	6	3.1	18	2.4	45	2.3
R does not believe the survey is **confidential**.	14	1.4	4	2.1	2	0.3	20	1.0
R thought this was a **scam**.	12	1.2	2	1.0	2	0.3	16	0.8
R **does not open** anything addressed to "resident."	8	0.8	1	0.5	4	0.5	13	0.7
Other	45	4.5	12	6.2	31	4.0	88	4.5

[1] Dwelling units in which the screening was completed and no one was selected for the interview.

[2] Dwelling units in which the screening was completed and at least one person was selected for the interview but no interviews were completed.

[3] Dwelling units in which the screening was completed and at least one interview was completed.

Table 5.12 Timing of Providing Q&A Brochure

QFTDBF3 - When did you give the respondent (or parent/guardian of youth respondent) the Q&A [question and answer] brochure?	***n***	**%**
Before the interview	517	25.3
During the interview	35	1.7
At the end of the interview	1,488	72.9
TOTAL	2,040	99.9

NOTE: Percentages do not sum to 100 percent due to rounding.

Table 5.13 Comments on Q&A Brochure

QFTDBF3a - What comments, if any, did the respondent [R] (or parent/guardian) make about the Q&A [question and answer] brochure?	***n***	**%**
There were **no comments** about the Q&A brochure.	1,911	93.7
The brochure **did not answer all of the R's questions** about the study.	16	0.8
The brochure **addressed the R's questions**.	53	2.6
The R was **confused by the brochure**.	2	0.1
The brochure **encouraged the R to participate**.	40	2.0
Other	32	1.6

NOTE: Percentages are based on 2,040 respondents; more than one response could be selected.

Table 5.14 Comments on Q&A Brochure, by Timing of Providing Brochure

QFTDBF3a - What comments, if any, did the respondent [R] (or parent/guardian) make about the Q&A [question and answer] brochure?	**When Brochure Was Provided**					
	Before Interview (*n* = 517)		**During Interview (*n* = 35)**		**End of Interview (*n* = 1,488)**	
	n	**%**	***n***	**%**	***n***	**%**
There were **no comments** about the Q&A brochure.	433	83.8	30	85.7	1,448	97.3
The brochure **did not answer all of the R's questions** about the study.	11	2.1	0	0.0	5	0.3
The brochure **addressed the R's questions.**	39	7.5	3	8.6	11	0.7
The R was **confused by the brochure**.	2	0.4	0	0.0	0	0.0
The brochure **encouraged the R to participate**.	36	7.0	1	2.9	3	0.2
Other	9	1.7	1	2.9	22	1.5

NOTE: Percentages are based on responses to QFTDBF3; more than one response could be selected.

Table 5.15 Respondent Comments on the Interview Being Too Long

QFTDBF9 - Did the respondent make any comments about the interview being too long?	***n***	**%**
Yes	261	12.8
No	1,779	87.2
TOTAL	2,040	100.0

Table 5.16 shows that a larger percentage of persons aged 50 to 64 (18 percent) and those aged 65 or older (29 percent) made comments about the interview being too long compared with other age groups (10 to 12 percent). These comments are consistent with the timing data presented in ***Table 4.9a*** in ***Section 4.5***, which shows that respondents in the 65 or older age group had the highest mean and median interview times among all age groups in the sample.

Table 5.16 Respondent Comments on the Interview Being Too Long, by Interview Respondent Age

QFTDBF9 - Did the respondent make any comments about the interview being too long?	Interview Respondent Age									
	12 to 17 (*n* = 539)		18 to 25 (*n* = 504)		26 to 49 (*n* = 678)		50 to 64 (*n* = 190)		65 or Older (*n* = 129)	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Yes	58	10.8	50	9.9	81	12.0	35	18.4	37	28.7
No	481	89.2	454	90.1	597	88.1	155	81.6	92	71.3

Table 5.17 shows that more than 2 times as many interview respondents with less than a high school education reported that the interview was too long compared with respondents with higher levels of education overall. These comments cannot be directly compared with interview timing data because the timing data were not calculated by respondent education level.

Table 5.17 Respondent Comments on the Interview Being Too Long, by Interview Respondent Education

QFTDBF9 - Did the respondent make any comments about the interview being too long?	Interview Respondent Education							
	< High School (*n* = 187)		High School Graduate (*n* = 425)		Some College (*n* = 531)		College Graduate (*n* = 538)	
	n	%	*n*	%	*n*	%	*n*	%
Yes	50	26.7	62	14.6	50	9.4	41	11.5
No	137	73.3	363	85.4	481	90.6	317	88.6

NOTE: Interview Respondent Education is shown only for persons aged 18 or older.

Comments on the prescription drug questions were recorded by FIs, and the 207 responses were coded into the general themes displayed in *Table 5.18*. The most frequent type of comment recorded by FIs was the number of prescription drugs asked in these modules. Among those respondents for whom any comment was recorded, about 40 percent provided a comment consistent with this theme. In some cases, the comments were expressions that the number of prescription drug items was burdensome, but in other cases respondents simply expressed surprise at the numbers of prescription drugs available.

Table 5.18 Classification of Open-Ended Comments on Prescription Drug Questions

Please describe the respondent's [R's] comments about the prescription drug questions.	*n*	%
Comment on numbers of drug questions	80	38.6
Concepts of prescription drug use and misuse	48	23.2
Navigation issues/code 95 for have not used in past 12 months	14	6.8
Drug classification issues (e.g., uncertainty on reporting over-the-counter medications; categories in which certain drugs might fit)	10	4.8
Personal experiences/circumstances with drug use	12	5.8
Comment on specific drug(s)	12	5.8
Comprehension comments	9	4.3
Comment that R requested help from someone to answer	7	3.4
Unclassified	15	7.2
TOTAL	207	100.0

The next most frequent type of comment was on the concepts of use and misuse of prescription drugs, accounting for 23 percent of the comments in this category (see ***Tables 5.19*** and ***5.20***). Many of the comments focused on whether respondents had a prescription at some point and having questions about what should be recorded, but it was not always clear if these comments were referring to the drug screening items or to the follow-up items.

Table 5.19 Interview Respondent Questions or Comments on Prescription Drug Questions

QFTDBF10 - Did the respondent have any questions or comments about the prescription drug questions in the ACASI [audio computer-assisted self-interviewing] section of the questionnaire?	***n***	**%**
Yes	207	10.1
No	1,833	89.9
TOTAL	2,040	100.0

Table 5.20 Interview Respondent Questions or Comments on Prescription Drug Questions, by Interview Respondent Age

QFTDBF10 - Did the respondent have any questions or comments about the prescription drug questions in the ACASI [audio computer-assisted self-interviewing] section of the questionnaire?	**Respondent Age**									
	12 to 17 (*n* = 539)		**18 to 25 (*n* = 504)**		**26 to 49 (*n* = 678)**		**50 to 64 (*n* = 190)**		**65 or Older (*n* = 129)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	31	5.8	40	7.9	75	11.1	23	12.1	38	29.5
No	508	94.3	464	92.1	603	88.9	167	87.9	91	70.5

Table 5.21 Interview Respondent Questions or Comments on Prescription Drug Questions, by Interview Respondent Education

QFTDBF10 - Did the respondent have any questions or comments about the prescription drug questions in the ACASI [audio computer-assisted self-interviewing] section of the questionnaire?	**Education**							
	< High School (*n* = 187)		**High School Graduate (*n* = 425)**		**Some College (*n* = 531)**		**College Graduate (*n* = 538)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	29	15.5	43	10.1	52	9.8	52	14.5
No	158	84.5	382	89.9	479	90.2	306	85.5

NOTE: Interview Respondent Education is shown only for persons aged 18 or older.

Finally, a small number of respondents (14) reported confusion about the use of "95" in the drug screening questions to indicate that they have not used a particular drug in the past 12 months (data not shown). These respondents felt that "95" was not an intuitive number to indicate nonuse, preferring either "0" or the next number in the sequence (i.e., if four drugs are listed as 1, 2, 3, and 4, 5 would be the choice for never having used in the past 12 months). Given the small number of respondents who expressed confusion about the use of "95" in the drug screening questions to indicate nonuse, it was decided not to change this response option for the 2013 DR.

Tables 5.22 to *5.25* provide details regarding the comments on the on-screen calendars. Overall, very few comments were made by respondents about the on-screen calendars. The lack of comments suggested that respondents were able to understand and use the on-screen calendars with relative ease.

Table 5.22 Any Interview Respondent Questions or Comments on On-Screen Calendars

QFTDBF11 - Did the respondent have any questions or comments about the on-screen calendars in the **ACASI** [audio computer-assisted self-interviewing] section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."	***n***	**%**
Yes	21	1.0
No	2,019	99.0
TOTAL	2,040	100.0

Table 5.23 Any Interview Respondent Questions or Comments on On-Screen Calendars, by Interview Respondent Age

QFTDBF11 - Did the respondent have any questions or comments about the on-screen calendars in the **ACASI** [audio computer-assisted self-interviewing] section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."	**Respondent Age**									
	12 to 17 (*n* = 539)		**18 to 25 (*n* = 504)**		**26 to 49 (*n* = 678)**		**50 to 64 (*n* = 190)**		**65 or Older (*n* = 129)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	6	1.1	5	1.0	5	0.7	1	0.5	4	3.1
No	533	98.9	499	99.0	673	99.3	189	99.5	125	96.9

Table 5.24 Any Interview Respondent Questions or Comments on On-Screen Calendars, by Interview Respondent Education

QFTDBF11 - Did the respondent have any questions or comments about the on-screen calendars in the **ACASI** section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."	**Education**							
	< High School (*n* = 187)		**High School Graduate (*n* = 425)**		**Some College (*n* = 531)**		**College Graduate (*n* = 538)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	5	2.7	5	1.2	3	0.6	2	0.6
No	182	97.3	420	98.8	528	99.4	356	99.4

NOTE: Interview Respondent Education is shown only for persons aged 18 or older.

Table 5.25 Types of Interview Respondent Questions or Comments on On-Screen Calendars

QFTDBF11a - What comments did the respondent [R] make about the on-screen calendars?	***n***	**%**
The R asked **how to access** the calendar.	4	19.1
The R asked **how to close** the calendar.	1	4.8
The R **did not see** the reference dates on the calendar.	1	4.8
The calendar **helped** the R answer the question.	5	23.8
The calendar **covered** the questions or the images on the screen.	1	4.8
Other	13	61.9

NOTE: Percentages are based on the 21 "Yes" answers to QFTDBF11; more than one response could be chosen.

Table 5.26 shows that for about 10 percent of the interviews, the FI recorded that the respondent had trouble understanding questions besides those on prescription drugs. The most noteworthy problem mentioned in response to QFTDBF12 ("Did the respondent have trouble understanding any other questions asked during the interview?") was with the new PLAYINFO item in the ACASI tutorial. The new question asks respondents, "In the past 30 days, on how many days did you eat any kind of fried potatoes?" and instructs the respondent to use the F2 key to bring up additional information on what is meant by "fried potatoes." A total of 19 respondents (less than 1 percent) reported a problem in answering the question or using the F2 key. In some cases, respondents were not clear what to do after entering F2. Some respondents perhaps did not realize that they must enter a response after seeing the pop-up instruction box. Based on these results, the wording of PLAYINFO will be revised for the 2013 DR to explain more clearly the steps respondents must take to enter a response for these questions.

Table 5.26 Interview Respondent Troubles with Other Questions

QFTDBF12 - Did the respondent have trouble understanding any **other questions** asked during the interview?	***n***	**%**
Yes	193	9.5
No	1,847	90.5
TOTAL	2,040	100.0

Information on interviewer reports of the use of proxies for reporting on income and health insurance items, respondent views on the use of proxies to provide this information, and reported problems with proxy reporting are shown in ***Tables 5.27*** to ***5.34***. ***Table 5.29*** shows that interviewers did not report any respondents with concerns about whether the proxy respondent could see responses to questions answered by the respondent (which the instrument did not allow), and very few respondents (2.3 percent) had any questions or comments about the proxy interview (***Table 5.30***).

Table 5.27 Proxy Used for Income and Health Insurance Questions

QFTDBF13 - Was a proxy used for the income and health insurance questions?	***n***	**%**
Yes	602	29.5
No	1,438	70.5
TOTAL	2,040	100.0

Table 5.28 Proxy Used for Income and Health Insurance Questions, by Interview Respondent Age

QFTDBF13 - Was a proxy used for the income and health insurance questions?	**Respondent Age**									
	12 to 17 (*n* = 539)		**18 to 25 (*n* = 504)**		**26 to 49 (*n* = 678)**		**50 to 64 (*n* = 190)**		**65 or Older (*n* = 129)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	452	83.9	81	16.1	45	6.6	10	5.3	14	10.9
No	87	16.1	423	83.9	633	93.4	180	94.7	115	89.2

Table 5.29 Interview Respondent Concerns about Revealing Answers to Proxy Respondent

QFTDBF14 - Did the **respondent** have any questions or concerns about his/her answers being revealed to the proxy?	*n*	%
Yes	0	0.0
No	604	100.0
TOTAL	604	100.0

Table 5.30 Interview Respondent Questions or Comments about Proxy Interview

QFTDBF15 - Did the **respondent** have any other questions or comments about the proxy interview?	*n*	%
Yes	14	2.3
No	590	97.7
TOTAL	604	100.0

Similarly, as shown in ***Tables 5.31*** to ***5.34***, interviewers reported very few problems with proxy respondents using the proxy ACASI tutorial or with answering questions in ACASI. Problems in using the proxy ACASI tutorial were reported in only 3.5 percent of interviews in which a proxy was used (***Table 5.31***). Problems with answering questions on health insurance and income by proxy respondents were only mentioned in 5.5 percent of interviews in which a proxy was used (***Table 5.33***).

Table 5.31 Problems with Proxy on ACASI Tutorial

QFTDBF16 - Were there any problems with the **proxy's** understanding of the ACASI [audio computer-assisted self-interviewing] tutorial?	*n*	%
Yes	21	3.5
No	583	96.5
TOTAL	604	100.0

Table 5.32 Types of Problems with Proxy on ACASI Tutorial

QFTDBF16a - Which of the following describes the problems with the **proxy's** understanding of the tutorial?	*n*	%
The proxy did **not understand how** to answer the questions.	10	47.6
The proxy did not know **why he/she was asked** to answer these questions.	4	19.1
Other	9	42.9

NOTE: Percentages are based on 21 reports of problems with proxy understanding in QFTDBF16; more than one response could be chosen.

Table 5.33 Problems with Proxy Use of ACASI to Answer Income and Health Insurance Questions

QFTDBF17 - Were there any problems with the **proxy's** use of ACASI [audio computer-assisted self-interviewing] to answer the income and health insurance questions?	*n*	%
Yes	33	5.5
No	571	94.5
TOTAL	604	100.0

Table 5.34 Types of Problems with Proxy Use of ACASI to Answer Income and Health Insurance Questions

QFTDBF17a - Which of the following describes the problems with the **proxy's** use of ACASI [audio computer-assisted self-interviewing] in answering the income and health insurance questions? *Check all that apply.*	***n***	**%**
The proxy **did not know the answers** to the questions.	4	12.1
The proxy did not know **how to enter** his/her answers to the questions.	5	15.2
The proxy **refused** to answer some questions.	0	0.0
The proxy did not know **why he/she was asked** to answer these questions.	4	12.1
Other	24	72.7

NOTE: For responses of "OTHER," follow-up information was not collected.

As ***Table 5.34*** shows, over 70 percent of the responses provided regarding problems with proxy use of ACASI to answer the income and health insurance questions were in the "other" category. Open-ended "other" responses were not captured and coded for the 2012 QFT, but these "other" responses will be captured for the 2013 DR.

Tables 5.35 to ***5.38*** present information on interview locations, interviewer ratings of privacy, and reports of other persons in the presence of the interview. Overall, the distributions of responses to these debriefing items from the QFT were similar to those from the comparison samples.

Table 5.35 Interviews Conducted at Respondent's Home for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)

Did you conduct this interview at the respondent's home, either inside or outside?	**2011 Main Study**		**2012 Quarters 3 and 4 Main Study**		**2012 QFT**	
	n	**%**	***n***	**%**	***n***	**%**
Yes	64,933	98.5	30,687	98.3	1,998	97.9
No	976	1.5	522	1.7	42	2.1

Table 5.36 Interview Location Not at Respondent's Home for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)

Where did you conduct this interview?	**2011 Main Study**		**2012 Quarters 3 and 4 Main Study**		**2012 QFT**	
	n	**%**	***n***	**%**	***n***	**%**
At the respondent's workplace	216	22.1	99	19.0	10	23.8
At the home of the respondent's relative or friend	131	13.4	51	9.8	9	21.4
In some type of conference room in a residence hall, school or apartment complex	248	25.4	127	24.3	12	28.6
At a library	159	16.3	103	19.7	6	14.3
In some type of common area, such as a lobby, hallway, stairwell, or laundry room	72	7.4	75	14.4	2	4.8
Some other place	150	15.4	67	12.8	3	7.1

Table 5.37 Field Interviewer (FI) Evaluation of Interview Privacy in Respondent's Home for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)

Please indicate how private the interview was. Do not count yourself or a project observer as another person in the room.	2011 Main Study		2012 Quarters 3 and 4 Main Study		2012 QFT	
	n	**%**	***n***	**%**	***n***	**%**
Completely private–no one was in the room or could overhear any part of the interview	54,544	82.8	25,630	82.1	1,617	79.3
Minor distractions–person(s) in the room or listening less than 1/3 of the time	8,406	12.8	4,154	13.3	277	13.6
Person(s) in the room or listening about 1/3 of the time	1,080	1.6	546	1.7	45	2.2
Serious interruptions of privacy more than half the time	236	0.4	129	0.4	13	0.6
Constant presence of other person(s)	1,643	2.5	750	2.4	88	4.3

Table 5.38 Field Interviewer (FI) Reports of Others Present during Interview for the 2011 Main Study, 2012 Quarters 3 and 4 Main Study, and 2012 Questionnaire Field Test (QFT)

Not including yourself or project observers, other people present or listening to the interview were:	2011 Main Study		2012 Quarters 3 and 4 Main Study		2012 QFT	
	n	**%**	***n***	**%**	***n***	**%**
Parent(s)	5,227	46.0	2,522	45.2	179	42.3
Spouse	1,538	13.5	744	13.3	70	16.6
Live-in partner/ boyfriend/ girlfriend	642	5.6	335	6.0	30	7.1
Other adult relative(s)	1,404	12.4	677	12.1	47	11.1
Other adult(s)	1,058	9.3	531	9.5	34	8.0
Child(ren) under 15	3,791	33.4	1,776	31.8	150	35.5
Other	379	3.3	191	3.4	15	3.6

The findings that older respondents (those aged 50 or older) and those with less than a high school education were both more likely to comment that the interview was too long suggest that these respondents may face greater cognitive burden than other respondents and that steps could be taken to either address these concerns or that additional items should be added to the survey to account for differences in cognitive abilities and familiarity with computers. For example, in a study of 18 to 40 year olds in the Chicago area, Johnson, Fendrich, and Mackesy-Amiti (2010) found that computer literacy is related to accuracy of self-reporting of cocaine use on an ACASI survey. Accuracy of self-report was assessed using urine and saliva testing. The study found a positive relationship between computer literacy and the accuracy of cocaine use reports. Another possibility is that older respondents and those with less than a high school education experienced greater overall burden by receiving more questions. Respondents who report higher use of substances will receive more questions. No plans are in place to attempt to address this issue in the 2013 DR protocol, but this issue could be investigated further with the 2013 DR data in combination to the 2012 QFT data.

5.4 QFT Equipment Surveys

5.4.1 Purpose and Development of the Equipment Surveys

As part of NSDUH's equipment evaluation for the 2015 NSDUH redesign, a new device—the Samsung Galaxy Tab 7.0"— was selected for conducting household screenings for further field-based evaluation in the 2012 QFT. This tablet was chosen for its small size, light weight, and bright, easily readable screen display, which made it the most portable and easiest to see and maneuver among a variety of devices, including Android tablets and Windows-based convertible laptops that were assessed during previous evaluation phases.

A new Android-based screening program was developed for the tablets used for the QFT. A total of 159 NSDUH FIs used this new program to collect data from 5,358 screened households throughout the continental United States. The user interface on the new screening program was designed to match as closely as possible NSDUH's existing screening program in order to take advantage of the FIs' familiarity with the current program and to minimize the amount of training and programming effort required.

To gather feedback from FIs about the tablet as a screening device, a brief electronic user satisfaction questionnaire was administered before and after QFT data collection. The survey questions included a combination of customized questions used in previous equipment evaluations, as well as a number of questions adapted from the System Usability Scale,[23] an industry standard scale for measuring usability of hardware and software first developed and published by engineers at the Digital Equipment Corporation (DEC) in 1986. In the first survey, FIs were asked about their experience using touch screen devices, such as smart phones or tablets and not including the NSDUH iPAQ. Several additional questions were included to evaluate FI satisfaction with the QFT training program and materials. For the second survey, wording changes were made to several questions about the QFT training session and handbook to reflect the change in time periods between the first and second surveys. These wording changes were also facilitated to gauge FI opinion on specific topics of interest, such as the amount of training provided on the tablet, transmission, and troubleshooting. No revisions were made to questions about the tablet between surveys. The complete sets of questions asked on the first and second QFT equipment surveys are provided along with FI responses to each question in ***Appendix F***.

5.4.2 Procedures for Conducting the Equipment Surveys

The first survey was administered at the conclusion of the QFT training sessions on August 26 and 29, 2012. All results were completed and transmitted to RTI by September 6, 2012. The second survey was released toward the end of QFT data collection on October 8, 2012, and was completed by October 15, 2012. FIs received both surveys on their QFT laptops via the NSDUH transmission process and were given 1 week to complete the survey and transmit results to RTI. An introduction screen explained the purpose of the survey and the confidentiality of individual responses. Results were sent back to RTI via the NSDUH transmission system. All 160 QFT FIs who attended the QFT training session completed the first survey at the end of training. The second survey was completed by 153 FIs who worked QFT cases in the field. Seven FIs did not complete the second survey for the following reasons:

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[23] See http://hell.meiert.org/core/pdf/sus.pdf.

- One FI did not successfully complete the QFT training and therefore did not work on the QFT.
- Five FIs did not complete the second survey because they had dropped out of the QFT after training or did not work any QFT cases.
- One FI was on medical leave at the time the second survey was administered and was therefore unable to complete the survey.

5.4.3 Summary and Discussion of Results from the Equipment Surveys

A summary of FI feedback on the tablet used in the QFT is provided below. The percentages included in this summary are from the second QFT survey administered near the end of QFT data collection and indicate FI opinions on the tablet after having used it in a realistic field setting. ***Table 5.39*** provides the combined counts of FIs who *strongly agreed* or *agreed* to each of the statements in the questionnaire, while ***Table 5.40*** shows how often FIs used the QFT handbook.

- Overall, 27 percent of QFT FIs had never previously used a touch screen device, such as a smart phone or tablet (excluding the NSDUH iPAQ), while 37 percent had used one "a lot." See ***Exhibit 5.1*** for the distribution of touch screen device experience among QFT FIs.
- Overall, FIs were highly satisfied with the tablet as a screening device. The vast majority indicated they would like to use the tablet on a regular basis for fieldwork (76 percent), found it intuitive (84 percent) and easy to use (88 percent), and learned to use it quickly (93 percent).
- The majority of FIs liked the layout of the screening program (80 percent), reported they could efficiently complete screenings using the tablet (95 percent), and felt confident using the tablet (93 percent).
- FI responses were mixed with regard to navigation features on the tablet. A minority of FIs preferred to navigate through the screening program using swipe gestures (22 percent) rather than "Next" and "Previous" buttons (42 percent), while 36 percent remained neutral.
- With regard to data input methods, the majority of FIs preferred to use a stylus (55 percent) rather than their fingers (24 percent) to tap on the screen, while 20 percent reported being neutral. With regard to keyboard input, a majority of FIs (80 percent) reported they were able to easily type record of call (ROC) notes or comments using the tablet keyboard.
- The majority of FIs were satisfied with the design of the carrying case provided for the tablet (72 percent). Several FIs commented they would like to have a pen holder added to the carrying case, which would be helpful for writing on appointment cards.
- FIs were highly satisfied with the QFT training program. The vast majority enjoyed attending the training program (93 percent) and reported that the training prepared them to properly complete QFT tasks (98 percent).

Table 5.39 Field Interviewer Opinions on Use of the Tablet before Questionnaire Field Test (QFT) Data Collection and after QFT Data Collection

Comment on the Tablet	QFT Equipment Survey 1 (August 2012) Agree or Strongly Agree (*n* = 160)[1]	%	QFT Equipment Survey 2 (October 2012) Agree or Strongly Agree (*n* = 153)[2]	%
I (would) like using the tablet on a regular basis for my field work.	135	84	117	76
The tablet is easy to use.	142	89	134	88
I can use the tablet without needing technical assistance.	125	78	134	88
I like the layout of the screening program.	139	87	122	80
I learned to use the tablet quickly.	140	88	143	93
I am able to efficiently complete screenings using the tablet.	146	92	145	95
I find the tablet intuitive, in that it's clear what I need to do.	132	83	129	84
I feel confident using the tablet.	142	89	142	93
I think veteran interviewers will be able to use the tablet without much training.	122	76	129	84
I think the tablet will work well in a variety of weather conditions such as sunshine, rain, and snow.	85	53	83	54
I can easily type ROC notes or comments using the keyboard on the tablet.	137	86	123	80
I prefer to move through the screening program using swipe gestures rather than the Next or Previous buttons.	54	34	34	22
I prefer to tap the screen with my finger rather than use a stylus.	43	27	37	24
The weight of the tablet is suitable for screening at the door.	125	78	114	75
I am satisfied with the design of the carrying case provided for the tablet.	127	79	110	72

FI = field interviewer; ROC = record of call.

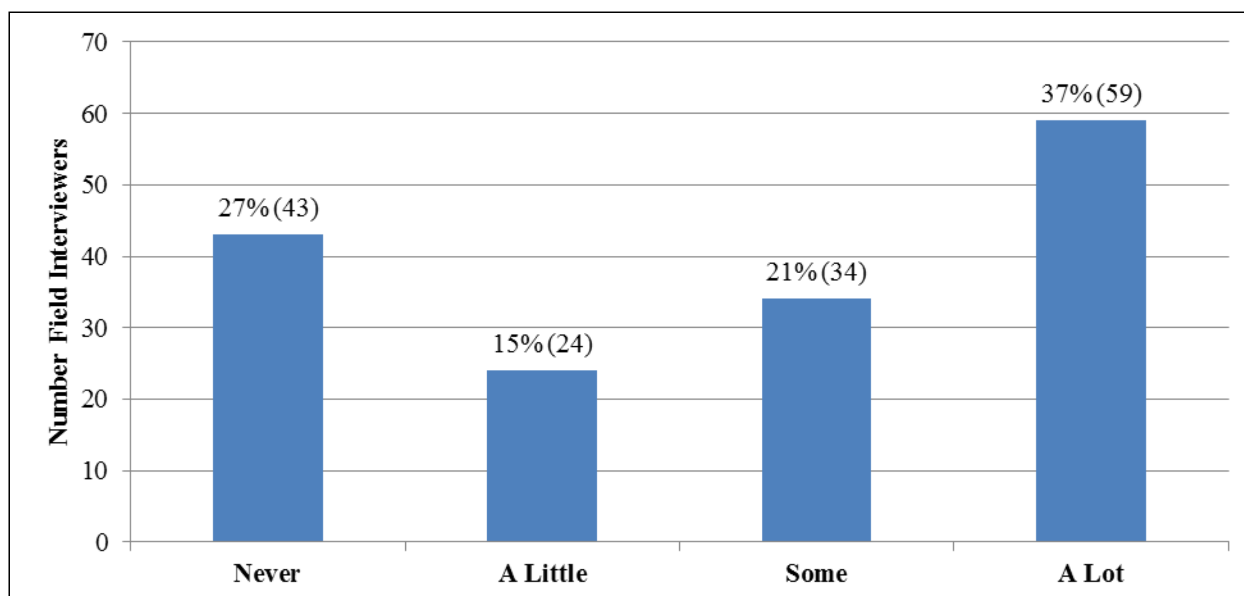
[1] Of the 160 QFT FIs who attended the QFT FI training sessions, 159 FIs successfully completed the training. One FI demonstrated significant performance issues during the QFT training session and therefore did not successfully complete the training.

[2] Six FIs did not complete the second survey conducted after data collection because they did not successfully the QFT training or had dropped out of the QFT after successfully completing training. One FI was on medical leave at the time of the second survey administration and was unable to complete the survey.

Table 5.40 Field Interviewer (FI) Expectations on Referencing the Questionnaire Field Test (QFT) Handbook before QFT Data Collection and FI Need to Reference the QFT Handbook after QFT Data Collection

***QFT FI Survey 1*: How often do you think you will reference the QFT FI Handbook?** ***QFT FI Survey 2*: How often did you reference the QFT FI Handbook?**	QFT FI Survey 1 (August 2012) (*n* = 160)	%	QFT FI Survey 2 (October 2012) (*n* = 153)	%
Each day with QFT work	30	19	5	3
Two to three times a week	65	41	18	12
Rarely, when unusual situations arise	65	41	99	65
Never	0	0	31	20

Exhibit 5.1 Field Interviewer (FI) Experience with Touch Screen Devices before Questionnaire Field Test (QFT) Training



As noted in ***Section 2.3.2*** of ***Chapter 2***, the QFT FIs were not selected randomly from the set of all NSDUH FIs, but were selected based on their experience on the project, history of reliable performance, and proximity to the QFT segments. Therefore, results from the equipment surveys might not represent the full range of opinions among more recently hired FIs. Given the popularity and increasing prevalence of tablet devices, it seems likely that the tablet would be similarly well-received among NSDUH FIs who did not work on the QFT data collection. Unlike more experienced FIs, those who were hired more recently have not been accustomed to using the iPAQ device for several years on NSDUH.

5.4.4 FI Comments on the Tablet, Screening Program, and Tablet Accessories

The equipment surveys included one open-ended question that allowed FIs to comment on any aspect of the tablet, screening program, or accessories, such as the carrying case. In the first survey, 102 FIs made comments, while 91 FIs made comments on the second survey. Comments were loosely grouped based on their content into the following areas: (a) general comments about the tablet or screening program, (b) specific features and functions of the screening, (c) accessories (stylus and carrying case), and (d) training. The comments were diverse and individualized, and it was not possible to identify any recurrent or pervasive themes shared by significant numbers of FIs. Issues raised by a small number of FIs for each category are summarized in this section. The complete set of raw comments from each survey is included in ***Appendix F***.

FIs provided the following general comments on using the tablet devices:

- **Tablet Size and Maneuverability.** While 78 percent of FIs agreed the weight of the tablet was sufficient for screening at the door, some FIs commented that the tablet was larger and more cumbersome than the iPAQ, which fits easily in the hand. This made it more difficult to wear around the neck, protect in the rain, or see in bright sun. On the other hand, a number of FIs emphasized they "loved" the larger display, buttons, and font size, which made the tablet easier to read and navigate in the field. Additionally, some FIs mentioned that the larger display size made it easier to show the screen to respondents, who could easily see what they were doing, and that they felt more "professional."
- **Touch Screen Sensitivity.** In the second equipment survey, some FIs remarked that the touch screen was highly sensitive, which made it too easy to tap inadvertently and enter something they did not intend or move to a different screen. Others liked that the tablet was more "responsive" and "efficient" than the iPAQ.

FIs provided the following comments on specific features or functions of the screening program:

- **Select Case Screen**. A few FIs stated that they wanted to highlight cases, and a couple of others noted that they preferred the table format used on the iPAQ. For the 2013 DR, cases will remain highlighted for a period after being selected. One FI noted there was "too much information" on each line, making it "hard to distinguish" between cases, and another suggested bolding the address rather than the case ID. Two FIs suggested that finalized cases should be removed from the select case screen. FIs can remove final cases from the select case screen display by setting the view function on the tablet to show only "pending cases."
- **Selection Screen and ROC Screen**. Two FIs noted they would like to see the full case ID displayed on the respondent selection and ROC screens as it is on the iPAQ. For the 2013 DR, the screening program will display the full case ID on the respondent selection and ROC screens.
- **Call Distribution**. Two FIs noted it would be useful to have the call distribution feature available on the tablet so that they could review the different days and times they had visited households. Because of time constraints in the development of the QFT screening program, the call distribution feature that is currently on the iPAQ was not implemented. The same is true for the appointment calendar function. These functions will be implemented in the 2013 2013 DR tablet screening program.
- **View Letters**. A few FIs mentioned they would like the ability to view when their field supervisor (FS) sends the unable-to-contact or refusal conversion letters as they can on the iPAQ screening program. This function was implemented in the QFT screening program. It only appears as an option once the letter has been sent by the FS, so some FIs did not recognize that it had been implemented. The view letters function will be implemented in the 2013 DR version of the screening program, and the 2013 DR FI handbook and training sessions will clarify how to use it.
- **Transmission Feedback**. Some FIs mentioned that they would like to receive feedback regarding the number of cases added and removed on their tablet when they

transmit. This information will be integrated into the 2013 DR screening program and will be displayed after each transmission.

- **Debriefing Questions**. One FI remarked that he or she "loved" completing the interview debriefing questions on the tablet rather than on the laptop. These questions will continue to be included on the tablet during the 2013 DR.

FIs provided the following comments on two tablet accessories—the carrying case and the stylus:

- **Carrying Case**. Several FIs indicated that the carrying case could be improved by adding a pen holder in addition to the stylus holder so that they could have easy access to a pen for writing on appointment cards. Although a couple of FIs indicated that the neck strap was too wide on the case and that the snap was hard to use, a number of FIs commented that they were happy the Velcro® closure had been removed. Because the carrying case was customized for the tablet used in the QFT, which will also be used in the 2013 DR, no changes will be made to the carrying case for the 2013 DR data collection. Adjustments to the design of the carrying case—such as adding a pen holder and a thinner neck strap—will be considered as part of the new equipment purchase for the 2015 main survey.
- **Stylus**. Two FIs indicated that the stylus was too short and would prefer a longer pen-sized stylus.

5.4.5 FI Feedback on the QFT Handbook

In addition to the questions about the satisfaction with the tablet, the survey also included several questions about the QFT handbook that described QFT procedures and protocols and the QFT training program. ***Table 5.40*** (shown earlier) provides the FIs' responses to questions on their anticipated use of the QFT handbook before data collection from the August 2012 survey and their actual use of the QFT handbook during data collection from the October 2012 survey.

5.5 Focus Groups with QFT Field Interviewers

5.5.1 Purpose of the Focus Groups

The purpose of the three QFT focus group discussions was to obtain direct feedback from FIs on their experiences collecting data using the redesigned NSDUH interview protocol and tablet computer for screening. The complete set of protocol and equipment changes is presented in ***Section 2.4.1***. The goal of the focus groups was to gather feedback from FIs on the following topics:

- significant questions or concerns raised by members of sampled households about the redesigned contact materials;
- challenges encountered using the tablet computer to conduct household screenings;
- challenges encountered in administering the redesigned questionnaire or protocol; and

- significant questions or concerns that respondents raised about specific aspects of the redesigned questionnaire or protocol, specifically the prescription drug modules and the overall length and burden of the interview.

The results of the three focus groups were used to inform potential changes to the preparations, protocol, and procedures for the 2013 DR.

5.5.2 Sites and Participants

Focus groups were conducted in three regional locations—Washington, DC; Chicago, Illinois; and Irvine, California. RTI identified up to 15 QFT FIs who would be most able to attend the group discussion for each of the three locations, based on proximity to each focus group location. Up to 12 of the QFT FIs identified for each site were invited to attend the group discussion (see ***Table 5.41***).

Table 5.41 Sites and Number of Participants for QFT Focus Groups

Site	Number of Participants
Washington, DC	11
Chicago, IL	8
Irvine, CA	12

NOTE: Each focus group discussion was video recorded, and a note-taker was present to capture key points from the group.

5.5.3 Focus Group Protocol and Procedures

Moderators began each focus group with an introduction that lasted about 5 minutes and was intended to set up the discussion rules and familiarize the participants in each group. Discussion about the redesigned contact materials was allotted 15 minutes and covered how respondents reacted to the lead letter and Q&A brochure. The next 15 to 20 minutes of each session were devoted to discussion about using the tablet to administer household screenings. Topics included features of the tablet, training on the tablet computer, respondent reactions to the naming of the "U.S. Department of Health and Human Services (DHHS)" as the study sponsor (vs. the "U.S. Public Health Service"), and other materials, such as the new tablet carrying case and portfolio. Over 30 minutes were devoted to topics surrounding questionnaire administration using the redesigned methods and protocol. These topics included respondent comments about the electronic reference date calendar, whether respondents asked questions about specific modules within the instrument, and the experience of proxy respondents. The penultimate section called for a discussion about the prescription drug modules specifically. The moderator asked questions about the length of administration time, electronic pill cards, and the questions designed to capture misuse. The last section asked FIs to share general comments or concerns about the partially redesigned questionnaire, including interview length and burden. The concluding section was intended to give both participants and observers a final opportunity to ask questions or make comments. The moderator's guide for the QFT focus group is included in ***Appendix G***.

5.5.4 Focus Group Results by Topic

5.5.4.1 Reactions to the Redesigned Contact Materials

FIs nearly all responded positively to the changes to the lead letter and the Q&A brochure. When discussing the lead letter, some mentioned that they appreciated that the letter was addressed to "[NAME County/Parish/District] Resident at:" and did not just say "Resident." Others mentioned that they liked the color picture on the letter and that overall the letter looked more professional. A few FIs felt that the letter gave too much information, such as details about the study topics, to respondents before the FI had an opportunity to speak to them, while most FIs felt that the additional information increased the odds that a respondent would choose to participate. One FI felt that not featuring a date on the letter made it feel generic.

Respondents who indicated they had read the letter responded positively. FIs agreed that the proportion of respondents recalling the letter was about the same as in the main study. Respondents did not go so far as to comment on any other aspects of the letter, with one exception. FIs reported that respondents mentioned the incentive that was explained in the letter. One FI said that, similar to the main study, respondents had an expectation of receiving an incentive for completing the screening. FIs felt that the sooner they visited an address after sending the letter, the more likely the respondent was able to recall the letter.

FIs were also asked about reactions to the Q&A brochure. FIs reported that respondents did not make comments or have questions about the brochure more often than main study respondents. One FI thought that respondents, while not commenting, spent more time with the brochure and reviewed it more thoroughly. All FIs agreed that the brochure looked more professional, expensive, and official, which lent more legitimacy to the study and possibly contributed to higher levels of cooperation. During the main study, respondents commented that the FI could have printed the brochure at home.

One FI reported the wording inside the brochure is more convincing, and she used this verbiage to convert potential refusals. Other FIs had a positive reaction to the way the project Web site is listed. FIs thought that more respondents reported visiting the Web site than recent respondents in the main survey. No respondent questions about the brochure were reported.

When discussing the study sponsor change from the "U.S. Public Health Service" to the "U.S. Department of Health and Human Services," FIs had a number of reactions. Many thought this change did not have an impact, while others reported some respondents thought that "DHHS" was social services. When announcing the visit, respondents would say, "Social services is here." Or they would refer to it as "child protective services." Some FIs mentioned that the DHHS title was more official. One FI noted that, in a graphic in the redesigned Q&A brochure, a respondent is pictured using a paper reference date calendar. Based on this observation, this picture was removed from the Q&A brochure and replaced with another picture that does not show the paper reference date calendar. This revised brochure will be used in the 2013 DR.

5.5.4.2 Reactions to Using the Tablet to Administer Household Screenings

FIs confirmed that the QFT training program adequately discussed the goals of the field test. They agreed that the training agenda provided enough time and instruction to ensure

competent use of the tablet in the field. FIs pointed out the pros and cons of the new portfolio that was provided at training. Some said they disliked the portfolio enough to revert to using the old one, which they viewed as sturdy and professional. The new portfolio was characterized by some FI as being slippery and difficult to hold. These FIs also noted that the tablet, when placed on the portfolio, fell off and the materials fell out of it. FIs also indicated that the closure is flimsy. These FIs would have preferred a zip closure similar to the main study portfolio. Further comments indicated that the portfolio was difficult to write on, such as when filling out the quality control letters. FIs did, however, like the number of slots in the portfolio and the clear pockets for easier access to materials. The features and costs of other portfolios with multiple pockets that are sturdier will be investigated for use in the 2013 DR.

FIs also provided feedback on the tablet computer. They reported that the training on how to use the tablet was effective and that from the beginning of their fieldwork they felt comfortable using the tablets. Some FIs would have preferred more training on administrative and troubleshooting issues before entering the field. These FIs reported getting into programs or onto screens early in their fieldwork that they had not seen in training and did not know how to return to the screening program. Although they felt comfortable conducting the screening with the tablet, they would have preferred more hands-on training on how to deal with these unexpected FI navigational problems. The training agenda developed for the 2013 DR will address this issue. However, overall, they thought the tablet was easier to use than the iPAQ. It is faster, easier to tap out the letters, and readable without the use of glasses. Many liked the size and weight of the tablet. At first it felt big, but the size turned into an advantage once FIs became accustomed to it. They appreciated the clear visibility and larger text. They also liked that more information fit on the screen. In the iPAQ, only the first part of the address with the case ID is shown on the screen. On the tablet, FIs can see all of the information, including case status.

An unexpected benefit of the size of the equipment was also noted. Because of the size of the tablet, screening respondents were more engaged in the screening. They looked at the screen and did not remove their gaze throughout the screening. It is easier to show respondents the screen, and respondents reacted well when looking at it. FIs shared tips to respond to the challenge of keeping the select case information from their view. Only one FI reported disliking the tablet and would have preferred a smaller device, such as a smart phone for screenings.

FIs also liked the case that was designed for the tablet. It was easy to flip the cover open to charge. Many FIs reported disliking the strap for the tablet, felt that it was too bulky and thick, and indicated that it interfered with badges and necklaces. Some reported they would like a pen holder on the side of the case opposite the stylus. Several FIs preferred the magnetic snap closure to the Velcro® closure on the current iPAQ case. As noted in ***Section 5.4.4***, the carrying case was customized for the tablet used in the QFT, and the same tablet will be used in the 2013 DR. For this reason, no changes will be made to the carrying case for the 2013 DR data collection. Adjustments to the design of the carrying case—such as adding a pen holder and a thinner neck strap—will be considered as part of the new equipment purchase for the 2015 main survey.

FIs noted a few issues with the screening program that were problematic. FIs would like to be able to edit a status code. They reported that they could delete a code and add a new one, but did not have the capability to change an existing code. All FIs agreed that they did not like this feature. This capability would be helpful, for example, to change a screening result code 10 (vacant) to a 13 (not a primary residence). The screening program will be modified for the 2013

DR to include the ability to edit existing ROC codes. Also, FIs stated that it was tricky to navigate back to the verification screen for the vacant dwelling units. Navigating to the verification screen for a vacant unit is achieved by selecting the case on the select case screen and selecting "View Verification Information" from the pop-up actions menu. It seems likely that some FIs did not clearly understand these steps. Therefore, the 2013 DR training program will provide clearer instructions about how to view verification information for any case. ***Table 5.42*** provides a list of modifications to the screening program/tablet functionality mentioned by FIs in the focus groups. The screening program will be modified for the 2013 DR to address some of these issues, such as enabling edits to the screening ROC code and adding the call distribution. However, other items, such as revising the tablet keypad layout, changing the default tablet calendar, or continuously highlighting selected cases, are not possible on the Android platform. ***Appendix X*** provides a complete summary of potential changes to tablet functions that were identified during the QFT and indicates which changes will be implemented for the 2013 DR.

Table 5.42 QFT FIs' "Wish List" for Modifications to Tablet Functions

• Revisions to symbols available on the primary keyboard	• Ability to continuously highlight the selected case on the select case screen
• **Improve calendar usability**	

NOTE: The item in boldface will be implemented for the 2013 DR data collection.

FIs also provided feedback on the keypad. FIs noted that they would like to have the apostrophe and quotation marks available and would like unnecessary symbols removed from the keypad. They also said that the question mark was hard to find and requested that the period should be placed on the same keypad as the letters and should also be available if a user inserts two spaces after a sentence. Given that the layout and design of the default keypad on the tablet cannot be altered, other keypad options have been investigated for use in the 2013 DR. In addition to training 2013 DR FIs on using the default tablet keypad, a second keypad (called the "hacker's" keypad) will be loaded onto tablets as an alternative for the 2013 DR.

The debriefing items were not challenging to complete, and FIs reported preferring to answer these questions on the tablet rather than on the laptop at the end of the interview. FIs who work in rural segments had some difficulty finding a place to complete these questions after leaving a respondent's home. Some FIs suggested adding a field to record comments about the case. This open-ended field has been added to the 2013 DR debriefing questions.

FIs strongly wished they had access to the call distribution feature and felt that this was the primary capability that was missing compared with the iPAQ. FIs were happy with the ability to pull up the refusal letters that have been sent to households, but not all were aware of these capabilities. More detail will be provided on this feature in the 2013 DR FI training and handbook. The development schedule leading up to the QFT did not allow for the addition of the call distribution feature. This will be added to the 2013 DR program.

The stylus received mixed reviews. Some liked it and used it. Others did not use the stylus, saying it was hard to insert into the holder on the case, was slippery, and caused the holder on the case to tear.

Moderators also asked about instances where FIs called NSDUH technical support staff for help with equipment problems. One FI in the Washington, DC, focus group reported a glitch where ROCs were not transferred along with cases. This was corrected during the QFT. Several FIs mentioned that a car charger would be appreciated because the battery did not last all day. Because car chargers for the iPAQ are provided for the main study, the addition of a car charger is being considered for the 2013 DR.

FIs were asked whether they would benefit from a more expansive suite of features with the tablet, such as predictive typing or alternating between landscape and portrait orientation. A couple of FIs wanted predictive typing. Others were not as enthusiastic. Several FIs would like a larger calendar on the tablet to record future appointments. They would also like several of the iPAQ features to be transferred to the tablet (e.g., the case ID remains at the top of the screen during a screening, and a selected line remains highlighted on the select case screen). One FI said that it was better to not make the devices sophisticated. Larger calendars will be implemented for the 2013 DR. Although it is not possible to have a selected case remain highlighted, the highlighting will remain for a longer time.

5.5.4.3 Administering the Redesigned Questionnaire and Protocol

A discussion about respondent feedback on the electronic reference date calendar opened this section. Although FIs reported that respondents did not have any comments or questions on the reference date calendar, the FIs themselves reported liking it. They said that no one looks at the paper calendar, so it is an improvement that it is now on screen. An FI did suggest a darker color to highlight dates because the current colors are difficult to see in sunlight.

Respondents did have questions while completing the computer tutorial. Some did not understand how to enter the answer after the F2 box closes. Others asked what potatoes have to do with the study, and if this was related to targeting McDonalds regarding nutrition issues. Some FIs suggested that the tutorial be clearly labeled as a practice session or that the introduction be emphasized. They reported that respondents struggled with providing accurate answers to questions and were confused by the lack of concordance with the question topics and the NSDUH study description. In response, each question in the ACASI tutorial has been labeled as a practice question in the 2013 DR questionnaire.

In general, respondents asked about the same number of questions and had a similar volume of comments compared with the main study. Some FIs expected fewer comments from respondents, while others expected more.

FIs reported that the interview felt longer because it was not broken up by the computer-assisted personal interviewing (CAPI) as in the main study. They recognized this could be their perception, as opposed to the respondent's.

There were no comments about the proxy introduction. Some proxy respondents reported the sound had been turned off, or the FI was able to pick up on cues that the volume was not playing. In these cases, FIs turned the volume on using F7. Others used Fn+Page Up or the sound dial on the headphones.

FIs reported on issues that respondents had with questions, not all of which were redesigned or new questions. A bulleted list of comments or issues follows:

- One respondent said, "I didn't drink in the past year; why is it asking me about the past 30 days?"
- Seniors did not know what "enrolled in school" means.
- Some had questions about what the word "kicks" means.
- One child asked questions about what "h-e-r-o-i-n" means.
- Minor respondents (i.e., adolescents) often asked about the meaning of "seldom."
- In response to the question "How many times have you moved?" a 12-year-old respondent said, "I move all of the time."
- Many respondents had questions and problems with the self-help group questions.
- Three respondents wanted to know about the 95 response option in the prescription drug modules.

5.5.4.4 Reactions to the Redesigned Prescription Drug Modules

In general, very few comments about the prescription drug modules were reported. FIs mentioned that some respondents said there were missing pills or asked about pills not referenced in the interview. Others thought there were more comments about the length of the interview as compared with the main study, but it was not apparent that these comments related specifically to the prescription drug questions. Only one FI expected the respondents to react to the length of time for the prescription drug modules. Others did not share this same expectation.

When asked whether the respondents had comments about the electronic pill images in the questionnaire, FIs responded they did not. FIs believed the electronic images felt more private. Others said they received more comments on the main study showcards as compared with the electronic images.

One focus group participant noted that a 13-year-old respondent asked him if Tylenol® was a prescription drug. Another asked a lot of questions about what class of drugs particular pills were. One respondent was angry about the detailed information asked in this section because he was suspicious that it would be used to help the pharmaceutical industry.

5.5.4.5 Overall Reactions to the Redesigned Questionnaire

FIs who participated in the focus groups had some additional feedback on the QFT procedures. They recommended adding more language prior to the FI-administered household roster to inform the respondents that they or another household member would be given the computer to complete another part of the interview. This may help respondents manage their expectations about the remainder of the interview.

No respondents reacted strongly to switching back and forth between ACASI and CAPI, and FIs acknowledged this could be their perception. For households with only one resident, FIs felt that switching the laptop back was awkward and would like the second ACASI portion to be

combined with the first in these cases. Also, FIs do a good job of warning proxies or parents that they may be called upon later to assist. This discussion led to an additional topic. FIs were concerned about the availability of the parent who may best serve as a proxy. They mentioned challenges associated with making sure that the parent does not leave the household or become unavailable before the child reaches the back end of the instrument. They recommended moving the proxy section to the beginning of the interview. The proxy section will remain in the same part of the interview for the 2013 DR as the QFT, but FIs will be reminded in FI training to confirm that the parent will remain in the house or be available for the entirety of the interview.

In general, FIs had mixed experiences with interview timing. Some thought it seemed longer than the main study, while others reported it was shorter. One FI noted there appeared to be timing differences between younger and older youths. Younger youth respondents took the interview quite seriously and seemed to take longer to complete it, while older teenagers seemed to move through the interview quickly.

When asked about their expectations about the interview, several FIs mentioned expecting more comments and questions about the interview than what were received. One FI expected the interview to be longer than it was.

The moderator asked FIs how they would feel about having an additional tool available to help with doorstep screenings. This tool would consist of a 20- to 30-second video clip of the NSDUH press conference, would be available on the tablet, and could help with gaining cooperation. FIs were enthusiastic about this idea, if the video was optional and not a required part of the screening. One FI suggested having multiple videos designed to address common respondent concerns, such as confidentiality, or targeted to specific populations, such as parents or elderly persons. They said respondents would think that if it is on television, it is true. It would also help with legitimacy and would be short enough to use at the doorstep. Addition of this video will be revisited during planning for the 2015 survey.

5.5.4.6 Other General Feedback

FIs had some other general comments about features of the new protocols. FIs liked that the income questions are now in the ACASI portion of the interview because they thought this mitigated social desirability concerns and ensured better data quality. FIs would prefer not to be privy to this information and reported that some parents clearly do not want their child to know. Overall, FIs shared fewer ideas for improving the questionnaire as opposed to improving the functionality of the tablet. They indicated that they would like to do away with the showcards and rearrange the demographic questions to be self-administered. Despite this feedback, these changes will not be made for the 2013 DR.

6. QFT Estimates Compared with NSDUH Estimates: Substance Use Items Other than Methamphetamine and Prescription Drugs

6.1 Overview of QFT Estimates Compared with NSDUH Estimates for Substance Use Items Other than Methamphetamine and Prescription Drugs

This chapter presents findings for core substance use estimates from the 2011 National Survey on Drug Use and Health (NSDUH) comparison data, the 2012 NSDUH quarters 3 and 4 comparison data, and the 2012 Questionnaire Field Test (QFT) data for substances other than methamphetamine and prescription drugs. The tables in ***Appendix I*** provide lifetime, past year, and past month estimates for use of these substances for all persons aged 12 or older and for three separate age groups of interest. ***Section 6.2*** provides estimates for marijuana, cocaine, and heroin for all three datasets. ***Section 6.3*** presents results for hallucinogens and inhalants. Estimates for multiple definitions of use of "any illicit drug" are discussed in ***Section 6.4***. ***Section 6.5*** presents results for tobacco use, focusing on cigarette use and smokeless tobacco use. Finally, ***Section 6.6*** provides findings on alcohol use, including binge alcohol use, as defined in that section.

6.2 Marijuana, Cocaine, and Heroin

This section presents findings on marijuana, cocaine, and heroin use from the 2011 comparison data and 2012 quarters 3 and 4, as well as the QFT data. ***Tables I-1*** through ***I-4*** in ***Appendix I*** provide estimates for lifetime use of these substances for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older. Likewise, ***Tables I-5*** through ***I-8*** provide estimates for past year use of these substances, and ***Tables I-9*** through ***I-12*** provide estimates for past month use of these substances. No changes were made in the QFT instrument for the questions on marijuana, cocaine (including crack), and heroin use. However, these estimates are examined in this report because changes were made to other elements of the survey design, including changes to the contact materials and interview protocol, that have some potential to affect these estimates in ways that are difficult to predict and cannot easily be addressed by other analyses.

- There were no statistically significant differences in estimates of marijuana use across all three reporting periods (lifetime, past year, and past month) and over all age groups between the QFT data and both the 2011 and 2012 comparison data.
- For cocaine, there were statistically significant differences for adolescents aged 12 to 17 for lifetime use between the QFT and both sets of comparison data. Statistically significant differences also were shown in ***Table I-6*** for past year cocaine use and ***Table I-10*** for past month cocaine use among adolescents. However, both of the QFT estimates of 0.0 percent would be suppressed. Therefore, these QFT estimates would

not be shown in published estimates, nor would any statistically significant differences be presented.

- Among young adults aged 18 to 25, the rate of past month cocaine use in the 2011 comparison data was higher than the rate in the QFT (1.3 vs. 0.4 percent) (***Table I-11***).
- For crack, there were statistically significant differences for adolescents aged 12 to 17 for past year use between the QFT and 2011 comparison data (0.0 vs. 0.1 percent, but with the QFT estimate suppressed) (***Table I-6***). The difference between the QFT estimate and the estimate for the 2012 comparison data approached statistical significance (0.0 vs. 0.1 percent; $p = 0.055$).
- Also for crack, there were statistically significant differences for persons aged 12 or older for past month use between the QFT (0.0 percent) and both the 2011 (0.1 percent) and 2012 (0.1 percent) comparison data (***Table I-9***), as well as for persons aged 26 or older for past month use between the QFT (0.0 percent) and both the 2011 (0.1 percent) and 2012 (0.1 percent) comparison data (QFT estimate suppressed for adults aged 26 or older) (***Table I-12***).
- For heroin, there were statistically significant differences for both past year and past month use for persons aged 26 or older, although the QFT estimates would be suppressed (***Tables I-8*** and ***I-12***).

As noted in this section, some differences between the estimates for cocaine and heroin use were statistically significant between the QFT and comparison data despite the content of these modules not changing for the QFT. However, many of the relevant QFT estimates would be suppressed, such that these apparent differences would not be published in a summary of findings from the QFT. Nevertheless, further examination of estimates of cocaine and heroin use in the 2013 Dress Rehearsal (DR) will be important for assessing the likelihood that the trend data for these drugs will not be disrupted in 2015.

6.3 Hallucinogens and Inhalants

As noted in ***Section 2.4.1***, questions currently in the special drugs module for the hallucinogens ketamine, tryptamines (dimethyltryptamine [DMT], alpha-methyltryptamine [AMT], and N, N-diisopropyl-5-methoxytryptamine [5-MeO-DIPT], also known as "Foxy"), and *Salvia divinorum* were moved to the core hallucinogens module for the QFT. These included questions about lifetime and most recent use of these additional hallucinogens. For inhalants, questions about lifetime use of markers and computer keyboard cleaner (also known as "air duster") were added to the QFT questionnaire. Questions did not differ between the main study and the QFT for respondents who reported lifetime use of one or more inhalants (e.g., first use, most recent use).

6.3.1 Hallucinogens

- Estimates of lifetime use of any hallucinogen, lysergic acid diethylamide (LSD), phencyclidine (PCP), and Ecstasy did not differ between the QFT and the 2011 or 2012 comparison data for persons aged 12 or older (***Table I-1***). For example, the

estimates of lifetime use of any hallucinogen among persons aged 12 or older were 16.2 percent for the QFT, 14.8 percent for the 2011 comparison data, and 15.0 percent for the 2012 comparison data.

- Among adolescents aged 12 to 17, the estimate of lifetime use of hallucinogens was greater in the QFT (6.5 percent) than in the 2011 and 2012 comparison data (3.7 and 3.2 percent, respectively) (***Table I-2***). However, lifetime estimates of use of LSD, PCP, or Ecstasy among adolescents were not significantly different between the QFT and the comparison data.
- Lifetime estimates of hallucinogen use—including LSD, PCP, and Ecstasy—did not differ for adults aged 18 to 25 (***Table I-3***) or those aged 26 and older (***Table I-4***) between the QFT and the comparison data.
- Most estimates of use of hallucinogens, LSD, PCP, or Ecstasy in the past year or past month did not differ between the QFT and comparison data for persons aged 12 or older or within the age groups. For example, the estimates of past year use of any hallucinogen among persons aged 12 or older were 2.1 percent for the QFT and 1.6 percent in both the 2011 and 2012 comparison data (***Table I-5***).
- Among adolescents, the QFT estimate of past year LSD use (0.2 percent) was lower than the estimates of 0.6 percent for both the 2011 and 2012 comparison data (***Table I-6***). Also, the estimate of past month use of Ecstasy among persons aged 12 or older was lower in the QFT than in the 2011 comparison data (0.1 vs. 0.2 percent), but the estimate for the 2012 comparison data (also 0.2 percent) was not significantly different from the QFT estimate (***Table I-9***). In addition, the estimate of past month use of Ecstasy among adults aged 26 or older was lower in the QFT (0.0 percent) than in the comparison data (0.1 percent in each year), but the QFT estimate would be suppressed (***Table I-12***).

The estimates for hallucinogen use in the comparison data that were described previously were based only on reports of use from the core module. These estimates did not include data on the use of ketamine, tryptamines, and *Salvia divinorum* that were in the supplemental (i.e., noncore) special drugs module. Therefore, core-plus-noncore (CPN) measures of hallucinogen use that included data from these three additional hallucinogens also were created for the 2011 and 2012 comparison data. These CPN estimates were compared with the QFT estimates based on core data and are included in ***Tables I-18*** to ***I-20*** in ***Appendix I***.

- Inclusion of noncore hallucinogens data did not affect most patterns of differences between the QFT and comparison data for lifetime, past year, or past month estimates of any hallucinogen use among persons aged 12 or older and within the age groups. For example, the estimate of lifetime hallucinogen use among persons aged 12 or older was 16.2 percent for the QFT. Corresponding CPN estimates were 15.4 percent for the 2011 comparison data and 15.5 percent for the 2012 comparison data. The QFT and CPN estimates of past year hallucinogen use were 2.1 percent for the QFT, 1.9 percent for the 2011 comparison data, and 1.8 percent for the 2012 comparison data.
- Among adolescents aged 12 to 17, the CPN estimate of lifetime use in the 2011 comparison data (4.5 percent) was no longer significantly different from the QFT

core estimate of 6.5 percent. However, the CPN estimate of lifetime use in the 2012 comparison data (3.6 percent) continued to be lower than the QFT estimate.

In addition, respondents in the main survey and the QFT were asked about lifetime use of "any other" hallucinogen besides the ones they had seen in the preceding questions. Respondents who reported use of other hallucinogens could specify use of up to five other hallucinogens that they had ever used (subsequently referred to in this section as "OTHER, Specify" data). The questions about ketamine, tryptamines, and *Salvia divinorum* had been included in the main survey since 2006 because of evidence from their "OTHER, Specify" data that these could be additional important substances for understanding hallucinogen use, especially among adolescents and young adults aged 18 to 25 (Kroutil, Vorburger, & Aldworth, 2007). Consequently, moving the questions about these hallucinogens from the special drugs module in the main survey to the core hallucinogens module in the QFT could reduce the reporting of use of "other" hallucinogens. Also, moving the questions for these three hallucinogens from the special drugs module to the core hallucinogens module could affect lifetime reporting because of their earlier placement in the QFT.

Therefore, estimates of lifetime use of ketamine, tryptamines, *Salvia divinorum*, and other hallucinogens were compared for the QFT and the data from 2011 and quarters 3 and 4 of 2012. Estimates are shown in ***Table I-13*** in ***Appendix I***.

- Estimates of lifetime use of ketamine, tryptamines, and *Salvia divinorum* were not significantly different between the QFT and the comparison data for persons aged 12 or older or within the age groups.
- Estimates of lifetime use of other hallucinogens were lower in the QFT than in the 2011 or 2012 comparison data for persons aged 12 or older, young adults aged 18 to 25, and adults aged 26 or older. For persons aged 12 or older, the estimate of lifetime use of other hallucinogens was 0.6 percent for the QFT and 1.6 percent for both the 2011 and 2012 comparison data. Among young adults, the estimate of other hallucinogen use decreased from 3.8 percent in the 2011 comparison data and 3.4 percent in the 2012 comparison data to 1.7 percent in the QFT.

At least for adults, moving the additional hallucinogen questions from the special drugs module to the core hallucinogens module in the QFT appears to have affected the reporting for the residual "other" hallucinogen category. Benefits of this change are that analysts have more information about the specific hallucinogens that persons have used, whereas the category for other hallucinogens can be a "catchall" for a wide variety of possible substances. Furthermore, this change could reduce the amount of data review and coding of "OTHER, Specify" data that is needed for hallucinogens when the redesigned questionnaire is fielded in 2015. An additional noteworthy finding from these analyses is that moving the questions for these three hallucinogens from the special drugs module to the core hallucinogens module did not appear to affect lifetime reporting because of their earlier placement in the QFT. However, the effect of this change in the placement of these questions could warrant further investigation in the 2013 DR and in preliminary data from the 2015 survey (e.g., from the first two quarters).

6.3.2 Inhalants

Questions about lifetime use of felt-tip pens and computer keyboard cleaner (air duster) were added to the inhalants module for the QFT because review of "OTHER, Specify" data suggested that these could be other important inhalants that persons used to get high. Furthermore, prior research has shown that NSDUH respondents are more likely to report use of a substance if they are asked a direct "yes/no" question about the substance than if they need to type in its name as part of "OTHER, Specify" questions (Kroutil, Vorburger, Aldworth, & Colliver, 2010). Therefore, even though the only change to the inhalants module for the QFT was the addition of the questions about lifetime use of these two inhalants, increased reporting of lifetime use could translate to increased reporting of use in more recent periods.

- Estimates of lifetime use of inhalants were greater in the QFT than in the 2011 and 2012 comparison data for persons aged 12 or older, adolescents aged 12 to 17, and adults aged 26 or older (***Tables I-1, I-2,*** and ***I-4***). For example, 11.1 percent of persons aged 12 or older in the QFT were lifetime users of inhalants compared with 8.2 percent for the 2011 comparison data and 8.3 percent for the 2012 comparison data (***Table I-1***).
- For adolescents aged 12 to 17, the QFT estimate of lifetime use of inhalants was 11.7 percent (***Table I-2***). In comparison, 7.5 of adolescents in the 2011 comparison data and 5.7 percent of those in the 2012 comparison data were estimated to be lifetime users. For young adults aged 18 to 25, the estimate of lifetime inhalant use in the QFT also was greater than the estimate in the 2012 comparison data (11.7 vs. 7.9 percent) (***Table I-3***).
- Estimates of past year and past month use of inhalants did not differ significantly between the QFT and comparison data for persons aged 12 or older, adults aged 18 to 25, and those aged 26 or older (***Tables I-5***, ***I-7***, and ***I-8***, respectively, for the past year and ***Tables I-9***, ***I-11***, and ***I-12*** for the past month). For example, the estimates of use of inhalants in the past year among persons aged 12 or older were 0.9 percent for the QFT, 0.7 percent for the 2011 comparison data, and 0.6 percent for the 2012 comparison data (***Table I-5***).
- For adolescents aged 12 to 17, the QFT estimate of past year use of inhalants was greater than the estimate for the 2012 comparison data (4.1 vs. 2.1 percent) (***Table I-6***). However, the estimate for the 2011 comparison data (3.0 percent) was not significantly different from the QFT estimate. Estimates of use of inhalants in the past month among adolescents did not differ between the QFT and comparison data (***Table I-10***).

As for the hallucinogen data described previously, adding the questions to the QFT about lifetime use of felt-tip pens or computer keyboard cleaner could affect reporting of the lifetime use of "other" inhalants. Also, computer keyboard cleaner is an aerosol product. Therefore, asking about lifetime use of computer keyboard cleaner could affect estimates for lifetime use of other aerosol sprays (i.e., other than spray paint in the main study and other than spray paint or computer keyboard cleaner in the QFT).

Estimates of lifetime use of felt-tip pens and computer keyboard cleaner were made for the QFT. Estimates of lifetime use of other aerosol sprays and other inhalants also were compared for the QFT and the data from 2011 and quarters 3 and 4 of 2012. These estimates are shown in ***Table I-14*** in ***Appendix I***.

- The prevalence of lifetime use of felt-tip pens based on the QFT data was 3.3 percent for persons aged 12 or older, 9.4 percent for adolescents aged 12 to 17, 5.8 percent for young adults aged 18 to 25, and 2.0 percent for adults aged 26 or older.
- Relative to the estimate of 11.7 percent for lifetime use of any inhalant among adolescents (***Table I-2***), the 9.4 percent who ever inhaled felt-tip pens appeared to comprise a substantial portion of the adolescent lifetime inhalant users. The 5.8 percent of young adults who ever inhaled felt-tip pens (***Table I-14***) appeared to comprise about half of the 11.7 percent of lifetime users of inhalants in this age group (***Table I-3***).
- The prevalence of lifetime use of computer keyboard cleaner based on the QFT data was 1.2 percent for persons aged 12 or older, 1.1 percent for adolescents, 2.4 percent for young adults, and 1.0 percent for adults aged 26 or older.
- Among young adults aged 18 to 25, the QFT estimate for lifetime use of other aerosol sprays (0.7 percent) was lower than the estimates in the 2011 and 2012 comparison data (1.8 and 1.5 percent, respectively). The QFT estimate for other inhalants (0.1 percent) also was lower than the comparison data estimates for 2011 (0.8 percent) and 2012 (0.7 percent) for this age group.

To further understand the estimates in ***Table I-14*** and in anticipation of effects on estimates of inhalant use in 2015, further analyses of the QFT data were conducted that categorized users into two groups: (1) lifetime users of felt-tip pens or computer keyboard cleaner (which could include persons who used other inhalants in addition to these two); and (2) lifetime users of other inhalants, excluding use of felt-tip pens and computer keyboard cleaner. Estimates for these two groups of lifetime users were made for persons aged 12 or older and for each age group. Estimates of persons aged 12 or older who reported past year use also were made for these two groups of lifetime users; corresponding past year estimates were not made by age group because of small sample sizes.

Estimates for these further analyses are shown in ***Table I-17*** in ***Appendix I***. Statistical testing was not conducted to identify any age group differences in the estimates presented in this table or differences in the past year estimates. Also, the QFT questions did not allow determination of the specific inhalants that were used in the past year.

- An estimated 4.1 percent of persons aged 12 or older were lifetime users of felt-tip pens or computer keyboard cleaner, and 7.0 percent were lifetime users of inhalants but not these two.
- Percentages of persons who were lifetime users of felt-tip pens or computer keyboard cleaners were 10.0 percent for 12 to 17 year olds, 7.4 percent for 18 to 25 year olds, and 2.8 percent for adults aged 26 or older. Percentages of persons who were lifetime users of other inhalants (but not these two) were 1.8 percent for 12 to 17 year olds, 4.3 percent for 18 to 25 year olds, and 8.1 percent for adults aged 26 or older.

- Among persons aged 12 or older who were lifetime users of felt-tip pens or computer keyboard cleaners, 12.8 percent used some inhalant in the past year. For lifetime users of other inhalants excluding these two, 5.0 percent used inhalants in the past year.

Although age group differences were not tested, lifetime use of felt-tip pens or computer keyboard cleaner *appears* to be more common among adolescents and young adults than among adults aged 26 or older. In addition, the findings for past year use of inhalants among lifetime users of felt-tip pens or computer keyboard cleaner and among lifetime users of inhalants (but not these two) may be affected by age-related differences in reporting of lifetime use of specific inhalants and also age-related differences in the proportions of lifetime users who also used in the past year. For example, QFT estimates in ***Tables I-2*** and ***I-6*** indicate that 11.7 percent of 12 to 17 year olds were lifetime users of inhalants, and 4.1 percent were past year users. Corresponding QFT estimates in ***Tables I-4*** and ***I-8*** for persons aged 26 or older were 10.9 percent for lifetime use and 0.4 percent for past year use.

Taken together, these findings suggest that adding the questions about lifetime use of felt-tip pens and computer keyboard cleaner may affect data trends in lifetime use of inhalants once the new questionnaire is fielded for the 2015 survey, including trends for adults aged 26 or older. These findings also suggest that this questionnaire change could affect trends for past year use of inhalants among adolescents aged 12 to 17. However, estimates for past month use of inhalants appeared unlikely to be affected by this change. Because NSDUH national reports tend to focus on estimates of past month use (i.e., current use), inclusion of these two additional inhalants in the 2015 survey might have a small impact on trends in the past month use of inhalants. Because long-term trends in lifetime use and past year use of inhalants are typically included in annual NSDUH detailed tables and reports of findings, it will be important for the Substance Abuse and Mental Health Services Administration to consider how to handle any disruption in the trends for lifetime and past year use of inhalants in the 2015 detailed tables.

6.4 Illicit Drug Summary Measures

This section presents comparisons of estimates between the QFT and comparison data for 2011 and 2012 for several summary measures of illicit drug use. The standard definition of any illicit drug use captures use of any of one of nine categories of illicit drugs: marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and misuse of any one of four classes of psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives). The standard definition of any illicit drug use also includes use of methamphetamine reported in the noncore questions added in 2005 and 2006 and the new methamphetamine module in the QFT. In addition, because marijuana use has historically been the most prevalent form of illicit drug use, a summary measure of illicit drug use other than marijuana is a standard NSDUH measure that allows for the detection of trends in any illicit drug use that may be masked by trends in marijuana use.

Because of extensive changes to questions asking about prescription drug misuse (including the addition of a new methamphetamine module), the standard definitions of any illicit drug use (and any illicit drug use other than marijuana) were modified for this analysis to exclude the use of methamphetamine and the misuse of any prescription drugs. Alternate Definition 1 of any illicit drug use covers any use of marijuana, cocaine (including crack),

heroin, hallucinogens, and inhalants. Comparisons between the QFT sample and the 2011 and 2012 samples for this measure are free of any measurable differences in the use of methamphetamine and the misuse of psychotherapeutics. Alternate Definition 3 for any illicit drug use includes use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine. Similarly, the Alternate Definition of any illicit drug use other than marijuana covers any use of cocaine (including crack), heroin, hallucinogens, and inhalants.[24]

In addition, as noted in ***Sections 6.3.1*** and ***6.3.2***, the modules for hallucinogens and inhalants were modified by explicitly asking respondents about hallucinogens that had previously been asked about in the special drugs module and asking direct questions about specific additional inhalants. Thus, Alternate Definition 2 of any illicit drug use is similar to Alternate Definition 1 except that the use of hallucinogens and inhalants is ignored. Similarly, ignoring any reported use of hallucinogens and inhalants leads to a measure of any illicit drug use other than marijuana that only contains two categories of drugs: cocaine (including crack) and heroin.

Table 6.1 summarizes these measures, which were all were constructed for the lifetime, past year, and past month reporting periods. These estimates are shown in ***Tables I-1*** to ***I-12*** in ***Appendix I*** and ***Tables J-1*** to ***J-12*** in ***Appendix J***. Estimates from the tables in ***Appendix I*** are discussed in this section and focus on the effects on summary estimates of illicit drug use that could be attributed to changes to the hallucinogens and inhalants modules in the QFT (or other differences), separate from any effects on these estimates that could be attributed to changes to questions for methamphetamine and prescription drugs. Estimates from the tables in ***Appendix J*** are discussed in ***Chapter 7*** in the context of a discussion of the changes to the QFT questions for these substances and the effects of these changes on estimates.

Table 6.1 Substances Included in Definitions of Illicit Drugs and Illicit Drugs Other than Marijuana

	Illicit Drugs				Illicit Drugs Other than Marijuana		
Substance	**Standard Definition**	**Alternate Definition 1**	**Alternate Definition 2**	**Alternate Definition 3**	**Standard Definition**	**Alternate Definition**	**Cocaine or Heroin**
Marijuana	✓	✓	✓	✓			
Cocaine (including Crack)	✓	✓	✓	✓	✓	✓	✓
Heroin	✓	✓	✓	✓	✓	✓	✓
Hallucinogens	✓	✓		✓	✓	✓	
Inhalants	✓	✓		✓	✓	✓	
Prescription Drug Misuse	✓				✓		
Methamphetamine	✓			✓	✓		
Estimates Shown in:	Appendix J	Appendix I	Appendix I	Appendix J	Appendix J	Appendix I	Appendix I

✓ = Use of this substance is included in the summary measure.

[24] Note that a respondent who is considered a user of illicit drugs other than marijuana may have used marijuana, but he or she would have used one of the other substances to be considered a user of illicit drugs other than marijuana. Similarly, information on the use of methamphetamine and the misuse of psychotherapeutics is ignored in creating these measures.

6.4.1 Any Illicit Drug

- Summary estimates of lifetime use of illicit drugs based on Alternate Definition 1 (i.e., including hallucinogens and inhalants but not methamphetamine or prescription drugs) and Alternate Definition 2 (i.e., excluding hallucinogens and inhalants in addition to methamphetamine and prescription drugs) did not differ between the QFT and comparison data for persons aged 12 or older (***Table I-1***), adults aged 18 to 25 (***Table I-3***), or adults aged 26 or older (***Table I-4***). Among persons aged 18 to 25, for example, lifetime estimates based on Alternate Definition 1 were 56.0 percent in the QFT, 54.5 percent in the 2011 comparison data, and 54.2 percent in the 2012 comparison data (***Table I-3***). Corresponding estimates based on Alternate Definition 2 were 52.2 percent in the QFT, 53.1 percent in the 2011 comparison data, and 53.0 percent in the 2012 comparison data.
- Among adolescents aged 12 to 17, the summary estimate of lifetime use of illicit drugs based on Alternate Definition 1 was higher in the QFT (26.7 percent) than in the 2011 and 2012 comparison data (22.3 and 20.0 percent, respectively) (***Table I-2***). When hallucinogens and inhalants were removed for Alternate Definition 2, however, the estimates of lifetime use of illicit drugs among adolescents no longer differed between the QFT and comparison data.
- Consistent with the pattern observed for lifetime use, the prevalence of past year and past month use of illicit drugs based on Alternate Definition 1 and Alternate Definition 2 did not differ between the QFT and comparison data for persons aged 12 or older (***Tables I-5*** and ***I-9***), adults aged 18 to 25 (***Tables I-7*** and ***I-11***), or adults aged 26 or older (***Tables I-8*** and ***I-12***). Among persons aged 12 or older, estimates of past year illicit drug use based on Alternate Definition 1 ranged from 12.8 to 13.5 percent (***Table I-5***). Past year estimates for persons aged 12 or older based on Alternate Definition 2 ranged from 12.3 to 12.7 percent.
- Among adolescents aged 12 to 17, the estimate of past year use of illicit drugs based on Alternate Definition 1 in the QFT (18.2 percent) was greater than the estimate in the 2012 comparison data (14.2 percent), but it was not significantly different from the estimate in the 2011 comparison data (15.8 percent) (***Table I-6***). Estimates of past year use of illicit drugs for adolescents based on Alternate Definition 2 did not differ between the QFT and comparison data.
- Estimates of past month use of illicit drugs among adolescents aged 12 to 17 did not differ between the QFT and comparison data for Alternate Definition 1 or Alternate Definition 2 (***Table I-10***). For example, estimates of past month use among adolescents based on Alternate Definition 1 ranged from 7.2 to 8.5 percent in these three datasets.

6.4.2 Illicit Drugs Other than Marijuana

As noted previously, marijuana historically has been the most commonly used illicit drug. Consequently, similar estimates of any illicit drug use in the QFT and comparison data for Alternate Definitions 1 and 2 could be explained by a corresponding lack of significant differences for marijuana use. Changes to the QFT questions for hallucinogens and inhalants

could have more of an effect on estimates of use of illicit drugs other than marijuana (or even more of an effect on these estimates for adolescents aged 12 to 17). Higher rates of use of cocaine, crack, and heroin in the QFT that were reported in ***Section 6.2*** also affect estimates for use of illicit drugs other than marijuana, independent of the changes to the modules for hallucinogens and inhalants.

- Rates of lifetime use of illicit drugs other than marijuana based on the Alternate Definition that included hallucinogens and inhalants but not methamphetamine or prescription drugs were not significantly different between the QFT and comparison data (***Table I-1***). However, the differences approached statistical significance for the QFT (25.0 percent) and the 2011 comparison data (22.4 percent; $p = 0.077$) and for the QFT and 2012 comparison data (22.3 percent; $p = 0.066$). Estimates of lifetime use of illicit drugs other than marijuana that were limited to cocaine (including crack) and heroin among persons aged 12 or older ranged from 14.3 to 14.9 percent and did not differ between the QFT and comparison data.
- Among adolescents aged 12 to 17, the rate of lifetime use of illicit drugs other than marijuana based on the Alternate Definition that included hallucinogens and inhalants was greater in the QFT (16.3 percent) than in the 2011 or 2012 comparison data (10.3 and 8.2 percent, respectively) (***Table I-2***). In contrast, the QFT estimate of lifetime use of cocaine or heroin among adolescents (0.5 percent) was *lower* than the corresponding estimates in the comparison data for 2011 (1.4 percent) and 2012 (1.3 percent).
- For young adults aged 18 to 25, the lifetime estimate for the Alternate Definition of any illicit drugs other than marijuana in the QFT (28.8 percent) was higher than that in the 2012 comparison data (23.6 percent) (***Table I-3***). The difference in estimates between the QFT and 2011 comparison data (24.0 percent) approached statistical significance ($p = 0.060$).
- Lifetime estimates of use of cocaine or heroin among 18 to 25 year olds did not differ between the QFT and comparison data and ranged from 10.5 to 12.7 percent (***Table I-3***).
- Estimates of lifetime use of illicit drugs other than marijuana based on the Alternate Definition or for cocaine or heroin did not differ between the QFT and comparison data for adults aged 26 or older (***Table I-4***). For example, the Alternate Definition estimates ranged from 23.7 to 25.5 percent.
- Estimates of past year use of illicit drugs other than marijuana based on the Alternate Definition or for cocaine or heroin did not differ between the QFT and comparison data for persons aged 12 or older (***Table I-5***), adults aged 18 to 25 (***Table I-7***), or adults aged 26 or older (***Table I-8***). Among persons aged 12 or older, the Alternate Definition estimates ranged from 3.2 to 3.5 percent.
- Among adolescents aged 12 to 17, the QFT estimate of past year use based on the Alternate Definition was greater than the estimate for the 2012 comparison data (7.0 vs. 4.2 percent), but it did not differ from the estimate of 5.3 percent for the 2011 comparison data (***Table I-6***). In contrast, the QFT estimate of past year use of cocaine or heroin among adolescents (0.2 percent) was lower than the estimate from the 2011

comparison data (1.0 percent), and the difference between the QFT and 2012 comparison data (0.8 percent) approached statistical significance ($p = 0.072$).

- Estimates of past month use of illicit drugs other than marijuana based on the Alternate Definition did not differ between the QFT and comparison data for persons aged 12 or older (***Table I-9***) or among any age groups (***Tables I-10*** to ***I-12***). Estimates of past month use of cocaine or heroin also did not differ between the QFT and comparison data for persons aged 12 or older and adults aged 26 or older.
- There were some significant differences in estimates of past month use of cocaine or heroin between the QFT and comparison data for adolescents aged 12 to 17 (***Table I-10***) and young adults aged 18 to 25 (***Table I-11***). Although the QFT estimate for adolescents (0.0 percent) was lower than the estimates in the comparison data for 2011 (0.3 percent) and 2012 (0.1 percent), the QFT estimate would be suppressed. For young adults, the QFT estimate was lower than the estimate in the 2011 comparison data (0.7 vs. 1.5 percent), but it was not significantly different from the estimate in the 2012 comparison data (1.2 percent).

Taken together, these findings suggest that changes to the modules for hallucinogens and inhalants could affect trend data for the use of illicit drugs and illicit drugs other than marijuana in 2015, especially for adolescents. Effects on these illicit drug use estimates because of the changes for hallucinogens and inhalants will warrant further investigation in the 2013 DR and in preliminary data for 2015. Although the cocaine and heroin modules did not change for the QFT, some significant differences also were observed for aggregate estimates of use of cocaine or heroin. As noted previously, further examination of estimates of cocaine and heroin use in the 2013 DR will be useful for assessing the likelihood that data for these two substances also will not disrupt the trends in 2015.

6.5 Tobacco

This section presents findings on tobacco use from the 2011 comparison data and 2012 quarters 3 and 4 comparison data, as well as the QFT data. Estimates for use of cigarettes and smokeless tobacco are presented in ***Appendix I*** for each of the three datasets. ***Tables I-1*** through ***I-4*** provide estimates for lifetime use of these tobacco products for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older, respectively. Likewise, ***Tables I-5*** through ***I-8*** provide estimates for past year use, and ***Tables I-9*** through ***I-12*** provide estimates for past month use.

Questions on cigarette use were not changed for the QFT instrument, so the expectation was that the QFT estimate would be very similar to the estimates for the 2011 comparison data and 2012 quarters 3 and 4 comparison data. In the main survey, however, respondents are asked separate sets of questions about their use of snuff and about their use of chewing tobacco. In the QFT, respondents were asked a single set of questions about use of any smokeless tobacco product. Smokeless tobacco for the QFT also was defined somewhat differently than in the main

survey and included use of snuff, dip, chewing tobacco, or "snus."[25] These changes could affect estimates of smokeless tobacco use.

6.5.1 Cigarettes

Consistent with expectations, the QFT estimates for cigarette use were similar to the 2011 comparison estimates and 2012 quarters 3 and 4 comparison data estimates. None of the small differences in cigarette use across the three samples was statistically significant. This pattern held for lifetime, past year, and past month cigarette use estimates and held for estimates across all age groups.

- For all persons aged 12 or older, the prevalence of lifetime cigarette use was 62.5 percent for the QFT sample, 63.9 percent for the 2011 comparison data, and 63.2 percent for the 2012 quarters 3 and 4 comparison data (***Table I-1***). Estimates for lifetime cigarette use ranged from less than 20 percent for adolescents aged 12 to 17 in all three samples (***Table I-2***) to about 70 percent for adults aged 26 or older for all three samples (***Table I-4***).
- The estimate of past year cigarette use for all persons aged 12 or older was 28.0 percent for the QFT sample, 26.5 percent in the 2011 comparison data, and 26.1 percent for the 2012 comparison data (***Table I-5***). Estimates for past year cigarette use ranged from less than 13 percent for adolescents aged 12 to 17 in all three samples (***Table I-6***) to more than 40 percent for young adults aged 18 to 25 in all three samples (***Table I-7***).
- The rate of past month cigarette use for all persons aged 12 or older was 24.2 percent for the QFT sample, 22.5 percent for the 2011 comparison data, and 22.2 percent for the 2012 comparison data (***Table I-9***). Estimates for past month cigarette use among adolescents aged 12 to 17 (***Table I-10***) appeared to be higher in the 2011 comparison data (7.8 percent) than in the QFT data (6.1 percent), but as previously noted, this difference was not statistically significant. Estimates of past month cigarette use among young adults aged 18 to 25 ranged from 31.8 to 34.0 percent in all three samples (***Table I-11***).

Given the lack of changes to questions on cigarette use and the similarity of estimates across all three datasets, these results do not suggest any changes to these questions are warranted for the 2013 DR. Based on these findings, it seems likely that the trend for estimates of cigarette use will continue when the partially redesigned instrument and protocol are implemented in 2015.

6.5.2 Smokeless Tobacco

Lifetime estimates of smokeless tobacco use did not differ between the QFT and comparison data for persons aged 12 or older or within any of the three age groups. However, estimates of past year and past month use were greater in the QFT than in the comparison data for persons aged 12 or older and adults aged 26 or older. For adolescents aged 12 to 17 and

[25] "Snus" is a type of Swedish snuff. The question in the QFT is as follows: "The next questions are about your use of 'smokeless' tobacco such as snuff, dip, chewing tobacco, or 'snus.'"

young adults aged 18 to 25, the estimates of past year and past month smokeless tobacco use did not differ between the QFT and comparison data. Thus, the higher estimates among adults aged 26 or older appear to be driving the higher past year and past month estimates for persons aged 12 or older in the QFT.

- Estimates of lifetime smokeless tobacco use among persons aged 12 or older were 17.4 percent in the QFT, 18.8 percent in the 2011 comparison data, and 18.4 percent in the 2012 comparison data (***Table I-1***). Lifetime estimates ranged from 6.4 to 8.3 percent among adolescents aged 12 to 17 (***Table I-2***). Among adults aged 26 or older, estimates ranged from 18.0 to 20.0 percent (***Table I-4***).
- The estimate of past year use of smokeless tobacco for persons aged 12 or older in the QFT was 6.8 percent compared with estimates of 4.7 percent in each of the comparison samples (***Table I-5***). Among adults aged 26 or older, the rate of past year use was 6.6 percent in the QFT compared with 3.9 percent in the 2011 comparison data and 4.0 percent in the 2012 comparison data (***Table I-8***).
- The estimate of past month use of smokeless tobacco for persons aged 12 or older in the QFT was 5.2 percent compared with estimates of 3.4 to 3.5 percent in the comparison samples (***Table I-9***). Among adults aged 26 or older, the rate of past month use was 5.5 percent in the QFT compared with rates of 3.1 to 3.3 percent in the comparison data (***Table I-12***).

These findings suggest that trends could be disrupted for past year and past month use of smokeless tobacco for all persons aged 12 or older and among adults aged 26 or older in 2015. Given that respondents had two opportunities to report past year or past month use of smokeless tobacco in the comparison data, it also is noteworthy that the QFT estimates of past year and past month use (which were based only on one set of questions) were higher than the comparison estimates for persons aged 12 or older and adults aged 26 or older. All other things being equal, providing respondents with multiple opportunities to report use would be expected to yield higher estimates than questions that allow respondents only a single opportunity to report use in a given period.[26]

One possible explanation for these findings is that it may be less of a challenge for some respondents to determine that they used some type of "smokeless tobacco" in the past year or past month than to determine whether the product specifically was "snuff" or "chewing tobacco." This explanation is consistent with main survey data for the brand of snuff or chewing tobacco that respondents reported using most often in the past 30 days. Specifically, respondents could specify a brand of snuff as some "other" brand of "chewing tobacco" they used most often, or vice versa (Kroutil et al., 2012a). Although respondent difficulties in distinguishing between snuff and chewing tobacco in the main survey can be identified only for the past 30 days, they also are likely to be occurring for reports of these types of smokeless tobacco use that occurred less recently than the past 30 days but within 12 months of the interview.

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[26] Although estimates of past year use also include reports of use in the past month, QFT respondents had only a single opportunity to report that they used smokeless tobacco in the past 30 days or more than 30 days ago but within the past 12 months.

6.6 Alcohol

Tables I-1 through ***I-4*** provide estimates for lifetime alcohol use for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older, respectively. Likewise, ***Tables I-5*** through ***I-8*** provide estimates for past year alcohol use, and ***Tables I-9*** through ***I-12*** provide estimates for past month alcohol use. In addition, ***Table I-15*** provides estimates for past month alcohol use by age and gender, and ***Table I-16*** presents estimates for binge alcohol use in the past month by age and gender. All of these tables provide estimates for the 2011 comparison data and 2012 quarters 3 and 4 comparison data, as well as the QFT data.

Because the primary questions for lifetime, past year, and past month alcohol use were not changed for the QFT instrument, QFT estimates for these items were expected to be very similar to the 2011 comparison data and 2012 quarters 3 and 4 comparison data. One notable change in the QFT instrument involved the definition of binge alcohol use. In the 2011 and 2012 quarters 3 and 4 instruments, binge alcohol use is defined as drinking five or more drinks on one occasion for both male and female respondents. In the QFT instrument, the definition of binge alcohol use was changed to drinking four or more drinks on one occasion for female respondents. This change had the potential to increase reports of binge alcohol use by lowering the threshold for the minimum number of drinks for females.

6.6.1 Any Alcohol Use

Consistent with expectations, the QFT estimates for alcohol use were very similar to the 2011 comparison estimates and 2012 quarters 3 and 4 comparison estimates across all age groups within the lifetime, past year, and past month periods. Similarly, no significant differences were observed for any alcohol use in the past month among males and females (***Table I-15***).

- For all persons aged 12 or older, the rate of lifetime alcohol use was 81.8 percent for the QFT sample, 83.2 percent for the 2011 comparison data, and 83.4 percent for the 2012 quarters 3 and 4 comparison data (***Table I-1***). Estimates for lifetime alcohol use ranged from about 33 percent for adolescents aged 12 to 17 in all three samples (***Table I-2***) to nearly 90 percent for adults aged 26 or older in all three samples (***Table I-4***).
- The estimate of past year alcohol use for all persons aged 12 or older was 66.8 percent for the QFT sample, 67.1 percent in the 2011 comparison data, and 67.6 percent for the 2012 comparison data (***Table I-5***). Estimates for past year alcohol use ranged from about one fourth of adolescents aged 12 to 17 in all three samples (***Table I-6***) to about three fourths of young adults aged 18 to 25 in all three samples (***Table I-7***).
- Rates of past month alcohol use for all persons aged 12 or older were 51.6 percent for the QFT sample, 53.0 percent for the 2011 comparison data, and 53.4 percent for the 2012 comparison data (***Table I-9***). The estimate for past month alcohol use among adolescents aged 12 to 17 was higher in the 2011 comparison data (13.4 percent) than in the QFT data (10.3 percent) (***Table I-10***).

The lack of significant differences in most rates of any alcohol use between the QFT and comparison data suggests that trends in any alcohol use generally will be maintained in 2015. However, examination of estimates of past month alcohol use among adolescents aged 12 to 17 will warrant further attention in the 2013 DR to assess whether the significant difference between the QFT and 2011 comparison data is repeated for other comparisons in the 2013 DR, or if this difference was an anomaly.

6.6.2 Past Month Binge Alcohol Use

There were no significant differences in estimates of binge alcohol use in the past month regardless of gender for persons aged 12 or older or in any of the three age groups (***Tables I-9*** to ***I-12***). However, differences approached statistical significance for adults aged 26 or older (***Table I-12***).

- Rates of binge alcohol use in the past month among all persons aged 12 or older were 23.9 percent for the QFT sample, 22.3 percent for the 2011 comparison data, and 22.9 percent for the 2012 comparison data (***Table I-9***).
- Among adults aged 26 or older, the differences in estimates of binge alcohol use approached statistical significance for the QFT and both comparison samples (QFT and 2011 comparison: 23.2 and 21.4 percent; $p = 0.074$; QFT and 2011 comparison: 23.2 and 22.1 percent; $p = 0.084$) (***Table I-12***).

Table I-16 contains two sets of estimates of binge alcohol use by age group and gender. The first set of estimates is based only on core data. As noted previously, binge alcohol use in the comparison data was defined for males and females as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days based on their reports in the core alcohol module. For the QFT, binge alcohol use was defined for males in the same manner as in the comparison data. For females, binge alcohol use in the QFT was defined as drinking four or more drinks on the same occasion based on their reports in the core alcohol module.

Table I-16 also contains core-plus-noncore (CPN) estimates for the 2011 and 2012 comparison data. In addition to reports of consumption of five or more drinks on a single occasion on at least 1 day in the past 30 days, these CPN measures took into account females' reports of usual consumption of four or more drinks on the days that they drank alcohol in the past 30 days (from the core alcohol module) or their consumption of four or more drinks on the same occasion on at least 1 day in the past 30 days (from the noncore consumption of alcohol module). These CPN measures were created to further gauge the potential effects on estimates of binge alcohol use because of the change to the threshold for females. For males in the comparison data, the CPN measure was the same as the measure based only on core data. QFT estimates based on core alcohol use data (i.e., including the "four or more" criterion for females) are repeated for comparison with the CPN estimates.

- Among all persons aged 12 or older in the QFT, the rates of binge alcohol use in the past month were 30.1 percent for males and 18.2 percent for females.

- Estimates of binge alcohol use among males aged 12 or older were similar between the QFT (30.1 percent) and the comparison data for 2011 (29.3 percent) and 2012 (30.4 percent).
- The estimate of binge alcohol use in the past month for females aged 12 or older in the QFT (18.2 percent) was in the direction of being higher than the core-only estimates for the 2011 comparison sample and the 2012 quarters 3 and 4 comparison sample (15.8 percent in each sample). However, differences between the QFT and comparison data were not statistically significant.
- Although the measure of binge alcohol use in the past month for males was the same in the QFT and comparison data, the difference between the estimates for males aged 12 to 17 in the QFT and the 2011 comparison data approached statistical significance (23.9 and 22.3 percent, respectively; $p = 0.097$).
- Among females aged 26 or older, the difference between the QFT estimate of binge alcohol use (16.8 percent) and the core estimate in the 2011 comparison data (14.0 percent) approached statistical significance ($p = 0.085$).
- The CPN estimates of binge alcohol use for females aged 12 or older in the 2011 and 2012 comparison data (20.7 and 20.8 percent, respectively) that took into account reports of consumption of four or more drinks on an occasion were not significantly different from the QFT estimate from the core alcohol module (18.2 percent). However, these differences between the QFT and comparison data approached statistical significance (QFT vs. 2011 comparison: $p = 0.067$; QFT vs. 2012 comparison: $p = 0.060$).
- The difference between the QFT and CPN estimate of binge alcohol use in the 2011 comparison data also approached statistical significance for all adolescents aged 12 to 17, regardless of gender (5.6 and 7.5 percent, respectively; $p = 0.061$).

These findings suggest that lowering the threshold for binge alcohol use among females to consumption of four or more drinks on an occasion may not affect the trends in binge alcohol use among all persons aged 12 or older or among all persons within most age groups (i.e., regardless of gender). Although statistical testing was not conducted to identify whether rates of binge alcohol use in the QFT were higher among males than among females even with the lower threshold for females, the *relatively* higher (but not necessarily significant) rate of binge alcohol use among males aged 12 or older in the QFT than among females suggests that binge alcohol use among males will continue to drive the overall rates of binge alcohol use in 2015.

Adults aged 26 or older may provide an exception to this general conclusion. If the QFT sample size of adults in this age group had been similar to the sample sizes in the comparison data, the apparently higher rate in the QFT may have been statistically significant. The finding that the differences in core-only estimates of binge alcohol use among females aged 26 or older approached statistical significance between the QFT and both comparison samples also suggests that the planned change in the definition of binge alcohol use among females in 2015 may affect trends for females in this age group. The lower threshold for binge alcohol use among females may be more important for estimating binge alcohol use among adults aged 26 or older (both overall and for females) than it is for other age groups.

7. QFT Estimates Compared with Current NSDUH Estimates: Methamphetamine and Prescription Drug Items

7.1 Overview of QFT Estimates Compared with NSDUH Estimates for Methamphetamine and Prescription Drug Items

As noted in ***Sections 2.4.1*** and ***3.3.3***, the following changes to the questions for methamphetamine and prescription drugs were made for the Questionnaire Field Test (QFT):

- A new methamphetamine module was added instead of questions about methamphetamine use being included as part of the stimulants module.
- The definition, approach, and terminology for measuring misuse of prescription drugs were revised.
- Modules were added that asked respondents about any use of pain relievers, tranquilizers, stimulants, and sedatives, as opposed to just misuse.
- The focus of the prescription drug modules was on a 12-month reference period rather than the lifetime reference period used in the current questionnaire.
- Electronic images of prescription drugs replaced the current hard-copy pill card versions, and the images included more than just pills.
- Questions about discontinued prescription drugs were deleted, and questions were added for other prescription drugs not previously included in the questionnaire.
- Questions about prescription drugs that were included in supplemental sections of the current questionnaire were moved to the appropriate prescription drug module.

These changes are planned for implementation in the redesigned National Survey on Drug Use and Health (NSDUH) questionnaire in 2015 and are likely to affect estimates of methamphetamine use and misuse of prescription drugs starting in 2015.

This chapter presents findings on methamphetamine use and prescription drug misuse from the comparison data for 2011 and quarters 3 and 4 of 2012 and from the QFT. Detailed tables containing these estimates are included in ***Appendix J***. For each relevant measure, data are presented in the detailed tables for use or misuse in the lifetime, past year, and past month periods, as well as for the following age groups: 12 or older, 12 to 17, 18 to 25, and 26 or older. Variables for all drug use estimates presented in this chapter were edited according to the procedures described in ***Section 3.3*** and were imputed according to the procedures described in ***Section 3.4***. Consequently, these drug use measures had no missing data.

Findings also note whether differences in estimates between the QFT and the comparison data were statistically significant at the 0.05 level of significance (see ***Section 3.7***). In addition, some differences are presented that approached but did not attain statistical significance

(i.e., $0.05 < p < 0.1$). Because of the smaller sample sizes for the QFT, differences that approached statistical significance in these comparisons could become significant with a sample size of approximately 67,000 respondents in 2015. Otherwise, statements in this chapter such as "estimates did not differ significantly between the QFT and comparison data" indicate differences in which $p > 0.1$.

7.2 Estimates for Methamphetamine Items

A consequence of the placement of questions about methamphetamine use within the current NSDUH module for misuse of prescription stimulants is that misuse of any stimulant always will be as recent as or more recent than the last use of methamphetamine in the edited and imputed data. Furthermore, as noted in ***Section 3.3.4.5***, a consistency check is triggered in the core stimulants module in the main survey if respondents report more recent use of methamphetamine than they reported for most recent use of any prescription stimulant. Some respondents in these consistency checks may change their answer for methamphetamine to indicate less recent use than they had originally reported. Because the methamphetamine questions in the QFT were in a module separate from the questions about misuse of prescription stimulants, respondents could report lifetime use or more recent use of methamphetamine without needing to report lifetime misuse of stimulants or misuse of stimulants as recently or more recently than when they last used methamphetamine.

Also, respondents who receive the current NSDUH questionnaire may fail to report methamphetamine use when questions about this drug are asked in the context of questions about misuse of prescription stimulants. Therefore, the methamphetamine use measures for the comparison data (i.e., 2011 and quarters 3 and 4 of 2012) were based on reports of methamphetamine use in the core stimulants module plus reports of use from the supplemental (or noncore) special drugs module (i.e., core plus noncore, or CPN). However, additional respondents who reported lifetime use of methamphetamine in the special drugs module were included in the CPN measures only if their reason for not previously reporting methamphetamine use was that they did not think of methamphetamine as a prescription drug; respondents who reported use in the special drugs module were not counted as users if they reported that they did not previously report methamphetamine use because they "made a mistake" when answering the methamphetamine questions in the stimulants module or for reasons other than not thinking of this as a prescription drug (Kroutil, Handley, Bradshaw, Chien, & Felts, 2012b). Consequently, these CPN measures of methamphetamine use in the comparison data still might underestimate the prevalence of use.

For the QFT, the methamphetamine use measures were based only on data from the new methamphetamine module in the core section of the QFT questionnaire. Although QFT respondents did not have the same multiple opportunities to report methamphetamine use as in the comparison data, there also was no question (and no need) to check for the reason that some respondents did not previously report methamphetamine use.

- The estimate of lifetime methamphetamine use among persons aged 12 or older was greater in the QFT than in the 2012 comparison data (6.5 vs. 4.8 percent) (***Table J-1***). The estimate for 2011 (also 4.8 percent) was not significantly different from the QFT estimate but approached statistical significance ($p = 0.062$).

- Among persons in the three age groups, estimates of lifetime methamphetamine use did not differ significantly between the QFT and comparison data. Estimates for adults aged 26 or older were 5.6 percent in 2011 and in the 2012 comparison data and 7.7 percent in the QFT (***Table J-4***). Again, these differences approached statistical significance ($p = 0.069$ for QFT vs. 2011; $p = 0.052$ for QFT vs. 2012).
- Estimates of methamphetamine use in the past year among persons aged 12 or older and in each of the three age groups did not differ significantly between the QFT and comparison data. Estimates for persons aged 12 or older were 0.4 percent in 2011 and in the 2012 comparison data and 0.5 percent in the QFT (***Table J-5***). However, the difference between the estimates of past year use for adolescents aged 12 to 17 in the QFT (0.2 percent) and the 2011 comparison data (0.4 percent) approached statistical significance ($p = 0.095$) (***Table J-6***).
- Estimates of methamphetamine use in the past month among persons aged 12 or older and in each of the three age groups did not differ significantly between the QFT and comparison data. Among persons aged 12 or older, the difference between the QFT estimate (0.4 percent) and the estimate for the 2012 comparison data (0.1 percent) approached statistical significance ($p = 0.077$) (***Table J-9***).

7.3 Estimates for Prescription Drug Items

The shift in focus of questions about the misuse of specific prescription drugs from the lifetime reference period in the current questionnaire to a 12-month reference period and the deletion of questions about discontinued prescription drugs in the QFT could decrease the estimates of lifetime misuse in the QFT relative to the comparison data. Comparison data respondents had multiple opportunities to report lifetime misuse of prescription drugs, including misuse of drugs that currently are no longer available by prescription in the United States. In contrast, QFT respondents who did not report past year use or misuse of any prescription drugs in a given category were asked only a single question about misuse of *any* prescription drugs in that category in their lifetime. For pain relievers, for example, this question was worded as follows: "Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it?" However, QFT respondents were not given any additional cues or aids to remind them of the types of drugs that qualify as "prescription pain relievers." QFT respondents would need to depend largely on their ability to remember the examples of specific pain relievers that they saw in the screener section. In light of regular changes in the prescription drug market in the United States, QFT respondents also would need to consider not only lifetime misuse of prescription drugs that currently are available, but also any past misuse of prescription drugs that previously were but no longer are available. Because of the structure and content of the QFT questions, therefore, QFT respondents who last misused prescription drugs more than 12 months ago might underreport their misuse.

Conversely, the expansion of the number of questions in the QFT about past year misuse of specific prescription drugs could be expected to increase the estimates of past year misuse in the QFT relative to estimates in the comparison data. For example, QFT respondents would be classified as having misused prescription pain relievers in the past 12 months if they reported misuse in that period of any of 40 possible pain relievers, including "any other" pain reliever. In the comparison data, respondents are defined as having misused pain relievers in the past year

principally through their response to the question, "How long has it been since you last used any prescription pain reliever that was not prescribed for you or that you took only for the experience or feeling it caused?" Only those respondents in the comparison data who reported lifetime misuse of the pain reliever OxyContin® have an additional opportunity to report past year misuse through a corresponding question about the last time they used OxyContin® that was not prescribed for them or that they took only for the experience or feeling the drug caused.

As noted previously, the definition of misuse also was changed for the QFT. The definition of misuse in the main survey combines a *behavior* (use of a prescription drug that was not prescribed for the respondent) and a *motivation* for misuse (use of a prescription drug only for the experience or feeling that it caused). In the QFT, the definition of misuse "in any way a doctor did not direct you to use it" focuses on behaviors. The following examples are given to QFT respondents for behaviors that constitute misuse:

- (use) without a prescription of your own;
- (use) in greater amounts, more often, or longer than you were told to take it; or
- (use) in any other way a doctor did not direct you to use it.

Especially for misuse of prescription pain relievers, alerting QFT respondents that overuse of prescribed medication (e.g., use in greater amounts or more often than prescribed) constitutes misuse also could increase reporting of misuse in the QFT.

7.3.1 Any Prescription Psychotherapeutic Drug

- The estimate of lifetime misuse of any prescription psychotherapeutic drug (i.e., pain relievers, tranquilizers, stimulants, or sedatives) among persons aged 12 or older was lower in the QFT than in the 2012 comparison data (17.9 vs. 21.0 percent) (***Table J-1***). The estimate for 2011 (20.5 percent) was not significantly different from the QFT estimate but approached statistical significance ($p = 0.062$).
- Adults aged 26 or older had a lower estimate of lifetime misuse of any prescription drug in the QFT than in the 2012 comparison data (17.7 vs. 21.2 percent) (***Table J-4***). Estimates approached statistical significance for adolescents aged 12 to 17 in both the 2011 and 2012 comparison data ($p = 0.057$ for QFT vs. 2011; $p = 0.077$ for QFT vs. 2012) (***Table J-2***) and for adults aged 26 or older in the 2011 comparison data ($p = 0.090$) (***Table J-4***).
- Estimates of misuse of any prescription drug in the past year were greater in the QFT than in the 2011 and 2012 comparison data for persons aged 12 or older (8.1, 5.7, and 5.9 percent, respectively) (***Table J-5***) and young adults aged 18 to 25 (22.8, 13.0, and 13.2 percent, respectively) (***Table J-7***), but not for adolescents aged 12 to 17 or adults aged 26 or older (***Tables J-6*** and ***J-8***).
- Among persons aged 12 or older, estimates of misuse of any prescription drug in the past month approached statistical significance between the QFT (3.2 percent) and both sets of comparison data (2.4 percent in each comparison dataset; $p = 0.088$ for QFT vs. 2011; $p = 0.096$ for QFT vs. 2012) (***Table J-9***). Estimates also approached statistical significance for adults aged 18 to 25 in the QFT (7.4 percent) and both

comparison datasets (2011: 5.0 percent, $p = 0.064$; 2012: 4.9 percent, $p = 0.063$) (***Table J-11***).

- The estimate of past month misuse of any prescription drug for adolescents in the QFT (1.3 percent) was *lower* than the estimates in the comparison data for 2011 (2.7 percent) and 2012 (2.5 percent) (***Table J-10***).

Given that estimates of past month misuse of any prescription drug were in the direction of being greater in the QFT than in the comparison data (but did not attain statistical significance) for persons aged 12 or older and those aged 18 to 25, the finding of lower estimates in the QFT than in the comparison data for adolescents aged 12 to 17 is counterintuitive. As noted in ***Chapter 6***, however, additional illicit drug use estimates in the QFT were lower among adolescents. Therefore, further examination of estimates of prescription drug misuse using data from the 2013 Dress Rehearsal (DR) will be important for adolescents.

7.3.2 Pain Relievers

Estimates for misuse of prescription pain relievers followed the same general pattern as misuse of any prescription drug, with some lower estimates of lifetime misuse in the QFT than in the 2012 comparison data, higher estimates of past year misuse in the QFT than in both comparison datasets for persons aged 12 or older and young adults aged 18 to 25, and lower estimates of past month misuse among adolescents aged 12 to 17 in the QFT than in the two comparison datasets. Highlights are presented in the remainder of this section for past year misuse.

- An estimated 6.0 percent of persons aged 12 or older were past year misusers of pain relievers according to the QFT compared with 4.3 percent for the 2011 comparison data and 4.4 percent for the 2012 comparison data (***Table J-5***). Among young adults aged 18 to 25, 15.2 percent were past year misusers of pain relievers according to the QFT compared with 10.0 percent for 2011 and 9.3 percent for the 2012 comparison data (***Table J-7***).
- The estimate of past year misuse of pain relievers among adults aged 26 or older approached statistical significance for persons aged 12 or older data between the QFT and 2011 comparison data ($p = 0.089$) (***Table J-8***).
- Estimates of past year misuse of OxyContin® among persons aged 12 or older were 1.1 percent for the QFT, 0.6 percent for the 2011 comparison data, and 0.5 percent for the 2012 comparison data (***Table J-5***).[27]
- Estimates of past year misuse of OxyContin® among young adults aged 18 to 25 were 2.9 percent for the QFT, 1.9 percent for the 2011 comparison data, and 1.4 percent for the 2012 comparison data (***Table J-7***). The difference between the QFT and 2012 comparison data estimates approached statistical significance ($p = 0.092$).

[27] Because of the changes to the prescription drug questions, it was possible to estimate only the past year prevalence of OxyContin® misuse for the QFT.

7.3.3 Tranquilizers

- Estimates of lifetime misuse of tranquilizers in the QFT were lower than the corresponding estimates from the 2011 and 2012 comparison data for persons aged 12 or older and all age groups except adolescents aged 12 to 17. Among persons aged 12 or older, the estimate for lifetime tranquilizer misuse was 5.6 percent compared with estimates of 8.8 and 9.3 percent in the 2011 and 2012 comparison data, respectively (***Table J-1***).
- Young adults aged 18 to 25 were more likely to be past year misusers of tranquilizers based on the QFT (7.8 percent) than in the 2011 and 2012 comparison data (4.6 and 4.9 percent, respectively) (***Table J-7***). Rates of past year misuse of tranquilizers did not differ significantly between the QFT and the comparison data for persons aged 12 or older and the other age groups (***Tables J-5*** to ***J-8***).
- The prevalence of misuse of tranquilizers in the past month was similar between the QFT and the comparison data for persons aged 12 or older and all age groups (***Tables J-9*** to ***J-12***).

7.3.4 Sedatives

- Unlike the general pattern for other prescription drugs, the estimate of lifetime misuse of sedatives among young adults aged 18 to 25 in the QFT was *greater* that the estimate in the 2012 comparison data (2.6 vs. 1.1 percent) (***Table J-3***). Otherwise, estimates of lifetime misuse of sedatives were similar between the QFT and the two comparison datasets.
- Estimates of past year sedative misuse in the QFT were greater than corresponding estimates in the 2011 and 2012 comparison data for all groups except adolescents aged 12 to 17 (***Tables J-5*** to ***J-8***).
- The prevalence of misuse of sedatives in the past month was similar between the QFT and the comparison data for persons aged 12 or older and all age groups (***Tables J-9*** to ***J-12***).

However, the estimates for sedative misuse in the comparison data that were described previously were based only on reports of misuse from the core module. These estimates did not include data on the misuse of the sedative Ambien® that were in the supplemental (i.e., noncore) special drugs module. In an analysis of data from the 2006 NSDUH, when questions about Ambien® were added to the special drugs module, inclusion of these data on Ambien® misuse had a major impact on estimates of sedative misuse compared with estimates based on core sedative data alone (Kroutil et al., 2007). Ambien® is one of the specific prescription drugs included in the core sedatives module for the QFT. Therefore, CPN measures of sedative misuse that included data on Ambien® misuse also were created for the 2011 and 2012 comparison data. These data are included in ***Tables J-16*** to ***J-18*** in ***Appendix J***.

- Inclusion of data for Ambien® raised the CPN estimates of lifetime misuse of sedatives in the comparison data to the point that these estimates were now greater than the QFT estimates for all groups except young adults aged 18 to 25. Furthermore, this pattern of differences between the CPN and QFT estimates is consistent with the general pattern elsewhere for prescription drugs, with estimates of lifetime misuse in the QFT tending to be lower than corresponding estimates in the comparison data.
- Among young adults aged 18 to 25, CPN estimates of lifetime misuse of sedatives were 4.1 percent in the 2011 comparison data and 3.7 percent in the 2012 comparison data (***Table J-16***). As noted previously, the corresponding QFT estimate of lifetime misuse in this age group was 2.6 percent.
- Ambien® data in the CPN estimates of past year misuse appeared to erase the differences in prevalence between the QFT and comparison data that were observed for comparison data estimates based only on core sedatives module data (or, in some instances, to reverse the direction of the differences). Among persons aged 12 or older, for example, the CPN estimates of past year misuse of sedatives in the 2011 and 2012 comparison data (0.9 and 0.7 percent, respectively) were similar to the QFT estimate (0.8 percent) (***Table J-17***). Without the Ambien® data, the estimate of past year misuse of sedatives was 0.2 percent in each comparison dataset. In addition, the CPN estimate of past year sedative misuse among 12 to 17 year olds was greater than the QFT estimate (0.8 vs. 0.3 percent).
- Inclusion of Ambien® data in the CPN estimates had little apparent effect on estimates of past month sedative misuse or differences between the QFT and comparison data for past month misuse (***Table J-18***).

Although the estimate of lifetime misuse of sedatives was greater in the QFT than in the comparison data for young adults aged 18 to 25, including the noncore Ambien® data in the CPN estimates for sedatives in the comparison data erased this difference. Findings that including reports of Ambien® misuse in the CPN estimates of past year misuse appeared to remove the differences in prevalence between the QFT and comparison data also underscore the likely importance of including questions about Ambien® for estimating sedative misuse. Given the potential for changes in the prescription drug market and the prescription drug market share, a further implication of these findings for sedatives is the need for regular monitoring of changes in prescription drug availability beyond the redesign of the prescription drug questions in 2015. The Substance Abuse and Mental Health Services Administration (SAMHSA) plans to implement procedures for monitoring prescription drug changes in connection with the redesign.

7.3.5 Stimulants

Because the estimates of methamphetamine use in the 2011 and 2012 comparison data were based on CPN measures of methamphetamine use (see ***Section 7.2***), the corresponding estimates of any stimulant misuse in the comparison data included these CPN methamphetamine use data. These CPN measures are referred to as the "Standard Definition" of stimulant misuse in the ***Appendix J*** tables. To produce estimates of stimulant misuse for the QFT that were as analogous as possible to these estimates in the comparison data, the "standard definition" estimates of stimulant misuse were based on data from the core methamphetamine and

prescription stimulants modules. A "QFT definition" of stimulant misuse also was created for the QFT based on data in the core stimulants module but not including data on methamphetamine use. Because it is not possible to disentangle methamphetamine use from misuse of other stimulants in the comparison data, however, this QFT definition measure was not created for the comparison data.

- Estimates of lifetime stimulant misuse based on the standard definition including methamphetamine were similar between the QFT and comparison data. For young adults aged 18 to 25, however, the differences between the QFT estimate (13.1 percent) and the comparison data estimates (9.5 percent in each dataset) approached statistical significance (p = 0.064 for QFT vs. 2011; p = 0.058 for QFT vs. 2012) (***Table J-3***).
- The standard definition estimates of past year stimulant misuse in the QFT were greater than the corresponding estimates in the comparison data for persons aged 12 or older and young adults aged 18 to 25 (***Tables J-5*** and ***J-7***). Among young adults in particular, the standard definition estimates for past year misuse were 9.1 percent for the QFT, 3.2 percent for the 2011 comparison data, and 3.8 percent for the 2012 comparison data.
- Estimates of stimulant misuse in the past month based on the standard definition were greater in the QFT than in the 2011 comparison data for persons aged 12 or older (0.8 vs. 0.4 percent) (***Table J-9***). The prevalence of stimulant misuse in the past month based on the standard definition also was greater for persons aged 18 to 25 in the QFT (2.7 percent) than in the 2011 or 2012 comparison data (1.0 percent in each year) (***Table J-11***). The difference in the past month prevalence for persons aged 12 or older between the QFT and the 2012 comparison data (0.4 percent) approached statistical significance (p = 0.053) (***Table J-9***).

For the QFT, statistical tests were not conducted between estimates of stimulant misuse based on the standard definition that included methamphetamine and the QFT definition that did not include methamphetamine. Nevertheless, these data provide some indication of the potential effect if methamphetamine use is no longer included in estimates of stimulant misuse in 2015 and beyond.

- Estimates of lifetime stimulant misuse in the QFT for persons aged 12 or older were 9.0 percent for the standard definition that included methamphetamine and 3.9 percent for the QFT definition that did not include methamphetamine (***Table J-1***).
- An estimated 9.1 percent of persons aged 26 or older were lifetime misusers of stimulants based on the standard definition, and 2.9 percent were lifetime misusers based on the QFT definition (***Table J-4***). Among young adults aged 18 to 25, estimates of lifetime stimulant misuse based on the standard and QFT definitions were 13.1 and 11.0 percent, respectively (***Table J-3***). Among adolescents aged 12 to 17, the estimates were 2.2 percent for the standard definition and 1.9 percent for the QFT definition (***Table J-2***).
- Among persons aged 12 or older, the standard definition estimate of past year stimulant misuse for the QFT was 2.1 percent, and the QFT definition estimate was

1.8 percent (***Table J-5***). Data for other age groups followed a similar pattern. Among young adults aged 18 to 25, for example, the standard definition estimate for the QFT was 9.1 percent, and the QFT estimate was 8.9 percent (***Table J-7***).

- The standard definition estimate in the QFT for past month stimulant misuse among persons aged 12 or older was 0.8 percent, and the QFT definition estimate was 0.5 percent (***Table J-9***).

As was the case for sedatives, the standard definition estimates for stimulant misuse in the comparison data that were described previously did not include data on the misuse of the stimulant Adderall® from the special drugs module. The impact of the Adderall® data on estimates of nonmedical stimulant use in the 2006 NSDUH was particularly notable for adolescents aged 12 to 17 and young adults aged 18 to 25 (Kroutil et al., 2007). Adderall® is one of the specific prescription drugs included in the core stimulants module for the QFT. Therefore, measures of stimulant misuse based on the standard definition plus noncore data on Adderall® misuse were created for the 2011 and 2012 comparison data. These data are included in ***Tables J-13*** to ***J-15*** in ***Appendix J***.

- Inclusion of data for Adderall® had relatively little effect on whether differences in lifetime stimulant misuse between the QFT and comparison data were statistically significant (***Table J-13***). Among adolescents aged 12 to 17, the estimates of lifetime stimulant misuse based on the standard definition were not significantly different between the QFT and comparison data. However, the standard definition plus noncore Adderall® estimate for this age group in the 2011 comparison data was greater than the QFT standard definition estimate (3.6 vs. 2.2 percent). The difference between the QFT and 2012 estimate that included Adderall® (3.5 percent) also approached statistical significance ($p = 0.061$).
- Among young adults aged 18 to 25, differences between the QFT and both the 2011 and 2012 comparison estimates for the standard definition of lifetime stimulant misuse approached statistical significance ($p = 0.064$ and $p = 0.058$, respectively). In contrast, the standard definition estimate of lifetime misuse among young adults in the QFT (13.1 percent) was not significantly different from either estimate in the comparison data that included Adderall® (2011: 15.4 percent; 2012: 16.0 percent), nor did these differences approach statistical significance (***Table J-13***).
- For persons aged 12 or older and young adults aged 18 to 25, inclusion of data for Adderall® appeared to erase the differences in the prevalence of past year misuse that were observed between the QFT and comparison data for the standard definition estimates (***Table J-14***). Among persons aged 18 to 25, for example, the estimates of past year stimulant misuse in the 2011 and 2012 comparison data that included noncore Adderall® data (6.3 and 7.0 percent, respectively) were not significantly different from the QFT estimate based on the standard definition (9.1 percent); however, the difference between the QFT and 2011 comparison data approached statistical significance ($p = 0.097$). Without the Adderall® data, the estimates of past year misuse of stimulants in this age group were 3.2 percent in the 2011 comparison data and 3.8 percent in the 2012 comparison data.

- Among persons aged 12 or older, the standard definition estimate of past month stimulant misuse was greater in the QFT (0.8 percent) than in the 2011 comparison data (0.4 percent) and approached statistical significance relative to the estimate of 0.4 percent for the 2012 comparison data ($p = 0.053$) (***Table J-15***). In contrast, the comparison data estimates for 2011 and 2012 that included noncore Adderall® data (0.6 percent in each dataset) were similar to the standard definition estimate in the QFT.
- Among young adults aged 18 to 25, the estimates of past month stimulant misuse that included Adderall® were 1.9 percent in the 2011 comparison data and 2.0 percent in the 2012 comparison data (***Table J-15***). These estimates were not significantly different from the past month estimate for young adults in the QFT based on the standard definition (2.7 percent). In contrast, the estimates of past month misuse in this age group based on the standard definition were 1.0 percent in each year of the comparison data and were lower than the corresponding QFT estimate.

Although the estimates of past year misuse of stimulants based on the standard definition (i.e., including methamphetamine) were greater in the QFT than in the comparison data for persons aged 12 or older and for young adults aged 18 to 25, these differences no longer remained when noncore Adderall® data were included in the CPN estimates for the comparison data. These findings underscore the likely importance of including questions about Adderall® for estimating misuse of prescription stimulants.

7.4 Effects of Methamphetamine and Prescription Drugs on Illicit Drug Use Estimates

As noted in ***Section 6.4*** in ***Chapter 6***, the measures of use of any illicit drug and illicit drugs other than marijuana in current published NSDUH estimates include use of methamphetamine and misuse of prescription drugs. The changes to the methamphetamine and prescription drug questions that were summarized in ***Section 7.1*** for the QFT (and, by extension, for the redesigned questionnaire in 2015) also could affect estimates for these other summary measures of illicit drug use.

Therefore, alternate measures of use of any illicit drug and illicit drugs other than marijuana were created that did not include data for methamphetamine or prescription drugs (see ***Appendix H***). Estimates based on these alternate measures are presented in ***Chapter 6*** and in the detailed tables in ***Appendix I***.

A third alternate definition for any illicit drug use was developed that included methamphetamine but did not include prescription drugs (subsequently referred to as Alternate Definition 3). In addition, measures of use of illicit drugs and illicit drugs other than marijuana were created based on the standard NSDUH definitions that included both methamphetamine and prescription drugs. Estimates based on Alternate Definition 3 for illicit drug use and the standard definitions are presented in this section and in the detailed tables in ***Appendix J***.

- Estimates of lifetime use were not significantly different between the QFT and the comparison data for persons aged 12 or older, adults aged 18 to 25, and adults aged

26 or older for the illicit drug Alternate Definition 3 or for the standard definitions of use of illicit drugs or illicit drugs other than marijuana (***Tables J-1***, ***J-3***, and ***J-4***).

- Among adolescents aged 12 to 17, the Alternate Definition 3 estimate of lifetime use of illicit drugs was greater in the QFT (26.7 percent) than in the 2011 or 2012 comparison data (22.4 and 20.1 percent, respectively) (***Table J-2***). The standard definition estimates in the QFT for lifetime use of illicit drugs (28.5 percent) and illicit drugs other than marijuana (19.1 percent) also were greater than the corresponding estimates in the 2012 comparison data (23.4 and 14.1 percent, respectively).
- As for the lifetime period, estimates of past year use of illicit drugs based on the standard definition or Alternate Definition 3 were not significantly different between the QFT and comparison data for persons aged 12 or older, but did differ between the QFT and 2012 comparison data for adolescents aged 12 to 17 (***Tables J-5*** and ***J-6***). For adolescents, the standard definition estimate of past year illicit drug use was 20.6 percent, and the Alternate Definition 3 estimate was 18.2 percent. Corresponding estimates in the 2012 comparison data were 16.6 and 14.2 percent, respectively.
- The estimates of use of illicit drugs other than marijuana in the past year based on the standard definition were greater in the QFT than in the 2011 or 2012 comparison data for persons aged 12 or older and young adults aged 18 to 25 (***Tables J-5*** and ***J-7***). Among young adults, the estimates were 25.3 percent for the QFT, 17.7 percent for the 2011 comparison data, and 17.9 percent for the 2012 comparison data. The difference between the estimates for illicit drugs other than marijuana among 12 to 17 year olds in the QFT (11.6 percent) and the 2012 comparison data (8.3 percent) also approached statistical significance ($p = 0.064$) (***Table J-6***).
- Most estimates of past month use of illicit drugs or illicit drugs other than marijuana did not differ significantly between the QFT and comparison data, regardless of the definitions. Among adolescents aged 12 to 17, however, the estimate of use of illicit drugs other than marijuana based on the standard definition was lower in the QFT than in the 2011 comparison data (2.5 vs. 4.0 percent) (***Table J-10***). The difference in standard definition estimates for past month use of illicit drugs other than marijuana among young adults aged 18 to 25 in the QFT (9.0 percent) and 2012 comparison data (6.6 percent) also approached statistical significance ($p = 0.072$) (***Table J-11***).

7.5 Methamphetamine, Prescription Drug, and Illicit Drug Estimation Issues to Consider for the 2013 Dress Rehearsal and 2015 Redesign

This section highlights findings from ***Sections 7.2*** to ***7.4***. Particular attention is given to findings that have implications for the 2013 DR in 2013 and estimates from the redesigned questionnaire for the 2015 survey, including implications for reporting trends in drug use or misuse.

7.5.1 Methamphetamine

Although past year and past month estimates of methamphetamine use did not differ significantly between the QFT and comparison data, the estimate of lifetime use for persons aged

12 or older was greater in the QFT than in the comparison data. Estimates by age group suggest that this difference was largely being driven by patterns of lifetime use among adults aged 26 or older.

In contrast, published NSDUH trend data indicate that the prevalence of lifetime methamphetamine use among persons aged 12 or older decreased from 6.5 percent in 2002 to 4.6 percent in 2011 (Center for Behavioral Statistics and Quality [CBHSQ], 2012e). The estimate of lifetime use from the 2012 QFT for persons aged 12 or older was the same as the point estimate in 2002. As was noted in ***Section 7.2***, inclusion of additional questions about methamphetamine in a supplemental section of the main survey since 2005 may not fully capture reports of methamphetamine use from respondents who do not think of this drug in the context of questions about prescription stimulants.

If the prevalence of lifetime methamphetamine use is higher than in recent years for persons aged 12 or older or within different age groups because of changes to the questionnaire in 2015, SAMHSA will need to decide how to handle the reporting of trends in lifetime use. One option would be not to report trend data for lifetime methamphetamine use between 2015 and earlier years or to discontinue the reporting of lifetime trend data for methamphetamine altogether from 2015 onward. Alternatively, SAMHSA could start a new baseline for lifetime methamphetamine use beginning in 2015. Other, more sophisticated options could involve statistical procedures to adjust the trend data for 2002 to 2014.

Although data on trends in lifetime prevalence may be of interest for examining historical changes in the popularity of different drugs, data on trends in the prevalence of methamphetamine use in the past year and past month are likely to be of more importance to policymakers, the public health sector, the criminal justice sector, and others because of the demands that methamphetamine users may place on the criminal justice system, the health care delivery system (including substance abuse treatment), and systems for providing social services (including services to dependents of adult substance users). The prevalence of methamphetamine use in the past year among persons aged 12 or older has remained fairly stable since 2008, at 0.3 to 0.5 percent. The prevalence of past month methamphetamine use among persons aged 12 or older also has remained fairly stable since 2007, at 0.1 to 0.2 percent. Similar trends for past year and past month use are observed for most age groups (CBHSQ, 2012e).

If trends in past year and past month use of methamphetamine continue to remain fairly stable based on NSDUH data for 2012 to 2014, then moving the methamphetamine questions to a separate module in 2015 may not disrupt the trend data for past year and past month use. Because of the relatively small number of QFT respondents, however, it cannot be established conclusively that these findings from the QFT will translate to similar relationships between estimates in 2014 and 2015. Advance monitoring of estimates of methamphetamine use from the 2015 survey (e.g., based on the first two quarters of data) will be important for anticipating potential disruptions in the trend data because of the changes to the methamphetamine questions in 2015.

7.5.2 Prescription Drugs

The general findings of lower estimates of *lifetime* misuse of prescription drugs but higher *past year* estimates in the QFT relative to the comparison data are expected, given the changes to the prescription drug questions for the QFT. The structure of the current questionnaire provides respondents with multiple opportunities to report lifetime misuse of specific prescription drugs but less opportunity to report past year misuse. This situation was reversed for the QFT, with respondents having more opportunity to report past year misuse of specific prescription drugs and limited opportunity to report misuse of any prescription drugs that occurred more than 12 months prior to the interview—including misuse of prescription drugs that are no longer available by prescription in the United States.

A notable finding for the lifetime estimates was that most estimates of lifetime misuse of tranquilizers were lower in the QFT than in both sets of comparison data. Some lifetime estimates of misuse in the QFT were lower than in the comparison data for other prescription drug categories, but not to the extent of the differences that were observed for tranquilizers. As noted in ***Section 7.3***, however, estimates of lifetime misuse for other prescription drug categories were in the direction of being lower in the QFT than in the comparison data but did not meet the criteria for statistical significance. The QFT sample of only 2,044 respondents may not have allowed sufficient statistical power to detect additional differences in lifetime misuse. If the prescription drug modules for the 2013 DR undergo minimal or no change relative to the modules in the QFT, then the prescription drug data from the 2012 QFT and 2013 DR could be combined to increase the sample size for further analysis.

Nevertheless, these findings support the conclusion to start a new baseline in 2015 for trends in prescription drug misuse. It also may be useful for SAMHSA to consider whether to discontinue reporting trend data for lifetime misuse of prescription drugs after 2014 because of questions about the accuracy of respondent self-reports of misuse of prescription drugs more than 12 months prior to the interview.

Principally because of scheduling issues for analyzing and reporting of QFT data to inform SAMHSA's decision making for the 2013 DR, QFT data on initiation of misuse in the past year were not analyzed. As noted in ***Section 4.6.5.4***, however, changes to the questions in the QFT for initiation of misuse of prescription drugs have important implications for measuring and estimating initiation for prescription drugs in 2015 and beyond. These changes also may have implications for measuring and estimating initiation of illicit drug use in general. In the QFT, the following numbers of respondents provided valid data for their age at first misuse of at least one prescription drug in the overall category: 144 for pain relievers, 71 for tranquilizers, 56 for stimulants, and 18 for sedatives. Therefore, the QFT sample size would be adequate for conducting further analysis of the initiation data for pain relievers. SAMHSA could investigate the initiation data in the 2012 QFT and 2013 DR for pain relievers, tranquilizers, stimulants, and any prescription drug to examine this issue further. If similar numbers of 2012 QFT and 2013 DR respondents provide initiation data for the misuse of sedatives, the number of respondents in the combined 2012 QFT and 2013 DR data still would not be adequate for analyzing the initiation data for sedatives.

7.5.3 Illicit Drugs

Many estimates of the use of illicit drugs or the use of illicit drugs other than marijuana were not significantly different between the QFT and comparison data when data for methamphetamine or prescription drugs (or both) were included in the QFT estimates. Nevertheless, some estimates *were* affected, especially for adolescents aged 12 to 17 and young adults aged 18 to 25. However, changes to the methamphetamine and prescription drug use questions were not the only changes made to the questionnaire for the QFT. In particular, changes also were made to the hallucinogens and inhalants modules in the QFT that could affect estimates of the use of illicit drugs and illicit drugs other than marijuana (see ***Section 2.4.1*** and ***Chapter 6***). Therefore, additional analysis of 2012 QFT and 2013 DR data (including combined 2012 QFT and 2013 DR data, where applicable) will be important for assisting SAMHSA in deciding how to create these summary illicit drug use measures in 2015 and how to report trends for these measures.

8. QFT Estimates Compared with NSDUH Estimates: Noncore Items

8.1 Overview of QFT Estimates Compared with NSDUH Estimates for Noncore Items

This chapter summarizes Questionnaire Field Test (QFT) estimates compared with the 2011 comparison estimates and the 2012 quarters 3 and 4 comparison estimates for selected noncore items. ***Section 8.2*** describes the estimates for substance dependence and abuse. ***Section 8.3*** presents estimates for the needle use items. ***Section 8.4*** examines comparisons of medical marijuana reports by State in reference to the current laws in each State. ***Section 8.5*** describes selected estimates for the noncore demographic and household items. ***Section 8.6*** presents estimates for selected items subject to context effects due to the questionnaire redesign. ***Section 8.7*** discusses estimates for new, revised, and moved items in the QFT instrument, including how QFT estimates for moved items align with the 2011 and 2012 quarters 3 and 4 comparison estimates. The chapter concludes with ***Section 8.8***, which provides a comparison of the distribution of relationships for proxy respondents and estimates for selected items based on the proxy report status.

8.2 Estimates for Substance Dependence and Abuse

Estimates of substance dependence and abuse were examined for the QFT and comparison data for 2011 and 2012 based on the following changes to the QFT questionnaire that had the potential to affect estimation:

- The focus of the prescription drug modules shifted to use and misuse of specific prescription drugs in the past 12 months rather than the lifetime period.
- The introductions to questions for prescription drugs in the substance dependence and abuse module were changed to reflect the revised definition of misuse in the QFT.
- Additional questions that captured information about specific past year use or misuse of hallucinogens (e.g., Ecstasy), prescription stimulants (e.g., Adderall®), and prescription sedatives (e.g., Ambien®) that were in a supplemental section of the interview in the main survey were moved to the respective core modules.
- A new methamphetamine module was added to the core drug modules, and separate questions about methamphetamine dependence or abuse were included in the substance dependence and abuse module. The redesigned stimulants module no longer includes questions related to the use of methamphetamine.
- Respondents who reported past year use of methamphetamine but not past year misuse of prescription stimulants were not asked questions about stimulant dependence or abuse.
- Although the question for most recent use of inhalants was not changed for the QFT, new questions were included about lifetime use of two additional inhalants.

In particular, as noted in ***Section 7.3*** in ***Chapter 7***, the shift in emphasis in the QFT from a lifetime to a past year period for capturing data on misuse of specific prescription drugs resulted in many estimates of prescription drug misuse in the past year being higher in the QFT than in the comparison data for 2011 and 2012. In turn, the increased reporting of past year misuse of prescription drugs in the QFT could yield higher estimates of dependence or abuse for prescription drugs. Estimates of dependence or abuse for prescription stimulants could be affected because QFT respondents who reported past year use of methamphetamine but not past year misuse of prescription stimulants were not asked these questions for stimulants.

This section presents findings on substance dependence and abuse from the comparison data for 2011 and quarters 3 and 4 of 2012 and from the QFT. Detailed tables containing these estimates are included in ***Tables K-1*** to ***K-4*** in ***Appendix K***.

The computer-assisted interviewing (CAI) instrumentation for both the main survey and the QFT for the National Survey on Drug Use and Health (NSDUH) included questions that were designed to measure alcohol and illicit drug dependence and abuse. Dependence and abuse questions were based on the criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994). Additional details about measurement of substance dependence and abuse in NSDUH are provided in the public use file codebook for the 2011 NSDUH and in the 2011 report on national findings (Center for Behavioral Health Statistics and Quality [CBHSQ], 2012c, 2012e). Information on measures of dependence and abuse used in this report also is included in ***Appendix H*** of this report, particularly for the development of measures for methamphetamine dependence and abuse.

In both the main study and the QFT, persons are defined as having abuse if they met one or more of the four criteria for abuse included in the DSM-IV, and the definition of dependence was not met for that substance. For measurement of abuse that encompasses multiple drug categories (e.g., prescription drugs), respondents who were defined as having abuse met the criteria for abuse for at least one drug (or drug category) but did not meet the criteria for dependence for *any* of the drugs or categories that were included. For example, a respondent who met one or more criteria for prescription pain reliever abuse but did not meet the criteria for pain reliever dependence would be defined as having pain reliever abuse. However, if this respondent with pain reliever abuse but not dependence met the criteria for dependence for another prescription drug category (e.g., tranquilizers), then he or she would be defined as having dependence for any prescription drug and by definition would not be defined as having abuse for any prescription psychotherapeutic drug. Consequently, this respondent would be defined as having abuse for pain relievers but also as having dependence for prescription drugs as a whole. Therefore, estimates of abuse for some drugs (or groups of drugs) *within* a broader category (e.g., pain relievers within the broader category of prescription drugs as a whole) could be larger than the estimate for abuse for the more aggregated category (e.g., prescription drugs).

- For persons aged 12 or older in ***Table K-1*** and for each of the age groups in ***Tables K-2*** to ***K-4***, there were no significant differences in estimates of illicit drug dependence, illicit drug abuse, or illicit drug dependence or abuse between the QFT and corresponding estimates from the 2011 or 2012 comparison data. There also were no significant differences in estimates of dependence, abuse, or dependence or abuse

between the QFT and comparison samples for marijuana, prescription drugs, prescription pain relievers, illicit drugs other than marijuana, or illicit drugs *excluding* marijuana[28] among persons aged 12 or older. Although differences between the QFT and the 2011 or 2012 comparison data for these estimates were not statistically significant by age group, some differences approached conventional significance levels.

- The estimate of hallucinogen dependence among persons aged 12 or older was less than 0.05 percent based on the QFT data and was significantly different from the corresponding estimate of 0.1 percent in the 2011 comparison data (***Table K-1***). However, the estimate of hallucinogen dependence in the 2012 comparison data also was less than 0.05 percent and was not significantly different from the QFT estimate.
- Estimates for adolescents aged 12 to 17 were lower in the QFT than in the 2011 comparison data for prescription drug dependence or abuse (0.2 vs. 1.2 percent), pain reliever dependence or abuse (0.2 vs. 1.0 percent), and dependence or abuse for illicit drugs other than marijuana (0.8 vs. 1.7 percent) (***Table K-2***). In addition, the difference between the estimates for prescription drug dependence or abuse among adolescents in the QFT (0.2 percent) and the 2012 comparison data (0.5 percent) approached statistical significance ($p = 0.086$). No adolescents in the QFT were defined as having dependence for pain relievers or abuse for prescription drugs.
- Among adults aged 26 or older, estimates were lower in the QFT than in the 2012 comparison data for prescription drug dependence (0.2 vs. 0.6 percent), dependence for illicit drugs other than marijuana (0.4 vs. 0.9 percent), and dependence or abuse for illicit drugs other than marijuana (0.6 vs. 1.2 percent) (***Table K-4***).
- For the QFT and 2011 comparison data, the difference between the estimate of prescription drug dependence among adults aged 26 or older approached statistical significance (0.2 and 0.5 percent, respectively; $p = 0.078$). The following differences between the QFT and 2012 comparison data for adults aged 26 or older also approached statistical significance: illicit drug dependence (0.9 and 1.1 percent; $p = 0.087$); pain reliever dependence (0.2 and 0.5 percent; $p = 0.077$); dependence for illicit drugs *excluding* marijuana (0.4 and 0.8 percent; $p = 0.055$); and dependence or abuse for illicit drugs excluding marijuana (0.6 and 1.0 percent; $p = 0.088$).
- Additional estimates for dependence, abuse, or dependence or abuse in the QFT would have been suppressed but were lower than in one or both comparison datasets for persons aged 12 to 17 (***Table K-2***), those aged 18 to 25 (***Table K-3***), or those aged 26 or older (***Table K-4***). For example, suppressed QFT estimates for adolescents aged 12 to 17 were significantly different from estimates in the 2011 or 2012 comparison data for pain reliever dependence, hallucinogen abuse, and prescription drug abuse. However, statistically significant differences typically are not reported if one or both estimates is suppressed.

[28] Estimates for illicit drugs excluding marijuana included dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription psychotherapeutic drugs but also required persons not to have dependence or abuse for marijuana.

- Only 12 QFT respondents were asked questions about methamphetamine dependence or abuse because they reported past year use in the core methamphetamine module. Consequently, no QFT respondents were defined as having methamphetamine dependence.

Lower QFT dependence and abuse estimates discussed in this section for any prescription drug and pain relievers for some age groups relative to estimates in the comparison data are counterintuitive, given the higher estimates of past year misuse in the QFT (see ***Chapter 7*** and ***Appendix J***). That is, respondents who reported past year misuse of any prescription drug within a given category (e.g., past year misuse of any pain reliever) were routed into the corresponding questions for dependence or abuse in both the QFT and main survey. Therefore, higher estimates of past year misuse in the QFT could correspond to more respondents reporting misuse in the QFT than in the comparison data. If that is the case, more respondents in the QFT than in the comparison data would have had the opportunity to report symptoms of dependence or abuse attributable to their past year misuse of prescription drugs within a given category. Furthermore, the dependence and abuse estimates for prescription drugs and pain relievers were not significantly different between the QFT and comparison data. These findings suggest that the smaller QFT sample size and its effect on the numbers of respondents who reported sufficient numbers of problems to be classified with dependence or abuse for prescription drugs could have contributed to the observed differences within age groups.

However, an alternative explanation for these dependence or abuse findings for prescription drugs is that the respondent burden involved in answering the questions about past year misuse of prescription drugs in the QFT could have suppressed reporting of dependence or abuse symptoms for prescription drugs. As noted in ***Section 4.5.1*** in ***Chapter 4***, when respondents reported use and misuse of prescription drugs, the QFT timings exceeded those for the 2011 and 2012 comparison samples, with the greatest difference occurring among adults aged 26 or older. Consequently, some QFT respondents who reported past year misuse of one or more prescription drugs could have been prone to answer the dependence and abuse questions as "no" to reduce the number of additional questions they were asked. These findings for prescription drug dependence or abuse will be examined further in the analysis of data from the Dress Rehearsal (DR), including analysis of combined data from the QFT and the DR, where applicable.

Findings of no significant differences between the estimates in the QFT and comparison data for any illicit drug dependence, illicit drug abuse, and illicit drug dependence or abuse may be driven by the contributions of marijuana dependence or abuse to these estimates. The marijuana module for the QFT did not change relative to the module in the main study, and no changes to this module are planned as part of the redesign of the questionnaire in 2015. If similar findings for illicit drug dependence or abuse estimates are observed once the DR data are available, then these findings could suggest that questionnaire changes in 2015 will not appreciably affect substance use disorder (i.e., dependence or abuse) trends for any illicit drug. However, if substance use disorders for prescription drugs—especially prescription pain relievers—contribute more substantially to estimates of substance use disorders for illicit drugs other than marijuana, then changes to the prescription drug modules in 2015 could affect dependence or abuse trends for illicit drugs other than marijuana. The relatively small QFT sample size and the corresponding lack of statistical significance for most comparisons do not

ensure that no differences will be observed for dependence and abuse estimates in 2015. Again, analysis of DR data will provide further opportunity to explore potential effects of the redesign on these estimates for illicit drugs other than marijuana. Analysis of data from the first two quarters of 2015 also can assist the Substance Abuse and Mental Health Services Administration (SAMHSA) in anticipating any effects on dependence or abuse trends for illicit drugs other than marijuana and for prescription drugs.

8.3 Estimates for Needle Use Items

Specific questions about use of a needle to inject heroin and to inject cocaine in the QFT were unchanged relative to the main survey. However, the addition of the new methamphetamine module to the core drug modules in the QFT could affect the number of respondents who were asked questions about use of methamphetamine with a needle. Also, QFT questions about use of prescription stimulants with a needle were moved from the supplemental special drugs module to the core stimulants module and focused on use of stimulants with a needle in the past year or past month, but not lifetime use of stimulants with a needle.

In addition, the order and context for questions about needle use differed between the QFT and the main survey, although the question wordings were the same for use of heroin or cocaine with a needle. In the QFT, all respondents first were asked questions in the noncore special drugs module about use of over-the-counter (OTC) cough and cold medicines to get high. QFT respondents who reported lifetime use of OTC cough and cold medicines to get high were asked to report their most recent use, and those who reported use at some point in the past 12 months were asked to specify the names of up to five OTC medicines that they used in the past 12 months to get high. Following the question(s) about OTC cough and cold medicines, QFT respondents were asked about their lifetime use of gamma hydroxybutyrate (GHB), and if applicable, their most recent use of GHB. Depending on whether they reported lifetime use, QFT respondents then were asked questions about needle use or other drug use behaviors in the following order: (a) use of cocaine with a needle;[29] (b) smoking heroin; (c) sniffing or "snorting" heroin; (d) use of heroin with a needle;[30] (e) use of methamphetamine with a needle; (f) use of any other drug with a needle (or any drug with a needle if respondents did not report use of cocaine, heroin, or methamphetamine with a needle); and (g) if applicable, needle use behaviors the last time that respondents injected drugs (e.g., reuse of a needle they had used before, sharing of needles).

In the main survey, depending on reports of lifetime use or misuse in the corresponding core modules, respondents first were asked about their behaviors associated with (a) heroin use (i.e., smoking, sniffing, or injection); (b) use of methamphetamine with a needle (i.e., if respondents had previously reported methamphetamine use in the core stimulants module) or methamphetamine use in general (i.e., if respondents had *not* reported methamphetamine use in the core stimulants module); (c) use of (other) stimulants with a needle, and (d) use of cocaine with a needle. All main survey respondents then were asked whether they ever used a needle to inject any drug (or any other drug), and needle users were asked about their needle use the last

[29] Respondents also were asked questions about the most recent time they engaged in a particular behavior (e.g., use of cocaine with a needle) if they reported engaging in that behavior in their lifetime.

[30] Respondents in both the QFT and main survey who reported lifetime use of heroin but did not report smoking, sniffing, or injecting it were asked follow-up questions to determine how they used heroin.

time they injected drugs. Questions about use of GHB and use of cough and cold medicines to get high were asked later in the special drugs module (i.e., after the questions about needle use).

Because of these differences, this section presents findings on injection drug use (i.e., use of a needle to inject drugs) from the comparison data for 2011 and quarters 3 and 4 of 2012 and from the QFT. Estimates for persons aged 12 or older are shown in ***Table K-5*** in ***Appendix K***. Estimates of needle use by age group are not presented because of the low prevalence of needle use in the general population. In 2011, for example, 0.7 percent of persons aged 12 or older had ever used a needle to inject heroin, 0.8 percent had ever used a needle to inject cocaine, and 0.5 percent had ever used a needle to inject methamphetamine; among adolescents aged 12 to 17, the lifetime needle use estimates for these three drugs were 0.1 percent or less (CBHSQ, 2012e). Therefore, the QFT sample could not support estimates of needle use by age group, especially for the past year and past month periods. Because of the changes to the questions for use of stimulants with a needle that were described previously, estimates for use of prescription stimulants with a needle and use of heroin, cocaine, methamphetamine, or prescription stimulants with a needle are presented in ***Table K-5*** only for the past year and past month.

- Lifetime estimates of needle use among persons aged 12 or older were similar between the QFT and the 2011 and 2012 comparison data. Lifetime estimates for use of heroin with a needle were 0.7 percent for the QFT and 0.8 percent in the 2011 and 2012 comparison data. Estimates for use of cocaine with a needle were 1.0 percent for the QFT and 0.8 percent in each comparison dataset. Lifetime estimates of methamphetamine use with a needle ranged from 0.6 to 0.8 percent in the QFT and comparison data.
- Percentages of persons in the 2011 and 2012 comparison data who used a needle to inject heroin, cocaine, methamphetamine, prescription stimulants, or any of these drugs in the past year or past month were 0.1 percent or less. No QFT respondents reported past year or past month use of cocaine or prescription stimulants with a needle.
- Estimates of use of a needle to inject any of these four drugs (i.e., heroin, cocaine, methamphetamine, or prescription stimulants) with a needle were similar between the QFT and the 2011 and 2012 comparison data. Past year estimates for use of any of these drugs with a needle were 0.2 percent in the QFT and both comparison datasets, and past month estimates were 0.1 percent in each of these three datasets.

Two-year trends (e.g., 2010 and 2011) in the lifetime prevalence of needle use are presented in the NSDUH detailed tables (CBHSQ, 2012d). On the one hand, findings from ***Table K-5*** suggest that planned changes to the questionnaire in 2015 will not affect the 2-year trends for heroin, cocaine, or methamphetamine between 2014 and 2015. However, continued investigation of needle use estimates with data from the DR will be useful using the combined QFT and DR data. Also, changes to the questions for injection of stimulants could require creation of new trend data for 2002 to 2015 for lifetime use of a needle to inject cocaine, heroin, or methamphetamine (i.e., without data on use of stimulants with a needle). Because of the decision to ask about use of stimulants with a needle only for the past year or past month periods in the redesigned questionnaire, estimates for injection of stimulants that are presented in NSDUH detailed tables would require establishment of a new baseline in 2015.

8.4 Comparisons of Medical Marijuana Reports by State in Reference to Current State Laws

To examine how reports of using marijuana for medical purposes aligned with the current State laws where respondents reported use, responses to question MJMM on the medical use of marijuana, which was added to the blunts module of the QFT questionnaire, were examined by State. Overall, a total of 15 QFT respondents answered question MJMM affirmatively, indicating that at least some of their marijuana use in the past year was allegedly recommended by a doctor. Of these 15 respondents, 7 respondents reported living in a State that had a medical marijuana law in effect in 2012 (not counting Massachusetts).[31] The remaining 8 respondents did not live in States that had a medical marijuana law in effect in 2012.

Because question MJMM asks about use in the past 12 months, some or all of the 8 respondents who reported use of marijuana for medical purposes in States that did not have a medical marijuana law in effect in 2012 could have been referring to prior use in the past year in a different State with a medical marijuana law in effect. For this reason, question QD13a in the back-end demographics about moves in the past year was examined to determine whether any of these 8 respondents had lived 1 year prior to the interview date in a State with a medical marijuana law. Adding this check to the analysis did not identify any additional respondents who were living in a State with a medical marijuana law 1 year prior to their QFT interview.

One further possibility is that the reports of using marijuana for medical purposes from the 8 respondents who did not live in States that had a medical marijuana law in effect in 2012 reflected access to marijuana in neighboring States that had a medical marijuana law. Each of these 8 respondents lived in States that border at least one State that had a medical marijuana law in effect in 2012. ***Table 8.1*** shows the current State of residence for each of these respondents and the current or former bordering States with a medical marijuana law in effect in 2012.

Table 8.1 Current State of Residence without a Medical Marijuana Law in Effect and Current or Former Bordering States with Medical Marijuana Laws in Effect for Eight QFT Respondents Reporting Medical Use of Marijuana

Respondent Reporting Medical Use of Marijuana	Respondent's Current State of Residence without Medical Marijuana Laws	Bordering States to Respondent's Current or Prior State of Residence with Medical Marijuana Laws
1	Indiana	Michigan
2	Maryland	Delaware, District of Columbia
3	New York	Connecticut, New Jersey, Vermont
4	North Carolina	Michigan[1]
5	Ohio	Michigan
6	Oklahoma	New Mexico, Colorado
7	Pennsylvania	Delaware, Maryland, New Jersey
8	Wisconsin	Michigan

[1] This respondent reported in question QD13 residing in Indiana 1 year prior to the QFT interview.

[31] A ballot initiative allowing use of marijuana for medical reasons was approved in Massachusetts in November 2012 but did not take effect until January 2013.

Overall estimates for the medical use of marijuana are presented in ***Table M-1*** in ***Appendix M***. Given that question MMJM was included in the 2013 main study instrument, early review of the 2013 data (including analysis of data from the first two quarters of 2013) will allow for an examination of the alignment between reports of using marijuana for medical purposes with the current State laws where respondents report use for a larger number of respondents and States.

8.5 Estimates for Noncore Demographic and Household Items

This section examines whether QFT estimates of selected demographic and household items differed from the 2011 and 2012 quarters 3 and 4 comparison estimates. A notable change in the QFT instrument was moving questions on health insurance coverage and family income from interviewer administration using computer-assisted personal interviewing (CAPI) to self-administration using audio computer-assisted self-interviewing (ACASI). As a result, some differences could be observed on these demographic items between the QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates if QFT respondents systematically answered these items differently in ACASI mode.

Estimates for selected demographic and household items for each of the three datasets are presented in ***Appendix K***. ***Tables K-6*** through ***K-13*** provide estimates for demographic and household items for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older, respectively. Demographic questions that were not asked for specific age groups are indicated by "N/A" ("not applicable ") in these tables. For example, in ***Table K-7***, education is indicated to be "N/A." NSDUH national estimates by education are limited to adults aged 18 or older because most adolescents aged 12 to 17 would not have finished high school based on their age.

For most demographic and household items, the estimates from the QFT data were similar to the 2011 and 2012 quarters 3 and 4 comparison estimates. The majority of differences observed indicated that the QFT sample members were associated with lower socioeconomic status. For example, the QFT estimates for participating in government programs such as food stamps were significantly higher than those for the 2011 and 2012 quarters 3 and 4 comparison data. Differences in missingness rates and estimates for items that were most highly correlated with socioeconomic status could have been affected by these observed differences in socioeconomic status between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples. Given that the noncore demographic and household questions were administered via ACASI for QFT respondents and via CAPI for 2011 and 2012 quarters 3 and 4 respondents, the effects of this mode difference cannot be disentangled from the effects of differences in socioeconomic status. It is also not clear how much these differences can be attributed to differences in the samples, such as those produced by the differential response rates, which were not accounted for by the QFT weighting process.

- For all persons aged 12 or older (***Table K-6***), the estimate for participation in government assistance programs was 32.2 percent for the QFT sample compared with 25.4 percent for the 2011 comparison sample and 26.4 percent for the 2012 quarters 3 and 4 comparison sample. The differences between the QFT estimate and the estimates for the two comparison samples were statistically significant.

This difference between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples was also observed across all three age groups (***Tables K-7*** through ***K-9***).

- No differences were observed among the three datasets on receiving income from social security or welfare payments for all persons aged 12 or older. However, QFT estimates for receiving supplemental security income (SSI) and participating in food stamp programs were higher than estimates from the 2011 comparison sample, but not the 2012 quarters 3 and 4 comparison sample. For all persons aged 12 or older, the QFT estimate of 68.6 percent for receiving income from wages was significantly less than the estimate of about 82 percent for both the 2011 and 2012 quarters 3 and 4 comparison samples. This pattern of differences between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples was also repeated for the three age groups.
- One further difference for all persons aged 12 or older was that QFT respondents were more likely than 2011 and 2012 quarters 3 and 4 respondents to use a proxy reporter for demographic and household items. Among QFT respondents, 15.7 percent reported using a proxy compared with 13.7 percent among 2011 comparison sample respondents and 13.9 percent among 2012 quarters 3 and 4 comparison sample respondents.
- Among adult respondents aged 18 or older, the QFT estimate for education level differed significantly from the 2011 and 2012 quarters 3 and 4 samples. ***Table K-10*** provides unweighted and weighted estimates for the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples for (1) a four-category education variable, (2) a four-category employment status variable, (3) four geographic regions, and (4) three county types. This table was produced to provide a clearer sense of differences between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples and how such differences could have affected key estimates. Consistent with the results presented in ***Table K-6***, ***Table K-10*** shows that the QFT estimates produced higher proportions for the less than high school and some college categories, a lower proportion for the high school graduate category, and a slightly lower proportion for the college graduate category. These differences were observed both among the unweighted and weighted estimates.
- Estimates for the four-category employment variable showed significantly different employment patterns for the QFT sample versus the 2011 and 2012 quarters 3 and 4 samples, but only for the unweighted data. The two main differences observed in the unweighted estimates were that the QFT sample produced a slightly higher proportion for being employed full time (as opposed to part time) and a slightly lower proportion for being unemployed. Weighting the estimates for employment status eliminated statistically significant differences among the three samples.
- Similar to the estimates for employment status, estimates of unweighted proportions in one of four geographic regions—Northeast, Midwest, South, and West—differed between the QFT sample versus the 2011 and 2012 quarters 3 and 4 samples. Specifically, the QFT sample produced a slightly higher proportion for the South region and a slightly lower proportion for the West region. Weighting the estimates

for geographic region eliminated statistically significant differences among the three samples.

- No significant differences among the unweighted or weighted data were observed between the QFT sample versus the 2011 and 2012 quarters 3 and 4 samples with respect to the distribution of proportions across large metropolitan, small metropolitan, and nonmetropolitan counties.

The smaller sample size for the QFT makes it difficult to conclude whether estimates of participation in government programs and receipt of specific types of income will change significantly when the partially redesigned instrument and protocol are implemented in 2015. The results for the demographic and household items discussed in this section suggested that the following changes be made to some of these questions for the DR:

- editing the ranges for height in feet and inches for accuracy in the height question;
- increasing the upper weight limit in the weight question;
- moving the definition of "immediate family" from the "Help" screen to the question text in the military family questions, making other minor wording changes to these questions for clarity, and adding an "Other, Specify" item to this series of questions;
- removing the "Help" instructions in item QHI06 on private health insurance, and moving key terms into the question itself;
- deleting item QI05N on income from wages or pay, and adding this to the list of potential sources of household income in the introductory item INTRTINN;
- editing the wording of item QI03N on the receipt of SSI for accuracy;
- editing the wording of item QI07N on the receipt of food stamps for accuracy; and
- reordering the list of income sources in INTRTINN.

Regardless of whether any changes are made to the demographic and household questions for the DR, differences noted between the QFT versus the 2011 and 2012 quarters 3 and 4 samples will be reexamined for all of these estimates with the DR and 2012 and 2013 comparison data.

8.6 Estimates for Selected Items Potentially Subject to Context Effects Due to Questionnaire Redesign

The introduction of new items in the questionnaire may lead to changes in estimates that follow the new items due to context effects. Context effects may be said to take place between two survey questions when a change introduced to the first (or contextual) item affects the response process for the subsequent (target) item, which in turn may lead to a different response than if the change had not been made. The potential presence of such effects cannot be distinguished from changes in estimates due to the complete set of changes made to the QFT survey protocol and questionnaire. Nevertheless, estimates for data collected in the QFT were compared with data from the comparison samples for the following variables (shown in parentheses).

- The first variables of the risk availability module may be affected by changes to items in the special drugs module (RK01a, RK01b, RK01c).
- Change to the stimulant questions in the substance dependence and abuse module may affect responses to the prior substance use items. The questions administered in this module are also dependent upon earlier reports of use. This analysis focused on age of last use reports of all substances reported.
- Changes to the prior substance use questions may affect responses to the substance treatment module (TX01, TX02, TX03).
- Extensive changes to the health module may affect answers in the adult mental health service utilization module (ADMT01, ADMT02, ADMT04) and the youth mental health service utilization module (YSU01, YSU02, YSU04, YSU05).
- Items from the mental health, adult depression, and adolescent depression modules are crucial outcomes in the survey. Estimates were compared for key measures, such as Kessler-6 (K6) scores, serious psychological distress (SPD), limitation of activities because of psychological distress (as measured by World Health Organization Disability Assessment Schedule [WHODAS] scores), suicide (ideation, plans, and attempts), and major depressive episode (MDE).
- Initial items in the special topics module on being arrested and booked in the lifetime and past 12 months were compared.

Comparisons between the QFT sample and the 2011 and 2012 quarters 3 and 4 samples are shown in ***Tables K-14*** to ***K-21***. Overall, very few differences were observed between the QFT and main study samples for the items examined.

One notable difference was the average number of years since last use for hallucinogens between the 2011 comparison sample (11.3 years) and the QFT sample (9.6 years). One explanation for this difference is that the 2011 comparison data do not take into account reports of lifetime use of ketamine, DMT/AMT/"Foxy," or *Salvia divinorum* from the noncore special drugs module.[32] That is, respondents in the 2011 comparison data who did not report lifetime use of hallucinogens in the core but who reported lifetime use of one or more of these drugs in the special drugs module were not asked the prior substance use questions for hallucinogens. In short, the universes of respondents being asked the prior substance use questions differed between the two samples. Also, comparison data respondents could report less recent use of hallucinogens in the core than they reported for the three hallucinogens in the special drugs module.

In the QFT, the logic for asking the prior substance use questions for hallucinogens would appear on the surface to be the same as in the main survey. However, the three hallucinogens mentioned previously were moved from the noncore special drugs module to the core hallucinogens module in the QFT. Also, years since last use was defined as zero (0) for past year and past month users. Consequently, users of these hallucinogens that previously were "noncore" were eligible in the QFT to be administered the prior substance use questions for

[32] DMT is an abbreviation for dimethyltryptamine, and AMT is an abbreviation for alpha-methyltryptamine.

hallucinogens. Reports of past year or past month use of these previous noncore hallucinogens could further decrease the mean in the QFT.

Another contributing factor to the difference between reports of years since last use of hallucinogens between the QFT and the 2011 comparison sample is that the largest increase in lifetime hallucinogen use was for adolescents aged 12 to 17 (2011: 3.7 percent; 2012 quarters 3 and 4: 3.2 percent; 2012 QFT: 6.5 percent). For young adults aged 18 to 25, the difference was 18.1 versus 19.4 percent, and the difference was 15.7 versus 16.9 percent for adults aged 26 or older. By definition, younger people have a smaller range of answers for years since last use than older persons. Some of the decline in "years since last use" may be due to a higher relative proportion of lifetime users within the younger ages than previously observed. Overall, the reasons for the decrease in average years since last use of hallucinogens appear to be due to factors other than context effects.

There were also differences in several statistically significant mental health measures between both the 2011 and 2012 comparison samples and the QFT sample. Past month SPD among adults 18 years or older was lower in the QFT sample (3.6 percent) than in either the 2011 comparison sample (4.7 percent) or the 2012 comparison sample (5.3 percent). Similar differences were found for past year SPD. At this point, it is unclear why such differences could emerge due to context effects. Context effects have been suspected of producing differences in responses to the K6 mental health items (which are used to measure SPD) in previous years, most notably in the 2004 survey in which changes in the content of questions prior to the K6 items were thought to have affected respondent interpretation of the K6 items (Aldworth, Chromy, Foster, Heller, & Novak, 2005). It is not clear how changes in question items preceding the K6 items in the QFT sample might have led respondents to interpret the K6 items differently from those in the 2012 and 2011 comparison samples. Demographic differences noted in ***Section 8.5*** between the QFT sample and the 2012 and 2011 comparison samples may have contributed to differences in responses to the K6 items, but such an inference may require an additional analysis. These findings for past year and past month SPD will be examined further in the analysis of DR data, including analysis of combined QFT and DR data, where applicable.

8.7 Estimates for New, Revised, and Moved Items in the QFT Instrument

As noted in ***Section 4.4.1*** in ***Chapter 4***, the QFT instrument included items that differed from the 2011 and 2012 quarters 3 and 4 instrument in one of three ways:

- the question was new to the instrument,
- the question or response options were significantly revised, or
- the question was moved from one part of the questionnaire to another, including either being moved to a different module or moved from CAPI to ACASI administration.

This section provides estimates for questionnaire items that fall under one of these categories—new items and moved items. For items moved in the QFT questionnaire, but otherwise unchanged, this section also provides comparisons of the QFT estimates to the 2011 and 2012 quarters 3 and 4 comparison estimates. As presented in ***Table 4.8*** in ***Chapter 4***, missingness rates

for some of the moved items were significantly higher in the QFT data than in the 2011 and 2012 quarters 3 and 4 comparison data. For this reason, in addition to comparisons of QFT estimates for moved items with the 2011 and 2012 quarters 3 and 4 comparison estimates, further analyses of selected moved items included examining the role of proxy reports in generating these estimates (see ***Section 8.8***) and benchmarking the QFT estimates for these items against other survey data (see ***Sections 9.3*** and ***9.4*** in ***Chapter 9***).

Table M-1 in ***Appendix M*** presents weighted estimates, standard errors, and unweighted number of respondents for the new questionnaire items in the QFT that were also added to the 2013 main study questionnaire. Because the QFT was the first data collection to field these items, these results provide an initial look at the estimates for these items and how they might look in the 2013 data. Given that these items were new additions to the questionnaire, no comparisons of these QFT estimates could be made to the 2011 and 2012 quarters 3 and 4 comparison data. To determine how well the QFT results match current estimates for other national surveys collecting the same data, estimates for some of these new items were benchmarked to other survey estimates including height and weight (see ***Section 9.3***) and receipt of social security or railroad retirement payments (see ***Section 9.4***).

For items that were moved in the QFT questionnaire, ***Table N-1*** in ***Appendix N*** presents estimates and standard errors for the QFT data, the 2011 comparison data, and the 2012 quarters 3 and 4 comparison data. These results highlight a few more items that were moved from CAPI to ACASI administration in the QFT questionnaire and produced significantly different QFT estimates compared with the 2011 and 2012 quarters 3 and 4 comparison data:

- The QFT estimate (15.6 percent) for persons not having at least one job or business during the past 12 months (item QD37) was significantly higher than the 2011 comparison estimate (12.4 percent) and the 2012 quarters 3 and 4 comparison estimate (12.3 percent).
- The QFT estimate (13.8 percent) for the average number of weeks during the past 12 months persons did not have at least one job or business (item QD38) was significantly lower than the 2011 comparison estimate (17.1 percent) and the 2012 quarters 3 and 4 comparison estimate (17.9 percent).
- The QFT estimate (18.6 percent) for persons working for an employer with 25 to 99 employees (item QD42) was significantly lower than the 2011 comparison estimate (22.3 percent) and the 2012 quarters 3 and 4 comparison estimate (21.4 percent). No differences were observed between the QFT and the 2011 and 2012 quarters 3 and 4 comparison data for the other four categories of number of employees, indicating that overall differences were small in the distribution of employer size between the QFT data and the 2011 and 2012 quarters 3 and 4 comparison data.
- The QFT estimate (2.3 percent) for persons working for an employer that has a written policy about employee use of alcohol or drugs that only covers drugs (item QD44) was significantly lower than the 2012 quarters 3 and 4 comparison estimate (3.5 percent). The QFT estimate was not significantly different from the 2011 comparison estimate (3.0 percent).

Without additional corroborating estimates for these questions, it is not possible to determine whether moving these items from CAPI to ACASI administration in the QFT questionnaire played any role in these observed differences or whether the differences made the estimates more accurate or less accurate. Given that many more items used to produce these estimates had higher missingness rates in the QFT data than in the 2011 or 2012 comparison data, differential missingness rates could have contributed to observed differences in estimates. Even though some of these items did not have missingness rates that were significantly higher in the QFT than in the 2011 or 2012 comparison data, the overall pattern that was observed was that greater missingness rates occurred in the ACASI mode versus the CAPI mode for these items. (See ***Section 4.4*** and ***Appendix R*** for more details on data quality issues for items moved from CAPI to ACASI administration for the QFT.) These differences are highlighted to provide some indication of how estimates for these items moved from CAPI to ACASI administration might look different than current CAPI estimates when the partially redesigned questionnaire is implemented in 2015, assuming further changes are not made to these items.

Table O-1 in ***Appendix O*** presents estimates and standard errors for all new, revised, or moved items from the QFT data only among persons aged 12 or older. This complete set of estimates for all new, revised, or moved items includes the smaller subsets of new items presented in ***Table M-1*** and moved items presented in ***Table N-1***. These estimates provide a comprehensive sense of how the data might look for all of these items when the partially redesigned instrument and protocol are implemented in 2015, assuming further changes are not made to these items.

8.8 Comparison of the Distribution of Relationships for Proxy Respondents and Estimates for Selected Items Based on Proxy Report Status

Two sets of questionnaire items that were moved from CAPI to administration in the QFT questionnaire—health insurance and income—allowed for a proxy respondent to answer these questions in lieu of the primary respondent. For example, about 75 percent of youth respondents aged 12 to 17 nominate a parent or other adult in their household to answer these questions instead of them. As noted in ***Section 8.5*** and presented in ***Table K-6***, QFT respondents were significantly more likely to use a proxy reporter for these questions than 2011 and 2012 quarters 3 and 4 comparison respondents. Given this difference, reporting patterns among proxies could be one possible source of observed differences between QFT estimates and 2011 and 2012 quarters 3 and 4 comparison estimates for these items. This section presents and discusses two types of data on proxy reports in the QFT data compared with the 2011 and 2012 quarters 3 and 4 comparison data:

- the distribution of proxy relationships to the primary respondent and
- estimates for proxy reports versus respondent reports for these items.

These analyses will provide some insight on whether the greater use of proxy reporters in the QFT appeared to have any impact on differences observed QFT estimates and 2011 and 2012 quarters 3 and 4 comparison estimates for these items.

Table P-1 in ***Appendix P*** shows the distribution of respondents' relationships with their proxy reporters for youths aged 12 to 17 and adults aged 18 or olde, orwhetr for the QFT sample, the 2011 comparison sample, and the 2012 quarters 3 and 4 comparison sample. Overall, the distributions of proxy relationships across 11 types of relationships were very similar across all three datasets for both youths and adults. For youths aged 12 to 17 in all three samples, a little over two thirds of proxies were mothers of the primary respondents, and about one quarter were fathers. For adults aged 18 or older in all three samples, about 60 percent of proxies were spouses, and about 23 percent were mothers. Proportions for other relationship categories for both youths and adults were relatively small. Only one difference among all relationship categories was statistically significant. For adult respondents, the QFT sample proportion (0.2 percent) for using another adult relative as a proxy was significantly lower than the 2011 comparison sample proportion (1.5 percent). This proportion was 1.0 percent for the 2012 quarters 3 and 4 comparison sample, but the difference between the QFT and the 2012 quarters 3 and 4 proportions was not statistically significant. The lack of significant differences in the distribution of respondents' relationships with their proxy reporters across the three datasets indicates that proxy relationships to those respondents who used proxies were not a factor in explaining differences in estimates between the samples for items where proxy reporting was allowed.

Although the relationship of proxy reporters to primary respondents was not a factor in observed differences in relevant estimates among the three datasets, the higher overall use of proxy reporters could have been a contributor to these observed differences. To explore this possibility, ***Tables P-2*** through ***P-4*** in ***Appendix P*** compare estimates from proxy reports versus primary respondent reports for three age group categories: all respondents aged 12 or older, youth respondents aged 12 to 17, and adult respondents aged 18 or older. If the greater use of proxy reporters in the QFT was at least partly responsible for differences in estimates between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples, significant differences in the relevant estimates would be expected among the proxy reports and small or no differences would be expected among the primary respondent reports. These results revealed two important patterns among estimates that differed significantly between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples.

One pattern observed for several estimates was differences between the QFT and the 2011 and 2012 quarters 3 and 4 comparison samples being of similar magnitude for both proxy and nonproxy reports. For example, the QFT estimate among all respondents aged 12 or older (***Table P-2***) for having private health insurance that includes coverage for treatment of alcohol abuse or alcoholism (item QH108) was 73.7 percent for data reported by proxies. The QFT proportion was significantly lower than the proxy-reported estimates for the 2011 comparison sample (84.7 percent) and the 2012 quarters 3 and 4 comparison sample (85.1 percent). Looking at the same estimates for data reported by the primary respondents, the QFT estimate (76.8 percent) was similarly lower than the 2011 comparison sample (84.0 percent) and the 2012 quarters 3 and 4 comparison sample (84.2 percent). The greater use of proxies among QFT respondents was clearly not a significant factor in explaining differences between the three datasets for items where this pattern of results was observed.

A second pattern observed for some items was QFT proxy and nonproxy estimates being different from each other, but still significantly different from the parallel 2011 comparison and

2012 quarters 3 and 4 comparison estimates. For example, ***Table P-2*** shows that the QFT proportion for receiving income from wages or pay earned from working at a job or business (item QI05N) was 63.8 percent for data reported by proxies. The QFT proportion was significantly lower than the proxy-reported estimates for the 2011 comparison sample (84.9 percent) and 2012 quarters 3 and 4 comparison sample (86.3 percent). For the same estimates for data reported by the primary respondents, the QFT estimate (71.6 percent) was significantly higher than the QFT proxy estimates, but still significantly lower than the 2011 comparison sample (87.2 percent) and the 2012 quarters 3 and 4 comparison sample (87.5 percent). A similar pattern was observed for receipt of food stamps (item QI07N), where the difference between QFT estimates for proxy reports compared with the 2011 and 2012 quarters 3 and 4 comparison estimates was significantly greater than the difference in estimates for nonproxy reports, but still significantly different. The greater use of proxies among QFT respondents appeared to be a factor in explaining differences between the three datasets for items where this pattern of results was observed. For these items, proxy reports exacerbated differences between QFT estimates versus 2011 and 2012 quarters 3 and 4 comparison estimates, but did not fully account for these differences.

Another important conclusion from ***Tables P-2*** through ***P-4*** is that the two patterns identified above appeared to hold for both youth respondents aged 12 to 17 than among adult respondents. Estimates for nonproxy reports for several of these items for respondents aged 12 to 17 were of low precision due to low numbers of respondents in this category (***Table P-3***). These low precision estimates prohibited conclusions to be reached on the statistical significance of observed differences for youth respondents, but the proportions for both proxy and nonproxy reports appeared to fit the two main patterns.

9. Selected QFT Estimates Compared with Other Survey Estimates

9.1 Overview of Selected QFT Estimates Compared with Other Survey Data

This chapter presents comparisons of estimates from the 2012 Questionnaire Field Test (QFT) with estimates from other data sources. Comparable statistics from other surveys can be used as benchmark tools for evaluating the validity of estimates from the QFT. Such comparisons take into consideration that the external data used in the comparisons have their own error properties and influences, such as mode of administration (e.g., self-administration vs. interviewer administration, or paper-and-pencil questionnaires vs. computer-assisted interviewing). These differences must be considered regardless of how similar or dissimilar the estimates are from the compared data sources. ***Section 9.2*** presents comparisons between data from the QFT with estimates from the National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) on prescription drug use. This section also presents comparisons of estimates from the QFT with those from Monitoring the Future (MTF), a school-based survey on drug use. In ***Section 9.3***, selected health and demographic estimates from the National Health Interview Survey (NHIS) are compared with estimates from the 2012 QFT. ***Section 9.4*** presents additional comparisons for five sets of QFT demographic and household estimates with parallel estimates from the 2011 and 2012 quarters 3 and 4 comparison sample and from other national surveys.

9.2 Estimates for Prescription Drug Misuse

Estimates from data sources other than National Survey on Drug Use and Health (NSDUH) can provide external checks of the validity of the QFT estimates for prescription drug use and misuse. As noted in ***Section 3.7.3*** in ***Chapter 3***, comparisons with other data sources can pose challenges when there are methodological or other differences between NSDUH and these external data sources. A further challenge is whether suitable data on prescription drug use or misuse are available from other sources for comparison with the QFT estimates. For example, commercial market data on drug sales or prescriptions dispensed in the United States would provide market share information for prescription drugs of interest. However, these data may not be publicly available, or only limited information may be accessible. The National Center for Health Statistics (NCHS) within the Centers for Disease Control and Prevention (CDC) makes public use data available for two health care surveys: the NAMCS and the NHAMCS. Although NAMCS and NHAMCS data are publicly available for analysis, prescription drug data from these two sources do not allow direct estimates to be made of the prevalence of actual prescription drug use or estimates of the numbers of prescriptions for different medications that were dispensed.

Similarly, limited data on prescription drug misuse are available at the national level for comparison with QFT data (e.g., as opposed to surveys within a single school district, university, or State). The MTF is principally a school-based survey that collects national data on

prescription drug misuse through surveys of 8th, 10th, and 12th graders. It also includes a longitudinal component in which samples of respondents who completed the survey as 12th graders are administered follow-up surveys into adulthood. However, the MTF does not survey dropouts or include students who were absent from school on the day of the survey. NSDUH has shown dropouts to have higher rates of illicit drug use (Gfroerer, Wright, & Kopstein, 1997). Therefore, the population of inference for the MTF school-based data collection is adolescents who were in the 8th, 10th, and 12th grades. Depending on the effects of the exclusion of dropouts and frequent absentees, data from the MTF may not generalize to the population of adolescents as a whole, especially for older adolescents. Similarly, because the longitudinal component of the MTF is drawn from 12th graders who were still in school when the survey was administered, adolescents who had already dropped out of school are not eligible to be included for longitudinal follow-up. Even among adolescents at the 12th grade level (i.e., including dropouts who would be at this grade level if they had remained in school), dropouts are likely to raise the estimated percentages of substance use only modestly compared with estimates based on 12th graders who were in school. Excluding data from dropouts may have a more notable effect on estimates of the *numbers* of adolescent substance users, especially for less prevalent substances such as cocaine (Center for Behavioral Health Statistics and Quality [CBHSQ], 2012a).

Although the Drug Abuse Warning Network (DAWN) provides population estimates through 2010 of visits to hospital emergency departments (EDs) that are attributable to misuse of prescription drugs, DAWN does not directly measure the prevalence of prescription drug misuse. Depending on the levels of risk of adverse events associated with misuse, estimated numbers and rates of ED visits in DAWN for misuse of certain prescription drugs also may be disproportionately high relative to their actual prevalence of misuse in the general population.

The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) conducted by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) also provides data on the misuse of prescription drugs among adults in the civilian, noninstitutionalized population of the United States. However, NESARC data were not examined because the data are less current. Specifically, the first wave was conducted in 2001 and 2002, and the second wave was conducted in 2004 and 2005 (Grant & Dawson, 2006). Although a 1-year data collection period for the next wave of the survey (NESARC-III) began in 2012, these data were not available.

Therefore, despite these limitations and considerations, NAMCS and NHAMCS were chosen for estimating mentions of prescription drugs for comparison with QFT data on past year use because of the availability of public use data for these two surveys. The MTF was chosen for comparison with QFT data because the survey provides national estimates.

9.2.1 NAMCS and NHAMCS

NAMCS and NHAMCS are national probability sample surveys. For NAMCS, a national sample of office-based and community health center-based physicians provide data on patients' outpatient visits. In 2010, a total of 31,229 patient record forms (PRFs) were received from the physicians who participated in NAMCS (NCHS, 2012a). The 2010 NHAMCS included 34,718 PRFs from samples of patient records at hospital outpatient departments (NCHS,

2012b).[33] These datasets provide information on medications mentioned in outpatient office visits (for NAMCS) or hospital outpatient records (for NHAMCS). Data are available for specific medications mentioned and for therapeutic categories of medications (e.g., benzodiazepines) based on the Multum Lexicon classifications. As noted previously, NAMCS and NHAMCS allow weighted estimates to be created for numbers of mentions of specific drugs or categories of drugs rather than estimates of the prevalence of actual use. These data also may not directly translate to patients actually being prescribed or filling a prescription for a particular medication. However, the *relative* order of mentions of prescription drugs in these datasets can be compared with the relative order of prevalence estimates of any past year use in the QFT.

9.2.2 Prescription Drug Use and Misuse in the QFT and Prescription Drug Mentions in NAMCS and NHAMCS

Tables L-1 to ***L-3*** in ***Appendix L*** show QFT estimates for any past year use, past year use without misuse, and past year misuse. These tables also show estimates of the numbers of mentions of these drugs in the 2010 NAMCS data and NHAMCS outpatient hospital data (subsequently referred to as NHAMCS).[34]

Because NAMCS and NHAMCS data are expressed as numbers of mentions, QFT estimates in these tables represent the estimated numbers of *persons* aged 12 or older (in thousands) in the civilian, noninstitutionalized population of the United States who were past year users or misusers. Data in these tables include estimates for all of the specific prescription drugs in the QFT questionnaire. Because of the small numbers of QFT respondents (or no respondents) reporting any past year use for some prescription drugs, estimates were limited to the overall NSDUH sample of persons aged 12 or older. Estimated numbers in the QFT and standard errors that are indicated with "0 (0)*" represent situations where no respondents reported use or misuse of that particular prescription drug; as indicated by the asterisk, these estimates would be suppressed (i.e., not published) under standard NSDUH suppression rules for unreliable estimates. Estimated numbers that are shown as zero with a standard error of zero but would not be suppressed represent situations where a very small number of QFT respondents reported use or misuse; in these situations, the estimated number and standard error were less than 500 and rounded to zero when shown to the nearest 1,000 persons.

NAMCS and NHAMCS estimates in these tables are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits in the United States for persons aged 12 or older.[35] Data for a given drug or drug category in these tables represent the estimated number of times that a particular drug (or category) was *mentioned* in all outpatient office visits or hospital outpatient department visits in the United States in 2010. NCHS considers an estimate in NAMCS or NHAMCS to be unreliable if it has a relative standard error (RSE, or the standard

[33] NHAMCS also collects data on patient visits to hospital EDs, but these ED data were not included in the analysis.

[34] The weighted number of mentions in NAMCS and NHAMCS could include duplicate counts if a drug (or related drugs, such as pain relievers containing the same active ingredient) was mentioned more than once in an outpatient visit. However, most drugs or related drugs were mentioned only once in an outpatient visit.

[35] The NAMCS and NHAMCS also include data for patients younger than age 12. Outpatient visits were restricted to those for persons aged 12 or older to match the NSDUH target population.

error divided by the estimate) greater than 0.3 or if it was based on fewer than 30 records, regardless of the magnitude of the RSE. As for the QFT, NAMCS and NHAMCS estimates that did not meet these standards for reliability are shown but are indicated with an asterisk (*).

Although QFT respondents were asked separate questions about their use or misuse of tranquilizers and sedatives, ***Table L-2*** in ***Appendix L*** includes data for both of these prescription drug categories. This was done because anxiolytics, sedatives, and hypnotics are classified together in NAMCS and NHAMCS. The aggregate benzodiazepine category in these two datasets also does not differentiate between benzodiazepines that are indicated for use as tranquilizers (e.g., Xanax® or alprazolam) and those that are indicated for use as sedatives (e.g., Restoril® or temazepam).

In this section, terms such as "highest," "second highest," "greater than," "less than," or other similar terms are used to indicate the relative magnitude of the estimates. However, testing was not conducted for these estimates to identify statistically significant differences. Unlike other sections of this report where weighted prevalence estimates are presented, therefore, these terms do not indicate statistical significance. Readers are advised not to infer that any differences or relative order of estimates described in this section are statistically significant.

Given the numbers of estimates presented in these tables (many of which are very small, particularly for the QFT), the discussion of findings also is not intended to be exhaustive. Rather, the focus is on overarching themes and highlights from these data, with examples being given as needed for illustration.

9.2.2.1 Creation of QFT Measures

Estimates in ***Tables L-1*** to ***L-3*** for past year misuse of any prescription drug in a category for the QFT (e.g., any prescription pain reliever) used the same imputed data for past year misuse (see ***Section 3.4*** in ***Chapter 3***) that were used for the prescription drug estimates presented in ***Chapter 7*** and ***Appendix J***. However, data were not imputed for past year *use* of any prescription drug in a given category, past year use of specific prescription drugs, or past year misuse of most specific prescription drugs.[36] Rather, the prescription drug estimates for the QFT that are shown in ***Tables L-1*** to ***L-3*** used data that had been edited but had not been imputed (see ***Section 3.3*** in ***Chapter 3***).

Measures of "no past year misuse" were created from reports of past year use and past year misuse. These measures were created because past year use of prescription drugs as directed by the person for whom the medications were prescribed and past year misuse are not mutually exclusive, such as if a person usually took the medication as prescribed but sometimes took more than the prescribed dosage. The measures of past year misuse and no past year misuse among

[36] The exception is that an imputed measure was created in the QFT for past year misuse of the pain reliever OxyContin® because analogous measures were available for 2011 and the quarter 3 and quarter 4 data in 2012. For consistency with the data for other individual prescription drugs, however, edited (but not imputed) data were used for the estimate of OxyContin® misuse in ***Table L-1*** in ***Appendix L***. Consequently, the estimate for past year misuse of OxyContin® in ***Table L-1*** (0.8 percent) is not identical to the corresponding estimate in ***Table J-5*** in ***Appendix J*** that was based on the imputed measure (1.1 percent).

past year users were mutually exclusive.[37] However, the sum of the estimated numbers for past year misuse and no past year misuse could differ from the overall estimated number for any past year use because of rounding.

The edited variables from which these QFT estimates were made could have missing data because most data had not been imputed (see ***Sections 3.3*** and ***3.4*** in ***Chapter 3***). If respondents reported any past year use of a given drug but had missing data for past year misuse, they also were treated as having missing data for no past year misuse. Respondents with missing data for a given drug use measure were excluded from the estimate.

9.2.2.2 Creation of NAMCS and NHAMCS Measures

For a given outpatient visit reported on a PRF, the physician could record the names of up to eight drugs mentioned in the visit; the drugs mentioned could be brand-name drugs (e.g., Vicodin®) or the generic equivalent of a brand-name drug (e.g., hydrocodone plus acetaminophen). These variables were used to identify specific drugs mentioned in the NAMCS and NHAMCS that corresponded to the specific drugs included in the QFT. These variables also were used for creating aggregate measures of use of any of the specific "named" drugs (e.g., Vicodin®, Lortab®, Lorcet®, or hydrocodone) to correspond to the specific drugs that QFT respondents were asked about. Other variables in these datasets were used for aggregate measures of any drug within a broad therapeutic class (e.g., benzodiazepines).

In some situations, however, the QFT questionnaire included more detail than was available in these other data. For example, QFT respondents were asked about their use and misuse (if applicable) of the brand-name sedative Ambien®, the generic equivalent zolpidem, the brand-name extended-release formulation Ambien® CR, and the generic extended-release zolpidem. The NAMCS and NHAMCS had codes for the first three of these sedatives. When zolpidem was mentioned, however, the codes did not distinguish between whether drug being referred to was the standard formulation or the extended-release formulation. For this reason, ***Table L-2*** in ***Appendix L*** shows an entry of "N/A" ("not applicable") for mentions of extended-release zolpidem in the NAMCS and NHAMCS.

As noted previously, the NAMCS and NHAMCS also included variables for therapeutic categories of medications based on the Multum Lexicon classifications. These therapeutic category variables were used for the following NAMCS and NHAMCS estimates:

- narcotic analgesics (***Table L-1***).
- anxiolytics, sedatives, and hypnotics (***Table L-2***), including the following:
  - benzodiazepines,
  - barbiturates, and
  - miscellaneous anxiolytics, sedatives, and hypnotics.
- muscle relaxants (***Table L-2***), including the following:

[37] For brevity, references are made to "no past year misuse" in the remainder of this section rather than to "no past year misuse among past year users."

- neuromuscular blocking agents,
- skeletal muscle relaxants, and
- skeletal muscle relaxant combinations.

- central nervous system (CNS) stimulants (***Table L-3***).

9.2.2.3 Use and Misuse of Specific Prescription Drugs in the QFT

Estimates from the QFT, NAMCS, and NHAMCS for pain relievers (***Table L-1***), tranquilizers and sedatives (***Table L-2***), and stimulants (***Table L-3***) provide the following highlights for the use and misuse of prescriptions drugs:

- For pain relievers, tranquilizers, and sedatives, most past year use was accounted for by use without any misuse. In ***Table L-1*** in ***Appendix L***, for example, an estimated 30.2 million persons aged 12 or older reported any use of OxyContin®, Percocet®, Percodan®, Tylox®, or oxycodone in the past year, including 25.2 million who did not report misuse and 5.0 million who reported misuse. Thus, more than 80 percent of the past year users of these oxycodone products did not misuse them.
- Misuse appeared to be fairly common among some past year users of stimulants. For example, 5.4 million persons reported past year use of Adderall®, including 3.1 million who reported past year misuse and 2.3 million who were not misusers (***Table L-3***).
- Because the QFT estimates are based on respondents' self-reports, respondents may report use or misuse of a drug they recognize by name rather than the actual drug they took. For example, 11.5 million persons were estimated to be past year users of Xanax®, and the estimate for the generic equivalent alprazolam was 3.7 million (***Table L-2***). If the market share for the generic drug is greater than that of the brand-name drug (e.g., because of lower insurance co-pays for generic drugs), then some of the reports for Xanax® could reflect use of the generic drug.
- Including multiple opportunities for respondents to report use or misuse of prescription drugs containing a common active ingredient is likely to be important, particularly for estimating the prevalence of misuse. For example, the estimated numbers of persons from the QFT who misused specific pain relievers in the past year that contain hydrocodone were 5.8 million for Vicodin®, 2.3 million for Lortab®, 0.6 million for Lorcet®, and 4.7 million for generic hydrocodone. An estimated 9.2 million persons aged 12 or older misused any of these pain relievers in the past year. Thus, relying on reports of misuse of only a single drug with a given active ingredient could underestimate the prevalence of past year misuse of any prescription drug containing that ingredient. For example, the estimate of 5.8 million persons who reported past year misuse of Vicodin® would fail to account for about one third of the estimated 9.2 million persons who misused any of the four hydrocodone products shown in ***Table L-1***.
- Including as comprehensive of a list of prescription drugs as possible (within reason) in the QFT and the Dress Rehearsal (DR) can be helpful to the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying the most

important prescription drugs within a category to include in the 2015 partial redesign and which drugs might be less important (at least in the short term). For example, an estimated 14.6 million persons aged 12 or older were past year misusers of any prescription pain reliever, including 9.2 million who misused hydrocodone products, 5.0 million who misused oxycodone products, 4.1 million who misused codeine products, and 2.4 million who misused tramadol products. In contrast, only 310,000 persons misused pain relievers containing propoxyphene (which has since been withdrawn from the market), about 170,000 misused products containing fentanyl, and only about 60,000 persons misused pain relievers containing pentazocine (i.e., Talacen®, Talwin®, or Talwin® NX) (***Table L-1***).

- Estimates of the numbers of persons who misused prescription drugs in an overall category or with specific active ingredients may be important for documenting the magnitude of problems in a way that percentages might not. For example, the QFT estimate of 6.0 percent of persons who were past year misusers of prescription pain relievers (***Table J-5***) corresponds to nearly 15 million persons. The estimate of 4.1 million persons who misused codeine products in the past year represents less than 2 percent of the population aged 12 or older but is larger than the population of the city of Los Angeles (U.S. Census Bureau, 2013).

On the one hand, low estimates for specific prescription drugs in the QFT—particularly for past year misuse—could be informative to SAMHSA for identifying prescription drugs that could be dropped for the 2015 partial redesign without seriously sacrificing the validity of prevalence estimates. Doing so could reduce respondent burden and fatigue while still obtaining sufficiently complete data for valid estimates.

However, the finding that *any* of the 2,044 QFT respondents reported use or misuse of some of these prescription drugs also is an issue for consideration. Small numbers of respondents reporting use or misuse of some of these individual drugs in the QFT could translate to larger numbers in 2015. Additional analysis of data from the DR will be useful for assessing whether additional reports of use or misuse are obtained for some of these less commonly reported prescription drugs and (to the extent possible) whether there are notable changes in reports for these drugs. Furthermore, low prevalence estimates for use or misuse could reflect the length of time that a particular drug has been on the market. For example, the U.S. Food and Drug Administration approved the pain reliever Opana® in 2006 and the extended-release formulation Opana® ER in 2011 (U.S. Food and Drug Administration, 2013). Including pain relievers such as oxymorphone products in NSDUH *before* they start becoming more commonly misused prescription drugs could be important to SAMHSA for staying "ahead of the curve" in terms of the content of the prescription drug questions. Furthermore, prescription drugs with a lower prevalence of misuse still could contribute cumulatively to overall estimates of misuse.

An additional consideration is that a drug with an apparent low prevalence could pose a more serious public health threat than a drug with a higher prevalence. For example, of the approximately 360,000 estimated ED visits in 2010 involving misuse of narcotic pain relievers, approximately 66,000 involved misuse of methadone, or nearly 20 percent of these ED visits (CBHSQ, 2012b). In comparison, of the estimated 14.6 million persons who misused prescription pain relievers in the past year based on the QFT data, only 636,000 misused

methadone (***Table L-1*** in ***Appendix L***), or less than 5 percent of the number who misused any pain reliever. Furthermore, capturing information on the misuse of extended-release formulations is important, especially for pain relievers, where tampering with the extended-release mechanism of drug delivery (e.g., crushing, chewing) to release a higher dosage of the drug more quickly can result in a life-threatening or fatal overdose. Thus, having as comprehensive a list of prescription drugs as possible (within reason) can be important for ensuring that reports of prescription drug misuse in NSDUH are as complete and accurate as possible and for ensuring that the survey captures information about misuse for the prescription drugs that are especially important from a public health standpoint.

Although misusers appeared to account for a notable proportion of the past year users of some stimulants (e.g., Adderall®, Adderall® XR; see ***Table L-3*** in ***Appendix L***), these findings need to be interpreted with caution. In particular, the QFT definition of misuse includes both use without a prescription and use of prescribed medications in ways other than directed. Some users of these stimulants may have used these drugs as prescribed and also may have misused them on occasion in the past year. Thus, for example, the estimate of approximately 3.1 million persons who misused Adderall® in the past year ought not to be interpreted to mean that all of these persons used Adderall® without a prescription.

As noted previously, respondents may report the name of a drug they recognize despite it not being the actual drug that they took. This issue may be particularly relevant for persons attempting to recall which prescription drugs they misused. Based on respondent self-reports in the QFT, for example, about 3.1 million of the 5.4 million past year users of Adderall® misused it and 2.3 million did not. In comparison, an estimated 1.8 million persons reported using the generic equivalent of Adderall® (i.e., mixed amphetamine-dextroamphetamine combinations) in the past year, including about 600,000 who reported misuse and 1.2 million who reported no misuse (***Table L-3***). Some of the QFT respondents who reported past year misuse of Adderall® may have chosen to report misuse of this drug because of name recognition or because its name is simpler than that of the generic equivalent,[38] even if they actually may have misused the generic. In addition, estimates for use or misuse of related stimulants containing amphetamine or dextroamphetamine (i.e., Adderall®, Adderall® XR, Dexedrine®, dextroamphetamine, or amphetamine-dextroamphetamine combinations) rounded to the nearest 0.1 million were 7.9 million persons who used at least one of these stimulants in the past year, 4.0 million who used but did not misuse any of them, and 3.8 million who misused any of them (***Table L-3***). This summary measure may more accurately reflect the relative prevalence of use without misuse and past year misuse compared with the prevalence estimates for individual drugs in this category (e.g., Adderall®).

Even if QFT respondents misreported the exact drug they used or misused in the past year, however, estimates for any drug containing a given active ingredient may still be reliable for reporting purposes. For the example of misuse of amphetamine or dextroamphetamine stimulants, the important issue for analysis and reporting is more likely to be whether respondents can correctly recall if they used or misused some kind of amphetamine or

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[38] In the screening questions for any past year of prescription stimulants, for example, the generic equivalent of Adderall® is presented in the response choice as "Mixed amphetamine-dextroamphetamine pills other than Adderall (generic)."

dextroamphetamine stimulant, even if they do not perfectly recall which exact stimulant it was (e.g., Adderall® or the generic drug).

9.2.2.4 Relative Order of Past Year Use in the QFT and Mentions in the NAMCS and NHAMCS

Tables 9.1 through ***9.3*** summarize the data presented in ***Tables L-1*** to ***L-3*** in ***Appendix L***. These summary tables present data according to common active ingredients (e.g., pain relievers containing hydrocodone, such as Vicodin®, Lortab®, Lorcet®, or hydrocodone in ***Table 9.1***) or other chemically related drugs (e.g., benzodiazepines in ***Table 9.2***). These summary tables also are designed to facilitate comparison of the relative order of any past year use of prescription drugs in the QFT data with the relative order of mentions of these drugs in outpatient visits in the NAMCS and NHAMCS data.

Summary data from the QFT, NAMCS, and NHAMCS for pain relievers (***Table 9.1***), tranquilizers and sedatives (***Table 9.2***), and stimulants (***Table 9.3***) provide the following highlights on the prevalence of use or misuse (NSDUH) or the number of mentions (NAMCS and NHAMCS) of each type of prescription drug:

- Prescription pain relievers were the most commonly used category of psychotherapeutic drugs in the QFT. Estimated numbers of persons in the QFT who were past year users of any drugs in the general prescription drug categories were 94.0 million persons aged 12 or older who used pain relievers (***Table 9.1***); 46.6 million persons who used any tranquilizer or sedative[39] (***Table 9.2***); and 14.5 million persons who used stimulants (***Table 9.3***).
- Estimated numbers of mentions of tranquilizers, sedatives, or similar drugs were the most commonly mentioned category of psychotherapeutic drugs in outpatient visits in 2010 for the NAMCS and NHAMCS. Estimated numbers for the NAMCS were 77.2 million for narcotic analgesics (***Table 9.1***); 114.2 million for tranquilizers, sedatives, hypnotics, or muscle relaxants (***Table 9.2***); and 17.1 million for CNS stimulants (***Table 9.3***). Estimated numbers of mentions in outpatient hospital clinic visits in 2010 for the NHAMCS were 8.7 million for narcotic analgesics; 13.1 million for tranquilizers, sedatives, hypnotics, or muscle relaxants; and 1.4 million for CNS stimulants. The numbers of mentions of tranquilizers, sedatives, or similar drugs in the 2010 NAMCS and NHAMCS were somewhat greater than the numbers of mentions for narcotic analgesics.
- The four most commonly used groups of prescription pain relievers in the past year for the QFT in ***Table 9.1*** were Vicodin®, Lortab®, Lorcet® or hydrocodone (61.1 million persons); OxyContin®, Percocet®, Percodan®, Tylox®, or oxycodone (30.2 million persons); Tylenol® with codeine 3 or 4 or codeine pills (27.7 million persons); and Ultram®, Ultram® ER, Ultracet®, Ryzolt®, or tramadol (15.3 million persons).

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[39] The QFT estimate for any tranquilizer or sedative is presented because the NAMCS and NHAMCS do not allow estimation for these drug categories separately.

Table 9.1 Comparison of Summary Data for Pain Relievers from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Number in Thousands (SE) Any Past Year Use[2]	NSDUH QFT,[1] Number in Thousands (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Number in Thousands (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Any Prescription Pain Reliever[5]/Any Narcotic Analgesic[6]	94,036 (5,617)	79,423 (4,800)	14,613 (1,894)	77,194 (6,493)	8,744 (1,161)
Vicodin®, Lortab®, Lorcet®, or Hydrocodone[7]	61,084 (4,412)	51,839 (3,807)	9,174 (1,313)	35,868 (3,520)	2,890 (378)
OxyContin®, Percocet®, Percodan®, Tylox®, or Oxycodone[8]	30,249 (2,884)	25,192 (2,622)	4,986 (811)	13,517 (1,543)	1,957 (284)
Darvocet®, Darvon®, or Propoxyphene[7]	5,074 (1,092)	4,765 (1,059)	310 (181)	7,944 (1,158)	600 (142)
Ultram®, Ultram® ER, Ultracet®, Ryzolt®, or Tramadol[7]	15,332 (2,037)	12,873 (1,777)	2,388 (631)	11,690 (1,563)	1,548 (198)
Tylenol® with Codeine 3 or 4, or Codeine Pills[7]	27,734 (2,653)	23,547 (2,426)	4,117 (728)	3,185 (476)	444 (86)
Avinza®, Kadian®, MS Contin®, Oramorph® SR, or Morphine	9,562 (1,472)	8,564 (1,409)	998 (347)	1,408 (272)	405 (120)
Actiq®, Duragesic®, Fentora®, or Fentanyl	2,203 (645)	2,033 (649)	169 (120)	1,848 (325)	1,026* (372)
Suboxone®, Subutex®, or Buprenorphine	2,354 (588)	1,391 (513)	963 (305)	1,535* (650)	88* (32)
Demerol®	1,660 (363)	1,540 (351)	120 (90)	310* (154)	343* (251)
Dilaudid®	2,113 (536)	1,486 (494)	627 (190)	858 (218)	106* (36)
Methadone	1,453 (413)	817 (304)	636 (262)	1,518 (341)	146 (38)
Opana® or Opana® ER	675 (211)	199 (121)	475 (173)	39* (25)	5* (4)
Talacen®, Talwin®, or Talwin® NX	142 (101)	81 (81)	60 (60)	117* (93)	0* (0)
Any Other Prescription Pain Reliever	21,019 (2,079)	20,433 (2,065)	527 (202)	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

N/A = not applicable (NSDUH) or not available (NAMCS/NHAMCS); NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Care Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.
[2] Persons with unknown data are excluded.
[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.
[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.
[5] NSDUH QFT measure.
[6] NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.
[7] For NAMCS/NHAMCS: generic or generic with acetaminophen.
[8] For NAMCS/NHAMCS: generic, generic with acetaminophen, or generic with aspirin.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; National Ambulatory Medical Care Survey (NAMCS), 2010; National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

Table 9.2 Comparison of Summary Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Number in Thousands (SE) Any Past Year Use[2]	NSDUH QFT,[1] Number in Thousands (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Number in Thousands (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Any Tranquilizer[5]	36,934 (3,494)	31,212 (3,147)	5,722 (917)	N/A	N/A
Any Sedative[5]	17,610 (1,993)	15,724 (1,782)	1,886 (535)	N/A	N/A
Any Tranquilizer or Any Sedative[6]/Any Anxiolytic, Sedative, Hypnotic, or Muscle Relaxant[7]	46,607 (3,857)	41,019 (3,470)	6,819 (1,021)	114,180 (8,913)	13,078 (1,745)
Any Benzodiazepine	27,943 (2,950)	22,883 (2,672)	5,060 (876)	54,334 (4,534)	6,906 (1,139)
Xanax®, Xanax® XR, Alprazolam, or Extended-Release Alprazolam[8]	15,157 (2,040)	11,489 (1,784)	3,668 (676)	18,498 (1,808)	1,711 (289)
Ativan® or Lorazepam[8]	6,513 (1,018)	5,277 (907)	1,237 (361)	13,022 (1,447)	1,716 (368)
Klonopin® or Clonazepam[8]	6,586 (1,138)	5,307 (1,019)	1,279 (445)	11,814 (1,578)	1,455 (241)
Valium® or Diazepam[8]	6,194 (1,221)	4,761 (1,077)	1,433 (403)	6,096 (841)	461 (100)
Librium®[8]	254 (161)	207 (154)	47 (47)	430* (212)	18* (12)
Tranxene®[8]	107 (76)	107 (76)	0* (0)	201* (99)	5* (5)
Oxazepam (also known as Serax®)[8]	203 (131)	203 (131)	0* (0)	164* (61)	17* (17)
Dalmane® or Flurazepam[9]	0* (0)	0* (0)	0* (0)	12* (12)	32* (26)
Halcion® or Triazolam[9]	852 (505)	852 (505)	0* (0)	97* (60)	9* (5)
Restoril® or Temazepam[9]	1,766 (636)	1,573 (615)	193 (160)	2,333 (368)	313* (97)
Flexeril® or Soma®	12,967 (1,816)	11,417 (1,681)	1,550 (393)	11,442 (1,373)	1,318 (188)
Buspirone (also known as BuSpar®)	1,044 (496)	984 (493)	60 (60)	2,330 (365)	312 (64)
Hydroxyzine (also known as Atarax® or Vistaril®)	1,486 (576)	1,417 (572)	69 (69)	3,649 (700)	676 (123)
Meprobamate (also known as Equanil® or Miltown®)	60 (60)	0* (0)	60 (60)	114* (61)	0* (0)

See notes at end of table. (continued)

Table 9.2 Comparison of Summary Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Number in Thousands (SE) Any Past Year Use[2]	NSDUH QFT,[1] Number in Thousands (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Number in Thousands (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Ambien®, Ambien® CR, Zolpidem, or Extended-Release Zolpidem	14,080 (1,949)	12,351 (1,690)	1,729 (528)	17,051 (1,757)	1,312 (192)
Lunesta®	2,555 (746)	2,263 (709)	292 (230)	2,365 (519)	119* (47)
Sonata® or Zaleplon	1,186 (597)	1,029 (577)	156 (156)	125* (53)	42* (20)
Butisol®, Seconal®, or Phenobarbital/ Barbiturates[10]	705 (401)	599 (394)	105 (77)	673 (177)	72 (16)
Any Other Prescription Tranquilizer	4,206 (863)	4,206 (863)	0* (0)	N/A	N/A
Any Other Prescription Sedative	2,898 (666)	2,845 (665)	47 (47)	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

N/A = not applicable (NSDUH) or not available (NAMCS/NHAMCS); NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Care Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.
[2] Persons with unknown data are excluded.
[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.
[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.
[5] NSDUH QFT measure.
[6] Created from NSDUH QFT summary measures for any tranquilizer and any sedative use or misuse.
[7] NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.
[8] Benzodiazepine that is included in the NSDUH tranquilizers module.
[9] Benzodiazepine that is included in the NSDUH sedatives module.
[10] NSDUH asks specifically about Butisol®, Seconal®, and phenobarbital. NAMCS and NHAMCS include a category for any barbiturates.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; National Ambulatory Medical Care Survey (NAMCS), 2010; National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

Table 9.3 Comparison of Summary Data for Stimulants from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and the 2010 National Hospital Ambulatory Medical Care Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Number in Thousands (SE) Any Past Year Use[2]	NSDUH QFT,[1] Number in Thousands (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Number in Thousands (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Any Prescription Stimulant[5]/Any Central Nervous System Stimulant[6]	14,512 (1,548)	9,332 (1,180)	5,180 (936)	17,054 (2,731)	1,437 (240)
Adderall®, Adderall® XR, Dexedrine®, Dextroamphetamine, or Amphetamine-Dextroamphetamine Combinations	7,908 (1,115)	4,039 (750)	3,828 (748)	4,860 (762)	351 (60)
Ritalin®, Ritalin® SR, Ritalin® LA, Concerta®, Daytrana®, Metadate® CD, Metadate® ER, Focalin®, Focalin® XR, Methylphenidate, or Dexmethylphenidate	3,676 (635)	2,242 (485)	1,434 (364)	3,637 (664)	521 (120)
Didrex® or Benzphetamine	123 (87)	123 (87)	0* (0)	3* (3)	6* (5)
Diethylpropion	60 (60)	0* (0)	60 (60)	0* (0)	0* (0)
Phendimetrazine	374 (374)	374 (374)	0* (0)	48* (48)	6* (6)
Phentermine	1,882 (562)	1,775 (527)	107 (76)	1,157* (515)	111* (36)
Provigil®	181 (145)	181 (145)	0* (0)	792 (209)	73* (24)
Tenuate®	0* (0)	0* (0)	0* (0)	389* (279)	19* (13)
Vyvanse®	1,794 (562)	1,164 (500)	589 (222)	1,142 (279)	130* (41)
Any Other Prescription Stimulant	2,569 (620)	2,391 (594)	177 (177)	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

N/A = not applicable (NSDUH) or not available (NAMCS/NHAMCS); NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Care Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.
[2] Persons with unknown data are excluded.
[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.
[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.
[5] NSDUH QFT measure.
[6] NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; National Ambulatory Medical Care Survey (NAMCS), 2010; National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

- The four most commonly reported groups of prescription pain relievers in outpatient clinic visits in 2010 in ***Table 9.1*** for the NAMCS were Vicodin®, Lortab®, Lorcet® or hydrocodone (35.9 million mentions); OxyContin®, Percocet®, Percodan®, Tylox®, or oxycodone (13.5 million mentions); Ultram®, Ultram® ER, Ultracet®, Ryzolt®, or tramadol (11.7 million mentions); and Darvocet®, Darvon, or propoxyphene (7.9 million mentions). The first three of these also were the three most commonly reported groups of pain relievers in the NHAMCS.
- The two most commonly used groups of prescription tranquilizers or sedatives in the past year for the QFT in ***Table 9.2*** were Xanax®, Xanax® XR, alprazolam, or extended-release alprazolam (15.2 million persons); and Ambien®, Ambien® CR, zolpidem, or extended-release zolpidem (14.1 million persons). These were the same two most commonly reported groups of prescription tranquilizers or sedatives in outpatient clinic visits in 2010 for the NAMCS (18.5 million and 17.1 million mentions, respectively). In the NHAMCS, however, there were more mentions of Ativan® or lorazepam and Klonopin® or clonazepam than for sedatives containing zolpidem. Differences in the characteristics and medical needs of patients in a general outpatient clinic setting and those in outpatient hospital clinics could explain these results.

One possible explanation for the difference in order of the mentions for the broader categories in the QFT and in the NAMCS and NHAMCS data is that the estimates for the outpatient datasets were specifically for narcotic analgesics such as those explicitly included in the QFT. In contrast, the estimate of past year use in the QFT was for prescription *pain relievers*, including past year use of "any other prescription pain reliever" besides the specific drugs included in the pain relievers screener. As shown in ***Tables 9.1*** and ***L-1***, an estimated 21.0 million persons aged 12 or older in the QFT (8.7 percent) were past year users of any other prescription pain reliever, which was greater than most of the estimates for pain relievers. However, other pain relievers could include drugs such as ibuprofen (e.g., Motrin®) that may be available in dosages that require a prescription but are not psychoactive. Only about 500,000 persons aged 12 or older (0.2 percent) reported past year misuse of other pain relievers. Relative to the estimated 21.0 million persons who were past year users of other pain relievers, this number who misused other pain relievers comprised about 3 percent of those who reported any use of other pain relievers. This estimate for past year misuse of other pain relievers also was lower than the most commonly reported pain relievers that were misused.

An additional issue to consider for these comparisons is that the prescription drug reports in the NAMCS and NHAMCS are roughly 2 years older than the estimates for the QFT. For example, one of the most commonly mentioned groups of pain relievers in these 2010 data was the group containing propoxyphene, which has since been removed from the market in the United States. Although the mentions of drugs in these datasets do not correspond directly to actual use or numbers of prescriptions, it could be worthwhile to see how these estimates look when the NAMCS and NHAMCS data become available for 2012.

These findings also may suggest analytic limitations in presenting estimates of any past year use in NSDUH reports following the 2015 partial redesign. Asking about past year use may aid respondents in the cognitive tasks of identifying which prescription drugs they used and then

identifying which ones of those they misused. Data on any past year use also provide a denominator for estimating the percentages of past year misusers among persons who have used prescription drugs in the past year. However, issues such as which prescription drugs respondents are thinking of when they report past year use of "any other" pain reliever suggest that it also will be important to consider any limitations in measurement of any past year use before these estimates are included as a regular component of national reports, along with estimates of misuse.

9.2.3 Monitoring the Future

MTF includes questions for 8th, 10th, and 12th graders about their misuse in the past 12 months of the pain relievers Vicodin® and OxyContin®, prescription tranquilizers, amphetamines, and the stimulants Adderall® and Ritalin®. Misuse of prescription drugs is defined as use "not under a doctor's orders." Where drug use measures have been similar between NSDUH and MTF, MTF estimates historically have been higher than corresponding NSDUH estimates. Despite differences in the sizes of estimates, both surveys show similar trends for substance use (CBHSQ, 2012e).

Published MTF data from the survey that was administered to 8th, 10th, and 12th graders in the spring of 2011 were available for comparison with QFT estimates (Johnston, O'Malley, Bachman, & Schulenberg, 2012a). Combined data for adolescents in these three grades are shown in ***Table L-4*** in ***Appendix L***, along with QFT estimates for adolescents aged 12 to 20 who reported that they were in the 8th, 10th, or 12th grades.

Published MTF estimates from 2011 also were available for young adults aged 19 to 24 (Johnston, O'Malley, Bachman, & Schulenberg, 2012b). These data and corresponding QFT estimates are shown in ***Table L-5***. In addition to the prescription drug estimates described previously for adolescents, MTF data in ***Table L-5*** for young adults include estimates for misuse of narcotics other than heroin (corresponding to the QFT measure for pain relievers), the stimulant Provigil®, and sedatives (barbiturates). Since 2002, questions in MTF about narcotics other than heroin have included Vicodin®, OxyContin®, and Percocet® as examples of these types of drugs (Johnston et al., 2012b).[40]

Standard errors are not included for these published MTF estimates. Consequently, testing was not conducted to identify statistically significant differences between the QFT and MTF estimates. Terms in this section such as "greater than," "less than," "more likely," or "less likely" are used to indicate the relative magnitude of the estimates but do not indicate statistical significance. Readers are advised not to infer that any differences in estimates described in this section are statistically significant.

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[40] Examples of narcotics other than heroin in the MTF questions prior to 2002 were Talwin®, laudanum, and paregoric, each of which had negligible rates of use by 2001 (Johnston et al., 2012b).

9.2.4 Prescription Drug Misuse in the QFT and Monitoring the Future

9.2.4.1 8th, 10th, and 12th Graders

Highlights of QFT and MTF estimates for 8th, 10th, and 12th graders include the following:

- The QFT estimates for past year misuse of Vicodin® and OxyContin® among 8th, 10th, and 12th graders (1.5 and 0.8 percent, respectively) were lower than corresponding MTF estimates for the specific drugs (5.1 and 3.4 percent). However, the QFT estimates for past year misuse of Vicodin®, Lortab®, Lorcet®, or hydrocodone (3.0 percent) and for OxyContin®, Percocet®, Percodan®, Tylox®, or oxycodone (1.4 percent) were closer to the MTF estimates for the single prescription drugs.
- QFT and MTF estimates for past year misuse of tranquilizers were similar for adolescents in these three grades (2.8 and 3.9 percent), given the size of the standard error for the QFT estimate (1.12 percent).
- The QFT estimate for past year misuse of prescription stimulants (0.7 percent) was considerably lower than the MTF estimate for amphetamines (5.9 percent). However, there were no QFT respondents in the 8th, 10th, or 12th grades who reported past year misuse of Ritalin®. In comparison, the MTF estimate for past year misuse of Ritalin® was 2.1 percent.

9.2.4.2 Young Adults

Highlights of QFT and MTF estimates for young adults include the following:

- The QFT estimates for past year misuse of prescription pain relievers among young adults were in the direction of being greater than the MTF estimates for misuse of narcotics other than heroin. For example, the QFT estimate of past year misuse of pain relievers among young adults aged 19 to 20 was 15.9 percent, and the MTF estimate for narcotics other than heroin was 7.7 percent.
- Estimates for past year misuse of OxyContin® among young adults were similar for the QFT and MTF. Among young adults aged 19 to 20, for example, the QFT estimate was 3.6 percent, and the MTF estimate was 3.3 percent.
- The QFT estimate of past year misuse of Vicodin® among young adults aged 21 to 22 (2.9 percent) was lower than corresponding MTF estimate (7.1 percent). As for adolescents, however, the QFT estimate among adults aged 21 to 22 for any misuse of Vicodin®, Lortab®, Lorcet®, or hydrocodone (7.4 percent) was similar to the MTF estimate.
- Based on the sizes of the standard errors for the QFT estimates, the QFT and MTF estimates for young adults were similar for past year misuse of tranquilizers and prescription stimulants/amphetamines. Among adults aged 23 to 24, estimates of past year misuse of sedatives/barbiturates also were similar between the QFT (3.7 percent) and MTF (3.5 percent).

- Estimates of past year misuse of Adderall® were similar for the QFT and MTF, based on the sizes of the standard errors for the QFT. For adults aged 21 to 22, the QFT estimate was 7.6 percent, and the MTF estimate was 9.4 percent.

On the one hand, findings of higher estimates of prescription drug misuse among 8th, 10th, and 12th graders in MTF than in the QFT are consistent with patterns for NSDUH and MTF that have been observed for other drugs (CBHSQ, 2012a, 2012e). However, these estimates of misuse tended to converge when QFT data included misuse of any drugs with the same active ingredient as these two specific drugs. This result could indicate that reports of misuse of "Vicodin" and "OxyContin" in the MTF refer to misuse of any drugs that MTF respondents recognize by these brand names, such as pain relievers other than Vicodin® that contain hydrocodone.

The generally higher QFT estimates among young adults for past year misuse of any pain relievers compared with MTF estimates for narcotics other than heroin is consistent with the different structure and content of these questionnaires. Specifically, QFT respondents can report use and then subsequent misuse in the past year of up to 40 possible pain relievers. In contrast, MTF respondents are provided with only three examples of narcotics other than heroin: Vicodin®, OxyContin®, and Percocet®. Furthermore, as shown in ***Table L-1*** in ***Appendix L***, QFT estimates of past year misuse among persons aged 12 or older for generic hydrocodone, generic oxycodone, Tylenol® with codeine 3 or 4, and any pain relievers containing tramadol were similar to or greater than the estimates for some of these pain relievers that are provided to MTF respondents as examples of narcotics other than heroin.

Limitations of these comparisons include the small QFT sample size, especially when the sample sizes are reduced further to limit the estimates to 8th, 10th, and 12th graders or to young adults in 2-year age groupings, and the unavailability of exact information on the precision of estimates in MTF based on combined data for 8th, 10th, and 12th graders or for young adults. However, the combined MTF sample in 2011 consisted of nearly 47,000 students from these three grades. In addition, 95 percent confidence intervals for past year prevalence estimates among adolescents in the individual grades provide some indication of the potential precision of estimates when data from all three grades are combined (Johnston et al., 2012a). For the follow-up surveys of young adults, a cohort of approximately 2,400 persons who participated in the survey as 12th graders is followed longitudinally at 2-year intervals (Johnston et al., 2012b).[41]

Because of the smaller QFT sample sizes when the data were further subdivided for comparison with the MTF estimates, the estimate of Adderall® misuse in the QFT for 8th, 10th, and 12th graders was unreliable. No QFT respondents were estimated to be past year misusers of Ritalin® for 8th, 10th, and 12th graders or for young adults aged 19 or 20. Similarly, no young adults aged 19 to 24 in the QFT reported past year misuse of Provigil®. Combining data from the QFT and DR would be expected to improve the precision of these estimates.

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[41] More detailed information about the design for the longitudinal follow-up is provided in the 2011 MTF report for college students and adults aged 19 to 50 (Johnston et al., 2012b). A *weighted* sample size of approximately 5,500 adults aged 19 to 30 was reported for the 2011 data collection. The unweighted number of respondents was not specified but will be larger because the stratum of drug users from high school is oversampled for follow-up and therefore contributes less to the weighted number.

9.3 Estimates for Selected Health and Demographic Items

The National Health Interview Survey (NHIS) was chosen as a benchmark survey for evaluating two new NSDUH survey measures—persons living in households with no telephone or only cellular telephone service and the number of visits to health care professionals in the past year. In addition, NHIS estimates on family income and highest level of education for adults were compared with estimates from NSDUH. Although the question text for education (item QD11) remained the same, the response categories were changed to reflect the concept of educational attainment rather than years of education. For example, response categories with types of degrees have replaced years of college and there are separate categories for a high school diploma versus "12TH GRADE, NO DIPLOMA." Although the NSDUH questions on family income will remain mostly unchanged in the redesigned questionnaire, the questions will be administered in audio computer-assisted self-interviewing (ACASI) rather than through computer-assisted personal interviewing (CAPI), and the change in mode could produce differences in estimates.

The purpose of the NHIS is to monitor the health of the U.S. population through data collection and analysis on a broad range of health topics. The NHIS covers the civilian, noninstitutionalized population residing in the United States at the time of the interview. Excluded populations include patients in long-term care facilities; persons on active duty with the armed forces (though their dependents are included); persons incarcerated in the prison system; and U.S. nationals living in foreign countries. As such, the population covered by the NHIS is similar to the NSDUH population. For these comparisons, only data from NHIS interviews that were conducted in English have been included. However, NHIS public use files do not contain geographic identifiers that would allow for excluding data from Alaska and Hawaii. In addition, the most recent NHIS data files were only from 2011. NHIS estimates in ***Table L-6*** in ***Appendix L*** were calculated using SUDAAN (RTI International, 2008) and by following the procedures described in the NHIS documentation of variance estimation procedures (NCHS, 2012c).

Comparisons of estimates between the QFT and the 2011 NHIS for selected health and demographic items are shown in ***Table L-6*** in ***Appendix L***. Except for education, all of the estimates shown in this table are for persons aged 12 or older.

- The QFT estimate of 1.4 percent for persons living in a household without any telephone service is very similar to the 2011 NHIS estimate of 1.2 percent. Trend data from the NHIS has shown that the percentage of persons living in a household with only wireless service has been steadily increasing since 2003 (Blumberg & Luke, 2013). The QFT estimate for the proportion of adults living in a household either without phone service or only with cellular telephone service was 35.9 percent, which was slightly higher than the NHIS estimate of 31.5 percent. The NHIS estimate increased from 32.0 to 38.4 percent between the first 6 months of 2011 and the last 6 months of 2012. For children over the same time period, the percentage increased from 38.1 to 46.9 percent. Given that trajectory, some of the difference between the QFT estimate and the NHIS estimate could have resulted from this trend. Consistent with this explanation, the QFT estimate for having at least one telephone at the address that was not a cellular telephone was 64.1 percent, which was lower than the

NHIS estimate of 68.1 percent. Likewise, for anyone at the address having a working cellular telephone, the QFT estimate of 92.3 percent was slightly higher than the NHIS estimate of 90.4 percent.

- Compared with the NHIS, the QFT sample had lower proportions of persons 12 or older who had no visits to a health care professional in the past 12 months (15.5 percent in the QFT vs. 17.2 percent in the NHIS) and also lower percentages of persons with 10 or more visits (10.6 vs. 13.1 percent). Differences between the QFT and NHIS questions on visits to doctors or other health care professionals may contribute to differences in the estimates. The NHIS question asks respondents to exclude certain types of visits that may be reported in other questions, such as hospital visits, emergency room visits, and dental visits, while the QFT item does not. This difference would presumably lead to higher estimates of visits for the QFT than the NHIS. Also, the QFT question refers to more types of health care professionals ("a doctor, nurse, physician assistant or nurse practitioner") than the NHIS question ("doctor or other health care professional").
- The QFT data estimate of 9.7 percent of persons who stayed overnight in a hospital in the past year was higher than the NHIS estimate of 8.3 percent. This was consistent with results from a comparison of reports on overnight hospital visits for persons 18 or older between the 2006 NSDUH and the 2006 NHIS reported in a NSDUH data review (Pemberton, Bose, Kilmer, Kroutil, Forman-Hoffman, & Gfroerer, 2013). The NSDUH estimate was 11.1 percent, while the NHIS estimate was 8.8 percent.
- The QFT estimate of 26.5 percent for persons aged 12 or older who made an emergency room visit in the past year was higher than the estimate from the 2011 NHIS (20.3 percent). The NSDUH data review reported a similarly large difference for persons aged 18 or older (28.8 vs. 20.4 percent) and for persons aged 12 to 17 (31.9 vs. 17.8 percent) (Pemberton et al., 2013). The NSDUH data review also noted that the NHIS question mentions "hospitals," while the NSDUH question does not specifically mention "hospitals"; it may be that NSDUH respondents are including emergency visits to trauma or urgent care centers that are not associated with hospital emergency rooms.
- A new series of questions added to the QFT questionnaire asked respondents whether a doctor or other health care professional had ever told them whether they had one or more of nine health conditions, as shown in ***Table L-6*** in ***Appendix L***. The QFT and 2011 NHIS estimates were generally similar for most of these health conditions, but significant differences were observed for a few conditions with QFT estimates being lower than NHIS estimates. Estimates from the QFT and 2011 NHIS were very similar for any kind of heart condition or heart disease, diabetes or sugar diabetes, and kidney disease.[42] For hepatitis and asthma, the QFT estimates appeared to be slightly lower than the 2011 NHIS estimates. QFT estimates were significantly lower than the comparable 2011 NHIS estimates for the following conditions: chronic bronchitis,

[42] The NHIS does not contain a question on ever having been told by a doctor or health professional about kidney disease. The estimate for the QFT response category of "Kidney disease, not including bladder infection or incontinence" was compared with the estimate from the NHIS item that asked about "Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence (past 12 months)."

emphysema, or chronic obstructive pulmonary disease (COPD)[43]; cirrhosis of the liver; cancer or a malignancy of any kind; and hypertension or high blood pressure. In relative terms, hypertension or high blood pressure had the greatest difference between the QFT estimate (17.8 percent) and the 2011 NHIS estimate (30.3 percent) among all conditions. One key difference between the QFT and NHIS instruments could have contributed to these observed differences in estimates for health conditions. In the QFT instrument, the health conditions were treated as response categories in a "code all that apply" format, whereas in the NHIS instrument the parallel categories were administered as separate, individual items.

- Another new series of questions added to the QFT instrument asked respondents whether they had any of six types of disabilities or physical limitations. The QFT and 2011 NHIS estimates were similar for three types of disabilities or physical limitations, but slightly different for the other three types. Estimates from the QFT and 2011 NHIS were very similar for being deaf or having serious hearing difficulty, being blind or having serious difficulty seeing, and having serious difficulty concentrating, remembering, or making decisions. QFT estimates appeared to be significantly lower than the comparable 2011 NHIS estimates for the following disabilities or physical limitations: having serious difficulty walking or climbing stairs, having difficulty dressing or bathing, and having difficulty doing errands alone, such as visiting a doctor's office or shopping. In relative terms, having serious difficulty walking or climbing stairs had the greatest difference between the QFT estimate (6.4 percent) and the 2011 NHIS estimate (9.0 percent) among all conditions.
- Relative to the NHIS sample, family incomes in the QFT sample were generally lower. In the QFT data, 31.0 percent of persons aged 12 or older had a family income of greater than or equal to $75,000 compared with 35.6 percent in the NHIS sample. With respect to education, the QFT distribution for adults aged 18 or older was similar to the distribution from the 2011 NHIS. The observed differences in income levels for the QFT sample could have been a factor in explaining differences between the QFT versus other data sources, such as the 2011 and 2012 quarters 3 and 4 comparisons samples, for items that were the most highly correlated with income. ***Section 9.4.3*** provides a more detailed discussion of benchmarking QFT estimates for income levels to other surveys, and ***Section 9.4.5*** provides a more detailed discussion of benchmarking QFT estimates for education levels to other surveys.

The QFT questionnaire included questions on height and weight, which was the first time these questions have been fielded in a NSDUH data collection since the mid-1990s. QFT estimates for height and weight were compared with three sources:

- 2011 NHIS estimates,
- 2009-2010 National Health and Nutrition Examination Survey (NHANES) self-reported estimates, and

[43] The estimate based on the QFT response category "Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD" was compared with an NHIS estimate based on lifetime reports of emphysema and past 12 month reports of chronic bronchitis.

- 2009-2010 NHANES directly measured estimates.

In addition, because coding of NHIS height and weight data includes specific lower and upper bounds, the QFT estimates for height and weight were calculated both unbounded and bounded following NHIS criteria. The second calculation provided a more equivalent comparison between the QFT and 2011 NHIS data. The summary statistics for height presented in ***Table L-7*** and the summary statistics for weight presented in ***Table L-8*** in ***Appendix L*** provided some sense of how the QFT statistics for these new questionnaire items compared with other national surveys.

- Both the unbounded QFT mean height estimate (66.8 inches) and the NHIS-bounded QFT mean height estimate (66.4 inches) were very similar to the NHIS mean height estimate (66.8 inches) and the NHANES directly measured mean height estimate (66.5 inches). The NHANES self-reported mean height estimate (67.1 inches) appeared to be slightly higher than the other four estimates, but not appreciably so. Additional summary statistics revealed some anomalies in height reports that were allowed in the QFT questionnaire. For example, implausible minimum and maximum unbounded height values were accidentally provided by some QFT respondents, and the computer-assisted interviewing program allowed these values to be entered.
- Both the unbounded QFT mean weight estimate (179.0 pounds) and the NHIS-bounded QFT mean weight estimate (178.1 pounds) were very similar to the NHANES directly measured mean weight estimate (179.2 pounds) and the NHANES self-reported mean weight estimate (177.8 pounds). The NHIS mean weight estimate (171 pounds) was somewhat lower than the other four estimates. Anomalous reporting of weight data in the QFT appeared to be less common than for the height reports, and minimum and maximum weight reports were fairly similar to the NHIS and NHANES data. One possible explanation for this is that height appeared first in the questionnaire, so QFT respondent could have learned from the height screens how to more accurately enter their data on the weight screens.

Overall, the QFT height and weight estimates aligned closely to estimates from the 2011 NHIS and 2009-2010 NHANES, both self-reported and directly measured. Some observed anomalies among QFT respondents in reporting height figures suggests range checks could be applied to these questions and editing rules developed for these items to avoid having implausible values in the NSDUH data. For the DR, the ranges for height data in feet and inches will be edited for accuracy for the height question, and the upper limit for the weight question will be increased.

9.4 Estimates for Additional Demographic and Household Items

Based on results showing significant differences between QFT estimates and 2011 and 2012 quarters 3 and 4 estimates, benchmarking further demographic and household items to other national surveys was undertaken. This benchmarking was intended to determine whether the QFT estimates also differed from other national survey estimates with the same target population and comparable survey items. The following QFT items were benchmarked to other national surveys:

- received income and participation in government assistance programs,

- health insurance coverage,
- income,
- employment status and unemployment rates, and
- education.

Given that all of these items were moved from CAPI to ACASI administration in the QFT and two sets of these items—health insurance and income—allow for proxy reports, this section highlights the implications of the benchmarking results for the DR and 2015 partial redesign.

9.4.1 Received Income and Participation in Government Assistance Programs

In ***Tables L-9*** through ***L-12*** in ***Appendix L***, QFT estimates for five types of received income or participation in government assistance programs for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, the 2011 American Community Survey (ACS), and the 2011 NHIS. The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. Estimates for all data sources are provided in both percentages and thousands of persons, with standard errors in parentheses. Several notable comparisons can be observed from these tables:

- For all persons aged 12 or older (***Table L-9***), estimates for receipt of social security were very similar across all five survey data sources at about 27 percent. Estimates for social security were also similar across these data sources for the three separate age groups (***Tables L-10*** through ***L-12***).
- The QFT estimate for receipt of wages for all persons aged 12 and older (68.6 percent) was significantly lower than the estimates from the four other data sources, which were all close to 80 percent. This pattern held for receipt of wages across all three separate age groups.
- For supplemental security income (SSI), the QFT estimate for all persons aged 12 or older (9.4 percent) was generally higher than the estimates from most of the other data sources. Estimates for SSI from the other surveys ranged from 5.0 percent in the 2011 NHIS to 7.6 percent in the 2012 quarters 3 and 4 comparison sample. This pattern for receipt of SSI was very similar across the three separate age groups.
- The QFT estimate for participation in food stamp[44] programs for all persons aged 12 or older (17.6 percent) was also generally higher than the estimates from the four other data sources. Estimates for food stamp receipt from the other surveys ranged from 13.0 percent in the 2011 NHIS to 15.6 percent in the 2012 quarters 3 and 4 comparison sample. This pattern for receipt of food stamps was very similar across the three separate age groups.
- For receipt of welfare payments, such as those from Temporary Assistance for Needy Families (TANF), the QFT estimate for all persons aged 12 or older (3.6 percent) was

[44] Food stamp programs are now more commonly known as the Supplemental Nutrition Assistance Program (SNAP).

higher than the estimates from the 2011 comparison sample (2.5 percent) and the 2012 quarters 3 and 4 comparison sample (2.3 percent), but it was similar to the 2011 ACS estimate (3.3 percent) and the 2011 NHIS estimate (3.2 percent). The pattern for receipt of welfare payments generally held across the three separate age groups, with the QFT estimates being somewhat higher than the 2011 and 2012 quarters 3 and 4 comparison estimates, but similar to the 2011 ACS and 2011 NHIS estimates.

Benchmarking QFT estimates for five types of received income or participation in government assistance programs to both recent NSDUH data and other national survey data revealed mixed results. Estimates for receipt of social security payments were quite similar across all five surveys. The QFT estimate for receipt of wages was substantially lower than the estimates from the other four survey sources. For receipt of welfare payments, QFT estimates were generally similar to the 2011 ACS and 2011 NHIS estimates, but higher than the 2011 and 2012 quarters 3 and 4 comparison estimates.

Estimates of participation in two programs—SSI and food stamps—appeared to be clearly greater for the QFT sample than in the other four surveys. This finding suggests that QFT respondents were either somewhat lower overall in socioeconomic status or that QFT respondents were more likely to report participation in these programs in ACASI mode than other survey respondents were in an interviewer-administered mode. Similar to the discussion in ***Section 9.3*** on lower income and education levels among the QFT sample, these findings suggest that QFT respondents had a somewhat lower socioeconomic status than the 2011 and 2012 quarters 3 and 4 comparisons samples. This difference could have accounted for some of the observed differences between the QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates for those items that were the most highly correlated with socioeconomic status.

9.4.2 Health Insurance Coverage

In ***Tables L-13*** through ***L-16*** in ***Appendix L***, QFT estimates for four types of health insurance coverage for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, the 2011 ACS, and the 2011 NHIS. The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 12 or older (***Table L-13***), estimates for the first three types of health insurance coverage—Medicare, Medicaid, and TRICARE, CHAMPUS, or other military health care sources—were generally similar across all five survey data sources. This pattern generally held for these three types of health insurance coverage across the three separate age groups (***Tables L-14*** through ***L-16***).
- Two exceptions to the general pattern noted above were observed. First, the QFT estimate for Medicaid coverage for all persons aged 12 or older (13.4 percent) was slightly higher than the parallel estimates from the 2011 comparison sample (11.6 percent), the 2012 quarters 3 and 4 comparison sample (11.5 percent), and the 2011 NHIS (10.6 percent), but it was similar to the 2011 ACS estimate (12.9 percent). This difference appeared to be driven mostly by the estimate for persons aged 12 to

17 (***Table L-14***), where the QFT estimate was at least 5 percent higher than the estimates from the other four data sources.

- In addition, the 2011 NHIS estimate for health insurance coverage via TRICARE, CHAMPUS, or other military health care sources for all persons aged 12 or older (3.5 percent) was lower than the estimates from the other four data sources, which were all close to 5 percent. This difference appeared to be driven mostly by the estimate for persons aged 12 to 17 (***Table L-14***), where the 2011 NHIS estimate of 3.9 percent was higher than the estimates from the other four data sources, which ranged from 5.2 to 5.6 percent.
- For all persons aged 12 or older, the QFT estimate (62.1 percent) for private health insurance was lower than the estimates from the other four data sources, which ranged from 67.1 to 68.7 percent. Although this pattern generally held for private health insurance across the three separate age groups, differences in estimates between the QFT and the other four surveys were somewhat more pronounced for persons aged 12 to 17 (***Table L-14***) and persons aged 18 to 25 (***Table L-15***).

Benchmarking QFT estimates for four types of health insurance coverage to both recent NSDUH data and other national survey data revealed mixed results. Across all age groups, the largest and most consistent differences between QFT estimates and estimates from the other four data sources were observed for private health insurance. Differences between QFT estimates and estimates from the other four data sources for the other three types of health insurance coverage were generally smaller and less consistent across age groups.

9.4.3 Family Income

In ***Tables L-17*** through ***L-20***, QFT estimates for three income categories for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. Two notable comparisons can be observed from these tables:

- For all persons aged 12 or older (***Table L-17***), the QFT estimate for family income of $49,999 (52.1 percent) or less was only slightly higher than the 2011 and 2012 quarters 3 and 4 comparison estimate, but it was significantly higher than the 2011 NHIS estimate (46.5 percent). Correspondingly, the QFT estimates for a family income of $50,000 to $74,999 and a family income of $75,000 or greater were lower than estimates for the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. QFT estimates for these two income categories were somewhat closer to the 2011 and 2012 quarters 3 and 4 comparison estimates than to the 2011 NHIS estimates.
- This pattern generally held for the three separate age groups (***Tables L-14*** through ***L-16***), although the differences between the QFT estimates and the other three sources were most pronounced for persons aged 12 to 17 (***Table L-18***). This finding suggests that proxy and self-reports of income from QFT respondents aged 12 to 17 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.

Overall, the QFT estimates resulted in higher proportions of persons at lower income levels and lower proportions at higher income levels, compared to three other sources of survey data. This difference could have accounted for some of the observed differences between QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates for those items that were the most highly correlated with income level.

9.4.4 Employment Status and Unemployment Rates

In ***Tables L-21*** through ***L-23***, QFT estimates for four employment categories for all persons aged 18 or older and two separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2012 quarters 3 and 4 Current Population Survey (CPS). The two separate age groups are persons aged 18 to 25 and those aged 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 18 or older (***Table L-21***), the QFT estimate of persons employed full time (52.0 percent) was slightly higher than the 2011 comparison estimate (49.7 percent) and the 2012 quarters 3 and 4 CPS estimate (49.2 percent), but it was similar to the 2012 quarters 3 and 4 comparison estimate (51.3 percent). A similar pattern was observed for adults aged 26 or older (***Table L-23***), but the differences between the QFT and three other survey estimates of full-time employment were more pronounced for adults aged 18 to 25 (***Table L-22***). This finding suggest that reports of full-time employment from QFT respondents aged 18 to 25 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.
- For all persons aged 18 or older, the QFT estimate of persons employed part time (14.2 percent) was slightly higher than the 2012 quarters 3 and 4 CPS estimate (11.2 percent), but it was similar to the 2011 comparison estimate (14.1 percent) and the 2012 quarters 3 and 4 comparison estimate (13.9 percent). A similar pattern was observed for both adults aged 18 to 25 and for adults aged 26 or older.
- The QFT estimate for being unemployed for all persons aged 18 or older (5.5 percent) was slightly higher than the 2012 quarters 3 and 4 CPS estimate (4.9 percent), but it was similar to the 2011 comparison estimate (5.8 percent) and the 2012 quarters 3 and 4 comparison estimate (5.5 percent). A similar pattern was observed for both adults aged 18 to 25 and for adults aged 26 or older, although the difference between the QFT and the 2012 quarters 3 and 4 CPS estimate for being unemployed among adults aged 18 to 25 was larger than the difference among adults aged 26 or older.
- For all persons aged 18 or older, the QFT estimate of persons with an employment status of other (28.3 percent), such as being retired or otherwise not in the labor force, was lower than the 2012 quarters 3 and 4 CPS estimate (34.7 percent), but it was similar to the 2011 comparison estimate (30.4 percent) and the 2012 quarters 3 and 4 comparison estimate (29.3 percent). A similar pattern was observed for adults aged 26 or older, but the differences between the QFT and three other survey estimates for persons with an employment status of other were more pronounced for adults aged 18 to 25. This finding suggest that reports of an employment status of other from QFT

respondents aged 18 to 25 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.

In addition, ***Table L-24*** provides calculated unemployment rate estimates among persons aged 18 or older for three age groups for the QFT, the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2012 quarters 3 and 4 CPS. QFT unemployment rate estimates were similar to the 2012 quarters 3 and 4 comparison sample and the 2012 quarters 3 and 4 CPS for all persons aged 18 or older and for persons aged 18 to 25. Unemployment rate estimates for the 2011 comparison sample were higher than the other three surveys for all persons aged 18 or older and for persons aged 18 to 25. These differences in estimates from the lone 2011 source and the three 2012 sources could simply reflect a trend of declining unemployment rates for adults aged 18 to 25. For adults aged 26 or older, unemployment rate estimates were similar across all four surveys.

Overall, comparisons between the QFT and three other sources of survey data on employment status and unemployment rates showed significant differences mostly for adults aged 18 to 25. Observed differences for all adults and adults aged 26 or older were relatively small. These results could be attributable to either differences in reporting employment status among respondents aged 18 to 25 in the QFT sample or the impact of actual trends in employment for adults aged 18 to 25 from 2011 to 2012.

9.4.5 Education

In ***Tables L-25*** through ***L-27***, QFT estimates for four education categories for all persons aged 18 or older and two separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. The two separate age groups are persons aged 18 to 25 and those aged 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 18 or older (***Table L-25***), estimates for less than a high school education and having a college degree were similar across the four surveys.
- QFT estimates differed from the three other survey data sources for the two education categories—high school graduate and some college. The QFT estimate for persons aged 18 or older being high school graduates (26.6 percent) was lower than the estimates for the 2011 comparison sample (30.3 percent) and the 2012 quarters 3 and 4 comparison sample (30.1 percent), but it was similar to the 2011 NHIS estimate (27.8 percent). Similarly, the QFT estimate for persons aged 18 or older having some college (32.1 percent) was higher than the estimates for the 2011 comparison sample (27.4 percent) and the 2012 quarters 3 and 4 comparison sample (27.7 percent), but it was similar to the 2011 NHIS estimate (31.3 percent).
- Differences in estimates between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples for the high school graduate and some college categories were more pronounced among adults aged 26 or older (***Table L-27***). Among adults aged 18 to 25, QFT estimates for the high school graduate and some college categories were actually very similar to the 2011 and 2012 quarters 3 and 4 comparison estimates.

- In contrast, differences in estimates between the QFT sample and the 2011 NHIS for the high school graduate and some college categories were more pronounced among adults aged 18 to 25 (***Table L-26***). Among adults aged 26 or older, QFT estimates for the high school graduate and some college categories were similar the 2011 NHIS estimates.

Overall, comparisons between the QFT and three other data sources of survey data on education level differed for two categories—high school graduate and some college. Although for all adults aged 18 or older the QFT estimates were more similar to the 2011 NHIS estimates than to the 2011 and 2012 quarters 3 and 4 comparison samples, differences among the four data sources for the high school graduate and some college categories varied across the two age groups of adults aged 18 to 25 and adults aged 26 or older. These mixed results suggest that differences in the education level of QFT respondents versus the 2011 and 2012 quarters 3 and 4 comparison samples likely had a minimal impact, if any, on observed differences between estimates for items correlated with education.

Based partly on the results for the demographic and household items discussed in ***Section 9.4***, the following changes to these questions will be made for the DR:

- reordering the list of potential sources of household income in the introductory item INTRTINN;
- editing the wording of item QI03N on the receipt of SSI for accuracy;
- deleting item QI05N on income from wages or pay, and adding this to the list of potential sources of household income in the introductory item INTRTINN;
- editing the wording of item QI07N on the receipt of food stamps for accuracy;
- removing the "Help" instructions in item QHI06 on private health insurance, and moving key terms into the question itself;
- editing the "Help" instructions for several employment questions;
- deleting the question about size of workplace; and
- further revising of the consistency check questions to be consistent with the categories in item QD11 on educational attainment.

In addition, see ***Appendix R*** for more details on data quality issues for the demographic and household items discussed in this section that were moved from CAPI to ACASI administration for the QFT.

10. Summary and Implications

As noted in ***Chapter 1***, the primary goal of the 2012 Questionnaire Field Test **(**QFT**)** was to measure, using multiple indicators**,** the total effect on National Survey on Drug Use and Health **(**NSDUH**)** estimates from the full set of changes to the protocol planned for the 2015 partial redesign**.** This chapter summarizes key findings from the various indicators examined in ***Chapters 4*** through ***9*** to inform the likely impact on the protocol planned for both the 2013 Dress Rehearsal (DR) and 2015 partial redesign. Two kinds of implications of the QFT results are discussed for the DR and the partial redesign:

- areas where the QFT findings suggest changes to the field test protocol should be considered for the DR data collection, or
- areas where the QFT findings suggest further scrutiny is warranted in the DR analysis to determine the full implications of these findings for the partial redesign.

Where appropriate, decisions made on changes to the field test protocol for the DR are noted.

Section 10.1 highlights key outcomes of the QFT data collection related to data quality (***Chapter 4***), including screening and interview response rates, variable imputation rates and item missingness rates, interview timing results, and other data quality indicators. Conclusions from specific assessments of the redesigned protocol in ***Chapter 5***—including field observations, responses to field interviewer (FI) debriefing questions, new equipment surveys, and focus groups with FIs—are summarized in ***Section 10.2***. ***Section 10.3*** discusses key findings from comparing QFT estimates with main study estimates for substance use items other than methamphetamine and prescription drugs (***Chapter 6***); ***Section 10.4*** focuses on key findings from comparing QFT estimates only for methamphetamine and prescription drug with main study estimates for these two set of items (***Chapter 7***); and ***Section 10.5*** presents key findings from comparing QFT estimates for noncore survey items with the parallel main study estimates (***Chapter 8***). Key findings from comparisons of selected QFT estimates with other survey estimates, as presented in ***Chapter 9***, are summarized in ***Section 10.6***. Finally, ***Section 10.7*** provides a summary list of QFT questionnaire items identified as needing careful reexamination in the DR analysis because the item missingness rate was significantly higher than the rates for the comparison data, the estimate produced from the item differed significantly from comparison estimates, or both types of outcomes occurred.

10.1 Data Collection Outcomes and Data Quality Assessment

As detailed in ***Chapter 4***, data quality for the QFT was examined through the following four types of indicators, which were compared with the 2011 and 2012 quarters 3 and 4 comparison samples where appropriate:

- ***Screening and interview response rates***. The overall response rates were lower for the QFT than for the 2011 and 2012 quarters 3 and 4 comparison samples, primarily due to lower interview response rates and a shorter data collection period. The lack of ability to complete screenings and interviews in Spanish and reduced flexibility in

assigning cases among available interviewers appeared to limit QFT response rates. QFT interviews were also less likely to be completed on the first interview visit to a dwelling unit. Nonetheless, the distribution of visits made for completing QFT screenings and interviews was similar overall to the 2011 and 2012 quarters 3 and 4 comparison samples. The available evidence indicates that the lower QFT response rate had a minimal impact on most estimates in comparison with the 2011 and 2012 quarters 3 and 4 comparison samples.

- ***Variable imputation rates and item missingness rates***. Comparing imputation rates for QFT data with the 2011 and 2012 quarters 3 and 4 comparison data generally indicated similarly low rates of imputation for most items. For some variables, including several substance use estimates and health insurance items, QFT imputation rates were significantly higher than the 2011 and 2012 quarters 3 and 4 comparison data because of higher item missingness rates. Missingness rates for QFT items (including those that were new, revised, or moved in the QFT questionnaire) were generally low and followed similar patterns as the 2011 and 2012 quarters 3 and 4 comparison data. For example, certain health insurance and income items that had relatively high missingness rates in the QFT data had similarly high missingness rates in the 2011 and 2012 quarters 3 and 4 comparison data. Despite this general pattern, a number of notable differences in missingness rates were observed between the QFT data and the 2011 and 2012 quarters 3 and 4 comparison data. Although QFT missingness rates were actually lower for two sets of items—workplace alcohol and drug use policies and health insurance coverage for treatment of alcohol abuse, substance abuse, or mental health—the most notable differences in QFT rates were those that were significantly higher than the 2011 and 2012 quarters 3 and 4 comparison data. Several sets of items that were moved to audio computer-assisted self-interviewing (ACASI) administration in the QFT questionnaire produced significantly higher missingness rates than the 2011 and 2012 quarters 3 and 4 comparison data administered via computer-assisted personal interviewing (CAPI), including the following:
  - marital status, moves home in the past year, and State of residence 1 year ago;
  - full-time or part-time student status, missing school due to illness or injury, and skipping school days;
  - work at a job or business at any time in the past week;
  - recent employment history, missing workdays, and size of employing organization;
  - private health insurance coverage;
  - receipt of various sources of income and participation in government assistance programs; and
  - two of the items on family income.

An investigation of the data quality for items moved to ACASI administration with relatively high missingness rates is first discussed in ***Section 4.4.1*** in ***Chapter 4*** and is elaborated on in ***Section 9.4*** in ***Chapter 9***. In addition, a detailed analysis of the impact of the higher item

missingness rates observed for several items that were moved from CAPI to ACASI administration in the QFT instrument is included in ***Appendix R*** of this report.

- ***Interview timing results***. The overall mean interview time for the QFT interviews was actually lower than the mean times for the 2011 and 2012 quarters 3 and 4 comparison interviews. Despite these lower mean interview times for the full QFT interviews, additions and revisions to the hallucinogens, inhalants, and prescription drug sections in the partially redesigned QFT questionnaire contributed to higher administration times for the core substance use modules compared with the 2011 and 2012 quarters 3 and 4 comparison interviews. As expected, the redesigned prescription drug modules led to greater QFT administration times for these modules, but this difference was primarily attributable to the pain relievers module. Lower mean times for several back-end demographic sections (including employment, income, and administrative residual times) for the QFT interviews contributed significantly to the lower overall interview times compared with the 2011 and 2012 quarters 3 and 4 comparison interviews.

Similar to the 2011 and 2012 quarters 3 and 4 comparison interviews, higher interview administration times were observed in the QFT for respondents aged 12 to 17, 50 to 64, and 65 or older. In addition, more extreme overall interview times of less than 30 minutes or more than 240 minutes were observed in the QFT data than in the 2011 and 2012 quarters 3 and 4 comparison interviews. The overall mean interview time for QFT respondents aged 65 or older was higher than the time recorded for those aged 65 or older in the 2011 and 2012 quarters 3 and 4 interviews. Average time to complete the redesigned prescription drug modules contributed significantly to the higher administration times among QFT respondents aged 65 or older. As a result, the impact for respondents aged 65 or older was an increase of 8 minutes in mean interview timing in the QFT compared with the current instrument.

- ***Other data quality indicators, including hard errors and patterned responses***. These outcomes observed in the QFT data raised the possibility that two steps could be considered to improve the interview for the DR or the 2015 partial redesign:
  - alerting respondents that responses of "1" or "2" in the prescription drug screening questions do not necessarily mean "yes" or "no," and
  - capturing information about potential initiation of prescription drug misuse more than 12 months ago for those respondents who reported past year initiation of all prescription drugs in a category that they misused in the past year.

The first change will not made for the DR, but the second change will be made in the DR questionnaire. Results from the DR data collection could lead to further examination of these changes for the 2015 partial redesign.

10.2 Assessments of the Redesigned Protocol

As described in ***Chapter 5***, four field-related efforts were used to assess the partially redesigned questionnaire and protocol used in the QFT. Overall, these assessments provided some assurance that the revised questionnaire and protocol will facilitate continued high quality and efficiency in NSDUH data collection when the partial redesign is implemented in 2015.

Based on these assessments and discussions between the Substance Abuse and Mental Health Services Administration (SAMHSA) and RTI, several protocol changes will be implemented for the DR for the screening, the computer-assisted interview, the interviewer training and field materials, and the data collection equipment and tools. ***Appendix Q*** provides a comprehensive list of protocol changes considered for the DR and indicates whether the change will be implemented.

Key results from the four field-related assessments are highlighted below, with comparisons to the 2011 and 2012 quarters 3 and 4 comparison data where appropriate:

- ***Observations of QFT interviewers***. The majority of FIs displayed positive behaviors when conducting QFT screenings and interviews. The types and pattern of errors observed among QFT interviewers were not specifically related to the QFT protocol and could have been observed on the main study. Overall, the results from QFT field observations suggested that relatively few specific changes to the protocol are needed for the DR or the 2015 partial redesign.
- ***FI debriefing items***. Responses to the QFT FI debriefing items provided some evidence of how respondents reacted to the partially redesigned protocol. One important finding was that recall of the redesigned lead letter appeared to be associated with willingness to do the interview, although it cannot be determined whether this can be attributed to the fact that the letter increases cooperation or that recall of the letter is a reflection of the respondent's willingness to cooperate. No problems were revealed regarding several changes in the data collection protocol, including the use of electronic calendars and having proxy respondents reply through ACASI rather than CAPI. FI responses to the debriefing items indicated that a majority of respondents who were selected in households and completed the interview recalled seeing the lead letter. Data from the debriefing items also corroborated findings that respondents aged 65 or older—who generally took longer to complete the QFT interview—were more likely to report that the interview took too much time to complete. In addition, QFT respondents with less than a high school education compared with respondents with higher levels of education also reported that the interview was too long. These results suggest that these two subgroups of respondents might face greater cognitive burdens than other respondents. The finding that QFT respondents aged 65 or older had significantly longer overall interview times was consistent with timing data from the 2011 and 2012 quarters 3 and 4 comparison interviews. Data on interview timing by education level was not produced for the QFT interviews, the 2011 comparison interviews, and the 2012 quarters 3 and 4 comparison interviews. The results from QFT FI debriefing items do not suggest any specific changes to the protocol that could be implemented for the DR or the 2015 partial redesign.
- ***New equipment surveys of QFT interviewers***. To assess a new tablet device that is planned to be implemented for the 2015 NSDUH and was used for the QFT household screening, surveys of QFT FIs were conducted before data collection began and as data collection was ending. The results of these surveys indicated that the tablet was generally well received by FIs for use as a screening device. Comments from FIs suggested enhancements to specific features and additional

functionality, which were considered for implementation in the DR, including the following:

- revisions to symbols available on the primary keyboard,
- improve calendar usability, and
- ability to continuously highlight the selected case on the select case screen.

Only the calendar usability item will be implemented for the DR.

- ***Focus groups conducted with QFT interviewers***. Three focus groups were conducted with QFT FIs at locations where relatively high numbers of FIs worked. In general, FIs expressed mostly positive sentiments about the QFT training program, the revisions made to the lead letter and the question and answer (Q&A) brochure, and using the tablet device for screenings. As indicated in ***Table 5.42*** in ***Chapter 5***, participants in these focus groups echoed comments made in the equipment surveys about additional functionality they would like to have on the tablet device. FIs also noted the following concerns about using the QFT protocol, the first two of which led to changes for the DR protocol:
  - a number of FIs indicated they did not like the portfolio, which resulted in a new portfolio being selected for the DR;
  - FIs noticed that the Q&A brochure included a picture of an interview taking place with the paper version of the reference calendar visible, which led to replacement of this image in the Q&A brochure to be used in the DR;
  - FIs noted that some members of sampled households mistakenly thought they represented social services when the Department of Health and Human Services was mentioned; and
  - some FIs expressed concerns about including county/parish/district in the salutation of the lead letter.

10.3 QFT Estimates Compared with NSDUH Estimates: Substance Use Items Other than Methamphetamine and Prescription Drugs

Findings from the QFT data and the 2011 and 2012 quarters 3 and 4 comparison datasets detailed in ***Chapter 6*** indicate that most prevalence rates for core substances appeared to remain similar for most of these substances, including the use of cigarettes, alcohol, marijuana, cocaine, and heroin. These results generally held for recency of use and age groups, with some notable exceptions.

- Estimates of lifetime use for persons aged 12 or older of any hallucinogen, lysergic acid diethylamide (LSD), phencyclidine (PCP), and Ecstasy did not differ between the QFT and the 2011 or 2012 comparison data. However, use of hallucinogens was greater for 12 to 17 year olds in the QFT data compared with the 2011 and 2012 quarters 3 and 4 comparison data. Including noncore hallucinogens data produced estimates for any hallucinogen among 12 to 17 year olds that were more similar

across the QFT, 2011 comparison data, and 2012 quarters 3 and 4 comparison datasets and were not statistically different.

- Addition of new types of inhalants in the QFT instrument, including felt-tip markers and computer cleaners, led to an expected increase in reported lifetime use of inhalants, overall and across the age groups for most comparisons. Past year and past month use of inhalants did not differ between the QFT and the 2011 and 2012 quarters 3 and 4 comparison data for all respondents aged 12 or older, although for adolescents aged 12 to 17 the QFT estimate of past year use of inhalants was greater than the estimate for the 2012 comparison data.
- Among female respondents in the QFT, estimates of binge alcohol drinking were greater than in the 2011 and 2012 quarters 3 and 4 comparison datasets. Lowering the threshold for females from five to four drinks per occasion appeared to affect the QFT estimates in the expected direction.

An additional noteworthy finding from these analyses is that moving the questions for the hallucinogens called ketamine, tryptamines,[45] and *Salvia divinorum* from the special drugs module to the core hallucinogens module did not appear to affect lifetime reporting because of their earlier placement in the QFT. Specifically, earlier placement of these questions in the QFT could yield increased reports of lifetime use. In the main survey, later placement of these questions could result in some lifetime users of these substances reporting nonuse if they have learned by that point in the interview that answering questions about lifetime drug use as "yes" leads to additional questions and that answering these questions as "no" leads to fewer questions. However, the effect of this change in the placement of these questions could warrant further investigation in the DR and in preliminary data from the 2015 survey (e.g., from the first two quarters) to verify that these results from the QFT are not simply a function of the smaller sample size that received the QFT questionnaire. Given that most estimates for use of substances other than methamphetamine and prescription drugs did not differ between the QFT and corresponding main study data (except where noted), the results did not suggest specific changes to the instrument or protocol for the DR or the 2015 partial redesign for these core drug modules.

10.4 QFT Estimates Compared with NSDUH Estimates: Methamphetamine and Prescription Drug Items

Chapter 7 presented findings on methamphetamine use and prescription drug misuse from the comparison data for 2011 and 2012 quarters 3 and 4 and from the QFT data. As noted at the beginning of this chapter, considerable changes were made to the methamphetamine and prescription drug modules for the QFT. These changes are planned for implementation in the partially redesigned NSDUH questionnaire in 2015 and seem likely to affect estimates of methamphetamine use and misuse of prescription drugs starting in 2015. Comparing QFT data with the 2011 and 2012 quarters 3 and 4 data revealed significant differences for the following substances:

[45] Tryptamines include dimethyltryptamine (DMT), alpha-methyltryptamine (AMT), and N, N-diisopropyl-5-methoxytryptamine (5-MeO-DIPT) or "Foxy."

- The lifetime estimate for methamphetamine use among persons aged 12 or older was higher (or in the direction of being higher) in the QFT than in the comparison data. This difference appeared to be driven by higher prevalence rates among adults aged 18 or older in the QFT than in the 2011 and 2012 quarters 3 and 4 comparison data.
- Prescription drug estimates for lifetime misuse among all persons aged 12 or older were lower in the QFT data than in the 2011 and 2012 quarters 3 and 4 comparison data for pain relievers and tranquilizers. These differences were not statistically significant for every age group.
- Estimates of past year misuse for pain relievers, OxyContin®, and sedatives among persons aged 12 or older were higher for the QFT than for the 2011 and 2012 quarters 3 and 4 comparison data.
- For stimulants, past year misuse and past month misuse among persons aged 12 or older typically were higher in the QFT data than in the 2011 and 2012 quarters 3 and 4 comparison datasets. These differences between the QFT and main study estimates were essentially eliminated when data from noncore questions on the misuse of Adderall® were included in estimates from the main study comparison data.

If trends in past year and past month use of methamphetamine continue to remain fairly stable based on NSDUH data for 2012 to 2014, then moving the methamphetamine questions to a separate module in 2015 might not disrupt the trend data for past year and past month use. Advance monitoring of estimates of methamphetamine use from the 2015 survey (e.g., based on the first two quarters of data) will be important for anticipating potential disruptions in the trend data because of the changes to the methamphetamine questions in 2015.

For prescription drugs, the QFT findings support starting a new baseline in 2015 for trends in prescription drug misuse. It might also be useful to consider whether to discontinue reporting trend data for lifetime misuse of prescription drugs after 2014 because of questions about the accuracy of respondent self-reports of misuse of prescription drugs more than 12 months prior to the interview.

10.5 QFT Estimates Compared with NSDUH Estimates: Noncore Items

Comparisons between QFT estimates and the 2011 comparison estimates and the 2012 quarters 3 and 4 comparison estimates for several types of noncore items were presented in ***Chapter 8***. These estimates included substance dependence and abuse (***Section 8.2)***, needle use (***Section 8.3***), medical marijuana reports (***Section 8.4***), demographic and household items (***Section 8.5***), and QFT items potentially subject to context effects due to the redesigned questionnaire (***Section 8.6***).

10.5.1 Substance Dependence and Abuse

QFT estimates of dependence, abuse, or dependence or abuse for persons aged 12 or older (as shown in ***Table K-1*** in ***Appendix K***) were not significantly different from corresponding estimates in the 2011 or 2012 comparison data. No significant differences in estimates of illicit drug dependence, illicit drug abuse, or illicit drug dependence or abuse were observed among persons in each of the age groups. Some notable differences were observed for specific age

groups, however. Estimates for adolescents aged 12 to 17 were lower in the QFT than in the 2011 comparison data for prescription drug dependence or abuse, pain reliever dependence or abuse, and dependence or abuse for illicit drugs other than marijuana. In addition, for adults aged 26 or older, estimates were lower in the QFT than in the 2012 comparison data for prescription drug dependence, dependence for illicit drugs other than marijuana, and dependence or abuse for illicit drugs other than marijuana. Given the higher estimates of past year misuse of these substances in the QFT, these lower QFT estimates for any prescription drug and pain relievers for some age groups relative to estimates in the comparison data can be viewed as counterintuitive. Two possible explanations of these findings are as follows:

- The smaller QFT sample size and its effect on the numbers of respondents who reported sufficient numbers of problems to be classified with dependence or abuse for prescription drugs could have contributed to the observed differences within age groups.
- The respondent burden involved in answering the questions about past year misuse of prescription drugs in the QFT could have suppressed reporting of dependence or abuse symptoms for prescription drugs.

If similar findings for illicit drug dependence or abuse estimates are observed in the DR data, then these findings would suggest that questionnaire changes for 2015 will not appreciably affect substance use dependence or abuse trends for any illicit drug. However, if substance use disorders for prescription drugs—especially prescription pain relievers—contribute more substantially to estimates of substance use disorders for illicit drugs other than marijuana, then changes to the prescription drug module in 2015 could affect dependence or abuse trends for illicit drugs other than marijuana. In addition to the DR data, analysis of data from the first two quarters of 2015 could also assist in anticipating any effects on dependence or abuse trends for illicit drugs other than marijuana and for prescription drugs.

10.5.2 Needle Use

As shown in ***Table K-5*** in ***Appendix K***, lifetime estimates of needle use among persons aged 12 or older were similar between the QFT and the 2011 and 2012 comparison data. The findings for needle use suggest that planned changes to the questionnaire in 2015 will not affect the 2-year trends for heroin, cocaine, or methamphetamine between 2014 and 2015. However, changes to the questions for injection of stimulants could require creation of new trend data for 2002 to 2015 for lifetime use of a needle to inject cocaine, heroin, or methamphetamine. If prevalence estimates for past year injection of stimulants are presented in NSDUH detailed tables based on the redesigned questionnaire, a new baseline would need to be established in 2015.

10.5.3 Medical Marijuana

QFT responses to a new question on the medical use of marijuana (added to the blunts module) were used to examine how reports of using marijuana for medical purposes aligned with the current State laws. The data for this examination were quite limited because only 15 QFT respondents reported that at least some of their marijuana use in the past year was allegedly recommended by a doctor. Of these 15 respondents, 7 respondents reported living in a State that

had a medical marijuana law in effect in 2012; the other 8 respondents did not live in States that had a medical marijuana law in effect in 2012. These inconsistencies in reports could have been explained by either (1) respondents referring to prior use in the past year in a different State with a medical marijuana law in effect, or (2) respondents referring to past year use where they accessed marijuana in neighboring States that had a medical marijuana law. Early review of the 2013 main study data will examine the alignment between reports of using marijuana for medical purposes with the current State laws where respondents report use for a larger number of respondents and States.

10.5.4 Demographic and Household Items

A notable change in the QFT instrument was moving questions on health insurance coverage and family income from interviewer administration using CAPI to self-administration using ACASI. As presented in ***Appendix K*** in ***Tables K-6*** through ***K-9***, the primary pattern of differences for demographic and household items between the QFT and the 2011 or 2012 comparison datasets were higher estimates for the following items:

- participation in government assistance programs,
- receiving supplemental security income, and
- participating in food stamp programs.

These observed differences in estimates indicated a pattern tending toward lower socioeconomic status among the QFT sample, although this result cannot be disentangled from the impact of moving these questions to ACASI administration on how QFT respondents answered these questions. In addition, the relatively smaller sample size for the QFT makes it difficult to predict whether estimates of participation in government programs and receipt of specific types of income will change significantly when the partially redesigned instrument and protocol are implemented in 2015. If similar patterns in demographic and household characteristics are observed in the 2015 data, the QFT findings suggest some estimates that are most strongly correlated with these demographic and household characteristics could be affected.

10.5.5 Selected Items Potentially Subject to Context Effects

The introduction of new items in the questionnaire may lead to changes in estimates because of context effects. As noted in ***Section 8.6*** in ***Chapter 8***, items were selected for analysis of context effects where a change introduced to the first (or contextual) item could affect the response process for the subsequent (target) item. The potential presence of such effects could not be distinguished from changes in estimates because of the full set of changes made to the QFT survey protocol and questionnaire. Comparisons between the QFT sample and the 2011 and 2012 quarters 3 and 4 samples for relevant items are shown in ***Tables K-11*** to ***K-18***. Overall, few differences were observed between the QFT and the 2011 or 2012 comparison samples for the items examined.

One notable difference was that the average number of years since last use for hallucinogens in the QFT sample was lower than in the 2011 comparison sample. One explanation for this difference is that the 2011 comparison data did not take into account reports

of lifetime use of ketamine, DMT/AMT/"Foxy," or *Salvia divinorum* from the noncore special drugs module.

Statistically significant differences were also observed for some mental health measures. For example, past month serious psychological distress (SPD) among adults 18 years or older was lower in the QFT sample than in both the 2011 and the 2012 comparison samples. Given that the QFT questionnaire did not include any new items or substantial changes to the items immediately preceding the Kessler-6 (K6) items, it is not clear why some QFT respondents would have interpreted the K6 items differently compared with respondents in the 2011 and 2012 quarters 3 and 4 comparison samples. For the DR and the 2015 partial redesign, further monitoring of these estimates seems warranted to understand whether estimates of SPD might change with the redesigned questionnaire and protocol. Additional analysis could examine which demographic and other variables might contribute to changes in SPD between the QFT data and the two comparison datasets.

10.6 Selected QFT Estimates Compared with Other Survey Estimates

Section 9.2 in ***Chapter 9*** presented comparisons of QFT estimates of prescription drug use and misuse with estimates of prescription drugs that were mentioned in outpatient visits in the 2010 National Ambulatory Medical Care Survey (NAMCS) and the 2010 National Hospital Ambulatory Medical Care Survey (NHAMCS). In addition, this section and ***Tables L-1*** to ***L-3*** in ***Appendix L*** presented data on past year use and misuse for all of the individual prescription drugs that were included in the QFT. ***Section 9.2*** also presented comparisons of QFT estimates of prescription drug misuse with estimates from Monitoring the Future (MTF) for adolescents in the 8th, 10th, and 12th grades and for young adults aged 19 to 24. Notable findings included the following:

- For pain relievers, tranquilizers, and sedatives in the QFT, most past year use was accounted for by use that did not involve misuse. In comparison, misuse appeared to be fairly common among some past year users of stimulants.
- The two most commonly used groups of prescription pain relievers in the past year for the QFT (Vicodin®, Lortab®, Lorcet® or hydrocodone; and OxyContin®, Percocet®, Percodan®, Tylox®, or oxycodone) also were the two most commonly mentioned groups of narcotic analgesics in the 2010 NAMCS and the 2010 NHAMCS.
- The two most commonly used groups of prescription tranquilizers or sedatives in the past year for the QFT (Xanax®, Xanax® XR, alprazolam, or extended-release alprazolam; and Ambien®, Ambien® CR, zolpidem, or extended-release zolpidem) also were the two most commonly mentioned groups of prescription tranquilizers or sedatives in outpatient clinic visits for the 2010 NAMCS.
- Among adolescents in the 8th, 10th, and 12th grades, QFT estimates for past year misuse of prescription drugs tended to be lower than corresponding estimates from the MTF. This pattern was consistent with prior comparisons of substance use estimates in NSDUH and MTF for adolescents. However, some QFT estimates that were based on the misuse of any prescription drug with the same active ingredient

started to converge with MTF estimates that were based on questions about misuse of a specific drug.

- Among young adults, QFT estimates of past year use of prescription pain relievers tended to be higher than MTF estimates for misuse of narcotics other than heroin. This was consistent with the differences between the two questionnaires, particularly the much greater number of examples of prescription pain relievers in the QFT.

On the one hand, low estimates in the QFT—particularly for past year misuse—could be informative to SAMHSA for identifying prescription drugs that could be dropped for the 2015 partial redesign without seriously sacrificing the validity of prevalence estimates and while also helping to reduce respondent burden and fatigue. However, other considerations besides prevalence in deciding whether to keep or drop a particular prescription drug for the partial redesign include (a) the potential number of respondents who would report misuse of that drug in the larger sample for the redesign; (b) the length of time that a prescription drug has been on the market; and (c) public health considerations for misuse of certain prescription drugs, such as extended-release drugs with higher overall dosages. Furthermore, data in ***Tables L-1*** to ***L-3*** in ***Appendix L*** for specific prescription drugs and patterns for estimates of past year misuse of pain relievers among young adults suggest that the number of examples of individual prescription drugs that are presented to respondents can encourage more complete reporting of misuse.

Although respondents may report the name of a drug they recognize despite it not being the actual drug that they took, misreporting of the exact drug that they used or misused in the past year may be less critical for analysis and reporting purposes. If respondents can correctly recall that they used or misused a prescription drug that had a particular active ingredient, then these self-reports and the associated estimates still would be accurate, even if respondents cannot perfectly recall exactly which prescription drug it was.

These issues will not affect the content of questions about the use or misuse of specific prescription drugs in the DR questionnaire. Changing the content of the DR questions in this manner would affect the comparability of the DR data for prescription drugs relative to the QFT data and could affect the ability to analyze combined QFT and DR data for English-language interviews to improve the precision of estimates. Analyzing combined QFT and DR data for the prescription drug modules also would be useful for evaluating whether to change the content of questions about specific prescription drugs for the 2015 partial redesign. For example, observing a low prevalence of use or misuse for certain prescription drugs in combined QFT and DR data could provide further justification for dropping these drugs from the questionnaire for 2015. DR data also will be useful for examining whether issues of name recognition for brand-name drugs instead of the generic equivalent that were observed in the QFT for certain prescription drugs continue to be observed in the DR. In addition, a plan will be developed for identifying important changes in prescription drugs in the United States for application in the 2015 NSDUH and later years.

10.7 Summary of QFT Questionnaire Items Identified as Needing Reexamination in the DR Analysis

As detailed in ***Chapters 4***, ***8***, and ***9***, and noted in previous sections of ***Chapter 10***, the QFT analysis identified a number of questionnaire items that will be need to reexamined carefully as part of the DR analysis. For these items, either minor changes or no changes will be made in the DR questionnaire, so DR results could lead to consideration of changes to these items in the 2015 main study instrument. For example, some sets of items moved from CAPI to ACASI administration in the QFT instrument could be administered in CAPI in 2015. These questionnaire items will be reexamined in the DR analysis for one or both of the following two criteria:

- the item missingness rate was significantly higher than the rates for the 2011 and 2012 quarters 3 and 4 comparison samples, and/or
- the estimate produced from the item differed significantly from the estimates from the 2011 comparison data, the 2012 quarters 3 and 4 comparison data, or comparison data from other surveys.

Table 10.1 provides lists of QFT estimates and questionnaire items and indicates which of the two criteria were observed in the analysis. A few important points are worth noting about the estimates and items listed in this table:

- Although differences were observed for QFT estimates and the 2011 comparison data, the 2012 quarters 3 and 4 comparison data, or comparison data from other surveys, some of these observed differences were based on relatively small sample sizes. Combining the QFT data with the DR data might improve the statistical power for some of these estimates, but for other estimates statistical power might remain limited in the DR analysis.
- In addition, some differences observed between the QFT data and comparison data were found only among specific age groups. ***Table 10.1*** does not note each of the specific age groups where differences were observed for each estimate or item because the observed differences were considered sufficient to add the estimate to this list. Detailed findings for item missingness rates were presented in ***Chapter 4***, and comparisons of estimates were presented in ***Chapters 6*** through ***9***. However, some of these significant differences between the QFT and comparison data occurred because no QFT respondents in these age groups reported the characteristic of interest (e.g., past year or past month cocaine use); such estimates typically would be suppressed because of low precision. If the DR sample also yields no English-language respondents in these subgroups who reported the characteristic of interest, then apparent significant differences between the combined QFT and DR data and the comparison datasets could be an artifact of the small sample sizes in both field tests.
- A number of the questionnaire items on this list were new in the QFT instrument, significantly revised in the QFT instrument, or moved from one part of the instrument to another (either being moved to a different module or moved from CAPI to ACASI administration). For reference, ***Table C-1*** in ***Appendix C*** indicates the type of change for new, revised, or moved items and provides a brief description of each change.

Table 10.1 Questionnaire Items Identified from the QFT Analysis as Needing Reexamination in the DR Analysis

QFT Estimate or Questionnaire Item[1,2]	Item Missingness Rate Was Significantly Higher than Comparison Data[3,4]	Estimate Was Significantly Different from Comparison Data[5,6]
Past year cocaine use	No	Yes
Past month cocaine use	No	Yes
Past year heroin use	No	Yes
Past month heroin use	No	Yes
Lifetime inhalants use	No	Yes
Past year smokeless tobacco use	No	Yes
Past month smokeless tobacco use	No	Yes
Lifetime use of any prescription drug	No	Yes
Past year use of any prescription drug	No	Yes
Past month serious psychological distress (SPD)	No	Yes
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	Yes	No
Is anyone in your immediate family currently serving in the U.S. military? (QD10d)	Yes[7]	N/A
How many times in the past 12 months have you moved? (QD13)	Yes	No
In what State did you live in 1 year ago today? (QD13a)	Yes	N/A
Are you a full-time student or a part-time student? (QD19)	Yes	No
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	Yes	No
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	Yes	No
Did you work at a job or business at any time last week? (QD26)	Yes	No
Did you work at a job or business at any time during the past 12 months? (QD33)	Yes	No
How many different employers have you had in the past 12 months? (QD36)	Yes	No
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	No	Yes
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	Yes	Yes
In what year did you last work at a job or business? (QD39a)	Yes	N/A
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	Yes	No

See notes at end of table. (continued)

Table 10.1 Questionnaire Items Identified from the QFT Analysis as Needing Reexamination in the DR Analysis (continued)

QFT Estimate or Questionnaire Item[1,2]	Item Missingness Rate Was Significantly Higher than Comparison Data[3,4]	Estimate Was Significantly Different from Comparison Data[5,6]
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	Yes	No
How many people work for your employer out of this office, store, etc.? (QD42)	Yes	Yes
Currently covered by private health insurance? (QHI06)	Yes	Yes
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	Yes	Yes
In [YEAR], did you receive food stamps? (QI07N)	Yes	Yes
At any time during [YEAR], even for 1 month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	Yes	No
In [YEAR], because of low income, did you receive any other kind of nonmonetary welfare or public assistance? (QI10N)	Yes	No
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than $20,000? (QI20N)	Yes	Yes
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (QI21A)	Yes	Yes

DR = dress rehearsal; N/A = not applicable; Q = question; QFT = Questionnaire Field Test.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Missing data include selection of responses of either "don't know" or "refused" for the question.

[4] Item missingness rates for QFT questionnaire items were compared only with the 2011 main study data and the 2012 quarters 3 and 4 main study comparison data.

[5] QFT estimates were compared with estimates from other survey data sources based on the comparability of the survey design and questions. As detailed in ***Chapter 9***, the other data sources used for comparing estimates included the 2011 National Survey on Drug Use and Health (NSDUH) main study, the 2012 quarters 3 and 4 NSDUH main study, the 2010 National Ambulatory Medical Care Survey (NAMCS), the 2010 National Hospital Ambulatory Medical Care Survey (NHAMCS), the 2011 Monitoring the Future (MTF), the 2011 National Health Interview Survey (NHIS), the 2009-2010 National Health and Nutrition Examination Survey (NHANES), the 2011 American Community Survey (ACS), and the 2012 quarters 3 and 4 Current Population Survey (CPS).

[6] Items marked N/A in this column indicate those for which the estimate from the item was not compared with any of the other data sources listed in footnote 5. Item QD10 was a new question in the QFT; therefore, no estimates are available from the 2011 NSDUH main study or the 2012 quarters 3 and 4 NSDUH main study for comparison. Given the units of analysis reported for items QD13a and QD39a, indicators were not developed to compare QFT estimates with any of the other data sources.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

References

Aldworth, J., Chromy, J. R., Foster, M., Heller, D., & Novak, S. (2005). Serious psychological distress report. In *2004 National Survey on Drug Use and Health: Methodological resource book* (Section 16, prepared for the Substance Abuse and Mental Health Services Administration, Office of Applied Studies, under Contract No. 283-03-9028, Deliverable No. 26, RTI/0208726.187.013). Research Triangle Park, NC: RTI International.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: Author.

Biemer, P., & Wang, K. H. (2006). *National Survey on Drug Use and Health: Adjusting for nonignorable nonresponse in the NSDUH using interview callback models* (prepared for the Substance Abuse and Mental Health Services Administration). Research Triangle Park, NC: RTI International.

Blumberg, S. J., & Luke, J. V. (2012, December). *Wireless substitution: Early release of estimates from the National Health Interview Survey, January-June 2012*. Retrieved from http://www.cdc.gov/nchs/nhis/releases.htm

Center for Behavioral Health Statistics and Quality. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 11-4658, NSDUH Series H-41). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Center for Behavioral Health Statistics and Quality. (2012a). *Comparing and evaluating youth substance use estimates from the National Survey on Drug Use and Health and other surveys* (HHS Publication No. SMA 12-4727, Methodology Series M-9). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Center for Behavioral Health Statistics and Quality. (2012b). *Drug Abuse Warning Network, 2010: National estimates of drug-related emergency department visits* (HHS Publication No. SMA 12-4733, DAWN Series D-38). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. (2012c). *National Survey on Drug Use and Health: 2011 public use file and codebook*. Retrieved from http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/34481

Center for Behavioral Health Statistics and Quality. (2012d). *Results from the 2011 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Center for Behavioral Health Statistics and Quality. (2012e). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 12-4713, NSDUH Series H-44). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Chang, L., & Krosnick, J. A. (2010). Comparing oral interviewing with self-administered computerized questionnaires: An experiment. *Public Opinion Quarterly, 74*(1), 154-167. doi: 10.1093/poq/nfp090

Chen, P., Cribb, D., Dai, L., Gordek, H., Laufenberg, J., Sathe, N., & Westlake, M. (2013). Person-level sampling weight calibration. In *2011 National Survey on Drug Use and Health: Methodological resource book* (Section 12, prepared for the Substance Abuse and Mental Health Services Administration under Contract No. HHSS283200800004C, Phase II, Deliverable No. 39, RTI/0211838.207.004). Research Triangle Park, NC: RTI International.

Currivan, D., Peytcheva, E., Rodriguez, S., Stolzenberg, S., Leiman, J., & Obscura, A. (2009). *Report on the contact materials focus group findings and recommendations* (prepared for the Substance Abuse and Mental Health Services Administration). Research Triangle Park, NC: RTI International.

de Leeuw, E., Hox, J., & Kef, S. (2003). Computer-assisted self-interviewing tailored for special populations and topics. *Field Methods, 15*(3), 223-251. doi: 10.1177/1525822X03254714

Folsom, R.E., & Singh, A. C. (2000). The generalized exponential model for sampling weight calibration for extreme values, nonresponse, and poststratification. In *Proceedings of the 2000 Joint Statistical Meetings, American Statistical Association, Survey Research Methods Section, Indianapolis, IN* (pp. 598-603). Alexandria, VA: American Statistical Association.

Gfroerer, J., Eyerman, J., & Chromy, J. (Eds.). (2002). *Redesigning an ongoing national household survey: Methodological issues* (HHS Publication No. SMA 03-3768). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Gfroerer, J., Wright, D., & Kopstein, A. (1997). Prevalence of youth substance use: The impact of methodological differences between two national surveys. *Drug and Alcohol Dependence, 47*, 19-30.

Grant, B. F., & Dawson, D. A. (2006). Introduction to the National Epidemiologic Survey on Alcohol and Related Conditions. *Alcohol Research & Health, 29*(2), 74-78.

Jaspan, H. B., Flisher, A.J., Myer, L., Mathews, C., Seebregts, C., Berwick, J. R., Wood, R., & Bekker, L. G. (2007). Brief report: Methods for collecting sexual behaviour information from South African adolescents—A comparison of paper versus personal digital assistant questionnaires. *Journal of Adolescence, 30*(2), 353-359.

Johnson, T., Fendrich, M., & Mackesy-Amiti, M. E. (2010). Computer literacy and the accuracy of substance use reporting in an ACASI survey. *Social Science Computer Review, 28*, 515-523.

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2012a). *Monitoring the Future national survey results on drug use, 1975-2011. Volume I: Secondary school students*. Ann Arbor, MI: Institute for Social Research, University of Michigan.

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2012b). *Monitoring the Future national survey results on drug use, 1975-2011. Volume II: College students and adults ages 19-50*. Ann Arbor, MI: Institute for Social Research, University of Michigan.

Krosnick, J. A. (1991). Response strategies for coping with the cognitive demands of attitude measures in surveys. *Applied Cognitive Psychology, 5*(3), 213-236. doi: 10.1002/acp.2350050305

Kroutil, L. A., Handley, W., & Bradshaw, M. R. (2012a). General principles and procedures for editing drug use data in the 2010 NSDUH computer-assisted interview. In *2010 National Survey on Drug Use and Health: Methodological resource book* (Section 10, prepared for the Substance Abuse and Mental Health Services Administration under Contract No. HHSS283200800004C, Deliverable No. 39, RTI/0211838.107.003). Research Triangle Park, NC: RTI International.

Kroutil, L. A., Handley, W., Bradshaw, M. R., Chien, C., & Felts, B. J. (2012b). Procedures for editing supplementary self-administered data in the 2010 NSDUH computer-assisted interview. In *2010 National Survey on Drug Use and Health: Methodological resource book* (Section 10, prepared for the Substance Abuse and Mental Health Services Administration under Contract No. HHSS283200800004C, Deliverable No. 39, RTI/0211838.107.003). Research Triangle Park, NC: RTI International.

Kroutil, L., Vorburger, M., & Aldworth, J. (2007). Evaluation of the effects of new noncore drug data on prevalence estimates in the National Survey on Drug Use and Health (NSDUH). In *2006 National Survey on Drug Use and Health: Methodological resource book* (Section 18, prepared for the Substance Abuse and Mental Health Services Administration under Contract No. 283-2004-00022, Deliverable No. 39, RTI/0209009). Research Triangle Park, NC: RTI International.

Kroutil, L. A., Vorburger, M., Aldworth, J., & Colliver, J. D. (2010). Estimated drug use based on direct questioning and open-ended questions: Responses in the 2006 National Survey on Drug Use and Health. *International Journal of Methods in Psychiatric Research, 19*(2), 74-87. doi: 10.1002/mpr.302

Langhaug, L. F., Cheung, Y. B., Pascoe, S. J. S., Mavhu, W., Chirawu, P., & Cowan, F. M. (2007, July 30). *Comparing 4 questionnaire delivery methods for collection of self reported sexual behaviour data in rural Zimbabwean youth*. Presented at the 17th meeting of the International Society for Sexually Transmitted Diseases Research (ISSTDR), Seattle, WA.

Langhaug, L. F., Sherr, L., & Cowan, F. M. (2010). How to improve the validity of sexual behavior reporting: Systematic review of questionnaire delivery modes in developing countries. *Tropical Medicine & International Health, 15*(3), 362-381.

Lara, D., Strickler, J., Olavarrieta, C. D., & Ellertson, C. (2004). Measuring induced abortion in Mexico: A comparison of four methodologies. *Sociological Methods & Research, 32*(4), 529-558. doi: 10.1177/0049124103262685

Morton, K. B., Martin, P. C., Shook-Sa, B. E., Chromy, J. R., & Hirsch, E. L. (2012). Sample design report. In *2011 National Survey on Drug Use and Health: Methodological resource book* (Section 2, prepared for the Substance Abuse and Mental Health Services Administration under Contract No. HHSS283200800004C, Phase II, Deliverable No. 8, RTI/0211838.203.004). Research Triangle Park, NC: RTI International.

National Center for Health Statistics. (2012a). *2010 NAMCS micro-data file documentation*. Retrieved from http://www.cdc.gov/nchs/

National Center for Health Statistics. (2012b). *2010 NHAMCS micro-data file documentation*. Retrieved from http://www.cdc.gov/nchs/

National Center for Health Statistics. (2012c, June 12). *Variance estimation and other analytic issues, NHIS 2006-2011*. Retrieved from http://www.cdc.gov/nchs/data/nhis/2006var.pdf

Pemberton, M., Bose, J., Kilmer, G., Kroutil, L., Forman-Hoffman, V., & Gfroerer, J. (2013). *CBHSQ Data Review: Comparison of NSDUH health and health care utilization estimates to other national data sources*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Peytchev, A., Conrad, F. G., Couper, M. P., & Tourangeau, R. (2010). Increasing respondents' use of definitions in web surveys. *Journal of Official Statistics, 26*, 633-650.

Plummer, M. L., Ross, D. A., Wight, D., Changalucha, J., Mshana, G., Wamoyi, J., Todd, J., Anemona, A., Mosha, F. F., Obasi, A. I., & Hayes, R. J. (2004a). "A bit more truthful": The validity of adolescent sexual behaviour data collected in rural northern Tanzania using five methods. *Sexually Transmitted Infections, 80*(Suppl. 2), ii49-ii56.

Plummer, M. L., Wight, D., Ross, D. A., Balira, R., Anemona, A., Todd, J., Salamba, Z., Obasi, A. I., Grosskurth, H., Changalunga, J., & Hayes, R. J. (2004b). Asking semi-literate adolescents about sexual behaviour: The validity of assisted self-completion questionnaire (ASCQ) data in rural Tanzania. *Tropical Medicine & International Health, 9*, 737-754.

Potdar, R., & Koenig, M. A. (2005). Does audio-CASI improve reports of risky behavior? Evidence from a randomized field trial among young urban men in India. *Studies in Family Planning, 36*(2), 107-116.

RTI International. (2008). *SUDAAN®, Release 10.0* [computer software]. Research Triangle Park, NC: Author.

Tourangeau, R., & Smith, T. W. (1996). Asking sensitive questions: The impact of data collection mode, question format, and question context. *Public Opinion Quarterly, 60*(2), 275-304.

Tourangeau, R., & Yan, T. (2007). Sensitive questions in surveys. *Psychological Bulletin, 133*(5), 859-883.

Turner, C. F., Ku, L., Rogers, S. M., Lindberg, L. D., Pleck, J. H., & Sonenstein, F. L. (1998). Adolescent sexual behavior, drug use, and violence: Increased reporting with computer survey technology. *Science, 280*, 867-873. doi: 10.1126/science.280.5365.867

U.S. Census Bureau. (2013). *U.S. Census 2010: Interactive population map*. Retrieved from http://www.census.gov/2010census/popmap/

U.S. Food and Drug Administration. (2013). *Drugs*. Retrieved from http://www.fda.gov/Drugs/default.htm

van den Brakel, J. A., Vis-Visschers, R., & Schmeets, J. J. G. (2013). An experiment with data collection modes and incentives in the Dutch Family and Fertility Survey for Young Moroccans and Turks. *BMC Medical Research Methodology, 13*(11), 321-334. doi: 10.1177/1525822X06287533

Yan, T., Curtin, R., & Jans, M. (2010). Trends in income nonresponse over two decades. *Journal of Official Statistics, 26*(1), 145-164.

Appendix A: Redesigned NSDUH Questionnaire and Redesigned Contact Materials for the 2015 Partial Redesign

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Overview of Changes in the Redesigned NSDUH Questionnaire

Module	Design 2015 Changes
Core Demographics	• New military veterans questions added • Detailed education categories added
Beginning ACASI Section	**No changes**
Tutorial	• Combined and deleted variables to streamline the module
Calendar	• New electronic version introduced after ACASI Tutorial.
Tobacco	• Combined smokeless sections
Alcohol	• Changed binge definition to 4 or more drinks for females
Marijuana	**No changes**
Cocaine	**No changes**
Crack	**No changes**
Heroin	**No changes**
Hallucinogens	• Added Ketamine/Special K, DMT/AMT/Foxy, and *Salvia divinorum*
Inhalants	• Added markers and air duster
***Methamphetamine**	• New Methamphetamine module modeled after cocaine
Pain Relievers	• New prescription drug modules created, including screeners
Tranquilizers	• New prescription drug modules created, including screeners
Stimulants	• New prescription drug modules created, including screeners
Sedatives	• New prescription drug modules created, including screeners
Special Drugs	• Removed all Meth questions except SD10a and SD10b • Removed "Desoxyn, or Methedrine" from SD10a and SD10b • Removed Ketamine/Special K, DMT/AMT/Foxy, and Salvia Divinorum, Ambien, Adderall • Included GHB • Changed SD10c to "any other drug" • Replaced all instances of "not prescribed for you or that you took only for the experience or feeling it caused" with "not prescribed for you" • Added an introduction to SD05: "The computer recorded that you have used a needle …"
Risk/Availability	**No changes**
Blunts	• Added medical marijuana questions
Substance Dependence and Abuse	• Revised stimulant questions to reflect separate methamphetamine and prescription stimulant modules
Special Topics	**No changes**
Market Information for Marijuana	• Dropped entire module
Prior Substance Use	• Dropped all PD questions. • Revised methamphetamine questions to refer to stand-alone methamphetamine module. • Dropped "which came first" questions
Drug Treatment	**No changes**
Health Care	• Added new extended module • Note – overall health question remained in Core Demographics.
Adult Mental Health Service Utilization	**No changes**
Social Environment	• Dropped SEN04 - # of times moved in past 5 years

Module	Design 2015 Changes
Parenting Experiences	**No changes**
Youth Experiences	• Dropped YE04 - # of times moved in past 5 years
Mental Health	**No changes**
Adult Depression	**No changes**
Youth Mental Health Service Utilization	**No changes**
Adolescent Depression	**No changes**
Consumption of Alcohol	• Dropped all prescription drugs (Meth should remain) from "used with alcohol" question (CA09) • Dropped 4+ binge questions for females
Back-End Demographics:	**No changes**
Education	• New disability items added before the education items and module • Moved to ACASI section
Employment	• Moved to ACASI section • Dropped I&O questions
***New: Back End ACASI**	
Household Roster	• Dropped step relationships item
Proxy information/decision	**No changes**
***Proxy Tutorial**	• Created new module to introduce proxy respondent to CAI program
Health Insurance	• No changes, but moved to ACASI section
Income	• Moved to ACASI section • Top response category revised • New cell phone/land line question added
Verification	**No changes**
MHSS Recruitment Screens	• Eliminated because no MHSS recruitment occurred as part of the QFT
FI Observation Questions	• Moved to tablet screening device

Redesigned NSDUH Lead Letter Questionnaire

UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES
ROCKVILLE, MD 20857

[NAME County/Parish/District] Resident at:
1234 Main Street
Anywhere, XX 12345

Dear [NAME County/Parish/District] Resident:

The U.S. Department of Health and Human Services is conducting a study called the National Survey on Drug Use and Health. This study asks questions about use or non-use of alcohol, tobacco and other substances. The study also asks about mental health and other health-related topics relevant for all people. Since 1971, this information has been used by local, state and national agencies for planning and providing treatment and prevention programs.

Your address was randomly chosen, through scientific methods, along with more than 200,000 others across the country. RTI International, a nonprofit organization, was selected to conduct this study. Soon, an RTI interviewer will be in your neighborhood to give you more information. The interviewer will carry an identification card like the example shown below.

First, the interviewer will ask a few general questions. Then the interviewer may ask one or two members of your household to complete the full interview. It is possible no one will be chosen to be interviewed. **If anyone is chosen and completes the full interview, he or she will receive $30 in cash**.

By Federal law*, the answers you give will be kept confidential and will be used only for statistical purposes.

Please share this information with any others in your household. Feel free to ask the interviewer any questions you have about this study. More information is also available on the study website at: http://nsduhweb.rti.org or you may contact us at 1-800-848-4079.

Your help is very important to this study's success. Thank you for your cooperation.

Sincerely,

Joel Kennet, Ph.D.
National Study Director, DHHS

Ilona S. Johnson
National Field Director, RTI

You will be contacted by: ________________________
Interviewer Name

*Confidentiality protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347)
Authorized by the U.S. Congress as part of Section 505 of the Public Health Service Act (42 USC 290aa4)
Approved by Office of Management and Budget (OMB Approval No. XXXX-XXXX)

XX10010052

If you have more questions about NSDUH, please call **1-800-848-4079** or visit our Web site at **http://nsduhweb.rti.org**

For more information on SAMHSA or RTI International, contact:

NSDUH National Study Director
SAMHSA
1 Choke Cherry Road
Room 7-1009
Rockville, MD 20857
www.samhsa.gov

NSDUH National Field Director
RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709
www.rti.org

RTI International is a trade name of Research Triangle Institute.

Answers
to your questions

National Survey on Drug Use and Health

Sponsored by the U.S. Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration. Conducted by RTI International.

What Is the National Survey on Drug Use and Health?

The National Survey on Drug Use and Health (NSDUH) provides up-to-date information on alcohol, tobacco, and drug use, mental health and other health-related issues in the United States. NSDUH is directed by the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (DHHS). The study is being conducted by RTI International, a nonprofit research organization.

NSDUH began in 1971 and is conducted every year. This year almost 70,000 people from across the United States will be interviewed for this important study.

Information from NSDUH is used to support prevention and treatment programs, monitor substance use trends, estimate the need for treatment facilities and assist with the creation of government policy.

Answers to Your Important Questions about the National Survey on Drug Use and Health

Why Should I Participate?

You are important! Your household was one of only a few in this area selected for this study, and no other household or person can take your place.

Every person who is chosen and completes the full interview will receive $30 in cash at the end of the interview in appreciation for their help.

If chosen for an interview, you will represent the residents of your community and help us gather important information that is needed to make sound policy decisions.

Your participation also provides vital information to researchers and local, state and federal agencies to design education, treatment and prevention programs and receive funding to support these efforts.

What if I Do Not Smoke, Drink or Use Drugs?

In order to know the percentage of people who smoke, drink or use drugs, we also need to know how many people do not.

The responses of people who do not use these substances are just as important as the responses of people who do.

While some questions ask about drug knowledge and experience, other questions ask about a number of health-related topics relevant for all people. You do not need to know anything about drugs to answer the questions.

How Was I Chosen?

Household addresses, not specific people, are randomly selected through scientific methods. Once a household has been selected, it cannot be replaced for any reason. This assures that NSDUH accurately represents the many different types of people in the United States.

A professional RTI interviewer will visit your household to ask several general questions that only take a few minutes to answer. Afterwards, one or possibly two members of your household may be asked to complete the full interview. It is possible that no one in your household will be chosen for the interview.

Your household has been chosen at random, but no one else can take your place. Your participation matters!

What Will Happen During the Interview?

An interviewer will conduct the interview with each selected person using a laptop computer. No prior computer skills are necessary.

Participants will answer most of the interview questions in private, entering their responses directly into the computer. For other questions, the interviewer will read the questions aloud and enter the participant's responses into the computer.

The interview takes about one hour to complete. Persons who complete the full interview will receive $30 at the end of the interview as a token of our appreciation.

All information collected for this study will be kept confidential and used only for statistical purposes, as required by federal law – the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA).

What Is the Substance Abuse and Mental Health Services Administration?

SAMHSA is an agency in the U.S. Department of Health and Human Services (DHHS). SAMHSA was created to improve the lives of people with or at risk for mental and substance use disorders.

NSDUH is used to help this mission by gathering data on substance use, problems related to substance use, and mental health problems in the United States. The numbers of people who use various substances, or have problems related to substance use or mental health, are important for planning treatment and prevention services.

SAMHSA selects a qualified survey research organization to administer NSDUH.

RTI International, a nonprofit research organization, is under contract with SAMHSA to conduct NSDUH.

Appendix B: Questionnaire Field Test Screening and Interview Response Rates, by Sample Release and Age Group and for Each State

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Table B-1 2012 Questionnaire Field Test Weighted Screening and Interview Response Rates, by Sample Release and Age Group

Sample Release/Age Group	Total Selected DUs	Total Eligible DUs	Weighted DU Eligibility Rate	Total Completed Screeners	Weighted DU Screening Response Rate	Total Selected	Total Respondents	Weighted Interview Response Rate	Weighted Overall Response Rate
Overall	5,358	4,623	86.24%	3,837	83.58%	2,823	2,044	69.04%	57.71%
Sample Release									
Wave 1 (9/1/12)	4,902	4,222	86.09%	3,548	84.59%	2,614	1,904	69.46%	58.75%
Wave 2 (9/28/12)	415	368	88.48%	259	71.02%	187	125	63.78%	45.30%
Added DUs	41	33	80.98%	30	91.34%	22	15	65.21%	59.56%
Age Group									
12-17	N/A	N/A	N/A	N/A	N/A	663	544	82.25%	N/A
18-25	N/A	N/A	N/A	N/A	N/A	667	505	75.26%	N/A
26-34	N/A	N/A	N/A	N/A	N/A	451	307	68.91%	N/A
35-49	N/A	N/A	N/A	N/A	N/A	557	369	66.32%	N/A
50+	N/A	N/A	N/A	N/A	N/A	485	319	65.43%	N/A
Sample Release x Age Group									
Wave 1, 12-17	N/A	N/A	N/A	N/A	N/A	616	508	82.62%	N/A
Wave 2, 12-17	N/A	N/A	N/A	N/A	N/A	46	35	77.06%	N/A
Added, 12-17	N/A	N/A	N/A	N/A	N/A	1	1	100.00%	N/A
Wave 1, 18-25	N/A	N/A	N/A	N/A	N/A	620	471	75.34%	N/A
Wave 2, 18-25	N/A	N/A	N/A	N/A	N/A	33	25	78.29%	N/A
Added, 18-25	N/A	N/A	N/A	N/A	N/A	14	9	64.47%	N/A
Wave 1, 26-34	N/A	N/A	N/A	N/A	N/A	417	285	69.06%	N/A
Wave 2, 26-34	N/A	N/A	N/A	N/A	N/A	31	19	63.71%	N/A
Added, 26-34	N/A	N/A	N/A	N/A	N/A	3	3	100.00%	N/A
Wave 1, 35-49	N/A	N/A	N/A	N/A	N/A	513	341	66.38%	N/A
Wave 2, 35-49	N/A	N/A	N/A	N/A	N/A	42	27	66.40%	N/A
Added, 35-49	N/A	N/A	N/A	N/A	N/A	2	1	45.26%	N/A
Wave 1, 50+	N/A	N/A	N/A	N/A	N/A	448	299	66.22%	N/A
Wave 2, 50+	N/A	N/A	N/A	N/A	N/A	35	19	55.89%	N/A
Added, 50+	N/A	N/A	N/A	N/A	N/A	2	1	50.00%	N/A

DU = dwelling unit; N/A = not applicable.

Table B-2 2012 Questionnaire Field Test Unweighted Screening and Interview Response Rates, by Sample Release and Age Group

Sample Release/Age Group	Total Selected DUs	Total Eligible DUs	DU Eligibility Rate	Total Completed Screeners	DU Screening Response Rate	Total Selected	Total Respondents	Interview Response Rate	Overall Response Rate
Overall	5,358	4,623	86.28%	3,837	83.00%	2,823	2,044	72.41%	60.09%
Sample Release									
Wave 1 (9/1/12)	4,902	4,222	86.13%	3,548	84.04%	2,614	1,904	72.84%	61.21%
Wave 2 (9/28/12)	415	368	88.67%	259	70.38%	187	125	66.84%	47.05%
Added DUs	41	33	80.49%	30	90.91%	22	15	68.18%	61.98%
Age Group									
12-17	N/A	N/A	N/A	N/A	N/A	663	544	82.05%	N/A
18-25	N/A	N/A	N/A	N/A	N/A	667	505	75.71%	N/A
26-34	N/A	N/A	N/A	N/A	N/A	451	307	68.07%	N/A
35-49	N/A	N/A	N/A	N/A	N/A	557	369	66.25%	N/A
50+	N/A	N/A	N/A	N/A	N/A	485	319	65.77%	N/A
Sample Release x Age Group									
Wave 1, 12-17	N/A	N/A	N/A	N/A	N/A	616	508	82.47%	N/A
Wave 2, 12-17	N/A	N/A	N/A	N/A	N/A	46	35	76.09%	N/A
Added, 12-17	N/A	N/A	N/A	N/A	N/A	1	1	100.00%	N/A
Wave 1, 18-25	N/A	N/A	N/A	N/A	N/A	620	471	75.97%	N/A
Wave 2, 18-25	N/A	N/A	N/A	N/A	N/A	33	25	75.76%	N/A
Added, 18-25	N/A	N/A	N/A	N/A	N/A	14	9	64.29%	N/A
Wave 1, 26-34	N/A	N/A	N/A	N/A	N/A	417	285	68.35%	N/A
Wave 2, 26-34	N/A	N/A	N/A	N/A	N/A	31	19	61.29%	N/A
Added, 26-34	N/A	N/A	N/A	N/A	N/A	3	3	100.00%	N/A
Wave 1, 35-49	N/A	N/A	N/A	N/A	N/A	513	341	66.47%	N/A
Wave 2, 35-49	N/A	N/A	N/A	N/A	N/A	42	27	64.29%	N/A
Added, 35-49	N/A	N/A	N/A	N/A	N/A	2	1	50.00%	N/A
Wave 1, 50+	N/A	N/A	N/A	N/A	N/A	448	299	66.74%	N/A
Wave 2, 50+	N/A	N/A	N/A	N/A	N/A	35	19	54.29%	N/A
Added, 50+	N/A	N/A	N/A	N/A	N/A	2	1	50.00%	N/A

DU = dwelling unit; N/A = not applicable.

Table B-3 2012 Questionnaire Field Test Weighted Screening and Interview Response Rates, by State

State	Total Selected DUs	Total Eligible DUs	Weighted DU Eligibility Rate	Total Completed Screeners	Weighted DU Screening Response Rate	Total Selected	Total Respon-dents	Weighted Interview Response Rate	Weighted Overall Response Rate
Overall	5,358	4,623	86.24%	3,837	83.58%	2,823	2,044	69.04%	57.71%
AL	127	85	66.96%	70	82.32%	60	45	66.68%	54.89%
AZ	72	66	91.66%	48	72.82%	26	14	48.31%	35.18%
CA	533	482	90.56%	347	71.61%	262	170	59.99%	42.96%
CO	124	117	94.34%	73	62.31%	54	33	53.11%	33.09%
CT	108	93	86.43%	78	83.46%	60	41	56.67%	47.29%
FL	450	364	80.31%	288	79.01%	219	169	71.63%	56.60%
GA	137	125	91.23%	105	84.06%	74	60	81.55%	68.55%
IL	230	189	82.15%	136	71.85%	97	72	68.04%	48.88%
IN	170	127	75.42%	110	86.41%	79	63	74.13%	64.05%
KS	30	28	92.75%	26	92.18%	29	19	68.94%	63.55%
KY	85	67	78.77%	63	93.99%	38	28	72.09%	67.76%
LA	140	117	83.66%	104	88.91%	75	66	86.13%	76.58%
MA	107	103	96.58%	82	79.39%	53	33	64.88%	51.51%
MD	75	71	94.67%	56	78.88%	34	32	93.95%	74.11%
ME	46	42	90.99%	39	94.59%	19	12	63.02%	59.61%
MI	207	186	89.85%	154	82.81%	122	86	72.57%	60.09%
MN	72	65	90.27%	61	93.78%	46	36	76.87%	72.09%
MO	47	44	93.56%	39	88.63%	29	16	58.84%	52.15%
MT	22	21	95.45%	19	90.48%	20	16	82.53%	74.67%
NC	102	87	85.30%	77	88.47%	60	50	82.97%	73.40%
NE	84	75	89.25%	69	92.09%	41	25	52.86%	48.68%
NH	28	28	100.00%	23	82.14%	14	11	85.12%	69.92%
NJ	155	134	86.46%	123	91.82%	76	52	72.13%	66.24%
NM	20	16	80.00%	16	100.00%	5	4	79.55%	79.55%
NV	51	45	88.24%	41	91.11%	40	33	85.79%	78.17%
NY	326	277	84.98%	197	71.08%	177	105	57.98%	41.21%
OH	254	210	82.97%	187	89.17%	129	103	73.94%	65.94%
OK	119	100	83.48%	86	86.28%	60	40	67.31%	58.08%
OR	16	15	93.75%	15	100.00%	11	8	69.91%	69.91%
PA	308	278	90.28%	242	87.07%	179	121	65.52%	57.05%
SC	64	53	82.86%	46	86.67%	40	31	82.07%	71.13%
TN	112	99	88.38%	88	88.92%	71	51	65.53%	58.27%
TX	284	260	91.68%	233	89.57%	203	146	65.90%	59.03%
UT	102	85	83.55%	79	92.87%	72	63	84.60%	78.56%
VA	190	185	97.24%	169	91.46%	115	83	69.95%	63.98%
WA	162	139	85.80%	114	82.03%	53	46	87.62%	71.88%
WI	132	98	71.93%	90	91.39%	51	38	70.17%	64.12%
WV	67	47	70.15%	44	93.61%	30	23	71.01%	66.47%

DU = dwelling unit.

Table B-4 2012 Questionnaire Field Test Unweighted Screening and Interview Response Rates, by State

State	Total Selected DUs	Total Eligible DUs	DU Eligibility Rate	Total Completed Screeners	DU Screening Response Rate	Total Selected	Total Respon-dents	Interview Response Rate	Overall Response Rate
Overall	5,358	4,623	86.28%	3,837	83.00%	2,823	2,044	72.41%	60.09%
AL	127	85	66.93%	70	82.35%	60	45	75.00%	61.76%
AZ	72	66	91.67%	48	72.73%	26	14	53.85%	39.16%
CA	533	482	90.43%	347	71.99%	262	170	64.89%	46.71%
CO	124	117	94.35%	73	62.39%	54	33	61.11%	38.13%
CT	108	93	86.11%	78	83.87%	60	41	68.33%	57.31%
FL	450	364	80.89%	288	79.12%	219	169	77.17%	61.06%
GA	137	125	91.24%	105	84.00%	74	60	81.08%	68.11%
IL	230	189	82.17%	136	71.96%	97	72	74.23%	53.41%
IN	170	127	74.71%	110	86.61%	79	63	79.75%	69.07%
KS	30	28	93.33%	26	92.86%	29	19	65.52%	60.84%
KY	85	67	78.82%	63	94.03%	38	28	73.68%	69.29%
LA	140	117	83.57%	104	88.89%	75	66	88.00%	78.22%
MA	107	103	96.26%	82	79.61%	53	33	62.26%	49.57%
MD	75	71	94.67%	56	78.87%	34	32	94.12%	74.23%
ME	46	42	91.30%	39	92.86%	19	12	63.16%	58.65%
MI	207	186	89.86%	154	82.80%	122	86	70.49%	58.36%
MN	72	65	90.28%	61	93.85%	46	36	78.26%	73.44%
MO	47	44	93.62%	39	88.64%	29	16	55.17%	48.90%
MT	22	21	95.45%	19	90.48%	20	16	80.00%	72.38%
NC	102	87	85.29%	77	88.51%	60	50	83.33%	73.75%
NE	84	75	89.29%	69	92.00%	41	25	60.98%	56.10%
NH	28	28	100.00%	23	82.14%	14	11	78.57%	64.54%
NJ	155	134	86.45%	123	91.79%	76	52	68.42%	62.80%
NM	20	16	80.00%	16	100.00%	5	4	80.00%	80.00%
NV	51	45	88.24%	41	91.11%	40	33	82.50%	75.17%
NY	326	277	84.97%	197	71.12%	177	105	59.32%	42.19%
OH	254	210	82.68%	187	89.05%	129	103	79.84%	71.10%
OK	119	100	84.03%	86	86.00%	60	40	66.67%	57.33%
OR	16	15	93.75%	15	100.00%	11	8	72.73%	72.73%
PA	308	278	90.26%	242	87.05%	179	121	67.60%	58.84%
SC	64	53	82.81%	46	86.79%	40	31	77.50%	67.26%
TN	112	99	88.39%	88	88.89%	71	51	71.83%	63.85%
TX	284	260	91.55%	233	89.62%	203	146	71.92%	64.45%
UT	102	85	83.33%	79	92.94%	72	63	87.50%	81.32%
VA	190	185	97.37%	169	91.35%	115	83	72.17%	65.93%
WA	162	139	85.80%	114	82.01%	53	46	86.79%	71.18%
WI	132	98	74.24%	90	91.84%	51	38	74.51%	68.43%
WV	67	47	70.15%	44	93.62%	30	23	76.67%	71.77%

DU = dwelling unit.

Appendix C: Missing Data Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Instrument

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Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Race (QD05[5])	R	Added response categories for Guamanian or Chamorro and Samoan.	2,044	4	0.1
Are you currently serving full-time in a Reserve component? (V2b)	N	Added two questions about serving in reserve components.	4	0	0.0*
Have you ever served on active duty in the United States Armed Forces or Reserve components? (QD10a)	N	Added three questions about active-duty U.S. military service.	115	0	0.0
When did you serve on active duty in the United States Armed Forces or Reserve components? (QD10b1[5])	N	Added three questions about active-duty U.S. military service.	83	0	0.0*
Did you ever serve on active duty in the U.S. Armed Forces or Reserve components in a military combat zone or an area where you drew imminent danger pay or hostile fire pay? (QD10c)	N	Added three questions about active-duty U.S. military service.	83	0	0.0*
What is the highest grade or year of school you have completed? (QD11)	R	Changed response categories.	2,044	0	0.0
Previously served as a proxy for another respondent? (PREVCOM)	N	Added two questions to determine if R had previously served as a proxy.	1,351	0	0.0
Previously completed any part of this interview yourself, including answering questions on behalf of a member of your household? (PREVCOM2)	N	Added two questions to determine if R had previously served as a proxy.	3	0	0.0*
Use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." (CG25)	R	Edited to include all forms of smokeless tobacco.	2,044	1	0.0
How old were you the first time you used "smokeless" tobacco? (CG26)	R	Edited to include all forms of smokeless tobacco.	332	0	0.0
Did you first use "smokeless" tobacco in [YEAR] or [YEAR]? CG26a	R	Edited to include all forms of smokeless tobacco.	21	0	0.0*
Did you first use "smokeless" tobacco in [YEAR]? (CG26b)	R	Edited to include all forms of smokeless tobacco.	7	0	0.0*
In what month in [CURRENT YEAR] did you first use "smokeless" tobacco? (CG26c)	R	Edited to include all forms of smokeless tobacco.	6	0	0.0*
In what month in [YEAR FROM CG26a or CG26b] did you first use "smokeless" tobacco? (CG26d)	R	Edited to include all forms of smokeless tobacco.	28	1	2.2*
During the past 30 days, have you used "smokeless" tobacco? (CG27)	R	Edited to include all forms of smokeless tobacco.	332	0	0.0
How long has it been since you last used "smokeless" tobacco? (CG28)	R	Edited to include all forms of smokeless tobacco.	233	1	0.1

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
During the past 30 days, on how many days did you use "smokeless" tobacco? (CG29)	R	Edited to include all forms of smokeless tobacco.	99	2	0.8*
During the past 30 days, on how many days did you have [Insert #] or more drinks on the same occasion? (AL08)	R	Changed question wording for women to "4 or more drinks."	916	11	0.7
Ever used Ketamine (LS01i)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and *Salvia divinorum* use.	2,044	2	0.2
Ever used DMT, AMT, or Foxy (LS01j)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and *Salvia divinorum* use.	2,044	3	0.2
Ever used Salvia divinorum (LS01k)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and *Salvia divinorum* use.	2,044	3	0.3
How long has it been since you last used Ketamine? (LS33)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and *Salvia divinorum*.	25	0	0.0*
How long has it been since you last used DMT, AMT, or Foxy? (LS34)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and *Salvia divinorum*.	14	1	4.1*
How long has it been since you last used Salvia divinorum? (LS35)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and *Salvia divinorum*.	51	0	0.0*
Have you ever, inhaled felt-tip pens, felt-tip markers, or magic markers for kicks or to get high? (IN01h1)	N	Added question to measure use of felt-tip pens, felt-tip markers, or magic markers.	2,044	3	0.0
Have you ever inhaled computer keyboard cleaner, also known as air duster, for kicks or to get high? (IN01ii)	N	Added question to measure use computer keyboard cleaner, also known as air duster.	2,044	2	0.0
Have you ever used methamphetamine? (ME01)	N	Added to measure use of methamphetamine.	2,044	1	0.1
How old were you the first time you used methamphetamine? (ME02)	N	Added to measure use of methamphetamine.	112	0	0.0
Did you first use methamphetamine in [YEAR]? (ME03a)	N	Added to measure use of methamphetamine.	2	0	0.0*
In what month in [YEAR] did you first use methamphetamine? (ME03c)	N	Added to measure use of methamphetamine.	1	0	0.0*
In what month in [YEAR] did you first use methamphetamine? (ME03d)	N	Added to measure use of methamphetamine.	2	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
How long has it been since you last used methamphetamine? (MELAST3)	N	Added to measure use of methamphetamine.	112	0	0.0
How many days you've used methamphetamine during the past 12 months. (MEFRAME3)	N	Added to measure use of methamphetamine.	12	0	0.0*
How many days in the past 12 months did you use methamphetamine? (MEYRAVE)	N	Added to measure use of methamphetamine.	3	0	0.0*
How many days did you use methamphetamine each month during the past 12 months? (MEMONAVE)	N	Added to measure use of methamphetamine.	5	0	0.0*
How many days did you use methamphetamine each week during the past 12 months? (MEWKAVE)	N	Added to measure use of methamphetamine.	4	0	0.0*
During the past 30 days, on how many days did you use methamphetamine? (ME06)	N	Added to measure use of methamphetamine.	9	0	0.0*
In the past 12 months, which, if any, of these pain relievers have you used? (PR01[5])	N	Added questions to indicate use of prescription pain relievers.	2,044	21	0.6
In the past 12 months, which, if any, of these pain relievers have you used? (PR02[5])	N	Added questions to indicate use of prescription pain relievers.	2,044	19	0.4
In the past 12 months, which, if any, of these pain relievers have you used? (PR03[5])	N	Added questions to indicate use of prescription pain relievers.	2,044	19	0.4
In the past 12 months, which, if any, of these pain relievers have you used? (PR04[5])	N	Added questions to indicate use of prescription pain relievers.	2,044	17	0.4
In the past 12 months, which, if any, of these pain relievers have you used? (PR05[5])	N	Added questions to indicate use of prescription pain relievers.	2,044	23	0.4
In the past 12 months, which, if any, of these pain relievers have you used? (PR06[5])	N	Added questions to indicate use of prescription pain relievers.	2,044	15	0.3
In the past 12 months, which, if any, of these pain relievers have you used? (PR07[5])	N	Added questions to indicate use of prescription pain relievers.	2,044	16	0.3
In the past 12 months, which, if any, of these pain relievers have you used? (PR08[5])	N	Added questions to indicate use of prescription pain relievers.	2,044	16	0.3
In the past 12 months, which, if any, of these pain relievers have you used? (PR09[5])	N	Added questions to indicate use of prescription pain relievers.	2,044	16	0.3
In the past 12 months, which, if any, of these pain relievers have you used? (PR10[5])	N	Added questions to indicate use of prescription pain relievers.	2,044	16	0.3
In the past 12 months, have you used any other prescription pain reliever? (PR11)	N	Added questions to indicate use of prescription pain relievers.	2,044	12	0.3
Have you ever used any prescription pain reliever? (PR12)	N	Added questions to indicate use of prescription pain relievers.	1,311	21	0.9

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In the past 12 months, which, if any, of these tranquilizers have you used? (TR01[5])	N	Added questions to indicate use of prescription tranquilizers.	2,044	11	0.2
In the past 12 months, which, if any, of these tranquilizers have you used? (TR02[5])	N	Added questions to indicate use of prescription tranquilizers.	2,044	10	0.2
In the past 12 months, which, if any, of these tranquilizers have you used? (TR03[5])	N	Added questions to indicate use of prescription tranquilizers.	2,044	10	0.2
In the past 12 months, which, if any, of these tranquilizers have you used? (TR04[5])	N	Added questions to indicate use of prescription tranquilizers.	2,044	10	0.2
In the past 12 months, which, if any, of these tranquilizers have you used? (TR05[5])	N	Added questions to indicate use of prescription tranquilizers.	2,044	11	0.2
In the past 12 months, have you used any other prescription tranquilizer? (TR06)	N	Added questions to indicate use of prescription tranquilizers.	2,044	2	0.3
Have you ever, even once, used any prescription tranquilizer? (TR07)	N	Added questions to indicate use of prescription tranquilizers.	1,763	6	0.2
In the past 12 months, which, if any, of these stimulants have you used? (ST01[5])	N	Added questions to indicate use of prescription stimulants.	2,044	11	0.2
In the past 12 months, which, if any, of these stimulants have you used? (ST02[5])	N	Added questions to indicate use of prescription stimulants.	2,044	11	0.2
In the past 12 months, which, if any, of these stimulants have you used? (ST03[5])	N	Added questions to indicate use of prescription stimulants.	2,044	10	0.2
In the past 12 months, which, if any, of these stimulants have you used? (ST04[5])	N	Added questions to indicate use of prescription stimulants.	2,044	11	0.2
In the past 12 months, which, if any, of these stimulants have you used? (ST05[5])	N	Added questions to indicate use of prescription stimulants.	2,044	12	0.3
In the past 12 months, have you used any other prescription stimulant? (ST06)	N	Added questions to indicate use of prescription stimulants.	2,044	6	0.4
Have you ever, even once, used any prescription stimulant? (ST07)	N	Added questions to indicate use of prescription stimulants.	1,885	4	0.1
In the past 12 months, which, if any, of these sedatives have you used? (SV01[5])	N	Added questions to indicate use of prescription sedatives.	2,044	11	0.2
In the past 12 months, which, if any, of these sedatives have you used? (SV02[5])	N	Added questions to indicate use of prescription sedatives.	2,044	10	0.2
In the past 12 months, which, if any, of these sedatives have you used? (SV03[5])	N	Added questions to indicate use of prescription sedatives.	2,044	10	0.2
In the past 12 months, which, if any, of these sedatives have you used? (SV04[5])	N	Added questions to indicate use of prescription sedatives.	2,044	9	0.2

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In the past 12 months, which, if any, of these sedatives have you used? (SV05[5])	N	Added questions to indicate use of prescription sedatives.	2,044	10	0.2
In the past 12 months, have you used any other prescription sedative? (SV06)	N	Added questions to indicate use of prescription sedatives.	2,044	3	0.3
Have you ever used any prescription sedative? (SV07)	N	Added questions to indicate use of prescription sedatives.	1,913	8	0.2
Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it? (PRL01)	N	Added questions to indicate misuse of prescription pain relievers.	431	0	0.0
In the past 12 months, did you use Vicodin in any way a doctor did not direct you to use it? (PRY01)	N	Added questions to indicate misuse of prescription pain relievers.	243	0	0.0
How old were you when you first used Vicodin in a way a doctor did not direct you to use it? (PRY01a)	N	Added questions to indicate misuse of prescription pain relievers.	59	1	1.6*
Did you first use Vicodin in a way a doctor did not direct you to use it in [YEAR]? (PRY01b)	N	Added questions to indicate misuse of prescription pain relievers.	14	0	0.0*
Did you first use Vicodin in a way a doctor did not direct you to use it in [YEAR? (PRY01c)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
In what month in [PRYFU1] did you first use Vicodin in a way a doctor did not direct you to use it? (PRY01d)	N	Added questions to indicate misuse of prescription pain relievers.	21	0	0.0*
In the past 12 months, did you use Lortab in a way a doctor did not direct you to use it? (PRY02)	N	Added questions to indicate misuse of prescription pain relievers.	107	1	0.5
How old were you when you first used Lortab in a way a doctor did not direct you to use it? (PRY02a)	N	Added questions to indicate misuse of prescription pain relievers.	26	1	1.9*
Did you first use Lortab in a way a doctor did not direct you to use it in [YEAR]? (PRY02b)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
Did you first use Lortab in a way a doctor did not direct you to use it in [YEAR]? (PRY02c)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In what month in [PRYFU2] did you first use Lortab in a way a doctor did not direct you to use it? (PRY02d)	N	Added questions to indicate misuse of prescription pain relievers.	8	0	0.0*
In the past 12 months, did you use Lorcet in any way a doctor did not direct you to use it? (PRY03)	N	Added questions to indicate misuse of prescription pain relievers.	26	0	0.0*
How old were you when you first used Lorcet in a way a doctor did not direct you to use it? (PRY03a)	N	Added questions to indicate misuse of prescription pain relievers.	7	0	0.0*
In what month in [PRYFU3] did you first use Lorcet in a way a doctor did not direct you to use it? (PRY03d)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In the past 12 months, did you use hydrocodone in any way a doctor did not direct you to use it? (PRY04)	N	Added questions to indicate misuse of prescription pain relievers.	265	1	0.2
How old were you when you first used hydrocodone in a way a doctor did not direct you to use it? (PRY04a)	N	Added questions to indicate misuse of prescription pain relievers	49	4	10.3*
Did you first use hydrocodone in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY04b)	N	Added questions to indicate misuse of prescription pain relievers.	15	0	0.0*
Did you first use hydrocodone in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY04c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU4] did you first use hydrocodone in a way a doctor did not direct you to use it? (PRY04d)	N	Added questions to indicate misuse of prescription pain relievers.	18	2	12.8*
In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it? (PRY05)	N	Added questions to indicate misuse of prescription pain relievers.	60	0	0.0*
How old were you when you first used OxyContin in a way a doctor did not direct you to use it? (PRY05a)	N	Added questions to indicate misuse of prescription pain relievers.	24	0	0.0*
Did you first use OxyContin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY05b)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
Did you first use OxyContin in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY05c)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
In what month in [PRYFU5] did you first use OxyContin in a way a doctor did not direct you to use it? (PRY05d)	N	Added questions to indicate misuse of prescription pain relievers.	8	1	13.4*
In the past 12 months, did you use Percocet in any way a doctor did not direct you to use it? (PRY06)	N	Added questions to indicate misuse of prescription pain relievers.	132	1	0.4
How old were you when you first used Percocet in a way a doctor did not direct you to use it? (PRY06a)	N	Added questions to indicate misuse of prescription pain relievers.	29	0	0.0*
Did you first use Percocet in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY06b)	N	Added questions to indicate misuse of prescription pain relievers.	9	0	0.0*
In what month in [PRYFU6] did you first use Percocet in a way a doctor did not direct you to use it? (PRY06d)	N	Added questions to indicate misuse of prescription pain relievers.	11	1	9.2*
In the past 12 months, did you use Percodan in any way a doctor did not direct you to use it? (PRY07)	N	Added questions to indicate misuse of prescription pain relievers.	11	0	0.0*
How old were you when you first used Percodan in a way a doctor did not direct you to use it? (PRY07a)	N	Added questions to indicate misuse of prescription pain relievers.	5	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Did you first use Percodan in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY07b)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In what month in [PRYFU7] did you first use Percodan in a way a doctor did not direct you to use it? (PRY07d)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In the past 12 months, did you use Tylox in any way a doctor did not direct you to use it? (PRY08)	N	Added questions to indicate misuse of prescription pain relievers.	8	0	0.0*
How old were you when you first used Tylox in a way a doctor did not direct you to use it? (PRY08a)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use oxycodone in any way a doctor did not direct you to use it? (PRY09)	N	Added questions to indicate misuse of prescription pain relievers.	128	1	0.4
How old were you when you first used oxycodone in a way a doctor did not direct you to use it? (PRY09a)	N	Added questions to indicate misuse of prescription pain relievers.	31	0	0.0*
Did you first use oxycodone in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY09b)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
Did you first use oxycodone in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY09c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU9] did you first use oxycodone in a way a doctor did not direct you to use it? (PRY09d)	N	Added questions to indicate misuse of prescription pain relievers.	13	3	24.7*
How old were you when you first used Darvocet in a way a doctor did not direct you to use it? (PRY10)	N	Added questions to indicate misuse of prescription pain relievers.	24	0	0.0*
How old were you when you first used Darvocet in a way a doctor did not direct you to use it? (PRY10a)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use Darvon in any way a doctor did not direct you to use it? (PRY11)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
In the past 12 months, did you use propoxyphene in any way a doctor did not direct you to use it? (PRY12)	N	Added questions to indicate misuse of prescription pain relievers.	8	0	0.0*
How old were you when you first used propoxyphene in a way a doctor did not direct you to use it? (PRY12a)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use Ultram in any way a doctor did not direct you to use it? (PRY13)	N	Added questions to indicate misuse of prescription pain relievers.	40	1	1.3*
How old were you when you first used Ultram in a way a doctor did not direct you to use it? (PRY13a)	N	Added questions to indicate misuse of prescription pain relievers.	9	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Did you first use Ultram in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY13b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
Did you first use Ultram in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY13c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU13] did you first use Ultram in a way a doctor did not direct you to use it? (PRY13d)	N	Added questions to indicate misuse of prescription pain relievers.	3	1	35.4*
In the past 12 months, did you use Ultram ER in any way a doctor did not direct you to use it? (PRY14)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
In the past 12 months, did you use Ultracet in any way a doctor did not direct you to use it? (PRY15)	N	Added questions to indicate misuse of prescription pain relievers.	5	0	0.0*
How old were you when you first used Ultracet in a way a doctor did not direct you to use it? (PRY15a)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
Did you first use Ultracet in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY15b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU15] did you first use Ultracet in a way a doctor did not direct you to use it? (PRY15d)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use Ryzolt in any way a doctor did not direct you to use it? (PRY16)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use tramadol in any way a doctor did not direct you to use it? (PRY17)	N	Added questions to indicate misuse of prescription pain relievers.	90	0	0.0*
How old were you when you first used tramadol in a way a doctor did not direct you to use it? (PRY17a)	N	Added questions to indicate misuse of prescription pain relievers.	14	0	0.0*
Did you first use tramadol in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY17b)	N	Added questions to indicate misuse of prescription pain relievers.	7	0	0.0*
In what month in [PRYFU17] did you first use tramadol in a way a doctor did not direct you to use it? (PRY17d)	N	Added questions to indicate misuse of prescription pain relievers.	7	1	11.3*
In the past 12 months, did you use Tylenol with codeine 3 or 4 in any way a doctor did not direct you to use it? (PRY18)	N	Added questions to indicate misuse of prescription pain relievers.	234	3	0.9
How old were you when you first used Tylenol with codeine 3 or 4 in a way a doctor did not direct you to use it? (PRY18a)	N	Added questions to indicate misuse of prescription pain relievers.	43	1	2.4*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Did you first use Tylenol with codeine 3 or 4 in a way a doctor did not direct you to use it in [CURRENT YEAR – 1] or [CURRENT YEAR]? (PRY18b)	N	Added questions to indicate misuse of prescription pain relievers.	12	0	0.0*
Did you first use Tylenol with codeine in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY18c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU18] did you first use Tylenol with codeine in a way a doctor did not direct you to use it? (PRY18d)	N	Added questions to indicate misuse of prescription pain relievers.	14	2	12.1*
In the past 12 months, did you use codeine pills in any way a doctor did not direct you to use them? (PRY19)	N	Added questions to indicate misuse of prescription pain relievers.	47	0	0.0*
How old were you when you first used codeine pills in a way a doctor did not direct you to use them? (PRY19a)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
Did you first use codeine pills in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY19b)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In what month in [PRYFU19] did you first use codeine pills in a way a doctor did not direct you to use it? (PRY19d)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use Avinza in any way a doctor did not direct you to use it? (PRY20)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
In the past 12 months, did you use Kadian in any way a doctor did not direct you to use it? (PRY21)	N	Added questions to indicate misuse of prescription pain relievers.	6	0	0.0*
How old were you when you first used Kadian in a way a doctor did not direct you to use it? (PRY21a)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use MS Contin in any way a doctor did not direct you to use it? (PRY22)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use morphine in any way a doctor did not direct you to use it? (PRY24)	N	Added questions to indicate misuse of prescription pain relievers.	74	0	0.0*
How old were you when you first used morphine in a way a doctor did not direct you to use it? (PRY24a)	N	Added questions to indicate misuse of prescription pain relievers.	11	0	0.0*
Did you first use morphine in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY24b)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
In what month in [PRYFU24] did you first use morphine in a way a doctor did not direct you to use it? (PRY24d)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use Actiq in any way a doctor did not direct you to use it? (PRY25)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In the past 12 months, did you use Duragesic in any way a doctor did not direct you to use it? (PRY26)	N	Added questions to indicate misuse of prescription pain relievers.	6	0	0.0*
In the past 12 months, did you use Fentora in any way a doctor did not direct you to use it? (PRY27)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use fentanyl in any way a doctor did not direct you to use it? (PRY28)	N	Added questions to indicate misuse of prescription pain relievers.	13	0	0.0*
How old were you when you first used fentanyl in a way a doctor did not direct you to use it? (PRY28a)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
Did you first use fentanyl in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY28b)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In what month in [PRYFU28] did you first use fentanyl in a way a doctor did not direct you to use it? (PRY28d)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In the past 12 months, did you use Suboxone in any way a doctor did not direct you to use it? (PRY29)	N	Added questions to indicate misuse of prescription pain relievers.	20	0	0.0*
How old were you when you first used Suboxone in a way a doctor did not direct you to use it? (PRY29a)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
Did you first use Suboxone in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY29b)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In what month in [PRYFU29] did you first use Suboxone in a way a doctor did not direct you to use it? (PRY29d)	N	Added questions to indicate misuse of prescription pain relievers.	6	0	0.0*
In the past 12 months, did you use Subutex in any way a doctor did not direct you to use it? (PRY30)	N	Added questions to indicate misuse of prescription pain relievers.	13	0	0.0*
How old were you when you first used Subutex in a way a doctor did not direct you to use it? (PRY30a)	N	Added questions to indicate misuse of prescription pain relievers.	5	0	0.0*
Did you first use Subutex in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY30b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
Did you first use Subutex in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (PRY30c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU30] did you first use Subutex in a way a doctor did not direct you to use it? (PRY30d)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use buprenorphine in any way a doctor did not direct you to use it? (PRY31)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
How old were you when you first used buprenorphine in a way a doctor did not direct you to use it? (PRY31a)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use Demerol in any way a doctor did not direct you to use it? (PRY32)	N	Added questions to indicate misuse of prescription pain relievers.	14	0	0.0*
How old were you when you first used Demerol in a way a doctor did not direct you to use it? (PRY32a)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
Did you first use Demerol in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY32b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU32] did you first use Demerol in a way a doctor did not direct you to use it? (PRY32d)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use Dilaudid in any way a doctor did not direct you to use it? (PRY33)	N	Added questions to indicate misuse of prescription pain relievers.	25	0	0.0*
How old were you when you first used Dilaudid in a way a doctor did not direct you to use it? (PRY33a)	N	Added questions to indicate misuse of prescription pain relievers.	9	0	0.0*
Did you first use Dilaudid in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY33b)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
In what month in [PRYFU33] did you first use Dilaudid in a way a doctor did not direct you to use it? (PRY33d)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In the past 12 months, did you use methadone in any way a doctor did not direct you to use it? (PRY34)	N	Added questions to indicate misuse of prescription pain relievers.	18	0	0.0*
How old were you when you first used methadone in a way a doctor did not direct you to use it? (PRY34a)	N	Added questions to indicate misuse of prescription pain relievers.	9	0	0.0*
Did you first use methadone in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY34b)	N	Added questions to indicate misuse of prescription pain relievers.	4	0	0.0*
In what month in [PRYFU34] did you first use methadone in a way a doctor did not direct you to use it? (PRY34d)	N	Added questions to indicate misuse of prescription pain relievers.	5	0	0.0*
In the past 12 months, did you use Opana in any way a doctor did not direct you to use it? (PRY35)	N	Added questions to indicate misuse of prescription pain relievers.	6	0	0.0*
How old were you when you first used Opana in a way a doctor did not direct you to use it? (PRY35a)	N	Added questions to indicate misuse of prescription pain relievers.	5	0	0.0*
Did you first use Opana in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY35b)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In what month in [PRYFU35] did you first use Opana in a way a doctor did not direct you to use it? (PRY35d)	N	Added questions to indicate misuse of prescription pain relievers.	2	1	57.1*
In the past 12 months, did you use Opana ER in any way a doctor did not direct you to use it? (PRY36)	N	Added questions to indicate misuse of prescription pain relievers.	8	0	0.0*
How old were you when you first used Opana ER in a way a doctor did not direct you to use it? (PRY36a)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*
Did you first use Opana ER in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY36b)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In what month in [PRYFU36] did you first use Opana ER in a way a doctor did not direct you to use it? (PRY36d)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
In the past 12 months, did you use Talwin in any way a doctor did not direct you to use it? (PRY38)	N	Added questions to indicate misuse of prescription pain relievers.	7	0	0.0*
How old were you when you first used Talwin in a way a doctor did not direct you to use it? (PRY38a)	N	Added questions to indicate misuse of prescription pain relievers.	2	0	0.0*
Did you first use Talwin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY38b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU38] did you first use Talwin in a way a doctor did not direct you to use it? (PRY38d)	N	Added questions to indicate misuse of prescription pain relievers.	1	1	100.0*
In the past 12 months, did you use Talwin NX in any way a doctor did not direct you to use it? (PRY39)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In the past 12 months, did you use any prescription pain reliever in a way a doctor did not direct you to use it? (PRY40)	N	Added questions to indicate misuse of prescription pain relievers.	180	2	0.7
How old were you when you first used any prescription pain reliever in a way a doctor did not direct you to use it? (PRY40a)	N	Added questions to indicate misuse of prescription pain relievers.	10	0	0.0*
Did you first use any prescription pain reliever in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (PRY40b)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
Did you first use any prescription pain reliever in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR – 1]? (PRY40c)	N	Added questions to indicate misuse of prescription pain relievers.	1	0	0.0*
In what month in [PRYFU40] did you first use any prescription drug in a way a doctor did not direct you to use it? (PRY40d)	N	Added questions to indicate misuse of prescription pain relievers.	3	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Have you ever used any prescription pain reliever in any way a doctor did not direct you to use it? (PRL02)	N	Added questions to indicate misuse of prescription pain relievers.	577	3	0.2
In the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use? (PRM01)	N	Added questions to indicate misuse of prescription pain relievers.	156	1	0.8
During the past 30 days, on how many days did you use [PRNAMEFILL] in any way a doctor did not direct you to use? (PRM02)	N	Added questions to indicate misuse of prescription pain relievers.	52	0	0.0*
During the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use while you were drinking alcohol or within a couple of hours of drinking?(PRM03)	N	Added questions to indicate misuse of prescription pain relievers.	52	0	0.0*
Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? (PRY41[5])	N	Added questions to indicate misuse of prescription pain relievers.	156	4	3.2
Which of these pain relievers did you use the last time? (PRY42A)	N	Added questions to indicate misuse of prescription pain relievers.	73	2	2.6*
What were the reasons you used [PRLASTFILL2] that time? (PRYMOTIV[5])	N	Added questions to indicate misuse of prescription pain relievers.	149	3	1.2
Which was the main reason you used [PRLASTFILL2] that time? (PRYMOT1)	N	Added questions to indicate misuse of prescription pain relievers.	45	0	0.0*
How did you get the [PRLASTFILL]? (PRY42B)	R	Added "fill" and moved from the noncore prior substance use module.	156	4	1.2
How did your friend or relative get the [PRLASTFILL]? (PRY42C)	R	Added "fill" and moved from the noncore prior substance use module.	56	3	5*
Have you ever, even once, used any prescription tranquilizer in any way a doctor did not direct you to use it? (TRL01)	N	Added questions to indicate misuse of prescription tranquilizers.	137	0	0.0
In the past 12 months, did you use Xanax in any way a doctor did not direct you to use it? (TRY01)	N	Added questions to indicate misuse of prescription tranquilizers.	102	0	0.0
How old were you when you first used Xanax in a way a doctor did not direct you to use it? (TRY01a)	N	Added questions to indicate misuse of prescription tranquilizers.	48	0	0.0*
Did you first use Xanax in a way a doctor did not direct you to use it in [YEAR]? (TRY01b)	N	Added questions to indicate misuse of prescription tranquilizers.	7	0	0.0*
In what month in [TRYFU1] did you first use Xanax in a way a doctor did not direct you to use it? (TRY01d)	N	Added questions to indicate misuse of prescription tranquilizers.	16	2	11.1*
In the past 12 months, did you use Xanax XR in a way a doctor did not direct you to use it? (TRY02)	N	Added questions to indicate misuse of prescription tranquilizers.	13	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
How old were you when you first used Xanax XR in a way a doctor did not direct you to use it? (TRY02a)	N	Added questions to indicate misuse of prescription tranquilizers.	5	0	0.0*
In the past 12 months, did you use alprazolam in any way a doctor did not direct you to use it? (TRY03)	N	Added questions to indicate misuse of prescription tranquilizers.	27	0	0.0*
How old were you when you first used alprazolam in a way a doctor did not direct you to use it? (TRY03a)	N	Added questions to indicate misuse of prescription tranquilizers.	10	0	0.0*
Did you first use alprazolam in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY03b)	N	Added questions to indicate misuse of prescription tranquilizers.	3	1	24.7*
In what month in [TRYFU3] did you first use alprazolam in a way a doctor did not direct you to use it? (TRY03d)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In the past 12 months, did you use extended-release alprazolam in any way a doctor did not direct you to use it? (TRY04)	N	Added questions to indicate misuse of prescription tranquilizers.	7	0	0.0*
How old were you when you first used extended-release alprazolam in a way a doctor did not direct you to use it? (TRY04a)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
Did you first use extended-release alprazolam in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY04b)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU4] did you first use extended-release alprazolam in a way a doctor did not direct you to use it? (TRY04d)	N	Added questions to indicate misuse of prescription tranquilizers.	1	1	100*
In the past 12 months, did you use Ativan in any way a doctor did not direct you to use it? (TRY05)	N	Added questions to indicate misuse of prescription tranquilizers.	21	0	0.0*
How old were you when you first used Ativan in a way a doctor did not direct you to use it? (TRY05a)	N	Added questions to indicate misuse of prescription tranquilizers.	8	0	0.0*
In what month in [TRYFU5] did you first use Ativan in a way a doctor did not direct you to use it? (TRY05d)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
In the past 12 months, did you use Klonopin in any way a doctor did not direct you to use it? (TRY06)	N	Added questions to indicate misuse of prescription tranquilizers.	32	0	0.0*
How old were you when you first used Klonopin in a way a doctor did not direct you to use it? (TRY06a)	N	Added questions to indicate misuse of prescription tranquilizers.	12	0	0.0*
Did you first use Klonopin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY06b)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In what month in [TRYFU6] did you first use Klonopin in a way a doctor did not direct you to use it? (TRY06d)	N	Added questions to indicate misuse of prescription tranquilizers.	3	0	0.0*
In the past 12 months, did you use lorazepam in any way a doctor did not direct you to use it? (TRY07)	N	Added questions to indicate misuse of prescription tranquilizers.	38	0	0.0*
How old were you when you first used lorazepam in a way a doctor did not direct you to use it? (TRY07a)	N	Added questions to indicate misuse of prescription tranquilizers.	12	0	0.0*
Did you first use lorazepam in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY07b)	N	Added questions to indicate misuse of prescription tranquilizers.	5	0	0.0*
In what month in [TRYFU7] did you first use lorazepam in a way a doctor did not direct you to use it? (TRY07d)	N	Added questions to indicate misuse of prescription tranquilizers.	6	0	0.0*
In the past 12 months, did you use clonazepam in any way a doctor did not direct you to use it? (TRY08)	N	Added questions to indicate misuse of prescription tranquilizers.	40	0	0.0*
How old were you when you first used clonazepam in a way a doctor did not direct you to use it? (TRY08a)	N	Added questions to indicate misuse of prescription tranquilizers.	7	0	0.0*
Did you first use clonazepam in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY08b)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
In what month in [TRYFU8] did you first use clonazepam in a way a doctor did not direct you to use it? (TRY08d)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
In the past 12 months, did you use Valium in any way a doctor did not direct you to use it? (TRY09)	N	Added questions to indicate misuse of prescription tranquilizers.	43	0	0.0*
How old were you when you first used Valium in a way a doctor did not direct you to use it? (TRY09a)	N	Added questions to indicate misuse of prescription tranquilizers.	16	0	0.0*
Did you first use Valium in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY09b)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
Did you first use Valium in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (TRY09c)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU9] did you first use Valium in a way a doctor did not direct you to use it? (TRY09d)	N	Added questions to indicate misuse of prescription tranquilizers.	4	0	0.0*
In the past 12 months, did you use Librium in any way a doctor did not direct you to use it? (TRY10)	N	Added questions to indicate misuse of prescription tranquilizers.	6	0	0.0*
How old were you when you first used Librium in a way a doctor did not direct you to use it? (TRY10a)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In the past 12 months, did you use Tranxene in any way a doctor did not direct you to use it? (TRY11)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
In the past 12 months, did you use diazepam in any way a doctor did not direct you to use it? (TRY12)	N	Added questions to indicate misuse of prescription tranquilizers.	18	0	0.0*
How old were you when you first used diazepam in a way a doctor did not direct you to use it? (TRY12a)	N	Added questions to indicate misuse of prescription tranquilizers.	5	0	0.0*
Did you first use diazepam in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY12b)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU12] did you first use diazepam in a way a doctor did not direct you to use it? (TRY12d)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In the past 12 months, did you use oxazepam, also known as Serax, in any way a doctor did not direct you to use it? (TRY13)	N	Added questions to indicate misuse of prescription tranquilizers.	3	0	0.0*
In the past 12 months, did you use Flexeril in any way a doctor did not direct you to use it? (TRY14)	N	Added questions to indicate misuse of prescription tranquilizers.	74	0	0.0*
How old were you when you first used Flexeril in a way a doctor did not direct you to use it? (TRY14a)	N	Added questions to indicate misuse of prescription tranquilizers.	10	0	0.0*
Did you first use Flexeril in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY14b)	N	Added questions to indicate misuse of prescription tranquilizers.	4	0	0.0*
Did you first use Flexeril in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (TRY14c)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU14] did you first use Flexeril in a way a doctor did not direct you to use it? (TRY14d)	N	Added questions to indicate misuse of prescription tranquilizers.	7	0	0.0*
In the past 12 months, did you use Soma in any way a doctor did not direct you to use it? (TRY15)	N	Added questions to indicate misuse of prescription tranquilizers.	39	0	0.0*
How old were you when you first used Soma in a way a doctor did not direct you to use it? (TRY15a)	N	Added questions to indicate misuse of prescription tranquilizers.	15	0	0.0*
Did you first use Soma in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY15b)	N	Added questions to indicate misuse of prescription tranquilizers.	7	0	0.0*
In what month in [TRYFU15] did you first use Soma in a way a doctor did not direct you to use it? (TRY15d)	N	Added questions to indicate misuse of prescription tranquilizers.	9	1	13.7*

See notes at end of table

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In the past 12 months, did you use buspirone, also known as BuSpar, in any way a doctor did not direct you to use it? (TRY16)	N	Added questions to indicate misuse of prescription tranquilizers.	6	0	0.0*
How old were you when you first used buspirone, also known as BuSpar, in a way a doctor did not direct you to use it? (TRY16a)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
Did you first use buspirone, also known as BuSpar, in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY16b)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU16] did you first use buspirone, also known as BuSpar, in a way a doctor did not direct you to use it? (TRY16d)	N	Added questions to indicate misuse of prescription tranquilizers.	1	1	100.0*
In the past 12 months, did you use hydroxyzine, also known as Atarax or Vistaril, in any way a doctor did not direct you to use it? (TRY17)	N	Added questions to indicate misuse of prescription tranquilizers.	14	0	0.0*
How old were you when you first used hydroxyzine, also known as Atarax or Vistaril, in a way a doctor did not direct you to use it? (TRY17a)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In the past 12 months, did you use meprobamate, also known as Equanil or Miltown, in any way a doctor did not direct you to use it? (TRY18)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
How old were you when you first used meprobamate, also known as Equanil or Miltown, in a way a doctor did not direct you to use it? (TRY18a)	N	Added questions to indicate misuse of prescription tranquilizers.	2	0	0.0*
Did you first use meprobamate, also known as Equanil or Miltown, in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (TRY18b)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*
In what month in [TRYFU18] did you first use meprobamate, also known as Equanil or Miltown, in a way a doctor did not direct you to use it? (TRY18d)	N	Added questions to indicate misuse of prescription tranquilizers.	1	1	100.0*
In the past 12 months, did you use any prescription tranquilizer in a way a doctor did not direct you to use it? (TRY19)	N	Added questions to indicate misuse of prescription tranquilizers.	35	0	0.0*
How old were you when you first used any prescription tranquilizer in a way a doctor did not direct you to use it? (TRY19a)	N	Added questions to indicate misuse of prescription tranquilizers.	1	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Have you ever, even once, used any prescription tranquilizer in any way a doctor did not direct you to use it? (TRL02)	N	Added questions to indicate misuse of prescription tranquilizers.	209	0	0.0
In the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use? (TRM01)	N	Added questions to indicate misuse of prescription tranquilizers.	72	0	0.0*
During the past 30 days, on how many days did you use [TRNAMEFILL] in any way a doctor did not direct you to use? (TRM02)	N	Added questions to indicate misuse of prescription tranquilizers.	24	0	0.0*
During the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use while you were drinking alcohol or within a couple of hours of drinking? (TRM03)	N	Added questions to indicate misuse of prescription tranquilizers.	23	0	0.0*
Which of these statements describe your use of [TRNAMEFILL] at any time in the past 12 months? (TRY20[5])	N	Added questions to indicate misuse of prescription tranquilizers.	72	2	2.1*
Which of these tranquilizers did you use the last time? (TRY21A)	N	Added questions to indicate misuse of prescription tranquilizers.	32	1	2.3*
What were the reasons you used [TRLASTFILL2] that time? (TRYMOTIV[5])	N	Added questions to indicate misuse of prescription tranquilizers.	72	0	0.0*
Which was the main reason you used [TRLASTFILL2] that time? (TRYMOT1)	N	Added questions to indicate misuse of prescription tranquilizers.	25	0	0.0*
Please type in the other way you got the [TRLASTFILL3] (TRY21B)	R	Added "fill" and moved from the noncore prior substance use module.	72	3	2.8*
How did your friend or relative get the [TRLASTFILL]? (TRY21C)	R	Added "fill" and moved from the noncore prior substance use module.	35	0	0.0*
Have you ever, even once, used any prescription stimulant in any way a doctor did not direct you to use it? (STL01)	N	Added questions to indicate misuse of prescription stimulants.	95	0	0.0*
In the past 12 months, did you use Adderall in any way a doctor did not direct you to use it? (STY01)	N	Added questions to indicate misuse of prescription stimulants.	67	0	0.0*
How old were you when you first used Adderall in a way a doctor did not direct you to use it? (STY01a)	N	Added questions to indicate misuse of prescription stimulants.	41	0	0.0*
Did you first use Adderall in a way a doctor did not direct you to use it in [YEAR]? (STY01b)	N	Added questions to indicate misuse of prescription stimulants.	18	0	0.0*
Did you first use Adderall in a way a doctor did not direct you to use it in [YEAR]? (STY01c)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In what month did you first use Adderall in a way a doctor did not direct you to use it? (STY01d)	N	Added questions to indicate misuse of prescription stimulants.	21	2	6.7*
In the past 12 months, did you use Adderall XR in any way a doctor did not direct you to use it? (STY02)	N	Added questions to indicate misuse of prescription stimulants.	45	1	1.2*
How old were you when you first used Adderall XR in a way a doctor did not direct you to use it? (STY02a)	N	Added questions to indicate misuse of prescription stimulants.	22	0	0.0*
Did you first use Adderall XR in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY02b)	N	Added questions to indicate misuse of prescription stimulants.	8	1	8.6*
Did you first use Adderall XR in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (STY02c)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In what month in [STYFU2] did you first use Adderall XR in a way a doctor did not direct you to use it? (STY02d)	N	Added questions to indicate misuse of prescription stimulants.	8	0	0.0*
In the past 12 months, did you use Dexedrine in any way a doctor did not direct you to use it? (STY03)	N	Added questions to indicate misuse of prescription stimulants.	6	0	0.0*
How old were you when you first used Dexedrine in a way a doctor did not direct you to use it? (STY03a)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
Did you first use Dexedrine in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY03b)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In what month in [STYFU3] did you first use Dexedrine in a way a doctor did not direct you to use it? (STY03d)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In the past 12 months, did you use dextroamphetamine in any way a doctor did not direct you to use it? (STY04)	N	Added questions to indicate misuse of prescription stimulants.	5	0	0.0*
How old were you when you first used dextroamphetamine in a way a doctor did not direct you to use it? (STY04a)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
Did you first use dextroamphetamine in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY04b)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In what month in [STYFU4] did you first use dextroamphetamine in a way a doctor did not direct you to use it? (STY04d)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In the past 12 months, did you use mixed amphetamine dextroamphetamine pills other than Adderall in any way a doctor did not direct you to use them? (STY05)	N	Added questions to indicate misuse of prescription stimulants.	16	0	0.0*
How old were you when you first used mixed amphetamine dextroamphetamine pills other than Adderall in a way a doctor did not direct you to use them? (STY05a)	N	Added questions to indicate misuse of prescription stimulants.	6	0	0.0*
Did you first use mixed amphetamine dextroamphetamine pills other than Adderall in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY05b)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In what month in [STYFU5] did you first use mixed amphetamine dextroamphetamine pills other than Adderall in a way a doctor did not direct you to use it? (STY05d)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In the past 12 months, did you use Ritalin in any way a doctor did not direct you to use it? (STY06)	N	Added questions to indicate misuse of prescription stimulants.	17	0	0.0*
How old were you when you first used Ritalin in a way a doctor did not direct you to use it? (STY06a)	N	Added questions to indicate misuse of prescription stimulants.	9	0	0.0*
Did you first use Ritalin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY06b)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
In what month in [STYFU6] did you first use Ritalin in a way a doctor did not direct you to use it? (STY06d)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
In the past 12 months, did you use Ritalin SR or Ritalin LA in any way a doctor did not direct you to use it? (STY07)	N	Added questions to indicate misuse of prescription stimulants.	15	0	0.0*
How old were you when you first used Ritalin SR or Ritalin LA in a way a doctor did not direct you to use it? (STY07a)	N	Added questions to indicate misuse of prescription stimulants.	7	0	0.0*
In what month in [STYFU7] did you first use Ritalin SR or Ritalin LA in a way a doctor did not direct you to use it? (STY07d)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In the past 12 months, did you use Concerta in any way a doctor did not direct you to use it? (STY08)	N	Added questions to indicate misuse of prescription stimulants.	23	0	0.0*
How old were you when you first used Concerta in a way a doctor did not direct you to use it? (STY08a)	N	Added questions to indicate misuse of prescription stimulants.	10	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Did you first use Concerta in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY08b)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
In what month in [STYFU8] did you first use Concerta in a way a doctor did not direct you to use it? (STY08d)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
In the past 12 months, did you use Daytrana in any way a doctor did not direct you to use it? (STY09)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
How old were you when you first used Daytrana in a way a doctor did not direct you to use it? (STY09a)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
Did you first use Daytrana in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY09b)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In what month in [STYFU9] did you first use Daytrana in a way a doctor did not direct you to use it? (STY09d)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In the past 12 months, did you use methylphenidate in any way a doctor did not direct you to use it? (STY10)	N	Added questions to indicate misuse of prescription stimulants.	9	0	0.0*
How old were you when you first used methylphenidate in a way a doctor did not direct you to use it? (STY10a)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In what month in [STYFU10] did you first use methylphenidate in a way a doctor did not direct you to use it? (STY10d)	N	Added questions to indicate misuse of prescription stimulants.	1	1	100.0*
In the past 12 months, did you use Metadate CD in any way a doctor did not direct you to use it? (STY11)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In the past 12 months, did you use Metadate ER in any way a doctor did not direct you to use it? (STY12)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In the past 12 months, did you use Focalin in any way a doctor did not direct you to use it? (STY13)	N	Added questions to indicate misuse of prescription stimulants.	9	0	0.0*
How old were you when you first used Focalin in a way a doctor did not direct you to use it? (STY13a)	N	Added questions to indicate misuse of prescription stimulants.	5	0	0.0*
Did you first use Focalin in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY13b)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In what month in [STYFU13] did you first use Focalin in a way a doctor did not direct you to use it? (STY13d)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In the past 12 months, did you use Focalin XR in any way a doctor did not direct you to use it? (STY14)	N	Added questions to indicate misuse of prescription stimulants.	8	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
How old were you when you first used Focalin XR in a way a doctor did not direct you to use it? (STY14a)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
Did you first use Focalin XR in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY14b)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In what month in [STYFU14] did you first use Focalin XR in a way a doctor did not direct you to use it? (STY14d)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In the past 12 months, did you use dexmethylphenidate in any way a doctor did not direct you to use it? (STY15)	N	Added questions to indicate misuse of prescription stimulants.	6	0	0.0*
How old were you when you first used dexmethylphenidate in a way a doctor did not direct you to use it? (STY15a)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
In what month in [STYFU15] did you first use dexmethylphenidate in a way a doctor did not direct you to use it? (STY15d)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In the past 12 months, did you use benzphetamine in any way a doctor did not direct you to use it? (STY16)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In the past 12 months, did you use Didrex in any way a doctor did not direct you to use it? (STY17)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
In the past 12 months, did you use diethylpropion in any way a doctor did not direct you to use it? (STY18)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
How old were you when you first used diethylpropion in a way a doctor did not direct you to use it? (STY18a)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In the past 12 months, did you use phendimetrazine in any way a doctor did not direct you to use it? (STY19)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In the past 12 months, did you use phentermine in any way a doctor did not direct you to use it? (STY20)	N	Added questions to indicate misuse of prescription stimulants.	17	0	0.0*
How old were you when you first used phentermine in a way a doctor did not direct you to use it? (STY20a)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
Did you first use phentermine in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY20b)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In what month in [STYFU20] did you first use phentermine in a way a doctor did not direct you to use it? (STY20d)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
In the past 12 months, did you use Provigil in any way a doctor did not direct you to use it? (STY21)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In the past 12 months, did you use Tenuate in any way a doctor did not direct you to use it? (STY22)	N	Added questions to indicate misuse of prescription stimulants.	4	0	0.0*
How old were you when you first used Tenuate in a way a doctor did not direct you to use it? (STY22a)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In the past 12 months, did you use Vyvanse in any way a doctor did not direct you to use it? (STY23)	N	Added questions to indicate misuse of prescription stimulants.	20	1	2.4*
How old were you when you first used Vyvanse in a way a doctor did not direct you to use it? (STY23a)	N	Added questions to indicate misuse of prescription stimulants.	8	0	0.0*
Did you first use Vyvanse in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (STY23b)	N	Added questions to indicate misuse of prescription stimulants.	2	0	0.0*
Did you first use Vyvanse in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (STY23c)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
In what month in [STYFU23] did you first use Vyvanse in a way a doctor did not direct you to use it? (STY23d)	N	Added questions to indicate misuse of prescription stimulants.	5	0	0.0*
In the past 12 months, did you use any prescription stimulant in a way a doctor did not direct you to use it? (STY24)	N	Added questions to indicate misuse of prescription stimulants.	29	0	0.0*
How old were you when you first used any prescription stimulant in a way a doctor did not direct you to use it? (STY24a)	N	Added questions to indicate misuse of prescription stimulants.	3	0	0.0*
Have you ever, even once, used any prescription stimulant in any way a doctor did not direct you to use it? (STL02)	N	Added questions to indicate misuse of prescription stimulants.	100	1	0.4
In the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use? (STM01)	N	Added questions to indicate misuse of prescription stimulants.	59	0	0.0*
During the past 30 days, on how many days did you use [STNAMEFILL'] in any way a doctor did not direct you to use? (STM02)	N	Added questions to indicate misuse of prescription stimulants.	18	0	0.0*
During the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use while you were drinking alcohol or within a couple of hours of drinking?(STM03)	N	Added questions to indicate misuse of prescription stimulants.	18	0	0.0*
Which of these statements describe your use of [STNAMEFILL] at any time in the past 12 months? (STY25[5])	N	Added questions to indicate misuse of prescription stimulants.	59	0	0.0*
At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL]? (STY25a)	N	Added questions to indicate misuse of prescription stimulants.	59	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
How long has it been since you last used a needle to inject [STNAMEFILL]? (STY25b)	N	Added questions to indicate misuse of prescription stimulants.	1	0	0.0*
Which of these stimulants did you use the last time? (STY26a)	N	Added questions to indicate misuse of prescription stimulants.	33	2	4.4*
What were the reasons you used [STLASTFILL2] that time? (STYMOTIV[5])	N	Added questions to indicate misuse of prescription stimulants.	58	0	0.0*
Which was the main reason you used [STLASTFILL2] that time? (STYMOT1)	N	Added questions to indicate misuse of prescription stimulants.	26	0	0.0*
How did you get the [STLASTFILL]? (STY26b)	R	Added "fill" and moved from the noncore prior substance use module.	59	1	1.3*
How did your friend or relative get the [STLASTFILL]? (STY26c)	R	Added "fill" and moved from the noncore prior substance use module.	29	1	1.8*
Have you ever, even once, used any prescription sedative in any way a doctor did not direct you to use it? (SVL01)	N	Added questions to indicate misuse of prescription sedatives.	112	0	0.0
In the past 12 months, did you use Ambien in any way a doctor did not direct you to use it? (SVY01)	N	Added questions to indicate misuse of prescription sedatives.	69	0	0.0*
How old were you when you first used Ambien in a way a doctor did not direct you to use it? (SVY01a)	N	Added questions to indicate misuse of prescription sedatives.	10	0	0.0*
Did you first use Ambien in a way a doctor did not direct you to use it in [YEAR]? (SVY01b)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In what month in did you first use Ambien in a way a doctor did not direct you to use it? (SVY01d)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
In the past 12 months, did you use Ambien CR in a way a doctor did not direct you to use it? (SVY02)	N	Added questions to indicate misuse of prescription sedatives.	12	0	0.0*
How old were you when you first used Ambien CR in a way a doctor did not direct you to use it? (SVY02a)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
Did you first use Ambien CR in a way a doctor did not direct you to use it in [YEAR]? (SVY02b)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
In what month in did you first use Ambien CR in a way a doctor did not direct you to use it? (SVY02d)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
In the past 12 months, did you use zolpidem in any way a doctor did not direct you to use it? (SVY03)	N	Added questions to indicate misuse of prescription sedatives.	21	0	0.0*
How old were you when you first used zolpidem in a way a doctor did not direct you to use it? (SVY03a)	N	Added questions to indicate misuse of prescription sedatives.	5	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Did you first use zolpidem in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (SVY03b)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In what month in [SVYFU3] did you first use zolpidem in a way a doctor did not direct you to use it? (SVY03d)	N	Added questions to indicate misuse of prescription sedatives.	4	0	0.0*
In the past 12 months, did you use extended-release zolpidem in any way a doctor did not direct you to use it? (SVY04)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*
How old were you when you first used extended-release zolpidem in a way a doctor did not direct you to use it? (SVY04a)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use Lunesta in any way a doctor did not direct you to use it? (SVY05)	N	Added questions to indicate misuse of prescription sedatives.	18	0	0.0*
How old were you when you first used Lunesta in a way a doctor did not direct you to use it? (SVY05a)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
Did you first use Lunesta in a way a doctor did not direct you to use it in [CURRENT YEAR - 2] or [CURRENT YEAR - 1]? (SVY05c)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In what month in [SVYFU5] did you first use Lunesta in a way a doctor did not direct you to use it? (SVY05d)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
In the past 12 months, did you use Sonata in any way a doctor did not direct you to use it? (SVY06)	N	Added questions to indicate misuse of prescription sedatives.	7	0	0.0*
How old were you when you first used Sonata in a way a doctor did not direct you to use it? (SVY06a)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
In the past 12 months, did you use Dalmane in any way a doctor did not direct you to use it? (SVY08)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use Halcion in any way a doctor did not direct you to use it? (SVY09)	N	Added questions to indicate misuse of prescription sedatives.	4	0	0.0*
How old were you when you first used Halcion in a way a doctor did not direct you to use it? (SVY09a)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use triazolam in any way a doctor did not direct you to use it? (SVY11)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*
In the past 12 months, did you use Restoril in any way a doctor did not direct you to use it? (SVY12)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*
How old were you when you first used Restoril in a way a doctor did not direct you to use it? (SVY12a)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In what month in [SVYFU12] did you first use Restoril in a way a doctor did not direct you to use it? (SVY12d)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use temazepam in any way a doctor did not direct you to use it? (SVY13)	N	Added questions to indicate misuse of prescription sedatives.	10	0	0.0*
In the past 12 months, did you use Butisol in any way a doctor did not direct you to use it? (SVY14)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
How old were you when you first used Butisol in a way a doctor did not direct you to use it? (SVY14a)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
Did you first use Butisol in a way a doctor did not direct you to use it in [CURRENT YEAR - 1] or [CURRENT YEAR]? (SVY14b)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In what month in [SVYFU14] did you first use Butisol in a way a doctor did not direct you to use it? (SVY14d)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use Seconal in any way a doctor did not direct you to use it? (SVY15)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*
How old were you when you first used Seconal in a way a doctor did not direct you to use it? (SVY15a)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use phenobarbital in any way a doctor did not direct you to use it? (SVY16)	N	Added questions to indicate misuse of prescription sedatives.	3	0	0.0*
How old were you when you first used phenobarbital in a way a doctor did not direct you to use it? (SVY16a)	N	Added questions to indicate misuse of prescription sedatives.	1	0	0.0*
In the past 12 months, did you use any prescription sedative in a way a doctor did not direct you to use it? (SVY17)	N	Added questions to indicate misuse of prescription sedatives.	31	1	0.2*
How old were you when you first used any prescription sedative in a way a doctor did not direct you to use it? (SVY17a)	N	Added questions to indicate misuse of prescription sedatives.	2	0	0.0*
Have you ever, even once, used any prescription sedative in any way a doctor did not direct you to use it? (SVL02)	N	Added questions to indicate misuse of prescription sedatives.	112	0	0.0
In the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use ? (SVM01)	N	Added questions to indicate misuse of prescription sedatives.	19	0	0.0*
During the past 30 days, on how many days did you use [SVNAMEFILL] in any way a doctor did not direct you to use? (SVM02)	N	Added questions to indicate misuse of prescription sedatives.	6	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
During the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use while you were drinking alcohol or within a couple of hours of drinking?(SVM03)	N	Added questions to indicate misuse of prescription sedatives.	6	0	0.0*
Which of these statements describe your use of [SVNAMEFILL] at any time in the past 12 months? (SVY18[5])	N	Added questions to indicate misuse of prescription sedatives.	19	0	0.0*
Which of these sedatives did you use the last time? (SVY19a)	N	Added questions to indicate misuse of prescription sedatives.	7	0	0.0*
What were the reasons you used [SVLASTFILL2] that time? (SVYMOTIV[5])	N	Added questions to indicate misuse of prescription sedatives.	18	0	0.0*
Which was the main reason you used [SVLASTFILL] that time? (SVYMOT1)	N	Added questions to indicate misuse of prescription sedatives.	4	0	0.0*
How did you get the [SVLASTFILL]? (SVY19B)	R	Added "fill" and moved from the noncore prior substance use module.	19	1	2.2*
How did your friend or relative get the [SVLASTFILL]? (SVY19C)	R	Added "fill" and moved from the noncore prior substance use module.	7	0	0.0*
Have you ever, even once, used a needle to inject any drug that was not prescribed for you? (SD15)	M	QFT SD15 is similar to 2012 SD10c, with edits to the wording to ask about any other drug and to remove "only for the experience or feeling that it caused."	2,044	0	0.0
Was any of your marijuana use in the past 12 months recommended by a doctor? (MJMM)	N	New medical marijuana questions in blunts module	344	0	0.0
Was all of your marijuana use in the past 12 months recommended by a doctor? (MJMM01)	N	New medical marijuana questions in blunts module	15	0	0.0*
During the past 12 months, was there a month or more when you spent a lot of your time getting or using methamphetamine? (DRME01)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the methamphetamine you used? (DRME02)	N	New questions about dependence and abuse of methamphetamine	7	0	0.0*
During the past 12 months, did you try to set limits on how often or how much methamphetamine you would use? (DRME04)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
Were you able to keep to the limits you set, or did you often use methamphetamine more than you intended to? (DRME05)	N	New questions about dependence and abuse of methamphetamine	4	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
During the past 12 months, did you need to use more methamphetamine than you used to in order to get the effect you wanted? (DRME06)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, did you notice that using the same amount of methamphetamine had less effect on you than it used to? (DRME07)	N	New questions about dependence and abuse of methamphetamine	8	0	0.0*
During the past 12 months, did you want to or try to cut down or stop using methamphetamine? (DRME08)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, were you able to cut down or stop using methamphetamine every time you wanted to or tried to? (DRME09)	N	New questions about dependence and abuse of methamphetamine	5	0	0.0*
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10)	N	New questions about dependence and abuse of methamphetamine	8	0	0.0*
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10a)	N	New questions about dependence and abuse of methamphetamine	6	0	0.0*
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using methamphetamine? (DRME11)	N	New questions about dependence and abuse of methamphetamine	5	0	0.0*
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 using methamphetamine? (DRME12)	N	New questions about dependence and abuse of methamphetamine	5	0	0.0*
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 methamphetamine? (DRME13)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
Did you continue to use methamphetamine even though you thought it was causing you to have problems with your emotions, nerves, or mental health? (DRME14)	N	New questions about dependence and abuse of methamphetamine	4	0	0.0*
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of methamphetamine? (DRME15)	N	New questions about dependence and abuse of methamphetamine	9	0	0.0*
During the past 12 months, did using methamphetamine cause you to give up or spend less time doing these types of important activities? (DRME17)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
During the past 12 months, did using methamphetamine cause you to have serious problems either at home, work, or school? (DRME18)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, did you regularly use methamphetamine and then do something where using methamphetamine might have put you in physical danger? (DRME19)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, did using methamphetamine cause you to do things that repeatedly got you in trouble with the law? (DRME20)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of methamphetamine? (DRME21)	N	New questions about dependence and abuse of methamphetamine	12	0	0.0*
Did you continue to use methamphetamine even though you thought it caused problems with family or friends? (DRME22)	N	New questions about dependence and abuse of methamphetamine	4	0	0.0*
During the past 12 months, was there a month or more when you spent a lot of your time getting or using prescription stimulants? (DRST01)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the prescription stimulants you used? (DRST02)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	51	0	0.0*
During the past 12 months, did you try to set limits on how often or how much prescription stimulants you would use? (DRST04)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
Were you able to keep to the limits you set, or did you often use prescription stimulants more than you intended to? (DRST05)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	19	0	0.0*
During the past 12 months, did you need to use more prescription stimulants than you used to in order to get the effect you wanted? (DRST06)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
During the past 12 months, did you notice that using the same amount of prescription stimulants had less effect on you than it used to? (DRST07)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	47	0	0.0*
During the past 12 months, did you want to or try to cut down or stop using prescription stimulants? (DRST08)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
During the past 12 months, were you able to cut down or stop using prescription stimulants every time you wanted to or tried to? (DRST09)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	19	0	0.0*
During the past 12 months, did you cut down or stop using prescription stimulants at least one time? (DRST10)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	43	0	0.0*
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10a)	N	Question text the same. Universe edited to remove meth users from these stimulant questions.	6	0	0.0*
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using prescription stimulants? (DRST11)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	11	0	0.0*
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 using prescription stimulants? (DRST12)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	10	0	0.0*
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 prescription stimulants? (DRST13)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
Did you continue to use prescription stimulants even though you thought this was causing you to have problems with your emotions, nerves, or mental health? (DRST14)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	8	0	0.0*
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of prescription stimulants? (DRST15)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	55	0	0.0*
Did you continue to use prescription stimulants even though this was causing you to have physical problems? (DRST16)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	1	0	0.0*
During the past 12 months, did using prescription stimulants cause you to give up or spend less time doing these types of important activities? (DRST17)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
During the past 12 months, did using prescription stimulants cause you to have serious problems either at home, work, or school? (DRST18)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
During the past 12 months, did you regularly use prescription stimulants and then do something where using prescription stimulants might have put you in physical danger?(DRST19)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
During the past 12 months, did using prescription stimulants cause you to do things that repeatedly got you in trouble with the law? (DRST20)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of prescription stimulants? (DRST21)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	59	0	0.0*
Did you continue to use prescription stimulants even though you thought this caused problems with family or friends? (DRST22)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	2	0	0.0*
How old were you the last time you used any methamphetamine for kicks or to get high? (LU17)	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	103	2	1.3
Did you last use methamphetamine for kicks or to get high in [YEAR]? (LU17a)	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	6	0	0.0*
Did you last use methamphetamine for kicks or to get high in [YEAR]? (LU17b)	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	1	0	0.0*
In what month did you last use methamphetamine for kicks or to get high? (LU17c)	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	1	0	0.0*
In what month in did you last use methamphetamine for kicks or to get high? (LU17d)	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	7	0	0.0*

See notes at end of table.

(continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Height (HLTH04)	N	New questions about height and weight.	2,043	17	0.5
About how tall are you, without shoes in feet? (HLTH05)	N	New questions about height and weight.	1,926	5	0.1
About how tall are you, without shoes in inches? (HLTH06)	N	New questions about height and weight.	1,991	11	0.3
About how tall are you, without shoes in meters? (HLTH07)	N	New questions about height and weight.	20	1	3.1*
About how tall are you, without shoes in centimeters? (HLTH08)	N	New questions about height and weight.	29	2	3.6*
Weight (HLTH09)	N	New questions about height and weight.	2,043	25	0.9
About how much do you weigh in pounds? (HLTH10)	N	New questions about height and weight.	1,978	16	0.8
About how much do you weigh in kilograms? (HLTH12)	N	New questions about height and weight.	14	1	4.4*
About how much did you weigh before you got pregnant in pounds? (HLTH13)	N	New questions about height and weight.	26	0	0.0*
During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or nurse practitioner about your own health at a doctor's office, a clinic, or some other place? (HLTH19)	N	New questions about health.	2,043	72	2.1
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you smoke cigarettes or use any other tobacco products? (HLTH20a)	N	New questions about health.	1,696	19	0.7
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you drink alcohol? (HLTH20b)	N	New questions about health.	1,696	21	0.8
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you use illegal drugs? (HLTH20c)	N	New questions about health.	1,696	21	1.2
During the past 12 months, did any doctor or other health care professional advise you to quit smoking cigarettes or quit using any other tobacco products? (HLTH21)	N	New questions about health.	996	2	0.1

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Case Asked the Question (unweighted)	Number of Cases with Missing Data (unweighted)	Missing Data[4] (weighted)
Choose the statement or statements below that describe any discussions you may have had in person with a doctor or other health professional about your alcohol use. (HLTH22[5])	N	New questions about health.	1,053	22	1.5
During the past 12 months, did any doctor or other health care professional talk to you about your use of marijuana, cocaine, crack, Heroin, inhalants, hallucinogens, or methamphetamine? (HLTH23)	N	New questions about health.	297	0	0.0
During the past 12 months, did you have a sexually transmitted disease such as chlamydia, gonorrhea, herpes or syphilis? (HLTH24)	N	New questions about health.	2,043	5	0.2
Conditions that a doctor or other health care professional has ever told you that you had (HLTH25[5])	N	New questions about health.	2,043	16	0.4
What kind of cancer was it? (HLTH26[5])	N	New questions about health.	64	0	0.0*
How old were you when your blood cancer was first diagnosed? (HLTH28a)	N	New questions about health.	2	1	82.1*
How old were you when your bone cancer was first diagnosed? (HLTH28b)	N	New questions about health.	1	0	0.0*
How old were you when your brain cancer was first diagnosed? (HLTH28c)	N	New questions about health.	1	0	0.0*
How old were you when your breast cancer was first diagnosed? (HLTH28d)	N	New questions about health.	13	0	0.0*
How old were you when your cervical cancer was first diagnosed? (HLTH28e)	N	New questions about health.	10	0	0.0*
How old were you when your colon cancer was first diagnosed? (HLTH28f)	N	New questions about health.	5	0	0.0*
How old were you when your esophageal cancer was first diagnosed? (HLTH28g)	N	New questions about health.	3	0	0.0*
How old were you when your kidney cancer was first diagnosed? (HLTH28i)	N	New questions about health.	2	0	0.0*
How old were you when your leukemia was first diagnosed? (HLTH28k)	N	New questions about health.	3	0	0.0*
How old were you when your lung cancer was first diagnosed? (HLTH28m)	N	New questions about health.	2	0	0.0*
How old were you when your lymphoma was first diagnosed? (HLTH28n)	N	New questions about health.	4	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
How old were you when your melanoma was first diagnosed? (HLTH28o)	N	New questions about health.	7	0	0.0*
How old were you when your ovarian cancer was first diagnosed? (HLTH28q)	N	New questions about health.	2	0	0.0*
How old were you when your pancreatic cancer was first diagnosed? (HLTH28r)	N	New questions about health.	1	0	0.0*
How old were you when your prostate cancer was first diagnosed? (HLTH28s)	N	New questions about health.	3	0	0.0*
How old were you when your skin [not melanoma] cancer was first diagnosed? (HLTH28u)	N	New questions about health.	8	0	0.0*
How old were you when your skin cancer was first diagnosed? (HLTH28v)	N	New questions about health.	1	0	0.0*
How old were you when your thyroid cancer was first diagnosed? (HLTH28aa)	N	New questions about health.	3	0	0.0*
How old were you when your uterine cancer was first diagnosed? (HLTH28bb)	N	New questions about health.	1	0	0.0*
How old were you when the type of cancer listed below was first diagnosed? (HLTH28cc)	N	New questions about health.	2	0	0.0*
Did you have cancer during the past 12 months? (HLTH29)	N	New questions about health.	65	0	0.0*
How old were you when your heart condition or heart disease was first diagnosed? (HLTH30)	N	New questions about health.	124	2	1.4
Did you have any kind of heart condition or heart disease in the past 12 months? (HLTH31)	N	New questions about health.	118	2	0.8
How old were you when your diabetes or sugar diabetes was first diagnosed? (HLTH32)	N	New questions about health.	109	2	2.1
How old were you when your chronic bronchitis, emphysema, or chronic obstructive pulmonary disease, also called COPD were first diagnosed? (HLTH33)	N	New questions about health.	52	1	0.4*
How old were you when your cirrhosis of the liver was first diagnosed? (HLTH34)	N	New questions about health.	2	0	0.0*
How old were you when your hepatitis was first diagnosed? (HLTH35)	N	New questions about health.	25	1	3.7*
How old were you when your kidney disease was first diagnosed? (HLTH36)	N	New questions about health.	20	0	0.0*

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
How old were you when your asthma was first diagnosed? (HLTH37)	N	New questions about health.	256	24	5.2
Do you still have asthma? (HLTH38)	N	New questions about health.	256	7	1.4
Are you currently taking prescription medicine for your high blood pressure? (HLTH40)	N	New questions about health.	199	0	0.0
How old were you when your high blood pressure was first diagnosed? (HLTH41)	N	New questions about health.	153	6	5.9
How many times in the past 12 months have you moved? (QD13)	M	Administered in ACASI instead of CAPI.	2,043	29	0.8
In what state did you live in one year ago today? (QD13a)	M	Administered in ACASI instead of CAPI.	618	5	0.7
Were you born in the United States? (QD14)	M	Administered in ACASI instead of CAPI.	2,043	1	0.0
Have you lived in the United States for at least one year? (QD16a)	M	Administered in ACASI instead of CAPI.	239	1	0.3
For how many years have you lived in the United States? (QD16b)	M	Administered in ACASI instead of CAPI.	227	0	0.0
For how many months have you lived in the United States? (QD16c)	M	Administered in ACASI instead of CAPI.	11	2	19.7*
Are you now attending or are you currently enrolled in school? (QD17)	M	Administered in ACASI instead of CAPI.	2,043	4	0.1
What grade or year of school are you now attending? (QD18)	M	Administered in ACASI instead of CAPI.	804	2	0.5
Are you a full-time student or a part time student? (QD19)	M	Administered in ACASI instead of CAPI.	804	12	1
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	M	Administered in ACASI instead of CAPI.	690	13	1.4
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	M	Administered in ACASI instead of CAPI.	597	10	1.5
Are you now married, widowed, divorced or separated, or have you never married? (QD07)	M	Administered in ACASI instead of CAPI.	1,778	7	0.4
How many times have you been married? (QD08)	M	Administered in ACASI instead of CAPI.	859	2	0.2
Is anyone in your immediate family currently serving in the United States military? (QD10d)	N	New question on immediate family serving in the military.	2,043	22	0.9

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Which member or members of your immediate family are currently in the United States military? (QD10e[5])	N	New question on immediate family serving in the military.	143	20	8.9
Did you work at a job or business at any time last week? (QD26)	M	Administered in ACASI instead of CAPI.	1,778	6	0.2
Even though you did not work at any time last week, did you have a job or business? (QD27)	M	Administered in ACASI instead of CAPI.	747	4	0.5
How many hours did you work last week at all jobs or businesses?(QD28)	M	Administered in ACASI instead of CAPI.	1,025	5	0.3
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	M	Administered in ACASI instead of CAPI.	1,129	3	0.2
Which one of these reasons best describes why you did not work last week? (QD30)	M	Administered in ACASI instead of CAPI.	104	0	0.0
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	M	Administered in ACASI instead of CAPI.	643	7	0.8
During the past 30 days, did you make specific efforts to find work? (QD32)	M	Administered in ACASI instead of CAPI.	156	0	0.0
Did you work at a job or business at any time during the past 12 months? (QD33)	M	Administered in ACASI instead of CAPI.	649	7	0.6
How many different employers have you had in the past 12 months? (QD36)	M	Administered in ACASI instead of CAPI.	1,066	11	0.8
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	M	Administered in ACASI instead of CAPI.	1,129	3	0.3
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	M	Administered in ACASI instead of CAPI.	249	14	4.3
In what year did you last work at a job or business? (QD39a)	M	Administered in ACASI instead of CAPI.	643	23	5.2
In what month did you last work at a job or business? (QD39b)	M	Administered in ACASI instead of CAPI.	175	1	0.7
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	M	Administered in ACASI instead of CAPI.	1,129	12	0.6
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	M	Administered in ACASI instead of CAPI.	1,129	12	0.5
Thinking about the location where you work, how many people work for your employer out of this office, store, etc.? (QD42)	M	Administered in ACASI instead of CAPI.	1,129	19	1.1

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	M	Administered in ACASI instead of CAPI.	1,129	37	3.0
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	M	Administered in ACASI instead of CAPI.	858	5	0.4
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	M	Administered in ACASI instead of CAPI.	1,129	8	0.4
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	M	Administered in ACASI instead of CAPI.	1,129	89	7.7
Does your workplace ever test its employees for alcohol use? (QD47)	M	Administered in ACASI instead of CAPI.	1,129	46	3.2
Does your workplace ever test its employees for drug use? (QD48)	M	Administered in ACASI instead of CAPI.	1,129	35	3.0
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	M	Administered in ACASI instead of CAPI.	530	5	1.2
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	M	Administered in ACASI instead of CAPI.	530	19	3.7
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	M	Administered in ACASI instead of CAPI.	530	58	11.3
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	M	Administered in ACASI instead of CAPI.	1,129	8	0.5
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	M	Administered in ACASI instead of CAPI.	1,129	7	0.3
How well do you speak English? (QD55)	N	New questions.	2,043	1	0.0
Are you deaf or do you have serious difficulty hearing? (QD56)	N	New questions.	2,043	3	0.1
Are you blind or do you have serious difficulty seeing, even when wearing glasses? (QD57)	N	New questions.	2,043	5	0.1
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (QD58)	N	New questions.	2,043	7	0.2

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Do you have serious difficulty walking or climbing stairs? (QD59)	N	New questions.	2,043	3	0.1
Do you have difficulty dressing or bathing? (QD60)	N	New questions.	2,043	1	0.0
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping? (QD61)	N	New questions.	1,778	5	0.1
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	M	Administered in ACASI instead of CAPI.	2,042	17	0.6
You have indicated that [SAMPLE MEMBER B] covered by Medicare, which is a health insurance program for persons aged 65 and older and for certain disabled persons. Is this correct? (QHI01v)	M	Administered in ACASI instead of CAPI.	86	1	1.1*
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	M	Administered in ACASI instead of CAPI.	2,042	25	0.8
You have indicated that [SAMPLE MEMBER B] covered by Medicaid, which is a public assistance program that pays for medical care for low income and disabled persons. Is this correct? (QHI02v)	M	Administered in ACASI instead of CAPI.	7	0	0.0*
Is [SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02a)	M	Administered in ACASI instead of CAPI.	663	20	3.8
Is [SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	M	Administered in ACASI instead of CAPI.	2,042	15	0.6
Is [SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	M	Administered in ACASI instead of CAPI.	2,042	30	0.7
Was [MEMBER] private health insurance obtained through work, such as through an employer, union, or professional association? (QHI07)	M	Administered in ACASI instead of CAPI.	1,148	4	0.1
Does [MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	M	Administered in ACASI instead of CAPI.	1,148	322	26.4
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	M	Administered in ACASI instead of CAPI.	1,148	330	27.6
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	M	Administered in ACASI instead of CAPI.	1,148	209	18.2

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
[MEMBER] currently covered by any kind of health insurance, including Indian Health Insurance? (QHI11)	M	Administered in ACASI instead of CAPI.	412	0	0.0
During the past 12 months, was there any time when [MEMBER] did not have any kind of health insurance or coverage? (QHI13)	M	Administered in ACASI instead of CAPI.	1,685	8	0.2
During the past 12 months, about how many months without any kind of health insurance or coverage? (QHI14)	M	Administered in ACASI instead of CAPI.	155	2	1.1
About how long has it been since [MEMBER] last had any kind of health care coverage? (QHI15)	M	Administered in ACASI instead of CAPI.	325	6	0.8
Which of these reasons is the main reason why [MEMBER] stopped being covered by health insurance? (QHI17)	M	Administered in ACASI instead of CAPI.	258	7	1.6
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18[5])	M	Administered in ACASI instead of CAPI.	67	1	0.6*
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	N	New item.	2,042	31	1
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	M	Administered in ACASI instead of CAPI.	2,042	52	1.5
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	M	Administered in ACASI instead of CAPI.	2,042	36	1.1
In [YEAR], did you receive food stamps? (QI07N)	M	Administered in ACASI instead of CAPI.	2,042	22	0.5
At any time during [YEAR], did you receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)	M	Administered in ACASI instead of CAPI.	2,042	35	1
In [YEAR], because of low income, did you receive any other kind of non monetary welfare or public assistance? (QI10N)	M	Administered in ACASI instead of CAPI.	2,042	26	0.6
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (QI12AN)	M	Administered in ACASI instead of CAPI.	40	3	3.6*
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12BN)	M	Administered in ACASI instead of CAPI.	114	4	5.1
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	M	Administered in ACASI instead of CAPI.	2,042	84	3.7

See notes at end of table. (continued)

Table C-1 Item Missing Rates for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item[1,2]	Type of Change[3]	Description of Change	Number of Case Asked the Question (unweighted)	Number of Cases with Missing Data (unweighted)	Missing Data[4] (weighted)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A)	M	Administered in ACASI instead of CAPI.	1,196	46	4.6
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21B)	M	Administered in ACASI instead of CAPI.	769	24	3.6
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)	M	Administered in ACASI instead of CAPI.	1,131	91	9.5
Of these income groups, which category best represents your total combined family income during [YEAR]. (QI23A)	M	Administered in ACASI instead of CAPI.	365	27	9.7
Of these income groups, which category best represents your total combined family income during [YEAR] (QI23B)	M	Administered in ACASI instead of CAPI.	1,328	87	6.1
Is there at least one telephone at this address that is not a cell phone? (CELL1)	N	New item.	2,042	10	0.3
Do you or anyone at this address have a working cell phone? (CELL2)	N	New item.	2,042	5	0.1

* Low precision; estimate would be suppressed due to not meeting the NSDUH sample size (*N* < 100) suppression rule.

ACASI = audio computer-assisted self-interviewing; CAPI = computer-assisted personal interviewing; QFT = Questionnaire Field Test; R = respondent.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Changes to questionnaire items fall under three categories: N = new item, R= revised item, and M= no changes to item but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

[4] Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

[5] "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

Appendix D: QFT Field Observation Materials – Screening Checklist, QFT Field Observation Interview Checklist, and Field Observer Reference Sheet

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Revised 8/29/12

QFT Screening Observation Checklist

Directions: Complete **one** QFT Screening Observation Checklist for **each** screening you observe that ends in a code 22, 25, 26, 30, 31, or 32. For each screening procedure and summary item listed below, place a mark in the "Correct," "Error," or "N/A" column. For each Error or N/A response, provide a brief description in the space just below that item. If you observe an error that does not fit any of the categories below, describe that error in item 21. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing a screening. Within 24 hours you should enter this information into the QFT Reporting Spreadsheet and email the spreadsheet to Jenna Gasperson.

Screening Case ID: ☐☐☐☐☐☐☐☐☐☐ **Date of Observation:** ☐☐ ☐☐ ☐☐☐☐

FI Name: ______________________________ **FI ID:** ☐☐☐☐☐☐

Observer Name: ______________________________ **Observer Title:** ______________

SCREENING PROCEDURES OBSERVED	Correct	Error	N/A
1. Displayed ID Badge prominently when knocking on door			
2. On Tablet "Study Introduction" screen when reached door			
3. Included all required information in introduction (Mark each item when spoken by FI) ☐ FI Name ☐ RTI International ☐ U.S. Department of Health and Human Services ☐ Lead Letter			
4. If R didn't recall Lead Letter, FI offered one to R (gave QFT version of LL)			
5. Confirmed SR was an adult resident of SDU (FI does not need to confirm age when it is obvious SR is 18 or older)			
6. Verified that he/she was at the correct address			
7. Gave QFT Study Description to R			
8. Read Tablet "Informed Consent" screen to R			
9. Checked for missed DUs by reading the correct Tablet screen verbatim (This screen should not be read at apartments/condos)			
10. Asked all roster questions verbatim (Describe each roster question not read verbatim)			
11. Recorded race based on R answer, not FI observation (If the SR refuses to answer for the householder, the FI can record an answer based on his/her observation of the race of the SR)			

SCREENING PROCEDURES OBSERVED	Correct	Error	N/A
12. Obtained all screening information directly from the SR (Not by observation or a proxy)			
13. Confirmed accuracy & completeness of roster data w/ SR			
14. For codes 22, 25, 26, or 30, correctly followed verification procedures			
15. For code 31 or 32, presented project and interview information accurately			
16. For code 31 or 32, demonstrated flexibility in scheduling interview time			
SCREENING PROCEDURES OBSERVED (continued)	**Correct**	**Error**	**N/A**
17. For code 31 or 32, left appropriate information about future interview (If R asks questions or would like more information about the interview)			
18. For code 31 or 32, made attempts to begin interview right away			
19. Provided R with the correct QFT materials (did not substitute main study versions)			
20. Answered R questions correctly and thoroughly, referencing the appropriate QFT details [e.g., RTI International, DHHS, did not mention QFT or field test, sample size, pay or payment (should use give or receive), etc.]			
21. OTHER PROCEDURAL VIOLATION NOT NOTED ON THIS CHECKLIST:			

SCREENING SUMMARY
22. Did the presentation flow well? If NO, describe:
23. Was visibility an issue when using the Tablet? If YES, describe:
24. Were there any issues with the equipment (Tablet, Tablet case)? If YES, describe:
25. Was there any difficulty using the Tablet keyboard? If YES, describe:
26. Was there any **respondent** confusion due to something the FI said or did? If YES, describe:
27. Was there any **respondent** confusion due to a procedure OR to the Tablet screening program itself? If YES, describe:
28. Was there any **FI** confusion due to the Tablet or screening program itself? If YES, describe:

SCREENING PROCEDURES OBSERVED	Correct	Error	N/A
29. Were there any respondent comments on the contact materials?			
30. Did the respondent make any comments about specific screening questions?			
ADDITIONAL OBSERVER COMMENTS:			

SEGMENT MAPS AND LISTS PROCEDURES OBSERVED	Correct	Error	N/A
M1. Had segment maps readily available for reference while in the field (Either in the car or located with screening and interviewing materials) NOTE: If you are unsure, wait until the END of the observation and then ask the FI if he/she has the maps			
M2. [IF THIS IS FI's FIRST VISIT TO THE DWELLING UNIT(s)] Used segment maps to locate sample dwelling unit(s)			
M3. [IF THIS IS FI's FIRST VISIT TO THE DWELLING UNIT(s)] Used the segment maps and either the printed list of SDUs or the original list of dwelling units to check for missed DUs in the interval between the SDU and the next listed dwelling unit			
M4. [IF A MISSED DU IS FOUND] Used segment map and original list of dwelling units to make sure the missed DU was not already listed			

Revised 8/29/12

QFT Interviewing Observation Checklist

Directions: Complete **one** QFT Interviewing Observation Checklist for **each** interview you observe. For each interview procedure and summary item listed below, place a mark in the "Correct," "Error," or "N/A" column. For each Error or N/A response, provide a brief description in the space just below that item. If you observe an error that does not fit any of the categories below, describe that error in item 14. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing an interview. Within 24 hours you should enter this information into the QFT Reporting Spreadsheet and email the spreadsheet to Jenna Gasperson.

Interview Case ID: ☐☐☐☐☐☐☐☐☐☐ – **A / B** (please circle A or B)

Date of Observation: ☐☐ ☐☐ ☐☐☐☐

F**I Name:** ______________________________ **FI ID:** ☐☐☐☐☐☐

Observer Name: ______________________________ **Observer Title:** _______________

INTERVIEWING PROCEDURES OBSERVED	Correct	Error	N/A
1. If IR was a minor, FI first obtained consent from parent or legal guardian			
2. If IR was not SR, explained purpose of study and visit thoroughly			
3. If IR was not SR, handed QFT STUDY DESCRIPTION to the respondent			
4. Read INTRO TO CAI from QFT Showcard Booklet verbatim to respondent			
5. Chose the most private available location			
6. Set up equipment efficiently			
7. Explained HEADPHONE usage, offered headphones to IR, and plugged in			
8. Kept ACASI portion private (did not read ACASI), but remained attentive			
9. Read all screens verbatim (Record the ID number of all questions not read verbatim below)			
10. Presented QFT SHOWCARDS when prompted by the CAI			
11. Followed the proper QFT Quality Control Form and Incentive procedures			
12. Answered IR questions correctly and thoroughly, referencing the appropriate QFT details [e.g., RTI International, DHHS, did not mention QFT or field test, sample size, pay or payment (should use give or receive), etc.]			
13. Provided IR with the correct QFT materials (did not substitute main study versions)			

14. OTHER PROCEDURAL VIOLATION NOT NOTED ON THIS CHECKLIST:			

INTERVIEWING SUMMARY
15. Did the respondent have trouble understanding any questions asked during the interview? If YES, describe:
16. Were there any issues with transition between the screening and the interview? If YES, describe:
17. Were there any issues with transition between the ACASI and CAPI sections of the interview? If YES, describe:
18. Was there any **respondent** confusion due to something the FI said or did? If YES, describe:
19. Was there any **respondent** confusion due to a procedure OR to the CAI instrument itself? If YES, describe:
20. Was there any **FI** confusion due to the CAI instrument? If YES, describe:
21. If a **proxy** was used, was there any confusion regarding their role, the equipment, adjusting the volume, etc.? If YES, describe:
22. If a **proxy** was used, was there any difficulty understanding the ACASI tutorial? If YES, describe:
23. Was there any confusion when the FI was completing the debriefing questions on the Tablet?

24. Did the respondent or proxy make any comments about specific interview questions?
25. Did the respondent or FI make any comments about the length of the interview?
ADDITIONAL OBSERVER COMMENTS

Revised
8/03/12

NSDUH QFT Field Observations: Field Observer Reference Sheet

QFT Field Observer Task List (Task number 0211838.102.003.006)

Please follow these steps while planning and conducting field observation trips. It is not necessary to actually complete or submit this form; it is designed as a helpful tool so you do not skip any protocol steps.

Enter a check mark in the space provided as you complete each item.

A. TRAVEL PREPARATION

____ 1. **Receive Field Observation Assignment.**

____ 2. **Contact the FI's Field Supervisor. Send the FS an email to obtain the FI's contact information and other information that will be pertinent to planning your trip. In the email request the following information:**

_____ **a) FI contact information (FI phone numbers can also be found in the FI Lookup form the General Information link on the CMS)**
_____ **b) Location of segment and distance between FI segments**
_____ **c) Any other information the FS feels is significant**

You should also request that the FS send a copy of the QFT FI Field Observations Instructions to the FI and notify him/her that you will soon be in contact.

____ 3. **Contact the Field Interviewer. Call each FI and make plans for the observation. You will need to discuss the following:**

_____ **a) Date most convenient for observation (Must be completed before September 17th)**
_____ **b) Workload – For how long will the FI have work?**
_____ **c) Segment information – Location of segment, type of attire needed**
_____ **d) Other information – Suggested hotels, coordinating transportation to segment**

You should also confirm that the FS has sent a copy of the QFT FI instructions and tell the FI that you will be spending the whole workday in the field with him/her. Let him/her know that it is necessary to observe an interview and encourage him/her to set up an appointment in advance of your arrival.

____ 4. **Once the date of observation has been determined, email your observation plans to Jenna Gasperson, copying Gretchen McHenry, the managing FS, RS, and your supervisor. In the email, include the dates you will observe each FI and any trip details associated with the observation (dates you will fly, drive, return, etc.).**

_ **5. Are flight or hotel arrangements necessary?**

☐ YES (flights) ☐ continue with 6. ☐ YES (hotels) ☐ continue with 8. ☐ NO ☐ Skip to Field Preparation.

_ **6. Make flight and rental car arrangements with Carlson Wagonlit Travel (online or by phone) at least 14 days prior to scheduled trip. You will need your Bank of America number and task number (0211838.102.003.006) ready when calling. Before calling Carlson Wagonlit, review flight options on Expedia and select the best and most reasonable flight in terms of costs and time.**

_ **7. *Immediately* after booking your flight, send completed General Travel Information Form to the NSDUH Secretaries, Jenna Gasperson and Gretchen McHenry, copying your supervisor. A copy of the General Travel Information Form can be found on the Downloadable Project Forms and Report Shells on the CMS.**

_ **8. Determine the government per diem and lodging rates for the area by clicking the 'US Gov't Per Diems' link on the General Information page of the CMS. Please keep costs in mind when identifying a hotel and when expensing meals.**

_ **9. Make hotel reservations at or under the given per diem. When looking for a place to stay, search the internet for hotels in the area and/or gather FS and FI suggestions. <u>You cannot pay more than the official government rate.</u> <u>It is imperative that you verify the government rate on the 'US Gov't Per Diems' link after the hotel tells you what their government rate is.</u> You should also try to find a hotel that includes free parking and internet. Call the hotel to confirm these details before booking.**

_ **10. Update the CMS travel Calendar (with dates of travel, hotel, and contact information), SRD travel calendar, and your Outlook Calendar.**

B. <u>FIELD PREPARATION</u>

____ **1. Print the QFT forms from the email sent by the FO Manager:**

____ **a. QFT <u>Field Observation FI Instructions Form:</u> You should hand a copy of this form to the FI when you meet him/her in the field. It contains the script the FI is to read to the respondent when introducing you and your role as the observer.**

____ **b. QFT <u>Field Observer Reference Sheet</u>: This form outlines your role and responsibilities as the observer.**

____ **c. <u>NSDUH QFT Screening Scripts</u>: Print and read through this file before going to the field. Use the script while observing an FI conducting a screening so you can check whether he/she reads the tablet screens verbatim. Note that there is an HU script and a GQU script within this file.**

____ **d. <u>NSDUH QFT CAI Script</u>: Print and read through this file before going to the field. Use the script to while observing an FI conducting an interview so you can check whether he/she reads the CAI screens verbatim.**

____ **e. QFT <u>Screening Observation Checklist:</u> One copy of this form must be completed for each screening case you observe than ends in a code 22, 25, 26, 30, 31, or 32. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing a screening. You should print at least 8 of these checklists per FI to be observed.**

____ **f.** **QFT <u>Interviewing Observation Checklist:</u> One copy of this form must be completed for each completed interview you observe. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing an interview. You should print at least 4 of these checklists per FI to be observed.**

____ **2.** **Make sufficient copies of both the screening and interviewing checklists before going into the field (we recommend printing 8 screening checklists and 4 interviewing checklists per FI).**

C. <u>AFTER THE OBSERVATION</u>

____ **1.** **Enter data from your checklists into the QFT Screening and Interview Report spreadsheets. Please enter the results of all cases observed for all FIs in one screening and one interview spreadsheet and e-mail to the FO Manager, Jenna Gasperson, within 24 hours of completing all QFT FO assignments.**

____ **2.** **Send an e-mail to the FS, copying the RS, RD, and [NSDUH] QFT Field Observations (QFT-Field-Observation@rti.org), sharing positive feedback about the FI's performance within 24 hours of completing your observation.**

____ **3.** **As soon as you have completed all of the field observations you will be conducting for the quarter, please ship all completed hardcopy field observation checklists via United States Postal Service or intra-office mail to Jenna Gasperson at RTI.**

Appendix E: QFT Field Interviewer Debriefing Questions

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Document Format:

- Screen names bolded
- Screen/question/instructional text designated by black and red text and non-italicized text in parenthesis (Upper-lower black text to be read, red text is instructions to FI)
- Fills designated by parentheses and italics
- Logic designated by brackets
- Text of instructional message boxes provided in bracketed logic
- Response categories underlined

QFTDBF1 [IF SCREENING CALL RECORD = RESULT CODE 30, 31 or 32]

THESE QUESTIONS ARE FOR YOU TO ANSWER. DO NOT READ TO THE R.

Did the respondent remember receiving the Lead Letter?

YES
NO

Next [**QFTDBF2**]

QFTDBF2 [IF QFTDBF1 NE BLANK]

What comments, if any, did the respondent make about the **Lead Letter** or in response to the **Lead Letter**? *Check all that apply*

1. THE RESPONDENT **DID NOT MAKE ANY COMMENTS** ABOUT THE LEAD LETTER
2. R WAS **LOOKING FORWARD** TO YOUR VISIT/**BEEN WAITING** FOR YOU
3. R WAS **INTERESTED** IN THE STUDY
4. R WOULD **LIKE TO PARTICIPATE** IN THE STUDY
5. R DO NOT BELIEVE THE GOVERNMENT IS PAYING $30/**WASTE OF TAX DOLLARS**
6. THE LETTER **ANSWERED THE R'S QUESTIONS**/CONCERNS
7. R DID **NOT WANT SOMEONE COMING TO MY HOME** WITHOUT MY PERMISSION
8. R WAS **CONFUSED** BY THE LETTER
9. THE LETTER **DID NOT ANSWER ALL OF THE R'S QUESTIONS**/CONCERNS
10. R DOES NOT BELIEVE THE SURVEY IS **CONFIDENTIAL**
11. R THOUGHT THIS WAS A **SCAM**
12. R **DOES NOT OPEN** ANYTHING ADDRESSED TO "RESIDENT"
13. OTHER

Next [**RECORD OF CALLS**]

INTERVIEW DEBRIEFING QUESTIONS:
THESE QUESTIONS ARE FOR YOU TO ANSWER. DO NOT READ TO THE R.
QFTDBF3 [IF INTERVIEW A CALL RECORD OR INTERVIEW B CALL RECORD = RESULT CODE 70]

When did you give the respondent (or parent/guardian of youth respondent) the Q&A Brochure?

1. BEFORE THE INTERVIEW
2. DURING THE INTERVIEW
3. AT THE END OF THE INTERVIEW

Next [**QFTDBF3a**]

QFTDBF3a [IF QFTDB3 NE BLANK]

What comments, if any, did the respondent (or parent/guardian) make about the Q&A Brochure?
Check all that apply

1. THERE WERE **NO COMMENTS** ABOUT THE Q&A BROCHURE
2. THE BROCHURE **DID NOT ANSWER ALL OF THE RESPONDENT'S QUESTIONS** ABOUT THE STUDY.
3. THE BROCHURE **ADDRESSED THE RESPONDENT'S QUESTIONS**
4. RESPONDENT WAS **CONFUSED BY THE BROCHURE**.
5. THE BROCHURE **ENCOURAGED THE RESPONDENT TO PARTICIPATE**.
6. OTHER

Next **[QFTDBF4]**

QFTDBF4 [IF QFTDBF3a NE BLANK]

Did you conduct this interview at the respondent's home, either inside or outside?

YES
NO

Next [**IF QFTDBF4=YES, GO TO QFTDBF6**]

QFTDBF5 [IF QFTDBF4=NO]

Where did you conduct this interview?
1. AT THE RESPONDENT'S WORKPLACE
2. AT THE HOME OF THE RESPONDENT'S RELATIVE OR FRIEND
3. IN SOME TYPE OF CONFERENCE ROOM IN A RESIDENCE HALL, SCHOOL OR APARTMENT COMPLEX
4. AT A LIBRARY
5. IN SOME TYPE OF COMMON AREA, SUCH AS A LOBBY, HALLWAY, STAIRWELL, OR LAUNDRY ROOM
6. SOME OTHER PLACE

Next [**IF QFTDBF5=6, GO TO QFTDBF5a**]

QFTDBF5a [IFQFTDBF5=6]

Where did the interview take place?

ALLOW 140 CHARACTERS

Next [**QFTDBF6**]

QFTDBF6 [IF QFTDBF4=YES; OR QFTDBF5=1, 2, 3, 4, OR 5; OR QFTDBF5a NE BLANK]

Please indicate how private the interview was. Do not count yourself or a project observer as another person in the room.

1. COMPLETELY PRIVATE – NO ONE WAS IN THE ROOM OR COULD OVERHEAR ANY PART OF THE INTERVIEW
2. MINOR DISTRACTIONS – PERSON(S) IN THE ROOM OR LISTENING LESS THAN 1/3 OF THE TIME
3. PERSON(S) IN THE ROOM OR LISTENING ABOUT 1/3 OF THE TIME
4. SERIOUS INTERRUPTIONS OF PRIVACY MORE THAN HALF THE TIME
5. CONSTANT PRESENCE OF OTHER PERSON(S)

Next [**IF QFTDBF6=1, GO TO QFTDBF9; IF QFTDBF6 NE1, GO TO QFTDBF7**]

QFTDBF7 [IF QFTDBF6 NE1]

Not including yourself or project observers, other people present or listening to the interview were:
Check all that apply

1. PARENT(S)
2. SPOUSE
3. LIVE-IN PARTNER/BOYFRIEND/GIRLFRIEND
4. OTHER ADULT RELATIVE(S)
5. OTHER ADULT(S)
6. CHILD(REN) UNDER 15
7. OTHER

Next **[IF QFTDBF7=1, 2, 3, 4, 5, OR 6, GO TO QFTDBF9]**

QFTDBF8 [IF QFTDBF7=7]

Please enter a description of the other person(s) present or listening to the interview. This description may be relationship to the respondent if you have this information, or simply the gender and estimated age.

ALLOW 140 CHARACTERS

Next [**QFTDBF9**]

QFTDBF9 [IF QFTDBF6=1; OR IF QFTDBF7=1, 2, 3, 4, 5, OR 6; OR IF QFTDBF8 NE BLANK]

Did the respondent make any comments about the interview being too long?

YES
NO
Next [**QFTDBF10**]
QFTDBF10 [IF QFTDBF9 NE BLANK]

Did the respondent have any questions or comments about the Prescription Drug questions in the ACASI section of the questionnaire?

YES
NO

Next [**IF QFTDBF10 =NO, GO TO QFTDBF11**]

QFTDBF10a [IF QFTDBF10= YES]

Please describe the respondent's comments about the Prescription Drug questions.

ALLOW 140 CHARACTERS

Next [**QFTDBF11**]

QFTDBF11 [IF QFTDBF10 = NO OR QFTDBF10a NE BLANK]

Did the respondent have any questions or comments about the on-screen calendars in the **ACASI** section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."

YES
NO

Next [**IF QFTDBF11=NO, GO TO QFTDBF12**]

QFTDBF11a [IF QFTDBF11 = YES]

What comments did the respondent make about the on-screen calendars? *Check all that apply*

1. THE RESPONDENT ASKED **HOW TO ACCESS** THE CALENDAR.
2. THE RESPONDENT ASKED **HOW TO CLOSE** THE CALENDAR.
3. THE RESPONDENT **DID NOT SEE** THE REFERENCE DATES ON THE CALENDAR.
4. THE CALENDAR **HELPED** THE RESPONDENT ANSWER THE QUESTION.
5. THE CALENDAR **COVERED** THE QUESTIONS OR THE IMAGES ON THE SCREEN.
6. OTHER

Next [**QFTDBF12**]

QFTDBF12 [IF QFTDBF11=NO; OR IF QFTDBF11a NE BLANK]

Did the respondent have trouble understanding any **other questions** asked during the interview?

YES
NO

Next [**IF QFTDBF12=NO, GO TO QFTDBF13]**

QFTDBF12a [IF QFTDBF12=YES]

Enter the screen name and a brief description of what the respondent found confusing. If you do not know the screen name, please provide as much information as possible.

ALLOW 140 CHARACTERS

Next [**QFTDBF13**]

QFTDBF13 [IF QFTDBF12=NO OR QFTDBF12a NE BLANK]

Was a proxy used for the income and health insurance questions?

YES
NO

Next [**IF QFTDBF13=NO, GO TO RECORD OF CALLS]**

QFTDBF14 [IF QFTDBF13=YES]

Did the **respondent** have any questions or concerns about his/ her answers being revealed to the proxy?

YES
NO

Next [**QFTDBF15]**

QFTDBF15 [IF QFTDBF14 NE BLANK]

Did the **respondent** have any other questions or comments about the proxy interview?

YES
NO

Next [**IF QFTDBF15 =NO, GO TO QFTDBF16]**

QFTDBF15a [IF QFTDBF15=YES]

Please describe the other questions or comments the **respondent** had about the proxy interview.

ALLOW 140 CHARACTERS

Next [**QFTDBF16**]

QFTDBF16 [IF QFTDBF15 =NO; OR QFTDBF15a NE BLANK]

Were there any problems with the **proxy's** understanding of the ACASI tutorial?

YES
NO
Next [**IF QFTDBF16 =NO, GO TO QFTDBF17]**

QFTDBF16a [IF QFTDBF16=YES]

Which of the following describes the problems with the **proxy's** understanding of the tutorial?
Check all that apply

1. THE PROXY DID **NOT UNDERSTAND HOW** TO ANSWER THE QUESTIONS.
2. THE PROXY DID NOT KNOW **WHY HE/SHE WAS ASKED** TO ANSWER THESE QUESTIONS
3. OTHER

Next [**IF QFTDBF16a=1 OR 2, GO TO QFTDBF17**]

QFTDBF16b [IF QFTDBF16a=3]

Please describe the other problems with the **proxy's** understanding of the tutorial.

ALLOW 140 CHARACTERS

Next [**QFTDBF17**]

QFTDBF17 [IF QFTDBF16a=1 OR 2; OR QFTDBF16b NE BLANK]

Were there any problems with the **proxy's** use of ACASI to answer the income and health insurance questions?

YES
NO

Next [**IF QFTDBF17= NO, GO TO RECORD OF CALLS]**

QFTDBF17a [IF QFTDBF17=YES]

Which of the following describes the problems with the **proxy's** use of ACASI in answering the income and health insurance questions? *Check all that apply.*

1. THE PROXY **DID NOT KNOW THE ANSWERS** TO THE QUESTIONS
2. THE PROXY DID NOT KNOW **HOW TO ENTER** HIS/HER ANSWERS TO THE QUESTIONS
3. THE PROXY **REFUSED** TO ANSWER SOME QUESTIONS
4. THE PROXY DID NOT KNOW **WHY HE/SHE WAS ASKED** TO ANSWER THESE QUESTIONS
5. OTHER

Next [**RECORD OF CALLS**]

Appendix F: Complete Results from the QFT New Equipment User Satisfaction Survey

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The following tables provide field interviewer (FI) responses to each of the usability items compared between the August 2012 survey before the Questionnaire Field Test (QFT) data collection and the October 2012 survey after the QFT data collection. Six FIs did not complete the second survey because they did not pass training, dropped out of the QFT after training or did not work any QFT cases in the field. One FI was on medical leave at the time of the second survey administration and was unable to complete the survey.

Q1. I would like using the tablet on a regular basis for my fieldwork.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	58% (93)	26% (42)	14% (23)	1% (1)	1% (1)	160
QFT FI Survey 2	54% (83)	22% (34)	18% (27)	4% (6)	2% (3)	153

Q2. The tablet is easy to use.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	50% (80)	39% (62)	9% (14)	2% (3)	1% (1)	160
QFT FI Survey 2	55% (84)	33% (50)	6% (9)	6% (9)	1% (1)	153

Q3. I can use the tablet without needing technical assistance.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	38% (61)	40% (64)	15% (24)	6% (10)	1% (1)	160
QFT FI Survey 2	56% (85)	32% (49)	8% (12)	4% (6)	1% (1)	153

Q4. I like the layout of the screening program.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	40% (64)	47% (75)	11% (17)	2% (3)	1% (1)	160
QFT FI Survey 2	44% (67)	36% (55)	9% (14)	8% (13)	3% (4)	153

Q5. I learned to use the tablet quickly.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	45% (72)	43% (68)	9% (15)	3% (4)	1% (1)	160
QFT FI Survey 2	62% (95)	31% (48)	4% (6)	2% (3)	1% (1)	153

Q6. I am able to efficiently complete screenings using the tablet.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	49% (79)	42% (67)	8% (13)	1% (1)	0% (0)	160
QFT FI Survey 2	63% (96)	32% (49)	4% (6)	1% (1)	1% (1)	153

Q7. I find the tablet intuitive, in that it's clear what I need to do.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	42% (67)	41% (65)	15% (24)	3% (4)	0% (0)	160
QFT FI Survey 2	49% (75)	35% (54)	12% (18)	3% (5)	1% (1)	153

Q8. I feel confident using the tablet.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	45% (72)	44% (70)	9% (15)	1% (2)	1% (1)	160
QFT FI Survey 2	61% (94)	31% (48)	6% (9)	1% (1)	1% (1)	153

Q9. I think veteran interviewers will be able to use the tablet without much training.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	34% (54)	43% (68)	13% (20)	11% (17)	1% (1)	160
QFT FI Survey 2	47% (72)	37% (57)	10% (16)	4% (6)	1% (2)	153

Q10. I think the tablet will work well in a variety of weather conditions such as sunshine, rain and snow.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	17% (27)	36% (58)	41% (65)	6% (9)	1% (1)	160
QFT FI Survey 2	29% (45)	25% (38)	38% (58)	5% (8)	3% (4)	153

Q11. I can easily type ROC notes or comments using the keyboard on the tablet.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	38% (60)	48% (77)	11% (17)	3% (5)	1% (1)	160
QFT FI Survey 2	46% (71)	34% (52)	9% (14)	7% (11)	3% (5)	153

Q12. I prefer to move through the screening program using swipe gestures rather than the Next or Previous buttons	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	11% (18)	23% (36)	31% (49)	30% (48)	6% (9)	160
QFT FI Survey 2	12% (19)	10% (15)	36% (55)	35% (53)	7% (11)	153

Q13. I prefer to tap the screen with my finger rather than use a stylus.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	14% (22)	13% (21)	23% (37)	41% (66)	9% (14)	160
QFT FI Survey 2	16% (25)	8% (12)	20% (31)	43% (66)	12% (19)	153

Q14. The weight of the tablet is suitable for screening at the door.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	29% (46)	49% (79)	17% (27)	4% (7)	1% (1)	160
QFT FI Survey 2	35% (53)	40% (61)	13% (20)	10% (15)	3% (4)	153

Q15. I am satisfied with the design of the carrying case provided for the tablet.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
QFT FI Survey 1	36% (57)	44% (70)	17% (24)	5% (8)	1% (1)	160
QFT FI Survey 2	35% (53)	37% (57)	15% (23)	9% (14)	4% (6)	153

The following tables provide FI responses to questions on QFT training from the August 2012 survey before the QFT data collection.

QFT FI Survey 1 (August 2012)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1. Reading the QFT FI Handbook helped me prepare for training.	53% (85)	43% (68)	4% (6)	1% (1)	0% (0)	160
2. Completing the QFT iLearning course helped prepare me for training.	57% (91)	38% (60)	4% (6)	2% (3)	0% (0)	160
3. The overall pace of the QFT Training Session was just right for me.	45% (72)	37% (59)	13% (20)	4% (7)	1% (2)	160
4. I feel ready to properly conduct QFT screenings using the tablet.	60% (96)	36% (58)	4% (6)	0% (0)	0% (0)	160
5. I feel ready to properly conduct QFT interviews using the tablet.	62% (99)	33% (53)	5% (8)	0% (0)	0% (0)	160
6. Overall, the training program has prepared me to properly complete my QFT tasks.	59% (94)	39% (62)	3% (4)	0% (0)	0% (0)	160
7. I enjoyed attending the QFT Training Session.	59% (95)	34% (54)	7% (11)	0% (0)	0% (0)	160

QFT FI Survey 1 (August 2012)	Never	Rarely, When Unusual Situations Arise	2-3 Times a Week	Each Day with QFT Work	Total
8. During the next month as you complete your QFT work, how often do you think you will reference the QFT FI Handbook?	0% (0)	41% (65)	41% (65)	19% (30)	160

The following tables provide FI responses to questions on QFT training from the October 2012 survey after the QFT data collection.

QFT FI Survey 2 (October 2012)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1. The amount of background information provided about the QFT was just right.	38% (58)	50% (76)	10% (16)	1% (2)	1% (1)	153
2. The amount of training on the tablet was just right.	39% (60)	46% (71)	8% (12)	5% (7)	2% (3)	153
3. The amount of training on transmission was just right.	41% (63)	48% (73)	5% (8)	4% (6)	2% (3)	153
4. The amount of training on equipment troubleshooting was just right.	34% (52)	44% (67)	14% (21)	7% (11)	1% (2)	153
5. The amount of training on administrative tasks (ePTEs, ePTE Summary data in tablet, etc.) was just right.	30% (46)	41% (63)	14% (22)	12% (19)	2% (3)	153
6. Overall, the QFT training program prepared me to conduct my QFT tasks.	50% (77)	41% (62)	8% (13)	1% (1)	0% (0)	153

QFT FI Survey 2 (October 2012)	Never	Rarely, When Unusual Situations Arise	2-3 Times a Week	Each Day with QFT Work	Total
7. During the time since training as you completed your QFT work, how often did you reference the QFT FI Handbook?	20% (31)	65% (99)	12% (18)	3% (5)	153

The following two tables provide verbatim comments from FIs from the August 2012 survey before the QFT data collection and the October 2012 survey after the QFT data collection.

No.	Comments QFT FI Survey 1 (August 2012)
General Comments about Tablet/Screening Program	
1	I really like the new tablet. It is user friendly & modern equipment material that wil enhance data collection in the field.
2	It seems to be fine, but have to try it out first on real cases
3	very nice, screen is clear
4	I love the new tablet and am looking forward to working with it soon
5	so far it seems to be ok, I will further test it next week
6	Great tool for in field use. Look forward to using it on a regular basis.
7	I feel that is more accurate, it gives feed back that I was not able to see in iPaq, or don't know how
8	Easy to work, more visible sign of cases information
9	Great step forward, seems more efficient.
10	I feel confortable using the tablet and I feel more efficient.
11	It is about the as large as a screening device should be, any larger and it woulb combersom. connecting to laptop is very easy. with a little more practice would greatly improve the comfort of using
12	User friendly Less likly to make a mistake (- jump to wrong case) no velcro!
13	I like the size of the font. the ipac is way too small
14	Love the larger #'s and print.
15	I like that the text is easier to read due to larger screen area/font. It's easy to use and the case is well designed. I especially appreciate the lack of velcro
16	I like that the tablet is large enough to write ROC's w/o hitting wrong keys. I am not totally comfortable with the tablet yet to feel competant, but am confident that will come with using it.
17	I like the way I can see better because the tablet has larger print.
18	It is easier to read and to enter data because of the large size.
19	love the larger print that you can see the ROC record w/out opening
20	well lit screen, characters are larger, better for myself.
21	I appreciate that it is very easy to read the script on the tablet. The organization of the case listing screens is far friendlier (lines not so close together) than the same on the iPac.
22	i like the tablet a lot and the carrin g case is so light i think this will be a benefit to the program.
23	IPAQ does everything the tablet can do. Should use tablet for both scrn and ivw
24	it seems to be very easy in handling it and better features that other devices
25	i think it will be much easier to see the tablet with the size, however not sure at this time about using it in different weather environments since we have not tested it. I wish we could switch now!!

No.	Comments QFT FI Survey 1 (August 2012)
26	I wish the tablet were a little skinnier, would be easier to enter notes, like on a smartphone - using my thumbs. Its a little too wide. Older or technology challenged FI's will have more trouble.
27	I will need to get used to the size of the tablet, my wrist hurt on the first morning after holding for several hours. The neck strap is too wide for my use. I prefer the width of the IPAQ strap.
28	still undecided about use of touch vs stylus. would prefer touch only, but stylus may prove better on some screens, and i do not want to go back and forth, so may end up using just the stylus.
29	As a lefty my thumb hits the volume button on the rightside even with the case covering it, also there is no way to "teach" the tablet my input style like on the ipaq and newton
30	easy to get to wrong screen.....very sensitive
31	I love it. I think it has smooth transition from scrn to scrn.I like the fact you can use your finger or stylus,so far it seems comfortable to hold.LOVE IT
32	i have none but others have used hem and enjoyed those
33	a little more time consuming switching back and forth letters and numbers on keyboard. should resolve itself with practice :)
34	navagation of the tablet is somewhat confusing but may get less with use, I like most of the features of the tablet
35	Just need some practice on the tablet to know how to move from one screen to next.
36	I will practice a lot to be more comfortable. I believe you can teach an old dog new tricks Old dogs just have to practice over and over
37	I think it will be advantageous to use in the field, and that the IPAQ is becoming obselete.
38	THE TABLET IS A GOOD LEARNING EXPERIENCE FOR ME BECAUSE I HAVE NEVER USED A TOUCH SCREEN BEFORE I USED ONE AT THE TRAINING.
39	I really like it and the fact that the SR can also see the sereen as well to know what I am entering when I screen hem and when someone in their household comes up for Interviews.
40	im concerned about tablet in inclimate weather snow/ cover over tablet bulky but will probable get used to it
41	I don't think it's going to be as physically easy to transport and use as the ipaq, but i'm open to the new experience.
42	a bit bulky
43	It's heavier than ipaq; Must memorize the main touch screen conventions for accessing items. The symbols are new (hover descriptions would be helpful for new-to-touch screens) Would like $,apostophe
44	May be a bit heavy carrying around neck, will have to see.
45	holding tablet for some time hurt my wrist/didn't fit as easily & neatly into plam of my hand. I might have issues w holding the tablet and tryi g to pull paprs out to had to Rs
46	it is a little large (not heavy) to hold. in general though it is much better than the ipaq.
47	Need field exp b4 commenting on case and ease at door. Seems cumbersome compared to ipaq which was quickly at hand when hung frm neck.Tab may b too hvy
48	Tablet is easy to use. Practice is very important

No.	Comments QFT FI Survey 1 (August 2012)
49	somewhat drastic departure from iPaq, so tough for us oldsters to master
50	Just getting aquainted
51	It ws easier than I thought it would be to learn to use the tablet.
52	Changes on interview are really good. Use of tablet will be easier for screening
53	I think the use of a tablet will give a more professional and up to date impressions to the respondant.
54	would love to see interview process done on some similar tool
55	Use of the tablet is great. However, it would be lot better of the interview was also included on the tablet. Maybe a seperate pas-code protected file would allow responses to be kept seperated.
56	was easy to use self explanatory easy to foolow directions
57	excellent choice, the new tablet is great.
58	One bonus of the ipaq was that there was little to no theft risk. Now working in sketchier areas, that becomes more of a concern.
59	tablet - keys are too narrow for fat stylus tip. Also, the shift key acts like a cap lock many times and I have to select it again to get out of cap lock. Need numbers to be on same keyboard screeen.
60	like it think it will work well
61	I love the tocuh screen option, it is great to be somewhat current with technology, thank you!
62	easy to use, professional looking
63	I feel it will be a good change but I really will not know until try in field
64	I am so EXCITED about using the tablet!!! Laptops are very heavy and I hope we are moving towards getting away from them and maybe have just one device???
65	I think it is not only helpful to the FI's to have an updated device, but it also appears more professional and clean when screening with up-to-date technology at the selected dwelling units.
66	impressed so far!
67	Tablet is very user friendly. Much improvement over IPAQ
68	Such an improvement over Ipaq...it's early yet, may discover new and better features and usability as I use it more - OR may find problems and issues - seems great at this time.
69	at this time I realy like the way the tablet works, I look foreward to tring it in the field and hope to have the same results
70	I find with a quick tutorial, most people will be abel to use the tablet with ease. People with no exposure to technical gadgets, may need a bit more help
71	I have to exit the screening program and get to the view cases screen to get the case id number. It is not on every screen like the ipaq; a little inconvenient but not a big deal.
72	Typing answers & navigating the keyboard still allows for mistakes & lag time in relation to the lack of sensitivity; the amount of time it takes to press a button, and the time the letters appear.
73	Technelogically advanced, very positive change,
74	It is much easier to use than the ipaq

No.	Comments QFT FI Survey 1 (August 2012)
Specific Screener Functions/Features	
75	Would like to see Case ID at top of ROC w/o going to another screen or tap
76	Should have distribution of calls
77	the way cases are formatted on the screen (being able to view codes) might pose to be a problem with time effciency ahile in the field.
78	From the main menu we are not able to see the total # of cases. When completing a transmission it is helpful to know # of cases added or removed. This is no longer available.
79	The one thing that is something I'd have to get used to is staying on the R screen if completing an OTS INT Ld ltr debriefing pops up. extra steps to get bk to QID Screen
80	do not like that you must do debriefing questions before the eroc...I like to put in int appointments on spot..defriefing should be AFTER you commit screening or at least after Eroc
81	I would like to see added the the feature in the tablet where you can see if you receive new cases or they were taken away. Also to see the number of cases you have.
82	the done button is on left and commit buttom is on right, will need to pay attention and hit correct one, and not mistakenly hit the cancel button
83	I have to exit the screening program and get to the view cases screen to get the case id number. It is not on every screen like the ipaq; a little inconvenient but not a big deal.
Accessories - Carrying Case, Stylus	
84	I always have the stylus and a pen handy when using the iPaq using the one holder on the case (yes, both do fit) The holder on this case will only hold the stylus
85	I wish I could get a left handed version of the case
86	I will definitely need a backup stylus because of nails; am able to do very little with finger tips; can only use knuckle on some functions
87	The case doesn't look as sturdy and I worry about the tablet slipping out of the bottomI
88	You should check and see it Otterbox makes a case for the Tablet, I think the provide the best protection for smartphones.
89	istylist rather than fingers- errors using fingers. easier & more consitant to use next button rather than swipping.- this way was too inconsitant. locating added D.U.'s- frustrating..no pen holder
90	concerned that the tablet wont fall out from the bottom after much use/movement. SCRN: after removing all reference to SR from roster the tablet allowed me to move on and sel an int in a 1 person hh
91	The Flap at the bottom of the case is annoying when open and trying to close the cover
92	stylus holder for left handed FIs..allow screen to rotate when using keyboard, add option to view only one segment, always have entire line number including segment on all screens
93	Stylus has a tiny hole where it could be attached to a cord to hang on FIs neck so it won't disappear if dropped. Would like to have some support in doing this.
94	I find it a little cumberson pointing the stylus and getting the selection screen I need. It seems it appears sometimes fast and sometimes slow.

No.	Comments QFT FI Survey 1 (August 2012)
95	The cover flap on the case is a bit cumbersome. Would like to be able to get a message on the tablet after transmission about added or deleted cases. Like that you can view comments on select case scr
96	carring case is not the most ideal
97	So glad the vel cro is gone!
98	The strap on the tablet case is wide and alittle cumbersome,
99	Strap appears too wide; after using in class, not sure it is going to be comfortable around my neck given the extra weight of the tablet. the actual case is outstanding, no velcro to catch on clothes
Training	
100	Training needs will depend on the abilities of the FIs.
101	use kid gloves when training older fi's. you do not want to lose them as they are respected by community and keep nsduh productivity good. younger fi's walking up the door with the tablet-R will think
102	More instruction should be given regarding double checking of household roster correctly added, or have access to show the entire entry at once

No.	Comments QFT FI Survey #2 (October 2012)
General Comments about Tablet/Screening Program	
1	very easy to use in the field
2	I think the tablet ia great and easy to use.
3	I like the bigger screen. It is easier to read. I like the carrying case because it allows me to wear the tablet around my neck.
4	this is a wondeful tablet, however I noticed that the some of the keyboard symbols like quotations marks,asterisk were not available.there were on the keyboard, just not functioning
5	the respondnets also enjoyed being able to read along with the screener, especially when I asked for verification information they where able to read along.
6	I really enjoyed the experience of using the tablet. It's lighter than the Ipaq,The larger screen and larger addresses are a plus
7	I LOVE the fact that the print is larger on the tablet. It is easier to see & use
8	the tablet was great. was able to see screen better cause it is larger print
9	seems more efficient & responsive than the ipaq. I like that I can see the time always on the screen.
10	There is a need for the $ sign on the keyboard as I frequently use it. That seems to be the only deficiency I had found. Otherwise it's great!
11	too big. difficult to carry, too easy to open wrong case or press wrong buttons. other functions open accidentally. brightness didnt always adjust correctly
12	very partial to the old ipaq,especially it's size and the way it fits my hand. sometimes have trouble getting the tablet to respond-maybe bcuz i always use syllus.
13	wish tablet was a little smaller/ I worry about snow and rain
14	unfortunately the device is more cumbersom, due to the increased size over the ipaq.
15	rather sensative to touch when holding it, you have to watch where your thump is or it can change the field your in
16	The tablet is very sensitive. It jumps for no reason. It will jump to another screen without touching the tablet. I don't like this.
17	The tablet doesn't fit as easily in my hand as the ipaq did, it's way too wide, and the screen is bright and colorful, but not neccesary for just screening. Also the volume button is badly placed
18	The tablet becomes very heavy after a couple of hours. Also very difficult to use when in the rain and sunny days.
19	tablet is too big to fit easily in hand AND allow that hand to be useful for things such as holding/handling papers; once tablet is in hand that hand is completly immobilized from anything else
20	the surface is too sensitive; changes screens at the slightest inadvertant tap. Also, more difficult to type on than ipaq; have to change numeric to alphabeticd screens and bigger isn't better
21	The only problem with the tablet is it is so sensitive. Sometimes you accidently hit something and it goes to a wrong screen. You have to take time to getr back to the correct screen.
22	It's a bit sensative to accidental touch (screen) making you go to a different screen. Have to "back-out" sometimes when transitioning from car to front door, or while waiting for someone to answer
23	virtual keyboard is v poor; much better r (eg, SwiftKey) avail. text entry time consuming, missing/non-working characters. roc comments sometimes dont show up. have to log-in just in order to log out

No.	Comments QFT FI Survey #2 (October 2012)
24	too sensitive, slighest touch, the screen changes.w/ seg info , materials. tablet at door, it can be difficult to manage, esp when you have a du description, tto heavy. traps not useful w/ so much
25	Not sure that it stays charged very long and takes time to charge up.
26	My only issue is that when it is in an air conditioned car and then step out into the heat the screen fogs up. Other than that I love the tablet and it works great. Hope to get to use it all the time
27	Much much better than the iPaq and easy to use it.
28	Learning curve navigating between screens and entering text.Can not swipe all screens so I use stylus and next icon to navigate all screens for screening
29	I found the tablet is easier to use when typing notes vs the IPAC I also like the fact that it didn't have to be reset all the time the fact that when a case is closed is a good feature also
30	I find the tablet to be far more effective than the ipaq, in terms of presenting more information on the select case screen. In severe cold, not sure how it will do, as well as extreme rain.
31	I find the size of the tablet to be difficult for the size of my hands. I prefer the i-Pac but I am sure I will figure out how to use the tablet more efficiently as time passes. Screen changes if bump
32	I feel that it does not keep the charge sufficiently
33	I enjoy using the tablet because it was a learning experience for me. The tablet is cumbersome I wish we could use a tablet that is the same size as our ipaqs!!!
34	I am yet to work on the field uisng new new SG Tablet
35	Having to swtich between using a swiping motion and the next button, means I always use the next button. It's not as hardy or as lightweight as the ipaq and I think it's more of a theft risk.
36	it would be easier to enter notes if the "swype" keypad was installed...when I am at the case screen, it gets confusing because I see a little more than just the case ID, I did not like seeing codes
37	Have not used Tablet in all weather conditions, neutral. The carrying case doesn't have a slot for a pen, just stylus. Tablet is more sensative to touch so we have to be extra careful inputtng info.
38	Either the swipe feature or screen sensitivity cause case migration. You think you're entering a ROC for one case but end up with another. Some method is needed to fix the selected case
39	EASY TO HIT THINGS YOU DO NOT WANT TO......
40	eaily read;tablet too heavy to have about neck;over shoulder necessary;all pending cases disappeared while infield,reappeared upon re-boot,no calendar,not happy in heat
41	Do not like that tablet does not show incoming transm. info. Laptop says transmitted successfully only some of the time. Stylus tip has partially worn off. Ints have ranged from.50 to 2 hrs.
42	Compared to the IPAQ the Tablet seems to be much more tactile. As well as the bigger screen is much easier to read and clearer. Like can see selected R on ROC records without having to go in case
43	At first it felt heavy, but I got used to it. The only time the weight really bothered me was when my carpal tunnel flared up, as it sometimes does after a lot of driving.

No.	Comments QFT FI Survey #2 (October 2012)
44	Along with the tablet, I suggest a car charger
45	Would like to have punctuation and numbers with the letters on the keyboard but maybe just because that's what I'm used to having.
Specific Screener Functions/Features	
46	Would like to look at finalize more easlily.Got stuck trying to return.
47	Would like final cases taken off main screen rather than have all appear
48	would like call distribution like the ipac had, easier to know wxactly WHEN to visit an area. control costs better, and tells me when NOT to visit an area
49	Wish we would change the case listing to see codes easier-maybe table form. wish case allowed touching of sides without interrupting tablet ops. Lov font size and big buttons
50	When the tablet is ready to go into the field on a regular basis there needs to be a way to see when letters to refusals have been mailed.
51	when screening and a end at verifying screen, you want to change age on a member ,the choice is age range,can that be looked into
52	there were several instances in which the tablet would revert to the case list after I had selected the next DU to screen, even after having selected the physical description of the DU.
53	The tablet does not show when the conversion letters have been sent out. It really is a must have feature when doing refusal conversions. Liked the ability to see who was the IR right at the bottom
54	the commit entry is on top right, and on some screens it is the cancel entry, which i did occasionally tap on cancel by mistake. done and commit should be on same side
55	Tablet should keep HIGHLIGHT on current line (eg., during interview with power off; sometimes stylus activation is slow or delayed; tablet battery seems to have short life—Intv off, 20% power
56	Obtaining the Case ID by tapping the screen is difficult. It requires several taps before appearing. The case ID constantly appearing as on the IPAC is preferred.
57	It would be nice to have the number of cases at the top in a particular segment since only a few cases are shown
58	It would be nice to have the case ID displayed on the selection screen.
59	it would be nice to be able to edit roc codes once they are saved, before they are transmitted to RTI. this was possible using the ipaq, but with the tablet, you can only edit the notes for rocs
60	it would be better if the numbers were on the same screen as the letters so that I wouldn't have to keep switching back and forth between screens when I need to type a number.
61	i have only had a few unsuccessful transmissions and sometime trying to transmit the screen says the screening software is still running, when it clearly is not and on the rainbow screen.
62	learned today about ROC discrepancies due to editing eROC later when at home; fix so both original eroc time plus time of editing (when done later) registers.
63	layout too sparse for large datasets. dislike that i cannot keep placeholder of case i was at last. v hrad to count results,review status of cases. designed 4 1 case at a time, not friendly case mgmt

No.	Comments QFT FI Survey #2 (October 2012)
64	ifinger accidently touched ref on ver screen lost phone number. On ver screen, when put comments, top buttons disappear. must press button to get back, but goes too quickly must try couple times to do
65	HATE!!!: codes aren't lined up to far right. HATE!!!: have to keep switching between keyboards. HATE!!: cannot switch roc codes (if mistake) Hate: final screen b4 selection doesn't show ALL demog
66	Choosen line in tablet needs to keep highlighted even after touching it. When opening a line is a lot faster to tap twice than to hold the stylus.
67	Bold address not the case #. sorting combos-keep segments separate. "HUMAN SERVICES" made folks think we're welfare in my state. "International" made some think we're from a foreign country or state.
68	I find the layout difficult to work with because it is hard to distinguish between cases. There is too much information for each line that is not really necessary, such as having city and zip code on
69	you cant amend the code on a roc w/o deleting- then yu must renter this amends the time of the roc.=there is no way to tell when refusal letters are sent= like help button w definitions of roc codes
70	Can't figure out how to find out when and what type of letter was sent to DU. l love the way we complete the comments to an interview on the tablet instead of the laptop.
Accessories - Carrying Case, Stylus	
71	I like using the stylus, but he stylus is to short making it a little awkward to use. It would be better for me if it were the same size as the old stylus, like a pen
72	the styles is too short & is hadr ti place it in its holder i droped the styles several times. the screen is dificalt to start you can press too hard with the styles the tablet is balkey the screen is
73	the stylus is in the way of the on/off switch can not tell if letters have been sent must call FS she's very busy fs
74	Stylus is in the way when I use the power on button;Problems trying to transmit; much more focus on using the tablet in training and less on the interview -making mistakes and learning to fix them
75	stylus holder for lefties/extra pen-allow screen to rotate for larger keyboard-"sleep mode" faster-
76	stylus does not easily fit into side loop, too slippery also
77	the case is a little hard to hold by design. placing your hand underneath the straps is not comfortable.
78	tablet cover gets in the way a little; stylus holder could use a plastic opening at top to ease replacement of stylus; "other" in lead letter feedback should allow comments; trans'n done ????
79	sun glare difficult to see, strap on carrying case too wide/bulky, would like to be able to go to next line in ROC w/o going to end, car charger?
80	Strap for the carrying case too thick; SRs are much more interested in the tablet vs the iPaq; can't edit codes after committing; cases don't stay highlighted (apartment complex - all addresses same)
81	snap closure difficult to use. constantly moving it around to find the snap. the cover for the cord hook up is annoying.
82	Screen glare is difficult, needs an additional loop for a pen
83	need a pen / pencil at the SR door (appointment cards) carrying case needs a place to put a pen and have it handy. Press and hold to select case keeps screen from moving to wrong line accidentlly.

No.	Comments QFT FI Survey #2 (October 2012)
84	My tablet doesn't respond quickly to my fingers; so i always use the stylus. the strap is cumbersome. Prefer to put my fore arm through the back holds it securely and is good for me as a lefty.
85	its easiest 2 use stylist rather than finger- its more accurate. i dont swipe-the swipe commands r not consistant. using next button is always consistent. wish there was place to hold pen for apt. x's
86	The tablet could be attached inside a portfolio holding our printed materials. We would only have one thing to carry to the door. It would make us look more professional and less like meter-readers.
87	i think the tablet case should have a stylus holder and a pen holder, one on each side. If I need to fill out the simy or appointment card it would be nice to have a holder for both pen and stylus.
88	I like the carrying case with the snap rather than the velcro closure and the flap that covers the connection.. Screening program was very easy to use and the ability to make corrects extremely easy..
89	carrying case a little cumbersome could enable swpye for typing this would be easier
90	can not close the snap on the screen cover when the tablet is connected to cable when charging or when connected to the laptop. A cover designed for left handed FIs would be nice
91	I think the case is too bulky

Appendix G: Moderator's Guide for QFT Focus Groups with Field Interviewers

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SECTION I: Introduction (5 minutes)

MODERATOR: PARTICIPANTS SHOULD BE SITTING AROUND THE TABLE WITH THE SEAT AT THE HEAD OF THE TABLE RESERVED FOR THE MODERATOR. PARTICIPANTS SHOULD BE ASKED TO WRITE THEIR NAMES ON BOTH SIDES OF A "NAME TENT" AND PLACE IT SO IT CAN BE SEEN FROM THE FRONT OF THE ROOM.

INTRODUCTION OF MODERATOR AND NOTE TAKER: Hello, and thank you for attending this group discussion. My name is [MODERATOR'S NAME] from [MODERATOR'S AFFILIATION]. This is [NOTE TAKER'S NAME] from [NOTE TAKER'S AFFILIATION].

This group discussion is intended to gather feedback from all of you on your experiences completing data collection for the 2012 Questionnaire Field Test (QFT). As you know, several changes to the NSDUH questionnaire, procedures, equipment and materials were tested during this field test. We plan to examine the data collected using the QFT interview questionnaire and procedures to assess how well they performed in the field. However, we cannot gather all of the information we need just by analyzing the survey data. Therefore, we are hoping you can share your experiences with administering the QFT interview, including what sorts of feedback you received from respondents, and what types of issues you encountered that could be improved in the future. A summary of the feedback you provide in this discussion will be included in the QFT report provided to SAMHSA and will inform potential changes to the protocol changes in the future. I will be leading today's discussion and [NOTETAKER'S NAME] will be taking notes.

We just have a few ground rules for our discussion:

- We are video recording the session and also have a note taker so we don't miss anything that is said, and so that those who cannot observe this discussion can review the recording.
- Please avoid side conversations among yourselves. Only one person should speak at a time. This serves two purposes. First, it lets the whole group hear the remarks someone makes. Second, it ensures that the recording will be clear.
- To get the best benefit from this group, we want to hear from everyone in the room. Like any group, I imagine some of you like to talk while others may be quieter. So if I haven't heard from you, I may call on you. This allows us to hear from everyone several times throughout the discussion. If you'd rather not answer a particular question, you can just tell me that you would like to "pass."
- There are no right or wrong answers to the questions I will be asking. Everyone's input is equally important and helpful. We are interested in all your ideas, comments, and suggestions. It is OK to disagree with what someone says, but we ask that you do so respectfully.
- Please take a minute now to turn off your cell phones so we aren't interrupted.
- If you need to take a break or use the restroom, please leave the room quietly.

Before we begin, let's briefly introduce ourselves, starting to my left (or right).

SECTION II: Reactions to the Redesigned Contact Materials (15-20 minutes)

1. When you sent **lead letters** to the households in your QFT assignment, did you expect the letter to have a similar impact on cooperation among members of sampled households, a greater impact, or less impact? [PROBES: Tell me more about that. What do others think?]

2. How often did members of sampled QFT households mention to you that they had seen the **lead letter**? Do you think members of sampled QFT households mentioned seeing the letter about as often as main study households you have recently screened, more often, or less often? [PROBES: Tell me more about that. What do others think?]

3. How often did members of QFT households make comments or ask questions about the **lead letter**? Did members of sampled QFT households make comments or ask questions about the letter about as often as main study households you have recently screened, more often, or less often?

4. [IF APPLICABLE] When members of sampled QFT households made comments about the **lead letter**, did they focus on the content of the letter, on the appearance or layout of the letter, or a mix of both? [PROBE: Please provide examples of any comments on the content or appearance of the letter that you can recall.]

5. [IF APPLICABLE] When members of sampled QFT households asked questions referring to the **lead letter**, what kinds of questions did they ask you? [PROBE: Please provide examples of any questions about the letter that you can recall.]

6. How often did members of sampled QFT households make comments or ask questions about the **question and answer brochure**? Did members of sampled QFT households make comments or ask questions about the brochure about as often as main study respondents you have recently interviewed, more often, or less often? [PROBES: Tell me more about that. What do others think?]

7. [IF APPLICABLE] When members of sampled QFT households made comments about the **question and answer brochure**, did they focus on the content of the brochure, the appearance or layout of the brochure, or a mix of both? [PROBE: Please provide examples of any comments on the content or appearance of the brochure that you can recall.]

8. [IF APPLICABLE] When members of sampled QFT households asked questions referring to the **question and answer brochure**, what kinds of questions did they ask you? [PROBE: Please provide examples of any questions about the brochure that you can recall.]

9. Overall, do you think QFT sample members reactions to the **lead letter** and **question and answer brochure** were similar to the reactions you receive to the current main study contact materials, or were they different somehow? [FOR ANY WHO INDICATE REACTIONS THEY RECEIVED WERE DIFFERENT FOR QFT HOUSEHOLDS, ASK: What were the main ways that QFT sample members' reactions to the contact materials were different than the reactions you receive to the main study letter and brochure?]

SECTION III: Administering Household Screenings and Using the Tablet (15-20 minutes)

1. Do you feel the QFT training provided you with a thorough understanding of the **purpose and goals of the QFT**? [FOR ANY WHO INDICATE THE TRAINING DID NOT A THOROUGH UNDERSTANDING OF THE QFT PURPOSE AND GOALS, ASK: What are the main ways you would recommend to improve training about the purpose and goals of the QFT?]

2. Do you feel that the **new portfolio** met your needs for organizing your field materials? [FOR ANY WHO INDICATE THE PORTFOLIO DID NOT MEET THEIR NEEDS, ASK: What kind of portfolio would be more useful to you for organizing field materials?]

3. Do you feel that the QFT training provided **good instruction** on how to use the tablet to conduct household screenings? [FOR ANY WHO DO NOT THINK THE INSTRUCTION WAS GOOD: What are the main ways you would recommend to improve training on using the tablet for household screenings?]

4. Do you feel that the QFT training provided **sufficient time** for you to learn how to use the tablet and get comfortable using it? [FOR ANY WHO DO NOT THINK THE TRAINING TIME WAS SUFFICIENT: How much time do you think would be sufficient to learn how to use the tablet and get comfortable using it?]

5. How long did it take you to feel **fully comfortable** using the tablet computer to conduct QFT screenings? [FOR THOSE WHO INDICATE NOT QUICKLY FEELING COMFORTABLE USING THE TABLET, ASK: What do you think were the greatest challenges you faced in getting comfortable using the tablet to conduct screeners in the QFT?]

6. Do you feel that the **size and weight of the tablet** was appropriate for conducting screeners on doorsteps? [PROBES, ESPECIALLY FOR ANY WHO RAISE CONCERNS: Tell me more about that. What do others think?]

7. Do you feel that the design and usability of the **tablet carrying case** met your needs for transporting and using the tablet in the field? [FOR ANY WHO RAISE CONCERNS ABOUTHE DESIGN OR USABILITY OF THE CARRYING CASE, ASK: How do you think the carrying case could be altered to make it work better for you in the field?]

8. How did respondents react to the use of US Department of Health and Human Services, as opposed to the US Public Health Service? Were reactions positive or negative? Did this cause any confusion among respondents?

9. Did you experience any difficulties **typing in ROC notes or comments** using the keyboard on the tablet? [FOR ANY WHO INDICATE HAVING DIFFICULTY TYPING ROC NOTES OR COMMENTS, ASK: How often did you encounter problems typing in ROC notes or comments using the keyboard on the tablet? How were you able to overcome this challenge?]

10. Did you encounter any problems **completing the observation questions** on the tablet? [FOR ANY WHO INDICATE HAVING PROBLEMS COMPLETING THE OBSERVATION QUESTIONS: Please tell us more about that problem. How were you able to resolve this?]

11. Did you ever ask for **technical assistance** with the tablet at any point during the QFT data collection? [FOR ANY WHO INDICATE REQUESTING TECHNICAL ASSISTANCE WITH THE TABLET, ASK: Can you tell me why you asked for assistance with the tablet? Was assistance provided quickly enough for you to continue with your QFT assignment as planned?]

12. Did you wish that the tablet had **additional capabilities** available to you, such as copy and paste, predictive typing, or rotating between landscape and portrait display? [FOR ANY WHO INDICATE WANTING ADDITIONAL CAPABILITIES, ASK: What capabilities would you like to have on the tablet? How would this improve the usability of the tablet for completing household screenings?]

13. **Compared to the iPAQ** you use for the main study, would you say the tablet was about as easy to use as for screening households, easier to use, or not as easy to use? [FOR ANY WHO INDICATE THE TABLET WAS NOT AS EASY TO USE AS THE IPAQ, ASK: What are the main reasons why you feel the tablet was not as easy to use as the iPAQ?]

14. Compared to the iPAQ, were there any **screening functions** that you would have liked to have had on the tablet for the QFT, such as having finalized cases disappear from the select case screen? [FOR ANY WHO INDICATE WANTING FUNCTIONS CURRENTLY ON THE IPAQ, ASK: What iPAQ functions would you like to have on the tablet? How would this improve the usability of the tablet for completing household screenings?]

15. Please share any comments you had about transmitting your work using the new equipment.

SECTION IV: Administering the Redesigned Questionnaire and Protocol (30-35 minutes)

1. How often did QFT respondents make comments or ask questions about using the **computerized version of the reference date calendar**? Would you say QFT respondents made comments or asked questions about as often as main study respondents using the paper version of the calendar, less often, or more often? [PROBES: Tell me more about that. What do others think?]

2. [IF APPLICABLE] What kinds of feedback or questions did you receive from respondents about the computerized version of the reference date calendar? Please provide examples of any comments or questions that you can recall.

3. Did you expect the **computerized version of the reference date calendar** to be as easy for QFT respondents to use as the paper version of the calendar, easier to use, or harder to use? [PROBES: Tell me more about that. What do others think?]

4. How often did QFT respondents or proxy respondents make comments or ask questions about **specific questions or modules** when completing either the items you administered to them or completing the ACASI portion of the interview protocol themselves? Would you say QFT respondents made comments or asked questions on any specific questions or modules about as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]

5. Did you expect QFT respondents (or proxy respondents) to make comments or ask questions about **specific questions or modules** as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]

6. Did QFT respondents make any comments or ask any questions about the **new module introducing proxy respondents to ACASI**? Please provide examples of any comments or questions that you can recall.

7. How often did QFT **proxy respondents** have trouble hearing the audio for questions in the second ACASI portion of the interview? Did you ever have to adjust the volume for proxy respondents?

8. Did QFT respondents make any comments or ask any questions about **any other specific questions or features of the protocol** when completing any of the modules (except for the prescription drug module)? [PROBE: Please provide examples of any comments or questions on specific questions or features of the protocol that you can recall.]

SECTION V: Reactions to the Redesigned Prescription Drug Module (15-20 minutes)

1. How often did QFT respondents make comments or react specifically to the **burden required** to answer the questions in the prescription drug module? [PROBE: Please provide examples of any comments or reactions to the burden of the prescription drug questions you can recall.]

2. How often did QFT respondents make comments or react specifically to the **length of time required** to complete the prescription drug module? [PROBE: Please provide examples of any comments or reactions to the length of the prescription drug module you can recall.]

3. Did you expect QFT respondents to react specifically to either the **burden or length of time** required to complete the prescription drug module as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]

4. How often did QFT respondents make comments or react specifically to the **electronic pill images** in the prescription drug module? [PROBE: Please provide examples of any comments or reactions to the electronic pill images in the prescription drug module you can recall.]

5. Did you expect QFT respondents to react specifically to the **electronic pill images** as often as main study respondents do to the showcard pill images, less often, or more often? [PROBES: Tell me more about that. What do others think?]

6. How often did QFT respondents make comments or react specifically to the questions designed to **capture misuse of prescription drugs**? [PROBE: Please provide examples of any comments or reactions to the questions on misuse of prescription drugs you can recall.]

7. Did you expect QFT respondents to react specifically to the questions designed to **capture misuse of prescription drugs** as often as main study respondents do with the current questions, less often, or more often? [PROBES: Tell me more about that. What do others think?]

8. Did QFT respondents make any comments or ask any questions about any other specific aspects of the prescription drug module? [PROBE: Please provide examples of any comments or questions about the prescription drug module that you can recall.]

SECTION VI: Overall Reactions to the Redesigned Questionnaire (15-20 minutes)

1. How often did QFT respondents make comments or react specifically to the **burden required to answer any of the other interview questions**? Would you say QFT respondents commented on the burden of the interview questions about as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]

2. [IF APPLICABLE] When QFT respondents made comments or reacted specifically to the **burden of the interview questions**, were the comments or reactions mostly positive, mostly negative, or a mix of both? [PROBE: Please provide examples of any comments or reactions that you can recall.]

3. How often did QFT respondents make comments or react specifically to the **length of time** required to complete the entire interview protocol? Would you say QFT respondents commented on the interview length about as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]

4. [IF APPLICABLE] When members of sampled QFT households made comments or reacted specifically to the **length of time** to complete the entire interview protocol, were the comments or reactions mostly positive, mostly negative, or a mix of both? [PROBE: Please provide examples of any comments or reactions that you can recall.]

5. Did <u>you</u> expect QFT respondents to react specifically to either the **burden or length of time** required to complete the entire interview protocol as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]

6. Did QFT respondents raise **any other specific concerns** when completing the questions you administered to them or completing the ACASI portion of the interview protocol themselves? [PROBE: Please provide examples of any concerns that you can recall.]

7. Did <u>you</u> expect QFT respondents raise **any other specific concerns** when completing the questions you administered to them or completing the ACASI portion of the interview as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]

8. If a video containing a 20-30 second video clip of the annual press conference were added to the tablet, do you think this would be a useful tool for gaining cooperation from respondents at the doorstep? Why or why not?

SECTION VII: Conclusion (5 minutes)

Are there any final comments or any questions on any of the topics we discussed, or other topics on the QFT data collection?

I want to thank you all again for your active participation.

THE RTI NOTETAKER WILL NOW TURN OFF THE VIDEO CAMERA.

Appendix H:
Selected Notes on Analysis Variables for the QFT

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1. Key Illicit Drug Measures in Appendices I and J

Measure	Substances Included
Use of Any Illicit Drug, Standard Definition	• Marijuana • Cocaine (including crack) • Heroin • Hallucinogens[1] • Inhalants[2] • Methamphetamine[3] • Prescription Drugs[3] – Pain Relievers – Tranquilizers – Stimulants[3] – Sedatives
Use of Any Illicit Drug, Alternate Definition 1	• Marijuana • Cocaine (including crack) • Heroin • Hallucinogens[1] • Inhalants
Use of Any Illicit Drug, Alternate Definition 2	• Marijuana • Cocaine (including crack) • Heroin
Use of Illicit Drugs Other Than Marijuana, Standard Definition	• Cocaine (including crack) • Heroin • Hallucinogens[1] • Inhalants[2] • Methamphetamine[3] • Prescription Drugs[3] – Pain Relievers – Tranquilizers – Stimulants[3] – Sedatives
Use of Illicit Drugs Other Than Marijuana, Alternate Definition	• Cocaine • Heroin • Hallucinogens[1] • Inhalants[2]

[1] For the 2011 and 2012 comparison data, estimates are based on the use of any of the following hallucinogens: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; or "Ecstasy," also called MDMA; or any other hallucinogen. QFT estimates are based on the use of any of the hallucinogens from the 2011 and 2012 comparison data, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*.

[2] Lifetime estimates of inhalant use for the 2011 and 2012 comparison data are based on the use of any of the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; other aerosol sprays; or any other inhalant. QFT estimates of lifetime use of inhalants are based on the use of any of the inhalants from the 2011 and 2012 comparison data, plus the following: felt-tip pens, felt-tip markers, or magic markers; and computer cleaner, also known as air duster.

[3] Estimates of any prescription drug misuse, stimulant misuse, and methamphetamine use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). Estimates of stimulant misuse for the QFT vary according to whether they include data from the separate core methamphetamine module.

2. **Stimulant Misuse:**

    - The standard definition for the 2011 and 2012 comparison data and the QFT includes use of methamphetamine and misuse of prescription stimulants. Estimates for the 2011 and 2012 comparison data also include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).
    - The QFT definition includes data only for misuse of prescription stimulants. A corresponding measure is not available for the 2011 and 2012 comparison data.

3. **Binge Alcohol Use –** For the 2011 and 2012 comparison data, binge alcohol use is defined for both males and females as drinking at least five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. For the QFT, binge alcohol use is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days. Estimates in the QFT for persons aged 12 or older and by age group (i.e., regardless of gender) also take into account the lower threshold for females.

4. **Methamphetamine Dependence –** For the QFT sample, respondent s were classified with past year methamphetamine dependence if they reported three of the following problems in the past year because of their use of methamphetamine:

    - spent a great deal of time over a period of a month getting, using, or getting over the effects of methamphetamine (METHLOTTM=1 or METHGTOVR=1, corresponding to questions DRME01 and DRME02);
    - used methamphetamine more often than intended or was unable to keep set limits on methamphetamine use (METHKPLMT=2, corresponding to DRME05);
    - needed to use methamphetamine more than before to get desired effects or noticed that same amount of methamphetamine use had less effect than before (METHNDMOR=1 or METHLSEFX=1, corresponding to DRME06 and DRME07);
    - inability to cut down or stop using methamphetamine every time tried or wanted to (METHCUTEV=2, corresponding to DRME09);
    - continued to use methamphetamine even though it was causing problems with emotions, nerves, mental health, or physical problems (METHEMCTD=1 or METHPHCTD=1, corresponding to DRME14 and DRME16);
    - methamphetamine use reduced or eliminated involvement or participation in important activities (METHLSACT=1, corresponding to DRME17); or
    - reported feeling blue or down when trying to stop or cut down using methamphetamine (METHFLBLU=1, corresponding to DRME10a), as well as experiencing two or more additional methamphetamine withdrawal symptoms at the same time that lasted longer than a day after methamphetamine use was cut back or stopped. Symptoms include (i) feeling tired or exhausted, (ii) having bad dreams, (iii) having trouble sleeping or sleeping more than normal, (iv) feeling hungry more often, and (v) feeling either very slowed down or could not sit still (METHWDSMT=1, corresponding to DRME12).

5. **Methamphetamine Abuse** – For the QFT sample, respondents were classified with past year abuse of methamphetamine if they had not been classified with past year methamphetamine dependence and if they reported one or more of the following problems in the past year because of their use of methamphetamine:
    - serious problems at home, work, or school caused by using methamphetamine, 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

      (METHSERPB=1, corresponding to DRME18);
    - used methamphetamine regularly and then did something that might have put you in physical danger (METHPDANG=1, corresponding to DRME19);
    - use of methamphetamine caused you to do things that repeatedly got you in trouble with the law (STMLAWTR=1, corresponding to DRME20); and
    - problems with family or friends probably caused by using methamphetamine (METHMFPB=1 corresponding to DRME21) and continued to use methamphetamine even though you thought that using methamphetamine caused these problems (METHFMCTD=1, corresponding to DRME22).
6. In the QFT sample, a respondent was classified as having illicit drug dependence (DEPNDILL) if he or she was classified as having dependence on any of the following: marijuana, hallucinogens, inhalants, tranquilizers, cocaine, heroin, pain relievers, stimulants, sedatives, or methamphetamine.
7. In the QFT sample, a respondent was classified as having illicit drug abuse (ABUSEILL) if he or she was not classified as having illicit drug dependence (DEPNDILL = 0) and met abuse criteria for any of the following: marijuana, hallucinogens, inhalants, tranquilizers, cocaine, heroin, pain relievers, stimulants, sedatives, or methamphetamine.
8. The following measures involving new survey items for comparisons between the QFT sample and the 2011 National Health Interview Survey (NHIS) were based on the raw survey measures, as follows:

Measure	QFT Survey Questions
Living in a household with only cellular or no telephone service	CELL1 = 2
Number of visits to doctor or other health care professional, past 12 months (none; 1; 2 to 3; 4 to 9; 10 or more)	HLTH19, HLTH19a
Has been in a hospital overnight, past 12 months?	HLTH17
Emergency room visit in past 12 months?	HLTH16

Appendix I: Detailed Tables for Core Substance Use Items Other than Methamphetamine and Prescription Drugs in the 2011 and 2012 Comparison Data and the QFT

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Table I-1 Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 65,928)[1]	2012 Comparison (n = 31,213)[1,2]	2012 QFT (n = 2,044)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS, Alternate Definition 1[4]	45.3	45.9	47.5	-2.2 (1.79)	-1.5 (1.84)
Alternate Definition 2[5]	44.0	44.7	45.0	-1.1 (1.78)	-0.3 (1.87)
Marijuana and Hashish	43.6	44.5	44.7	-1.1 (1.76)	-0.2 (1.85)
Cocaine	14.8	14.7	14.2	0.5 (1.20)	0.5 (1.18)
Crack	3.3	3.5	4.1	-0.8 (0.69)	-0.6 (0.67)
Heroin	1.7	1.8	1.9	-0.2 (0.42)	-0.0 (0.42)
Hallucinogens	14.8	15.0	16.2	-1.4 (1.33)	-1.2 (1.34)
LSD	9.4	9.5	10.7	-1.4 (1.10)	-1.2 (1.16)
PCP	2.5	2.6	2.9	-0.4 (0.60)	-0.3 (0.62)
Ecstasy	5.9	6.2	6.4	-0.4 (0.72)	-0.1 (0.74)
Inhalants	8.2[a]	8.3[a]	11.1	-2.8 (0.87)	-2.8 (0.84)
ILLICIT DRUGS OTHER THAN MARIJUANA, Alternate Definition[4]	22.4	22.3	25.0	-2.6 (1.46)	-2.7 (1.46)
Cocaine or Heroin[6]	14.9	14.8	14.3	0.5 (1.20)	0.5 (1.18)
CIGARETTES	63.9	63.2	62.5	1.3 (1.55)	0.6 (1.66)
SMOKELESS TOBACCO[7]	18.8	18.4	17.4	1.4 (1.07)	1.0 (1.10)
ALCOHOL	83.2	83.4	81.8	1.4 (1.30)	1.5 (1.25)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-2 Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 22,419)[1]	2012 Comparison (*n* = 10,465)[1,2]	2012 QFT (*n* =541)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS, Alternate Definition 1[4]	22.3[a]	20.0[a]	26.7	-4.5 (2.10)	-6.7 (2.14)
Alternate Definition 2[5]	17.6	16.5	19.2	-1.7 (1.80)	-2.8 (1.87)
Marijuana and Hashish	17.5	16.4	19.0	-1.5 (1.75)	-2.6 (1.82)
Cocaine	1.3[a]	1.2[a]	0.2	1.1 (0.23)	1.0 (0.24)
Crack	0.3	0.2	0.2	0.1 (0.21)	-0.0 (0.21)
Heroin	0.3	0.3	0.2	0.0 (0.24)	0.1 (0.25)
Hallucinogens	3.7[a]	3.2[a]	6.5	-2.7 (1.32)	-3.3 (1.37)
LSD	0.9	1.1	1.0	-0.1 (0.46)	0.1 (0.47)
PCP	0.3	0.4	1.0	-0.7 (0.45)	-0.5 (0.45)
Ecstasy	2.4	1.9	2.9	-0.5 (0.77)	-1.0 (0.78)
Inhalants	7.5[a]	5.7[a]	11.7	-4.3 (1.48)	-6.1 (1.46)
ILLICIT DRUGS OTHER THAN MARIJUANA, Alternate Definition[4]	10.3[a]	8.2[a]	16.3	-6.0 (1.90)	-8.1 (1.87)
Cocaine or Heroin[6]	1.4[a]	1.3[a]	0.5	1.0 (0.33)	0.9 (0.36)
CIGARETTES	19.2	16.4	19.1	0.1 (2.17)	-2.7 (2.23)
SMOKELESS TOBACCO[7]	6.9	6.4	8.3	-1.3 (1.38)	-1.9 (1.47)
ALCOHOL	34.6	31.4	33.5	1.1 (2.09)	-2.1 (2.04)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

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Table I-3 Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 21,662)[1]	2012 Comparison (*n* = 10,336)[1,2]	2012 QFT (*n* = 504)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS, Alternate Definition 1[4]	54.5	54.2	56.0	-1.4 (2.35)	-1.7 (2.58)
Alternate Definition 2[5]	53.1	53.0	52.2	1.0 (2.46)	0.8 (2.63)
Marijuana and Hashish	53.0	52.9	52.2	0.9 (2.46)	0.7 (2.63)
Cocaine	12.6	12.3	10.5	2.0 (1.57)	1.7 (1.52)
Crack	2.1	2.0	1.8	0.3 (0.61)	0.1 (0.63)
Heroin	1.8	2.1	2.4	-0.6 (0.70)	-0.3 (0.69)
Hallucinogens	18.1	18.0	19.4	-1.3 (2.26)	-1.4 (2.32)
LSD	6.2	6.1	7.5	-1.3 (1.67)	-1.3 (1.66)
PCP	1.1	1.0	0.7	0.3 (0.39)	0.2 (0.38)
Ecstasy	12.6	13.1	11.0	1.6 (1.53)	2.1 (1.54)
Inhalants	9.2	7.9[a]	11.7	-2.5 (1.75)	-3.7 (1.69)
ILLICIT DRUGS OTHER THAN MARIJUANA, Alternate Definition[4]	24.0	23.6[a]	28.8	-4.8 (2.54)	-5.2 (2.56)
Cocaine or Heroin[6]	12.7	12.4	10.5	2.2 (1.58)	1.9 (1.52)
CIGARETTES	61.4	58.9	61.6	-0.2 (2.98)	-2.7 (3.18)
SMOKELESS TOBACCO[7]	21.0	20.2	20.7	0.3 (2.28)	-0.5 (2.31)
ALCOHOL	84.6	85.2	82.6	2.0 (1.99)	2.6 (2.04)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-4 Substance Use Other Than Methamphetamine or Prescription Drugs in Lifetime among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 21,847)[1]	2012 Comparison (*n* = 10,412)[1,2]	2012 QFT (*n* = 999)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS, Alternate Definition 1[4]	46.7	47.9	48.7	-2.0 (2.26)	-0.8 (2.37)
Alternate Definition 2[5]	45.8	46.9	47.1	-1.4 (2.23)	-0.2 (2.37)
Marijuana and Hashish	45.3	46.7	46.7	-1.4 (2.22)	-0.1 (2.35)
Cocaine	16.9	16.9	16.7	0.2 (1.55)	0.2 (1.54)
Crack	3.9	4.2	5.0	-1.0 (0.88)	-0.8 (0.86)
Heroin	1.9	2.0	2.0	-0.1 (0.52)	-0.0 (0.53)
Hallucinogens	15.7	16.0	16.9	-1.3 (1.58)	-0.9 (1.58)
LSD	11.0	11.2	12.6	-1.5 (1.40)	-1.3 (1.46)
PCP	3.0	3.2	3.5	-0.5 (0.78)	-0.3 (0.79)
Ecstasy	5.2	5.6	6.0	-0.8 (0.84)	-0.4 (0.86)
Inhalants	8.2[a]	8.7[a]	10.9	-2.7 (1.05)	-2.2 (1.03)
ILLICIT DRUGS OTHER THAN MARIJUANA, Alternate Definition[4]	23.7	23.9	25.5	-1.8 (1.71)	-1.6 (1.73)
Cocaine or Heroin[6]	17.0	17.0	16.8	0.2 (1.54)	0.2 (1.53)
CIGARETTES	70.1	70.0	68.4	1.8 (1.78)	1.6 (1.92)
SMOKELESS TOBACCO[7]	20.0	19.6	18.0	1.9 (1.31)	1.6 (1.34)
ALCOHOL	89.3	89.8	88.0	1.3 (1.55)	1.8 (1.51)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-5 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS,					
Alternate Definition 1[4]	12.8	12.9	13.5	-0.7 (1.21)	-0.6 (1.18)
Alternate Definition 2[5]	12.3	12.5	12.7	-0.4 (1.14)	-0.2 (1.11)
Marijuana and Hashish	12.0	12.1	12.4	-0.5 (1.10)	-0.4 (1.07)
Cocaine	1.5	1.7	1.5	0.0 (0.34)	0.3 (0.35)
Crack	0.2	0.3	0.4	-0.1 (0.15)	-0.1 (0.16)
Heroin	0.3	0.2	0.2	0.1 (0.07)	0.1 (0.07)
Hallucinogens	1.6	1.6	2.1	-0.5 (0.43)	-0.5 (0.43)
LSD	0.3	0.4	0.5	-0.1 (0.15)	-0.0 (0.16)
PCP	0.0	0.1	0.1	-0.0 (0.04)	-0.0 (0.04)
Ecstasy	1.0	1.0	1.0	-0.0 (0.23)	-0.0 (0.24)
Inhalants	0.7	0.6	0.9	-0.2 (0.19)	-0.3 (0.20)
ILLICIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition[4]	3.2	3.3	3.5	-0.4 (0.56)	-0.3 (0.57)
Cocaine or Heroin[6]	1.6	1.8	1.5	0.1 (0.36)	0.3 (0.37)
CIGARETTES	26.5	26.1	28.0	-1.5 (1.73)	-1.9 (1.81)
SMOKELESS TOBACCO[7]	4.7[a]	4.7[a]	6.8	-2.1 (0.67)	-2.1 (0.67)
ALCOHOL	67.1	67.6	66.8	0.3 (1.71)	0.8 (1.65)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-6 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 22,419)[1]	2012 Comparison (*n* = 10,465)[1,2]	2012 QFT (*n* = 541)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS,					
Alternate Definition 1[4]	15.8	14.2[a]	18.2	-2.4 (1.82)	-4.0 (1.89)
Alternate Definition 2[5]	13.9	12.7	15.3	-1.4 (1.61)	-2.6 (1.67)
Marijuana and Hashish	13.8	12.6	15.1	-1.3 (1.55)	-2.4 (1.62)
Cocaine	0.9[a]	0.7[a]	0.0*	0.9 (0.09)	0.7 (0.12)
Crack	0.1[a]	0.1	0.0*	0.1 (0.03)	0.1 (0.05)
Heroin	0.2	0.1	0.2	-0.0 (0.24)	-0.1 (0.24)
Hallucinogens	2.4	2.1	3.6	-1.1 (1.01)	-1.4 (1.04)
LSD	0.6[a]	0.6[a]	0.2	0.5 (0.16)	0.5 (0.19)
PCP	0.2	0.2	0.5	-0.3 (0.29)	-0.3 (0.29)
Ecstasy	1.5	1.1	1.6	-0.1 (0.60)	-0.6 (0.62)
Inhalants	3.0	2.1[a]	4.1	-1.1 (0.93)	-2.0 (0.90)
ILLICIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition[4]	5.3	4.2[a]	7.0	-1.7 (1.35)	-2.8 (1.36)
Cocaine or Heroin[6]	1.0[a]	0.8	0.2	0.7 (0.25)	0.5 (0.28)
CIGARETTES	12.9	10.6	12.5	0.4 (1.70)	-1.9 (1.77)
SMOKELESS TOBACCO[7]	4.4	3.7	5.6	-1.2 (1.18)	-2.0 (1.25)
ALCOHOL	27.2	24.3	25.7	1.4 (1.82)	-1.4 (1.85)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-7 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 21,662)[1]	2012 Comparison (*n* = 10,336)[1,2]	2012 QFT (*n* = 504)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS,					
Alternate Definition 1[4]	32.6	33.1	32.9	-0.3 (2.60)	0.2 (2.69)
Alternate Definition 2[5]	31.8	32.5	30.3	1.5 (2.53)	2.1 (2.60)
Marijuana and Hashish	31.4	31.9	29.9	1.5 (2.54)	2.0 (2.61)
Cocaine	4.5	4.6	3.5	1.0 (0.97)	1.1 (0.93)
Crack	0.3	0.5	0.4	-0.0 (0.27)	0.1 (0.27)
Heroin	0.7	0.8	1.0	-0.3 (0.45)	-0.1 (0.46)
Hallucinogens	6.8	6.5	7.4	-0.5 (1.59)	-0.8 (1.61)
LSD	1.7	1.8	2.3	-0.6 (0.74)	-0.4 (0.75)
PCP	0.2	0.1	0.2	-0.1 (0.23)	-0.1 (0.24)
Ecstasy	4.1	4.1	4.1	-0.0 (1.03)	-0.0 (1.05)
Inhalants	1.5	1.2	1.4	0.0 (0.62)	-0.2 (0.59)
ILLICIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition[4]	9.7	9.7	10.4	-0.6 (1.79)	-0.7 (1.79)
Cocaine or Heroin[6]	4.8	4.8	3.8	1.0 (1.00)	1.0 (0.96)
CIGARETTES	42.7	40.9	42.7	-0.1 (2.93)	-1.8 (2.93)
SMOKELESS TOBACCO[7]	9.5	9.1	8.7	0.8 (1.49)	0.5 (1.50)
ALCOHOL	77.5	78.5	76.9	0.6 (2.20)	1.6 (2.33)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-8 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 21,847)[1]	2012 Comparison (*n* = 10,412)[1,2]	2012 QFT (*n* = 999)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS, Alternate Definition 1[4]	8.9	9.1	9.4	-0.6 (1.23)	-0.3 (1.24)
Alternate Definition 2[5]	8.6	8.9	9.2	-0.6 (1.17)	-0.3 (1.18)
Marijuana and Hashish	8.3	8.5	9.0	-0.7 (1.15)	-0.5 (1.16)
Cocaine	1.0	1.4	1.3	-0.3 (0.37)	0.1 (0.39)
Crack	0.3	0.3	0.4	-0.1 (0.20)	-0.1 (0.21)
Heroin	0.2[a]	0.1[a]	0.0*	0.2 (0.03)	0.1 (0.03)
Hallucinogens	0.6	0.7	1.0	-0.4 (0.33)	-0.3 (0.33)
LSD	0.1	0.1	0.2	-0.1 (0.13)	-0.0 (0.14)
PCP	0.0	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
Ecstasy	0.3	0.4	0.4	-0.0 (0.18)	0.0 (0.18)
Inhalants	0.3	0.3	0.4	-0.1 (0.21)	-0.1 (0.21)
ILLICIT DRUGS OTHER THAN MARIJUANA, Alternate Definition[4]	1.7	2.0	1.9	-0.2 (0.47)	0.1 (0.50)
Cocaine or Heroin[6]	1.1	1.4	1.3	-0.2 (0.37)	0.1 (0.40)
CIGARETTES	25.4	25.5	27.4	-2.0 (2.10)	-1.9 (2.21)
SMOKELESS TOBACCO[7]	3.9[a]	4.0[a]	6.6	-2.7 (0.78)	-2.6 (0.79)
ALCOHOL	70.5	71.3	70.3	0.1 (2.11)	0.9 (2.10)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-9 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS, Alternate Definition 1[4]	7.7	7.6	7.8	-0.1 (0.86)	-0.2 (0.88)
Alternate Definition 2[5]	7.5	7.4	7.6	-0.1 (0.86)	-0.2 (0.88)
Marijuana and Hashish	7.3	7.2	7.4	-0.1 (0.82)	-0.2 (0.84)
Cocaine	0.5	0.5	0.3	0.2 (0.14)	0.2 (0.15)
Crack	0.1[a]	0.1[a]	0.0	0.1 (0.03)	0.1 (0.03)
Heroin	0.1	0.1	0.1	0.1 (0.04)	0.0 (0.05)
Hallucinogens	0.4	0.4	0.4	-0.0 (0.13)	-0.0 (0.14)
LSD	0.1	0.1	0.1	-0.1 (0.07)	-0.0 (0.07)
PCP	0.0	0.0	0.1	-0.1 (0.04)	-0.1 (0.04)
Ecstasy	0.2[a]	0.2	0.1	0.1 (0.06)	0.1 (0.06)
Inhalants	0.2	0.2	0.3	-0.0 (0.10)	-0.1 (0.10)
ILLICIT DRUGS OTHER THAN MARIJUANA, Alternate Definition[4]	1.1	1.0	1.0	0.2 (0.22)	0.0 (0.23)
Cocaine or Heroin[6]	0.6	0.6	0.4	0.3 (0.16)	0.2 (0.17)
CIGARETTES	22.5	22.2	24.2	-1.8 (1.57)	-2.0 (1.65)
SMOKELESS TOBACCO[7]	3.4[a]	3.5[a]	5.2	-1.8 (0.59)	-1.7 (0.58)
ALCOHOL	53.0	53.4	51.6	1.4 (1.79)	1.8 (1.80)
Binge Alcohol Use[8]	22.3	22.9	23.9	-1.6 (1.24)	-1.1 (1.31)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.
[8] Binge Alcohol Use in the 2011 and 2012 comparison data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the QFT is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-10 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (n = 22,419)[1]	2012 Comparison (n = 10,465)[1,2]	2012 QFT (n = 541)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS, Alternate Definition 1[4]	8.5	7.2	8.1	0.4 (1.23)	-0.9 (1.28)
Alternate Definition 2[5]	7.7	6.6	6.7	1.0 (1.09)	-0.1 (1.12)
Marijuana and Hashish	7.7	6.6	6.7	1.0 (1.08)	-0.1 (1.12)
Cocaine	0.3[a]	0.1[a]	0.0*	0.3 (0.05)	0.1 (0.03)
Crack	0.0	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
Heroin	0.1	0.0*	0.0*	0.1 (0.03)	0.0 (0.00)
Hallucinogens	0.8	0.5	1.2	-0.4 (0.50)	-0.7 (0.51)
LSD	0.1	0.1	0.2	-0.0 (0.16)	-0.0 (0.14)
PCP	0.0	0.0*	0.3	-0.3 (0.25)	-0.3 (0.25)
Ecstasy	0.4	0.2	0.3	0.1 (0.25)	-0.1 (0.24)
Inhalants	0.8	0.5	1.0	-0.2 (0.48)	-0.5 (0.48)
ILLICIT DRUGS OTHER THAN MARIJUANA, Alternate Definition[4]	1.7	1.0	1.7	0.1 (0.61)	-0.6 (0.61)
Cocaine or Heroin[6]	0.3[a]	0.1[a]	0.0*	0.3 (0.06)	0.1 (0.03)
CIGARETTES	7.8	6.1	6.1	1.7 (1.18)	-0.1 (1.22)
SMOKELESS TOBACCO[7]	2.1	2.2	3.7	-1.6 (1.02)	-1.5 (1.03)
ALCOHOL	13.4[a]	11.6	10.3	3.1 (1.28)	1.3 (1.22)
Binge Alcohol Use[8]	6.9	6.2	5.6	1.3 (1.01)	0.6 (0.98)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.
[8] Binge Alcohol Use in the 2011 and 2012 comparison data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the QFT is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-11 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 21,662)[1]	2012 Comparison (*n* = 10,336)[1,2]	2012 QFT (*n* = 504)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS, Alternate Definition 1[4]	19.9	19.5	18.2	1.7 (2.18)	1.2 (2.16)
Alternate Definition 2[5]	19.6	19.2	17.8	1.8 (2.19)	1.4 (2.16)
Marijuana and Hashish	19.2	18.9	17.8	1.4 (2.18)	1.1 (2.16)
Cocaine	1.3[a]	1.0	0.4	0.9 (0.35)	0.6 (0.33)
Crack	0.1	0.1	0.1	-0.1 (0.14)	-0.1 (0.15)
Heroin	0.3	0.3	0.4	-0.1 (0.30)	-0.1 (0.30)
Hallucinogens	1.7	1.6	2.0	-0.3 (0.76)	-0.5 (0.79)
LSD	0.3	0.4	0.5	-0.2 (0.32)	-0.1 (0.35)
PCP	0.0	0.0	0.2	-0.2 (0.23)	-0.2 (0.23)
Ecstasy	0.9	0.9	0.5	0.5 (0.35)	0.4 (0.36)
Inhalants	0.4	0.3	0.6	-0.2 (0.37)	-0.3 (0.37)
ILLICIT DRUGS OTHER THAN MARIJUANA, Alternate Definition[4]	3.1	2.7	3.1	0.0 (0.87)	-0.4 (0.90)
Cocaine or Heroin[6]	1.5[a]	1.2	0.7	0.9 (0.43)	0.5 (0.42)
CIGARETTES	34.0	31.8	33.7	0.2 (2.63)	-1.9 (2.67)
SMOKELESS TOBACCO[7]	5.6	5.7	4.8	0.8 (1.26)	0.9 (1.26)
ALCOHOL	61.4	61.8	60.9	0.6 (2.82)	0.9 (3.05)
Binge Alcohol Use[8]	39.3	39.6	41.5	-2.2 (3.15)	-1.8 (3.21)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.
[8] Binge Alcohol Use in the 2011 and 2012 comparison data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the QFT is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-12 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 21,847)[1]	2012 Comparison (*n* = 10,412)[1,2]	2012 QFT (*n* = 999)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
ILLICIT DRUGS,					
Alternate Definition 1[4]	5.4	5.5	5.9	-0.5 (0.92)	-0.4 (0.96)
Alternate Definition 2[5]	5.3	5.4	5.9	-0.6 (0.92)	-0.4 (0.96)
Marijuana and Hashish	5.1	5.2	5.7	-0.6 (0.88)	-0.5 (0.93)
Cocaine	0.4	0.5	0.3	0.1 (0.18)	0.1 (0.19)
Crack	0.1[a]	0.1[a]	0.0*	0.1 (0.02)	0.1 (0.04)
Heroin	0.1[a]	0.1[a]	0.0*	0.1 (0.02)	0.1 (0.03)
Hallucinogens	0.1	0.2	0.1	0.0 (0.06)	0.1 (0.07)
LSD	0.0	0.0	0.1	-0.0 (0.06)	-0.0 (0.06)
PCP	0.0	0.0	0.0*	0.0 (0.00)	0.0 (0.01)
Ecstasy	0.1[a]	0.1[a]	0.0*	0.1 (0.02)	0.1 (0.04)
Inhalants	0.1	0.1	0.1	0.1 (0.09)	0.0 (0.10)
ILLICIT DRUGS OTHER THAN MARIJUANA,					
Alternate Definition[4]	0.7	0.7	0.5	0.2 (0.21)	0.2 (0.22)
Cocaine or Heroin[6]	0.5	0.5	0.3	0.1 (0.18)	0.2 (0.19)
CIGARETTES	22.3	22.6	24.9	-2.6 (1.91)	-2.3 (2.00)
SMOKELESS TOBACCO[7]	3.1[a]	3.3[a]	5.5	-2.3 (0.69)	-2.2 (0.70)
ALCOHOL	56.7	57.4	55.4	1.3 (2.16)	2.0 (2.19)
Binge Alcohol Use[8]	21.4	22.1	23.2	-1.9 (1.37)	-1.2 (1.52)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[6] Cocaine use includes crack.
[7] Smokeless tobacco refers to snuff or chewing tobacco (2011 and 2012 comparison data), or snuff, dip, chewing tobacco, or "snus" (QFT). For the 2011 and 2012 comparison data, estimates are based on responses to separate sets of questions about use of snuff and use of chewing tobacco. Estimates for the QFT are based on responses to questions about use of any smokeless tobacco product.
[8] Binge Alcohol Use in the 2011 and 2012 comparison data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the QFT is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-13 Specific Hallucinogen Use in Lifetime, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Hallucinogen/Age Group	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Hallucinogens, Aged 12 or Older	14.8	15.0	16.2	-1.4 (1.33)	-1.2 (1.34)
Ketamine[4,5]	1.0	1.1	1.4	-0.4 (0.31)	-0.3 (0.32)
DMT, AMT, or 5-MeO-DIPT ("Foxy")[4]	0.4	0.7	0.6	-0.2 (0.18)	0.1 (0.20)
Salvia divinorum[4]	2.1	2.0	2.4	-0.3 (0.46)	-0.4 (0.46)
Other Hallucinogens[6]	1.6[a]	1.6[a]	0.6	1.0 (0.18)	1.1 (0.19)
Hallucinogens, Aged 12 to 17	3.7[a]	3.2[a]	6.5	-2.7 (1.32)	-3.3 (1.37)
Ketamine[4,5]	0.4	0.2	0.6	-0.2 (0.35)	-0.4 (0.35)
DMT, AMT, or 5-MeO-DIPT ("Foxy")[4]	0.3	0.4	0.7	-0.4 (0.40)	-0.3 (0.41)
Salvia divinorum[4]	1.5	0.8	2.0	-0.5 (0.68)	-1.2 (0.67)
Other Hallucinogens[6]	1.0	1.0	0.8	0.2 (0.39)	0.2 (0.41)
Hallucinogens, Aged 18 to 25	18.1	18.0	19.4	-1.3 (2.26)	-1.4 (2.32)
Ketamine[4,5]	1.5	1.7	1.6	-0.1 (0.62)	0.1 (0.62)
DMT, AMT, or 5-MeO-DIPT ("Foxy")[4]	1.5	2.2	1.2	0.2 (0.49)	0.9 (0.51)
Salvia divinorum[4]	9.1	7.9	8.0	1.1 (1.78)	-0.1 (1.79)
Other Hallucinogens[6]	3.8[a]	3.4[a]	1.7	2.1 (0.59)	1.8 (0.67)
Hallucinogens, Aged 26 or Older	15.7	16.0	16.9	-1.3 (1.58)	-0.9 (1.58)
Ketamine[4,5]	0.9	1.1	1.4	-0.5 (0.38)	-0.3 (0.39)
DMT, AMT, or 5-MeO-DIPT ("Foxy")[4]	0.3	0.4	0.5	-0.2 (0.21)	-0.0 (0.24)
Salvia divinorum[4]	1.0	1.1	1.5	-0.5 (0.44)	-0.4 (0.44)
Other Hallucinogens[6]	1.2[a]	1.4[a]	0.3	0.9 (0.19)	1.0 (0.20)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

AMT = alpha-methyltryptamine; DMT = dimethyltryptamine; 5-MeO-DIPT = 5-methoxy-diisopropyltryptamine; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Asked in the hallucinogens module in the QFT and in the special drugs module in the 2011 and 2012 comparison data.
[5] Ketamine is also known as "Special K" or "Super K."
[6] For the 2011 and 2012 comparison data, use of any other hallucinogens besides the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; or "Ecstasy," also called MDMA. For the QFT, use of any other hallucinogens besides the ones in the 2011 and 2012 comparison data, plus the following: ketamine; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-14 Specific Inhalant Use in Lifetime, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Inhalant/Age Group	2011 Comparison (n = 65,928)[1]	2012 Comparison (n = 31,213)[1,2]	2012 QFT (n = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Inhalants, Aged 12 or Older	8.2[a]	8.3[a]	11.1	-2.8 (0.87)	-2.8 (0.84)
Felt-Tip Pens	N/A	N/A	3.3	N/A	N/A
Computer Keyboard Cleaner	N/A	N/A	1.2	N/A	N/A
Other Aerosol Sprays[4]	0.9	0.8	1.0	-0.1 (0.24)	-0.1 (0.24)
Other Inhalants[5]	0.5	0.5	0.5	0.0 (0.19)	-0.1 (0.19)
Inhalants, Aged 12 to 17	7.5[a]	5.7[a]	11.7	-4.3 (1.48)	-6.1 (1.46)
Felt-Tip Pens	N/A	N/A	9.4	N/A	N/A
Computer Keyboard Cleaner	N/A	N/A	1.1	N/A	N/A
Other Aerosol Sprays[4]	1.6	1.2	1.0	0.6 (0.48)	0.1 (0.48)
Other Inhalants[5]	1.6	1.2	0.8	0.8 (0.44)	0.3 (0.45)
Inhalants, Aged 18 to 25	9.2	7.9[a]	11.7	-2.5 (1.75)	-3.7 (1.69)
Felt-Tip Pens	N/A	N/A	5.8	N/A	N/A
Computer Keyboard Cleaner	N/A	N/A	2.4	N/A	N/A
Other Aerosol Sprays[4]	1.8[a]	1.5[a]	0.7	1.1 (0.37)	0.8 (0.35)
Other Inhalants[5]	0.8[a]	0.7[a]	0.1	0.7 (0.16)	0.6 (0.17)
Inhalants, Aged 26 or Older	8.2[a]	8.7[a]	10.9	-2.7 (1.05)	-2.2 (1.03)
Felt-Tip Pens	N/A	N/A	2.0	N/A	N/A
Computer Keyboard Cleaner	N/A	N/A	1.0	N/A	N/A
Other Aerosol Sprays[4]	0.6	0.7	1.0	-0.4 (0.30)	-0.3 (0.30)
Other Inhalants[5]	0.4	0.3	0.6	-0.2 (0.24)	-0.2 (0.25)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Aerosol sprays other than computer keyboard cleaner or spray paint (QFT). Aerosol sprays other than spray paint (2011 or 2012 comparison data).
[5] For the 2011 and 2012 comparison data, use of any other inhalants besides the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; or other aerosol sprays. For the QFT, use of any other inhalants besides the ones in the 2011 and 2012 comparison data, plus the following: felt-tip pens, felt-tip markers, or magic markers; and computer cleaner, also known as air duster.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-15 Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Gender	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older	53.0	53.4	51.6	1.4 (1.79)	1.8 (1.80)
Male	57.3	57.3	55.3	2.0 (2.40)	2.0 (2.30)
Female	49.1	49.8	48.2	0.9 (2.38)	1.6 (2.50)
Aged 12 to 17	13.4[a]	11.6	10.3	3.1 (1.28)	1.3 (1.22)
Male	13.3	11.5	11.1	2.2 (1.84)	0.4 (1.74)
Female	13.6	11.7	9.5	4.0 (2.09)	2.2 (2.05)
Aged 18 to 25	61.4	61.8	60.9	0.6 (2.82)	0.9 (3.05)
Male	63.9	65.2	67.2	-3.3 (4.23)	-2.1 (4.32)
Female	58.9	58.4	54.6	4.4 (3.09)	3.8 (3.39)
Aged 26 or Older	56.7	57.4	55.4	1.3 (2.16)	2.0 (2.19)
Male	62.2	62.2	59.2	3.0 (2.98)	2.9 (2.85)
Female	51.7	53.0	51.8	-0.1 (2.96)	1.1 (3.14)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-16 Binge Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Gender	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
BINGE ALCOHOL USE, CORE ONLY[4]					
Aged 12 or Older	22.3	22.9	23.9	-1.6 (1.24)	-1.1 (1.31)
Male	29.3	30.4	30.1	-0.8 (2.00)	0.3 (2.07)
Female	15.8	15.8	18.2	-2.4 (1.33)	-2.4 (1.37)
Aged 12 to 17	6.9	6.2	5.6	1.3 (1.01)	0.6 (0.98)
Male	7.3	6.4	5.1	2.2 (1.30)	1.3 (1.23)
Female	6.4	5.9	6.1	0.3 (1.46)	-0.3 (1.40)
Aged 18 to 25	39.3	39.6	41.5	-2.2 (3.15)	-1.8 (3.21)
Male	45.7	46.5	48.1	-2.4 (4.58)	-1.6 (4.46)
Female	33.0	32.8	34.9	-1.9 (3.24)	-2.0 (3.34)
Aged 26 or Older	21.4	22.1	23.2	-1.9 (1.37)	-1.2 (1.52)
Male	29.4	30.7	30.2	-0.9 (2.30)	0.5 (2.48)
Female	14.0	14.1	16.8	-2.8 (1.62)	-2.7 (1.68)
BINGE ALCOHOL USE, CORE PLUS NONCORE[5]					
Aged 12 or Older	24.9	25.4	23.9	0.9 (1.25)	1.5 (1.32)
Male	29.3	30.4	30.1	-0.8 (2.00)	0.3 (2.07)
Female	20.7	20.8	18.2	2.5 (1.36)	2.6 (1.38)
Aged 12 to 17	7.5	6.8	5.6	1.9 (1.02)	1.2 (0.98)
Male	7.3	6.4	5.1	2.2 (1.30)	1.3 (1.23)
Female	7.8	7.1	6.1	1.7 (1.47)	1.0 (1.40)
Aged 18 to 25	42.4	43.0	41.5	1.0 (3.16)	1.5 (3.25)
Male	45.7	46.5	48.1	-2.4 (4.58)	-1.6 (4.46)
Female	39.2	39.5	34.9	4.3 (3.23)	4.6 (3.41)
Aged 26 or Older	24.0	24.8	23.2	0.8 (1.37)	1.5 (1.52)
Male	29.4	30.7	30.2	-0.9 (2.30)	0.5 (2.48)
Female	19.1	19.3	16.8	2.3 (1.64)	2.5 (1.70)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Binge Alcohol Use in the 2011 and 2012 comparison data based on only core alcohol module data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the QFT is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

[5] Binge Alcohol Use in the 2011 and 2012 comparison data based on core plus noncore data is defined for males as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. The measure for females in the 2011 and 2012 comparison data is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days or usually having four drinks on those days when respondents drank alcohol in the past 30 days based on the core alcohol module data, or drinking four or more drinks on the same occasion on at least 1 day in the past 30 days (including the last occasion of alcohol use) based on the noncore consumption of alcohol module data. QFT data for binge alcohol use based on the core alcohol module data are repeated in these rows.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-17 Lifetime Use of Felt-Tip Pens, Computer Cleaners, or Other Inhalants, by Age Group and Past Year Use of Inhalants according to Types of Inhalants Used in Lifetime among Persons Aged 12 or Older: Percentages, 2012 Questionnaire Field Test

Inhalant/Age Group	Aged 12 or Older (*n* = 2,044)[1,2]	Aged 12 to 17 (*n* = 541)[1,2]	Aged 18 to 25 (*n* = 504)[1,2]	Aged 26 or Older (*n* = 999)[1,2]
LIFETIME USE				
Felt-Tip Pens or Computer Keyboard Cleaner[3]	4.1	10.0	7.4	2.8
Other Inhalants, Excluding Felt-Tip Pens or Computer Keyboard Cleaner[4]	7.0	1.8	4.3	8.1
PAST YEAR USE				
Among Lifetime Users of Felt-Tip Pens or Computer Keyboard Cleaner[3]	12.8	—	—	—
Among Lifetime Users of Other Inhalants, Excluding Users of Felt-Tip Pens or Computer Keyboard Cleaner[4]	5.0	—	—	—

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

— Estimate not made because of small sample size.

NOTE: Denominators for lifetime use estimates consist of the total QFT sample for persons aged 12 or older or within the specific age groups. Denominators for past year use estimates among persons aged 12 or older consist of lifetime users of inhalants aged 12 or older who reported use of felt-tip pens or computer keyboard cleaner (*n* = 128) or who reported lifetime use of other inhalants but not these two specific inhalants (*n* = 115).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] QFT data collected from September 1 through November 3, 2012.
[3] Estimates could include lifetime use of other inhalants in addition to lifetime use of felt-tip pens, felt-tip markers, or magic markers; or computer cleaner, also known as air duster.
[4] Other inhalants in the QFT include the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; other aerosol sprays, or other inhalants besides those that were listed.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-18 Use of Hallucinogens in Lifetime among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data)[4]	14.8	15.0	16.2	-1.4 (1.33)	-1.2 (1.34)
Core Plus Noncore[4]	15.4	15.5	16.2	-0.9 (1.34)	-0.7 (1.34)
Aged 12 to 17					
Core Only (without Noncore Data)[4]	3.7[a]	3.2[a]	6.5	-2.7 (1.32)	-3.3 (1.37)
Core Plus Noncore[4]	4.5	3.6[a]	6.5	-2.0 (1.33)	-2.8 (1.36)
Aged 18 to 25					
Core Only (without Noncore Data)[4]	18.1	18.0	19.4	-1.3 (2.26)	-1.4 (2.32)
Core Plus Noncore[4]	20.3	19.8	19.4	0.9 (2.27)	0.4 (2.31)
Aged 26 or Older					
Core Only (without Noncore Data)[4]	15.7	16.0	16.9	-1.3 (1.58)	-0.9 (1.58)
Core Plus Noncore[4]	15.9	16.3	16.9	-1.0 (1.58)	-0.7 (1.58)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.
[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] For the 2011 and 2012 comparison data, Core-Only estimates are based on use of any of the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; "Ecstasy," also called MDMA; or any other hallucinogen. Core Plus Noncore estimates are based on use of any of the hallucinogens from the core, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*. QFT estimates are based on use of any of the hallucinogens available in the Core Plus Noncore data for the 2011 and 2012 comparison data. The Core-Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-19 Use of Hallucinogens in the Past Year among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data)[4]	1.6	1.6	2.1	-0.5 (0.43)	-0.5 (0.43)
Core Plus Noncore[4]	1.9	1.8	2.1	-0.2 (0.43)	-0.3 (0.43)
Aged 12 to 17					
Core Only (without Noncore Data)[4]	2.4	2.1	3.6	-1.1 (1.01)	-1.4 (1.04)
Core Plus Noncore[4]	2.9	2.4	3.6	-0.7 (1.02)	-1.2 (1.04)
Aged 18 to 25					
Core Only (without Noncore Data)[4]	6.8	6.5	7.4	-0.5 (1.59)	-0.8 (1.61)
Core Plus Noncore[4]	7.9	7.0	7.4	0.5 (1.60)	-0.3 (1.61)
Aged 26 or Older					
Core Only (without Noncore Data)[4]	0.6	0.7	1.0	-0.4 (0.33)	-0.3 (0.33)
Core Plus Noncore[4]	0.7	0.8	1.0	-0.3 (0.33)	-0.2 (0.33)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.
[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] For the 2011 and 2012 comparison data, Core-Only estimates are based on use of any of the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; "Ecstasy," also called MDMA; or any other hallucinogen. Core Plus Noncore estimates are based on use of any of the hallucinogens from the core, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*. QFT estimates are based on use of any of the hallucinogens available in the Core Plus Noncore data for the 2011 and 2012 comparison data. The Core-Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table I-20 Use of Hallucinogens in the Past Month among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (n = 65,928)[1]	2012 Comparison (n = 31,213)[1,2]	2012 QFT (n = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data)[4]	0.4	0.4	0.4	-0.0 (0.13)	-0.0 (0.14)
Core Plus Noncore[4]	0.5	0.4	0.4	0.0 (0.13)	-0.0 (0.14)
Aged 12 to 17					
Core Only (without Noncore Data)[4]	0.8	0.5	1.2	-0.4 (0.50)	-0.7 (0.51)
Core Plus Noncore[4]	1.0	0.6	1.2	-0.2 (0.50)	-0.6 (0.51)
Aged 18 to 25					
Core Only (without Noncore Data)[4]	1.7	1.6	2.0	-0.3 (0.76)	-0.5 (0.79)
Core Plus Noncore[4]	1.9	1.7	2.0	-0.1 (0.76)	-0.4 (0.79)
Aged 26 or Older					
Core Only (without Noncore Data) [4]	0.1	0.2	0.1	0.0 (0.06)	0.1 (0.07)
Core Plus Noncore[4]	0.1	0.2	0.1	0.1 (0.06)	0.1 (0.07)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.
[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] For the 2011 and 2012 comparison data, Core-Only estimates are based on use of any of the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; "Ecstasy," also called MDMA; or any other hallucinogen. Core Plus Noncore estimates are based on use of any of the hallucinogens from the core, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*. QFT estimates are based on use of any of the hallucinogens available in the Core Plus Noncore data for the 2011 and 2012 comparison data. The Core-Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Appendix J: Detailed Tables for Methamphetamine and Prescription Drug Items in the 2011 and 2012 Comparison Data and the QFT

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Table J-1 Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	20.5	21.0[a]	17.9	2.6 (1.37)	3.1 (1.29)
Pain Reliever Misuse	13.6	14.4[a]	12.0	1.6 (1.05)	2.4 (1.00)
Tranquilizer Misuse	8.8[a]	9.3[a]	5.6	3.2 (0.80)	3.8 (0.77)
Sedative Misuse	3.0	3.3	3.4	-0.4 (0.58)	-0.1 (0.56)
Stimulant Misuse, Standard Definition[4,6]	8.2	8.3	9.0	-0.7 (1.05)	-0.7 (0.98)
Stimulant Misuse, QFT Definition[7]	N/A	N/A	3.9	N/A	N/A
Methamphetamine Use[4]	4.8	4.8[a]	6.5	-1.7 (0.88)	-1.7 (0.82)
Illicit Drugs, Standard Definition[4,5,8]	48.6	49.3	50.1	-1.4 (1.72)	-0.8 (1.77)
Alternate Definition 3[9]	45.4	46.0	47.5	-2.1 (1.79)	-1.4 (1.84)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,8]	30.2	30.4	30.9	-0.7 (1.56)	-0.5 (1.55)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[7] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[8] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[9] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-2 Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 22,419)[1]	2012 Comparison (*n* = 10,465)[1,2]	2012 QFT (*n* = 541)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	10.1	9.8	7.7	2.5 (1.28)	2.2 (1.21)
Pain Reliever Misuse	8.6	8.2	6.4	2.2 (1.11)	1.8 (1.08)
Tranquilizer Misuse	2.8	2.9	2.4	0.5 (0.79)	0.5 (0.81)
Sedative Misuse	0.6	0.7	0.3	0.3 (0.22)	0.3 (0.23)
Stimulant Misuse, Standard Definition[4,6]	2.1	2.1	2.2	-0.2 (0.65)	-0.1 (0.68)
Stimulant Misuse, QFT Definition[7]	N/A	N/A	1.9	N/A	N/A
Methamphetamine Use[4]	0.8	0.7	0.5	0.3 (0.30)	0.2 (0.30)
Illicit Drugs, Standard Definition[4,5,8]	25.5	23.4[a]	28.5	-3.0 (2.14)	-5.1 (2.19)
Alternate Definition 3[9]	22.4[a]	20.1[a]	26.7	-4.4 (2.10)	-6.7 (2.14)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,8]	16.0	14.1[a]	19.1	-3.1 (2.10)	-5.1 (2.05)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[7] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[8] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[9] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-3 Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 21,662)[1]	2012 Comparison (*n* = 10,336)[1,2]	2012 QFT (*n* = 504)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	27.9	27.9	26.6	1.3 (2.24)	1.2 (2.26)
Pain Reliever Misuse	22.7	22.2	19.9	2.7 (2.14)	2.2 (2.12)
Tranquilizer Misuse	12.7[a]	12.9[a]	8.8	3.9 (1.51)	4.1 (1.60)
Sedative Misuse	1.4	1.1[a]	2.6	-1.2 (0.78)	-1.5 (0.76)
Stimulant Misuse, Standard Definition[4,6]	9.5	9.5	13.1	-3.6 (1.94)	-3.6 (1.90)
Stimulant Misuse, QFT Definition[7]	N/A	N/A	11.0	N/A	N/A
Methamphetamine Use[4]	3.4	2.9	4.1	-0.7 (0.92)	-1.2 (0.93)
Illicit Drugs, Standard Definition[4,5,8]	58.0	58.2	58.6	-0.6 (2.37)	-0.4 (2.61)
Alternate Definition 3[9]	54.6	54.3	56.0	-1.4 (2.36)	-1.7 (2.58)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,8]	35.3	35.4	37.0	-1.7 (2.62)	-1.6 (2.66)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[7] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[8] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[9] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-4 Misuse of Prescription Drugs or Methamphetamine in Lifetime among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 21,847)[1]	2012 Comparison (*n* = 10,412)[1,2]	2012 QFT (*n* = 999)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	20.5	21.2[a]	17.7	2.8 (1.64)	3.5 (1.59)
Pain Reliever Misuse	12.7	13.8[a]	11.3	1.4 (1.20)	2.5 (1.18)
Tranquilizer Misuse	8.8[a]	9.5[a]	5.4	3.4 (0.91)	4.1 (0.88)
Sedative Misuse	3.6	4.1	3.9	-0.3 (0.74)	0.1 (0.72)
Stimulant Misuse, Standard Definition[4,6]	8.8	8.9	9.1	-0.3 (1.25)	-0.2 (1.18)
Stimulant Misuse, QFT Definition[7]	N/A	N/A	2.9	N/A	N/A
Methamphetamine Use[4]	5.6	5.6	7.7	-2.1 (1.13)	-2.1 (1.04)
Illicit Drugs, Standard Definition[4,5,8]	50.0	51.1	51.4	-1.4 (2.22)	-0.3 (2.31)
Alternate Definition 3[9]	46.8	48.0	48.7	-1.9 (2.27)	-0.7 (2.37)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,8]	31.1	31.6	31.4	-0.2 (1.88)	0.2 (1.91)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[7] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[8] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[9] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-5 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	5.7[a]	5.9[a]	8.1	-2.3 (0.84)	-2.1 (0.82)
Pain Reliever Misuse	4.3[a]	4.4[a]	6.0	-1.7 (0.76)	-1.6 (0.76)
OxyContin® Misuse[6]	0.6	0.5	1.1	-0.4 (0.35)	-0.6 (0.36)
Tranquilizer Misuse	2.0	2.3	2.4	-0.3 (0.39)	-0.1 (0.39)
Sedative Misuse	0.2[a]	0.2[a]	0.8	-0.6 (0.22)	-0.6 (0.22)
Stimulant Misuse, Standard Definition[4,7]	1.1[a]	1.2[a]	2.1	-1.0 (0.40)	-0.9 (0.39)
Stimulant Misuse, QFT Definition[8]	N/A	N/A	1.8	N/A	N/A
Methamphetamine Use[4]	0.4	0.4	0.5	-0.1 (0.20)	-0.2 (0.20)
Illicit Drugs, Standard Definition[4,5,9]	15.2	15.6	17.1	-1.9 (1.26)	-1.5 (1.23)
Alternate Definition 3[10]	12.8	12.9	13.7	-0.8 (1.21)	-0.7 (1.18)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,9]	7.4[a]	7.8[a]	9.7	-2.3 (0.95)	-2.0 (0.95)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Lifetime and Past Month misuse of OxyContin® are not shown because these estimates cannot be produced from the 2012 QFT.

[7] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[8] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[9] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[10] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-6 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 22,419)[1]	2012 Comparison (*n* = 10,465)[1,2]	2012 QFT (*n* = 541)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	6.8	6.1	6.6	0.3 (1.25)	-0.5 (1.26)
Pain Reliever Misuse	5.8	4.9	5.0	0.8 (1.05)	-0.2 (1.08)
OxyContin® Misuse[6]	0.8	0.5	0.8	0.0 (0.45)	-0.2 (0.45)
Tranquilizer Misuse	1.9	1.7	2.0	-0.2 (0.76)	-0.3 (0.78)
Sedative Misuse	0.3	0.3	0.3	0.0 (0.22)	-0.0 (0.22)
Stimulant Misuse, Standard Definition[4,7]	1.2	1.2	1.4	-0.2 (0.50)	-0.2 (0.51)
Stimulant Misuse, QFT Definition[8]	N/A	N/A	1.2	N/A	N/A
Methamphetamine Use[4]	0.4	0.3	0.2	0.3 (0.16)	0.2 (0.17)
Illicit Drugs, Standard Definition[4,5,9]	18.5	16.6[a]	20.6	-2.1 (1.92)	-4.0 (1.98)
Alternate Definition 3[10]	15.9	14.2[a]	18.2	-2.3 (1.82)	-4.0 (1.89)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,9]	9.9	8.3	11.6	-1.7 (1.74)	-3.3 (1.75)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Lifetime and Past Month misuse of OxyContin® are not shown because these estimates cannot be produced from the 2012 QFT.

[7] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[8] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[9] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[10] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-7 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 21,662)[1]	2012 Comparison (*n* = 10,336)[1,2]	2012 QFT (*n* = 504)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	13.0[a]	13.2[a]	22.8	-9.8 (2.27)	-9.6 (2.31)
Pain Reliever Misuse	10.0[a]	9.3[a]	15.2	-5.2 (1.95)	-5.9 (1.96)
OxyContin® Misuse[6]	1.9	1.4	2.9	-1.0 (0.86)	-1.5 (0.85)
Tranquilizer Misuse	4.6[a]	4.9[a]	7.8	-3.2 (1.34)	-2.9 (1.37)
Sedative Misuse	0.4[a]	0.3[a]	1.8	-1.5 (0.71)	-1.6 (0.70)
Stimulant Misuse, Standard Definition[4,7]	3.2[a]	3.8[a]	9.1	-5.9 (1.66)	-5.3 (1.66)
Stimulant Misuse, QFT Definition[8]	N/A	N/A	8.9	N/A	N/A
Methamphetamine Use[4]	0.6	0.8	0.7	-0.0 (0.35)	0.2 (0.37)
Illicit Drugs, Standard Definition[4,5,9]	35.9	36.8	39.1	-3.2 (2.74)	-2.4 (2.87)
Alternate Definition 3[10]	32.6	33.2	32.9	-0.2 (2.60)	0.3 (2.69)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,9]	17.7[a]	17.9[a]	25.3	-7.6 (2.57)	-7.5 (2.63)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Lifetime and Past Month misuse of OxyContin® are not shown because these estimates cannot be produced from the 2012 QFT.

[7] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[8] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[9] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[10] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-8 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 21,847)[1]	2012 Comparison (*n* = 10,412)[1,2]	2012 QFT (*n* = 999)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	4.3	4.6	5.7	-1.4 (0.86)	-1.0 (0.84)
Pain Reliever Misuse	3.1	3.5	4.5	-1.4 (0.80)	-1.0 (0.80)
OxyContin® Misuse[6]	0.4	0.3	0.8	-0.4 (0.42)	-0.5 (0.43)
Tranquilizer Misuse	1.6	1.9	1.4	0.1 (0.37)	0.5 (0.38)
Sedative Misuse	0.1[a]	0.1[a]	0.6	-0.5 (0.25)	-0.5 (0.25)
Stimulant Misuse, Standard Definition[4,7]	0.7	0.7	1.0	-0.3 (0.34)	-0.3 (0.33)
Stimulant Misuse, QFT Definition[8]	N/A	N/A	0.6	N/A	N/A
Methamphetamine Use[4]	0.4	0.3	0.6	-0.2 (0.26)	-0.3 (0.26)
Illicit Drugs, Standard Definition[4,5,9]	11.1	11.7	12.7	-1.6 (1.31)	-1.0 (1.32)
Alternate Definition 3[10]	8.9	9.2	9.7	-0.8 (1.25)	-0.5 (1.25)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,9]	5.3	5.9	6.7	-1.5 (0.94)	-0.8 (0.93)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Lifetime and Past Month misuse of OxyContin® are not shown because these estimates cannot be produced from the 2012 QFT.

[7] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[8] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[9] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[10] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-9 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	2.4	2.4	3.2	-0.8 (0.47)	-0.8 (0.46)
Pain Reliever Misuse	1.7	1.7	2.0	-0.3 (0.37)	-0.4 (0.37)
Tranquilizer Misuse	0.7	0.8	0.9	-0.1 (0.23)	-0.1 (0.24)
Sedative Misuse	0.1	0.1	0.3	-0.2 (0.15)	-0.2 (0.15)
Stimulant Misuse, Standard Definition[4,6]	0.4[a]	0.4	0.8	-0.4 (0.22)	-0.4 (0.21)
Stimulant Misuse, QFT Definition[7]	N/A	N/A	0.5	N/A	N/A
Methamphetamine Use[4]	0.2	0.1	0.4	-0.3 (0.17)	-0.3 (0.17)
Illicit Drugs, Standard Definition[4,5,8]	8.9	8.9	9.8	-0.8 (0.98)	-0.9 (0.98)
Alternate Definition 3[9]	7.7	7.6	8.0	-0.3 (0.87)	-0.4 (0.89)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,8]	3.1	3.1	3.7	-0.6 (0.49)	-0.7 (0.48)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[7] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[8] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[9] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-10 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 22,419)[1]	2012 Comparison (*n* = 10,465)[1,2]	2012 QFT (*n* = 541)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	2.7[a]	2.5[a]	1.3	1.3 (0.48)	1.1 (0.50)
Pain Reliever Misuse	2.2[a]	2.0[a]	0.6	1.5 (0.33)	1.4 (0.34)
Tranquilizer Misuse	0.6	0.5	0.4	0.2 (0.28)	0.1 (0.29)
Sedative Misuse	0.1	0.1	0.1	-0.1 (0.15)	-0.0 (0.15)
Stimulant Misuse, Standard Definition[4,6]	0.4	0.4	0.5	-0.1 (0.27)	-0.0 (0.27)
Stimulant Misuse, QFT Definition[7]	N/A	N/A	0.3	N/A	N/A
Methamphetamine Use[4]	0.1	0.1	0.2	-0.0 (0.16)	-0.0 (0.16)
Illicit Drugs, Standard Definition[4,5,8]	9.8	8.6	8.5	1.3 (1.23)	0.1 (1.31)
Alternate Definition 3[9]	8.5	7.2	8.1	0.4 (1.23)	-0.9 (1.28)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,8]	4.0[a]	3.2	2.5	1.5 (0.70)	0.7 (0.71)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[7] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[8] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[9] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-11 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 18 to 25: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 21,662)[1]	2012 Comparison (*n* = 10,336)[1,2]	2012 QFT (*n* = 504)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	5.0	4.9	7.4	-2.3 (1.25)	-2.4 (1.29)
Pain Reliever Misuse	3.6	3.4	4.6	-1.1 (1.01)	-1.3 (1.03)
Tranquilizer Misuse	1.6	1.3	2.2	-0.6 (0.67)	-0.8 (0.66)
Sedative Misuse	0.1	0.1	0.1	-0.0 (0.15)	-0.0 (0.15)
Stimulant Misuse, Standard Definition[4,6]	1.0[a]	1.0[a]	2.7	-1.7 (0.72)	-1.7 (0.72)
Stimulant Misuse, QFT Definition[7]	N/A	N/A	2.4	N/A	N/A
Methamphetamine Use[4]	0.2	0.3	0.5	-0.3 (0.31)	-0.2 (0.31)
Illicit Drugs, Standard Definition[4,5,8]	21.7	21.4	22.7	-0.9 (2.27)	-1.3 (2.24)
Alternate Definition 3[9]	20.0	19.5	18.4	1.6 (2.17)	1.1 (2.15)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,8]	7.0	6.6	9.0	-2.0 (1.32)	-2.4 (1.32)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[7] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[8] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[9] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-12 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 26 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Drug Measure	2011 Comparison (*n* = 21,847)[1]	2012 Comparison (*n* = 10,412)[1,2]	2012 QFT (*n* = 999)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Prescription Drug Misuse[4,5]	1.8	1.9	2.7	-0.8 (0.54)	-0.7 (0.53)
Pain Reliever Misuse	1.3	1.3	1.8	-0.4 (0.46)	-0.4 (0.46)
Tranquilizer Misuse	0.6	0.7	0.7	-0.1 (0.25)	0.0 (0.26)
Sedative Misuse	0.1	0.0	0.3	-0.3 (0.19)	-0.3 (0.19)
Stimulant Misuse, Standard Definition[4,6]	0.3	0.3	0.5	-0.3 (0.23)	-0.2 (0.23)
Stimulant Misuse, QFT Definition[7]	N/A	N/A	0.2	N/A	N/A
Methamphetamine Use[4]	0.2	0.1	0.4	-0.3 (0.22)	-0.3 (0.21)
Illicit Drugs, Standard Definition[4,5,8]	6.5	6.7	7.7	-1.1 (1.07)	-0.9 (1.10)
Alternate Definition 3[9]	5.4	5.5	6.1	-0.7 (0.94)	-0.6 (0.99)
Illicit Drugs Other Than Marijuana, Standard Definition[4,5,8]	2.3	2.4	3.0	-0.7 (0.56)	-0.5 (0.55)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).

[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2011 and 2012 comparison data, but is not included for the 2012 QFT.

[6] Estimate for the 2012 QFT includes data for methamphetamine and misuse of prescription stimulants.

[7] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

[8] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2012 QFT, both measures also included methamphetamine.

[9] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2011 and 2012 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-13 Misuse of Stimulants in Lifetime among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Standard Definition[4]	8.2	8.3	9.0	-0.7 (1.05)	-0.7 (0.98)
Standard Definition, Plus Noncore Adderall®[5]	9.7	9.9	9.0	0.8 (1.05)	1.0 (0.97)
QFT Definition[6]	N/A	N/A	3.9	N/A	N/A
Aged 12 to 17					
Standard Definition[4]	2.1	2.1	2.2	-0.2 (0.65)	-0.1 (0.68)
Standard Definition, Plus Noncore Adderall®[5]	3.6[a]	3.5	2.2	1.4 (0.66)	1.3 (0.68)
QFT Definition[6]	N/A	N/A	1.9	N/A	N/A
Aged 18 to 25					
Standard Definition[4]	9.5	9.5	13.1	-3.6 (1.94)	-3.6 (1.90)
Standard Definition, Plus Noncore Adderall®[5]	15.4	16.0	13.1	2.3 (1.97)	2.9 (1.93)
QFT Definition[6]	N/A	N/A	11.0	N/A	N/A
Aged 26 or Older					
Standard Definition[4]	8.8	8.9	9.1	-0.3 (1.25)	-0.2 (1.18)
Standard Definition, Plus Noncore Adderall®[5]	9.5	9.7	9.1	0.4 (1.24)	0.6 (1.17)
QFT Definition[6]	N/A	N/A	2.9	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] The Standard Definition for Stimulant Misuse for the 2011 and 2012 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the QFT includes data from the core modules for methamphetamine and stimulants.

[5] Estimates for the 2011 and 2012 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall®. The Standard Definition estimate for the QFT is repeated in the Standard Definition Plus Noncore Adderall® row.

[6] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-14 Misuse of Stimulants in the Past Year among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Standard Definition[4]	1.1[a]	1.2[a]	2.1	-1.0 (0.40)	-0.9 (0.39)
Standard Definition, Plus Noncore Adderall®[5]	1.8	1.9	2.1	-0.3 (0.40)	-0.2 (0.40)
QFT Definition[6]	N/A	N/A	1.8	N/A	N/A
Aged 12 to 17					
Standard Definition[4]	1.2	1.2	1.4	-0.2 (0.50)	-0.2 (0.51)
Standard Definition, Plus Noncore Adderall®[5]	2.2	2.0	1.4	0.8 (0.50)	0.6 (0.51)
QFT Definition[6]	N/A	N/A	1.2	N/A	N/A
Aged 18 to 25					
Standard Definition[4]	3.2[a]	3.8[a]	9.1	-5.9 (1.66)	-5.3 (1.66)
Standard Definition, Plus Noncore Adderall®[5]	6.3	7.0	9.1	-2.8 (1.67)	-2.2 (1.69)
QFT Definition[6]	N/A	N/A	8.9	N/A	N/A
Aged 26 or Older					
Standard Definition[4]	0.7	0.7	1.0	-0.3 (0.34)	-0.3 (0.33)
Standard Definition, Plus Noncore Adderall®[5]	1.0	1.0	1.0	0.0 (0.34)	-0.0 (0.34)
QFT Definition[6]	N/A	N/A	0.6	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] The Standard Definition for Stimulant Misuse for the 2011 and 2012 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the QFT includes data from the core modules for methamphetamine and stimulants.

[5] Estimates for the 2011 and 2012 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall®. The Standard Definition estimate for the QFT is repeated in the Standard Definition Plus Noncore Adderall® row.

[6] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-15 Misuse of Stimulants in the Past Month among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Standard Definition[4]	0.4[a]	0.4	0.8	-0.4 (0.22)	-0.4 (0.21)
Standard Definition, Plus Noncore Adderall®[5]	0.6	0.6	0.8	-0.2 (0.22)	-0.2 (0.21)
QFT Definition[6]	N/A	N/A	0.5	N/A	N/A
Aged 12 to 17					
Standard Definition[4]	0.4	0.4	0.5	-0.1 (0.27)	-0.0 (0.27)
Standard Definition, Plus Noncore Adderall®[5]	0.7	0.7	0.5	0.3 (0.26)	0.2 (0.27)
QFT Definition[6]	N/A	N/A	0.3	N/A	N/A
Aged 18 to 25					
Standard Definition[4]	1.0[a]	1.0[a]	2.7	-1.7 (0.72)	-1.7 (0.72)
Standard Definition, Plus Noncore Adderall®[5]	1.9	2.0	2.7	-0.9 (0.73)	-0.8 (0.76)
QFT Definition[6]	N/A	N/A	2.4	N/A	N/A
Aged 26 or Older					
Standard Definition[4]	0.3	0.3	0.5	-0.3 (0.23)	-0.2 (0.23)
Standard Definition, Plus Noncore Adderall®[5]	0.3	0.4	0.5	-0.2 (0.24)	-0.1 (0.23)
QFT Definition[6]	N/A	N/A	0.2	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules.

N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] The Standard Definition for Stimulant Misuse for the 2011 and 2012 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the QFT includes data from the core modules for Methamphetamine and Stimulants.

[5] Estimates for the 2011 and 2012 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall®. The Standard Definition estimate for the QFT is repeated in the Standard Definition Plus Noncore Adderall® row.

[6] Estimate for the 2012 QFT includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-16 Misuse of Sedatives in Lifetime among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data)[4]	3.0	3.3	3.4	-0.4 (0.58)	-0.1 (0.56)
Core Plus Noncore[4]	5.0[a]	5.1[a]	3.4	1.7 (0.58)	1.7 (0.58)
Aged 12 to 17					
Core Only (without Noncore Data)[4]	0.6	0.7	0.3	0.3 (0.22)	0.3 (0.23)
Core Plus Noncore[4]	1.5[a]	1.5[a]	0.3	1.2 (0.23)	1.2 (0.25)
Aged 18 to 25					
Core Only (without Noncore Data)[4]	1.4	1.1[a]	2.6	-1.2 (0.78)	-1.5 (0.76)
Core Plus Noncore[4]	4.1	3.7	2.6	1.4 (0.77)	1.1 (0.78)
Aged 26 or Older					
Core Only (without Noncore Data)[4]	3.6	4.1	3.9	-0.3 (0.74)	0.1 (0.72)
Core Plus Noncore[4]	5.7[a]	5.8[a]	3.9	1.7 (0.74)	1.9 (0.75)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2011 and 2012 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core-Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-17 Misuse of Sedatives in the Past Year among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data)[4]	0.2[a]	0.2[a]	0.8	-0.6 (0.22)	-0.6 (0.22)
Core Plus Noncore[4]	0.9	0.7	0.8	0.1 (0.21)	-0.0 (0.23)
Aged 12 to 17					
Core Only (without Noncore Data)[4]	0.3	0.3	0.3	0.0 (0.22)	-0.0 (0.22)
Core Plus Noncore[4]	0.8[a]	0.7	0.3	0.5 (0.22)	0.4 (0.22)
Aged 18 to 25					
Core Only (without Noncore Data)[4]	0.4[a]	0.3[a]	1.8	-1.5 (0.71)	-1.6 (0.70)
Core Plus Noncore[4]	1.4	1.1	1.8	-0.5 (0.71)	-0.8 (0.71)
Aged 26 or Older					
Core Only (without Noncore Data)[4]	0.1[a]	0.1[a]	0.6	-0.5 (0.25)	-0.5 (0.25)
Core Plus Noncore[4]	0.8	0.7	0.6	0.2 (0.25)	0.0 (0.26)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2011 and 2012 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table J-18 Misuse of Sedatives in the Past Month among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Age Group/Drug Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data)[4]	0.1	0.1	0.3	-0.2 (0.15)	-0.2 (0.15)
Core Plus Noncore[4]	0.3	0.1	0.3	-0.0 (0.15)	-0.2 (0.15)
Aged 12 to 17					
Core Only (without Noncore Data)[4]	0.1	0.1	0.1	-0.1 (0.15)	-0.0 (0.15)
Core Plus Noncore[4]	0.2	0.2	0.1	0.1 (0.15)	0.1 (0.16)
Aged 18 to 25					
Core Only (without Noncore Data)[4]	0.1	0.1	0.1	-0.0 (0.15)	-0.0 (0.15)
Core Plus Noncore[4]	0.4	0.3	0.1	0.2 (0.15)	0.1 (0.16)
Aged 26 or Older					
Core Only (without Noncore Data)[4]	0.1	0.0	0.3	-0.3 (0.19)	-0.3 (0.19)
Core Plus Noncore[4]	0.2	0.1	0.3	-0.1 (0.19)	-0.2 (0.19)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2011 and 2012 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core-Only estimate for the QFT is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Appendix K: Detailed Tables for Noncore Estimates in the 2011 and 2012 Comparison Data and the QFT

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Table K-1 Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Dependence or Abuse Measure	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
DEPENDENCE					
Illicit Drugs[4]	1.8	2.0	1.5	0.3 (0.26)	0.4 (0.28)
Marijuana	1.1	1.0	0.9	0.2 (0.20)	0.1 (0.20)
Hallucinogens	0.1[a]	0.0	0.0	0.0 (0.02)	0.0 (0.02)
Inhalants	0.0	0.0	0.0	0.0 (0.02)	-0.0 (0.02)
Prescription Drugs[5]	0.6	0.8	0.5	0.1 (0.16)	0.2 (0.18)
Pain Relievers	0.6	0.6	0.4	0.2 (0.13)	0.2 (0.15)
Stimulants Among Methamphetamine Users	0.1	0.1	N/A	N/A	N/A
Methamphetamine	N/A	N/A	0.0	N/A	N/A
Illicit Drugs Other Than Marijuana[4]	0.9	1.1	0.8	0.2 (0.20)	0.3 (0.21)
Illicit Drugs Excluding Marijuana[6]	0.8	1.0	0.7	0.1 (0.19)	0.3 (0.19)
ABUSE					
Illicit Drugs[4]	0.8	0.8	0.9	-0.2 (0.22)	-0.1 (0.22)
Marijuana	0.6	0.6	0.8	-0.2 (0.20)	-0.2 (0.20)
Hallucinogens	0.1	0.1	0.1	-0.0 (0.05)	-0.0 (0.06)
Inhalants	0.0	0.0	0.0	-0.0 (0.03)	-0.0 (0.04)
Prescription Drugs[5]	0.2	0.2	0.2	-0.0 (0.12)	0.0 (0.12)
Pain Relievers	0.2	0.2	0.2	0.0 (0.09)	0.0 (0.09)
Illicit Drugs Other Than Marijuana[4]	0.3	0.4	0.3	0.0 (0.10)	0.1 (0.11)
Illicit Drugs Excluding Marijuana[6]	0.3	0.3	0.3	0.0 (0.11)	-0.0 (0.11)
DEPENDENCE OR ABUSE					
Illicit Drugs[4]	2.6	2.8	2.5	0.1 (0.35)	0.3 (0.36)
Marijuana	1.7	1.6	1.7	0.0 (0.29)	-0.0 (0.29)
Hallucinogens	0.1	0.1	0.1	0.0 (0.06)	0.0 (0.06)
Inhalants	0.1	0.1	0.1	-0.0 (0.04)	-0.0 (0.04)
Prescription Drugs[5]	0.9	1.0	0.8	0.1 (0.20)	0.2 (0.23)
Pain Relievers	0.7	0.8	0.5	0.2 (0.16)	0.2 (0.18)
Illicit Drugs Other Than Marijuana[4]	1.3	1.5	1.1	0.2 (0.21)	0.4 (0.23)
Illicit Drugs Excluding Marijuana[6]	1.1	1.3	1.0	0.1 (0.21)	0.3 (0.22)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.
[5] Estimates for Prescription Drugs include misuse of pain relievers, tranquilizers, stimulants, or sedatives. Estimates for the QFT do not include dependence or abuse data for methamphetamine.
[6] Illicit Drugs Excluding Marijuana include dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics and require respondents not to have corresponding dependence or abuse for marijuana. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-2 Substance Dependence or Abuse in the Past Year among Persons Aged 12 to 17, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Dependence or Abuse Measure	2011 Comparison (*n* = 22,419)[1]	2012 Comparison (*n* = 10,465)[1,2]	2012 QFT (*n* = 541)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
DEPENDENCE					
Illicit Drugs[4]	2.5	1.9	1.9	0.6 (0.64)	0.0 (0.63)
Marijuana	1.9	1.6	1.5	0.4 (0.57)	0.0 (0.57)
Hallucinogens	0.1	0.1	0.2	-0.0 (0.16)	-0.1 (0.16)
Inhalants	0.1	0.1	0.2	-0.1 (0.16)	-0.1 (0.16)
Prescription Drugs[5]	0.6	0.4	0.2	0.4 (0.26)	0.2 (0.25)
Pain Relievers	0.5[a]	0.3[a]	0.0*	0.5 (0.05)	0.3 (0.06)
Stimulants Among Methamphetamine Users	0.1	0.1	N/A	N/A	N/A
Methamphetamine	N/A	N/A	0.2	N/A	N/A
Illicit Drugs Other Than Marijuana[4]	0.9	0.5	0.4	0.5 (0.30)	0.1 (0.29)
Illicit Drugs Excluding Marijuana[6]	0.6	0.4	0.4	0.2 (0.29)	-0.0 (0.29)
ABUSE					
Illicit Drugs[4]	2.1	2.0	1.6	0.5 (0.65)	0.3 (0.64)
Marijuana	1.7	1.7	1.4	0.2 (0.61)	0.2 (0.62)
Hallucinogens	0.2[a]	0.2[a]	0.0*	0.2 (0.04)	0.2 (0.05)
Inhalants	0.2	0.2	0.4	-0.2 (0.32)	-0.2 (0.32)
Prescription Drugs[5]	0.6[a]	0.3[a]	0.0*	0.6 (0.08)	0.3 (0.07)
Pain Relievers	0.5	0.2	0.2	0.2 (0.26)	-0.0 (0.25)
Illicit Drugs Other Than Marijuana[4]	0.9	0.6	0.4	0.4 (0.33)	0.1 (0.33)
Illicit Drugs Excluding Marijuana[6]	0.8	0.5	0.4	0.4 (0.32)	0.1 (0.33)
DEPENDENCE OR ABUSE					
Illicit Drugs[4]	4.7	3.9	3.5	1.1 (0.92)	0.4 (0.90)
Marijuana	3.6	3.2	3.0	0.6 (0.85)	0.3 (0.84)
Hallucinogens	0.3	0.3	0.2	0.2 (0.17)	0.2 (0.17)
Inhalants	0.3	0.2	0.6	-0.3 (0.35)	-0.3 (0.36)
Prescription Drugs[5]	1.2[a]	0.7	0.2	0.9 (0.28)	0.4 (0.26)
Pain Relievers	1.0[a]	0.5	0.2	0.7 (0.27)	0.3 (0.25)
Illicit Drugs Other Than Marijuana[4]	1.7[a]	1.1	0.8	0.9 (0.45)	0.3 (0.43)
Illicit Drugs Excluding Marijuana[6]	1.4	0.9	0.8	0.5 (0.43)	0.1 (0.43)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.
[5] Estimates for Prescription Drugs include misuse of pain relievers, tranquilizers, stimulants, or sedatives. Estimates for the QFT do not include dependence or abuse data for methamphetamine.
[6] Illicit Drugs Excluding Marijuana include dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics and require respondents not to have corresponding dependence or abuse for marijuana. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-3 Substance Dependence or Abuse in the Past Year among Persons Aged 18 to 25, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Dependence or Abuse Measure	2011 Comparison (*n* = 21,662)[1]	2012 Comparison (*n*=10,336)[1,2]	2012 QFT (*n* = 504)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
DEPENDENCE					
Illicit Drugs[4]	5.4	5.4	5.1	0.3 (1.05)	0.3 (1.08)
Marijuana	3.8	3.4	2.9	0.9 (0.86)	0.5 (0.87)
Hallucinogens	0.2[a]	0.2[a]	0.0*	0.2 (0.05)	0.2 (0.04)
Inhalants	0.0	0.0	0.0*	0.0 (0.01)	0.0 (0.02)
Prescription Drugs[5]	1.6	1.9	2.5	-0.9 (0.73)	-0.7 (0.77)
Pain Relievers	1.4	1.5	1.6	-0.1 (0.59)	-0.1 (0.60)
Stimulants Among Methamphetamine Users	0.1	0.1	N/A	N/A	N/A
Methamphetamine	N/A	N/A	0.3	N/A	N/A
Illicit Drugs Other Than Marijuana[4]	2.1	2.5	3.0	-0.9 (0.80)	-0.5 (0.83)
Illicit Drugs Excluding Marijuana[6]	1.6	2.0	2.2	-0.6 (0.73)	-0.2 (0.74)
ABUSE					
Illicit Drugs[4]	2.2	2.2	2.1	0.1 (0.70)	0.1 (0.67)
Marijuana	2.0	1.8	2.2	-0.3 (0.76)	-0.4 (0.74)
Hallucinogens	0.3	0.3	0.7	-0.4 (0.39)	-0.4 (0.40)
Inhalants	0.1[a]	0.0	0.0*	0.1 (0.02)	0.0 (0.02)
Prescription Drugs[5]	0.5	0.5	0.5	-0.1 (0.30)	0.0 (0.30)
Pain Relievers	0.3	0.4	0.4	-0.1 (0.30)	-0.0 (0.31)
Illicit Drugs Other Than Marijuana[4]	0.7	0.8	0.8	-0.0 (0.38)	0.1 (0.40)
Illicit Drugs Excluding Marijuana[6]	0.7	0.8	0.9	-0.2 (0.41)	-0.1 (0.43)
DEPENDENCE OR ABUSE					
Illicit Drugs[4]	7.7	7.6	7.2	0.4 (1.26)	0.4 (1.26)
Marijuana	5.8	5.2	5.1	0.7 (1.12)	0.1 (1.12)
Hallucinogens	0.5	0.4	0.7	-0.2 (0.39)	-0.3 (0.40)
Inhalants	0.1[a]	0.1[a]	0.0*	0.1 (0.02)	0.1 (0.03)
Prescription Drugs[5]	2.1	2.4	3.0	-1.0 (0.81)	-0.7 (0.83)
Pain Relievers	1.8	1.8	2.0	-0.2 (0.66)	-0.2 (0.66)
Illicit Drugs Other Than Marijuana[4]	2.8	3.3	3.8	-0.9 (0.93)	-0.5 (0.95)
Illicit Drugs Excluding Marijuana[6]	2.3	2.8	3.1	-0.8 (0.86)	-0.3 (0.87)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.
[5] Estimates for Prescription Drugs include misuse of pain relievers, tranquilizers, stimulants, or sedatives. Estimates for the QFT do not include dependence or abuse data for methamphetamine.
[6] Illicit Drugs Excluding Marijuana include dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics and require respondents not to have corresponding dependence or abuse for marijuana. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-4 Substance Dependence or Abuse in the Past Year among Persons Aged 26 or Older, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Dependence or Abuse Measure	2011 Comparison (*n* = 21,847)[1]	2012 Comparison (*n* = 10,412)[1,2]	2012 QFT (*n* = 999)[1,3]	QFT vs. 2011 Comparison, Difference (SE)	QFT vs. 2012 Comparison, Difference (SE)
DEPENDENCE					
Illicit Drugs[4]	1.1	1.3	0.9	0.2 (0.28)	0.5 (0.29)
Marijuana	0.5	0.5	0.4	0.0 (0.19)	0.1 (0.18)
Hallucinogens	0.0[a]	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
Inhalants	0.0	0.0*	0.0*	0.0 (0.01)	0.0 (0.00)
Prescription Drugs[5]	0.5	0.6[a]	0.2	0.2 (0.14)	0.4 (0.17)
Pain Relievers	0.4	0.5	0.2	0.2 (0.13)	0.3 (0.16)
Stimulants Among Methamphetamine Users	0.1	0.0	N/A	N/A	N/A
Methamphetamine	N/A	N/A	0.0*	N/A	N/A
Illicit Drugs Other Than Marijuana[4]	0.7	0.9[a]	0.4	0.3 (0.21)	0.5 (0.21)
Illicit Drugs Excluding Marijuana[6]	0.6	0.8	0.4	0.2 (0.21)	0.4 (0.21)
ABUSE					
Illicit Drugs[4]	0.3	0.5	0.6	-0.3 (0.24)	-0.2 (0.25)
Marijuana	0.2	0.3	0.4	-0.2 (0.20)	-0.2 (0.20)
Hallucinogens	0.0	0.0[a]	0.0*	0.0 (0.02)	0.0 (0.02)
Inhalants	0.0*	0.0	0.0*	0.0 (0.00)	0.0 (0.02)
Prescription Drugs[5]	0.1	0.2	0.2	-0.1 (0.14)	-0.0 (0.15)
Pain Relievers	0.1	0.1	0.1	0.0 (0.09)	0.0 (0.10)
Illicit Drugs Other Than Marijuana[4]	0.2	0.3	0.2	-0.0 (0.14)	0.1 (0.15)
Illicit Drugs Excluding Marijuana[6]	0.2	0.2	0.2	-0.0 (0.14)	0.0 (0.14)
DEPENDENCE OR ABUSE					
Illicit Drugs[4]	1.4	1.8	1.5	-0.0 (0.36)	0.3 (0.38)
Marijuana	0.7	0.8	0.9	-0.2 (0.28)	-0.1 (0.27)
Hallucinogens	0.1[a]	0.1[a]	0.0*	0.1 (0.02)	0.1 (0.02)
Inhalants	0.0	0.0	0.0*	0.0 (0.01)	0.0 (0.02)
Prescription Drugs[5]	0.6	0.8	0.4	0.2 (0.20)	0.3 (0.24)
Pain Relievers	0.5	0.6	0.3	0.2 (0.16)	0.3 (0.19)
Illicit Drugs Other Than Marijuana[4]	0.9	1.2[a]	0.6	0.3 (0.23)	0.5 (0.24)
Illicit Drugs Excluding Marijuana[6]	0.8	1.0	0.6	0.2 (0.22)	0.4 (0.24)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.
[5] Estimates for Prescription Drugs include misuse of pain relievers, tranquilizers, stimulants, or sedatives. Estimates for the QFT do not include dependence or abuse data for methamphetamine.
[6] Illicit Drugs Excluding Marijuana include dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics and require respondents not to have corresponding dependence or abuse for marijuana. Estimates for the QFT include relevant dependence or abuse data for methamphetamine.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-5 Substance Use with a Needle in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance Used with a Needle/Period of Use	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
USE OF HEROIN WITH A NEEDLE					
Lifetime	0.8	0.8	0.7	0.0 (0.27)	0.1 (0.27)
Past Year	0.1	0.1	0.1	0.0 (0.04)	0.1 (0.05)
Past Month	0.0	0.1	0.0	0.0 (0.02)	0.0 (0.03)
USE OF COCAINE WITH A NEEDLE					
Lifetime	0.8	0.8	1.0	-0.2 (0.33)	-0.3 (0.35)
Past Year	0.1[a]	0.1[a]	0.0*	0.1 (0.02)	0.1 (0.02)
Past Month	0.0[a]	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
USE OF METHAMPHETAMINE WITH A NEEDLE					
Lifetime	0.6	0.7	0.8	-0.2 (0.27)	-0.1 (0.26)
Past Year	0.1	0.1	0.2	-0.1 (0.12)	-0.1 (0.12)
Past Month	0.0	0.0	0.2	-0.1 (0.12)	-0.1 (0.12)
USE OF PRESCRIPTION STIMULANTS WITH A NEEDLE[4]					
Past Year	0.1[a]	0.1[a]	0.0*	0.1 (0.01)	0.1 (0.02)
Past Month	0.0[a]	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
USE OF HEROIN, COCAINE, METHAMPHETAMINE, OR PRESCRIPTION STIMULANTS WITH A NEEDLE[4]					
Past Year	0.2	0.2	0.2	-0.1 (0.13)	-0.0 (0.13)
Past Month	0.1	0.1	0.2	-0.1 (0.12)	-0.1 (0.12)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Lifetime estimates involving use of prescription stimulants with a needle are not presented because only QFT respondents who reported past year stimulant misuse are asked about use of stimulants with a needle, and only about their use of stimulants with a needle in the past year or past month.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-6 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and *P* Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison (n = 65,928)[1]	2012 Comparison (n = 31,213)[1,2]	2012 QFT (n = 2,044)[1,3]	2011 Comparison vs. QFT Chi-Square Statistic, *P* Value	2012 Comparison vs. QFT Chi-Square Statistic, *P* Value
EDUCATION[4]					
< High School	10.5	10.4	11.1	4.05, 0.004[c]	3.34, 0.0129[c]
High School Graduate	27.3	27.1	23.9		
Some College	24.7	25.0	28.9		
College Graduate	27.6	27.6	26.1		
OVERALL HEALTH[5]					
Excellent	24.2	23.4	22.3	1.19, 0.3185	1.04, 0.3772
Very Good	38.2	38.0	40.4		
Good	25.7	26.2	26.2		
Fair/Poor	11.8	12.5	11.2		
COVERED BY ANY HEALTH INSURANCE	86.3	87.0	85.7	0.33, 0.5665	1.89, 0.1724
CURRENTLY EMPLOYED[4]	63.8	65.2	66.2	1.61, 0.2073	0.29, 0.5936
FAMILY INCOME					
< $20,000	18.2	18.5	19.4	1.01, 0.3905	0.50, 0.6854
$20,000-$49,999	31.0	31.7	33.3		
$50,000-$74,999	17.5	16.8	16.3		
≥ $75,000	33.3	33.0	31.0		
PARTICIPATED IN GOVERNMENT PROGRAM[6]	19.1	20.5	24.7	12.96, 0.0005[c]	6.99, 0.0094 [c]
RECEIVED INCOME					
Social Security	27.2	26.2	26.4	0.20, 0.6557	0.01, 0.9049
Wages	82.4	82.8	68.6	77.07, 0.0000[c]	74.48, 0.0000[c]
Supplemental Security Income	7.0	7.6	9.4	7.66, 0.0067[c]	3.50, 0.0641
Food Stamps	14.6	15.6	17.6	4.88, 0.0293[c]	1.98, 0.1628
Welfare Payments	2.5	2.3	3.6	4.70, 0.0324[c]	7.46, 0.0074
BETTER PROVIDER OF INFORMATION[5]	19.0	20.1	22.3	7.82, 0.0062[c]	3.48, 0.0650
USED PROXY	13.7	13.9	15.7	4.87, 0.0296[c]	4.03, 0.0473[c]

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Education and employment estimates are based only on respondents aged 18 or older. Sample sizes for respondents 18 or older are n = 43,509 for 2011 comparison, n = 1,503 for QFT, and n = 20,748 for 2012 comparison.
[5] Respondents with unknown data were excluded.
[6] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-7 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and *P* Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison (*n* = 22,419)[1]	2012 Comparison (*n* = 10,465)[1,2]	2012 QFT (*n* = 541)[1,3]	2011 Comparison vs. QFT Chi-Square Statistic, *P* Value	2012 Comparison vs. QFT Chi-Square Statistic, *P* Value
EDUCATION					
< High School	N/A	N/A	N/A	N/A	N/A
High School Graduate	N/A	N/A	N/A		
Some College	N/A	N/A	N/A		
College Graduate	N/A	N/A	N/A		
OVERALL HEALTH[4]					
Excellent	34.1	35.9	33.0	0.96, 0.4162	1.54, 0.2098
Very Good	42.2	41.3	41.5		
Good	20.1	19.2	20.4		
Fair/Poor	3.6	3.5	5.1		
COVERED BY ANY HEALTH INSURANCE	93.4	92.8	91.4	2.66, 0.1057	1.16, 0.2844
CURRENTLY EMPLOYED	N/A	N/A	N/A	N/A	N/A
FAMILY INCOME					
< $20,000	16.6	18.0	22.1	3.52, 0.0176[c]	2.65, 0.0530
$20,000-$49,999	31.2	29.6	32.7		
$50,000-$74,999	16.8	16.7	12.3		
≥ $75,000	35.4	35.7	32.9		
PARTICIPATED IN GOVERNMENT PROGRAM[5]	25.4	26.4	32.2	7.66, 0.0067[c]	5.53, 0.0205[c]
RECEIVED INCOME					
Social Security	12.2	11.1	12.7	0.08, 0.7725	0.80, 0.3728
Wages	89.4	89.6	65.6	140.89, 0.0000[c]	148.82, 0.0000[c]
Supplemental Security Income	7.6	7.8	9.9	2.18, 0.1430	1.99, 0.1609
Food Stamps	20.9	21.4	27.7	8.38, 0.0046[c]	6.90, 0.0099[c]
Welfare Payments	4.2	4.0	5.6	1.72, 0.1927	2.60, 0.1098
BETTER PROVIDER OF INFORMATION[4]	88.2	89.2	90.4	1.36, 0.2465	0.39, 0.5322
USED PROXY	83.8	84.5	83.8	0.00, 0.9779	0.09, 0.7711

* Low precision; estimate would be suppressed under NSDUH suppression rules.
N/A = not applicable; QFT = Questionnaire Field Test.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Respondents with unknown data were excluded.
[5] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-8 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and *P* Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison (*n* = 21,662)[1]	2012 Comparison (*n* = 10,336)[1,2]	2012 QFT (*n* = 504)[1,3]	2011 Comparison vs. QFT Chi-Square Statistic, *P* Value	2012 Comparison vs. QFT Chi-Square Statistic, *P* Value
EDUCATION					
< High School	15.6	12.0	13.8	0.36, 0.7811	0.57, 0.6356
High School Graduate	34.0	35.7	34.9		
Some College	35.7	36.4	37.6		
College Graduate	14.7	15.9	13.7		
OVERALL HEALTH[4]					
Excellent	30.4	29.9	33.0	0.67, 0.5718	0.67, 0.5706
Very Good	42.3	41.9	38.8		
Good	22.1	22.7	23.1		
Fair/Poor	5.2	5.5	5.1		
COVERED BY ANY HEALTH INSURANCE	75.9	78.6	75.6	0.02, 0.8850	2.00, 0.1604
CURRENTLY EMPLOYED	63.8	66.5	69.9	6.35, 0.0133[c]	1.92, 0.1683
FAMILY INCOME					
< $20,000	33.8	34.9	40.3	1.34, 0.2657	0.81, 0.4912
$20,000-$49,999	33.0	32.3	28.4		
$50,000-$74,999	13.2	13.3	13.6		
≥ $75,000	20.0	19.5	17.7		
PARTICIPATED IN GOVERNMENT PROGRAM[5]	25.1	24.6	30.3	4.31, 0.0403[c]	5.21, 0.0245[c]
RECEIVED INCOME					
Social Security	9.4	9.2	9.2	0.02, 0.8891	0.00, 0.9815
Wages	91.6	91.0	68.8	171.05, 0.0000[c]	97.07, 0.0000[c]
Supplemental Security Income	6.2	5.7	9.8	6.55, 0.0119[c]	8.35, 0.0047[c]
Food Stamps	20.1	20.2	21.9	0.49, 0.4834	0.46, 0.5004
Welfare Payments	4.3	3.8	5.1	0.66, 0.4185	2.08, 0.1518
BETTER PROVIDER OF INFORMATION[4]	20.7	22.7	29.9	16.30, 0.0001[c]	9.25, 0.0030[c]
USED PROXY	12.6	13.0	16.6	5.14, 0.0255[c]	4.27, 0.0412[c]

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Respondents with unknown data were excluded.
[5] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-9 Demographic, Socioeconomic, and Household Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and *P* Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison (*n* = 21,847)[1]	2012 Comparison (*n* = 10,412)[1,2]	2012 QFT (*n* = 999)[1,3]	2011 Comparison vs. QFT Chi-Square Statistic, *P* Value	2012 Comparison vs. QFT Chi-Square Statistic, *P* Value
EDUCATION					
< High School	10.9	11.4	12.1	4.99, 0.0028[c]	3.87, 0.0113[c]
High School Graduate	29.7	29.1	25.1		
Some College	26.0	26.2	31.1		
College Graduate	33.4	33.3	31.7		
OVERALL HEALTH[4]					
Excellent	21.9	20.6	19.0	1.71, 0.1687	1.35, 0.2609
Very Good	37.0	36.8	40.5		
Good	27.1	27.7	27.4		
Fair/Poor	14.1	14.9	13.1		
COVERED BY ANY HEALTH INSURANCE	87.2	87.8	86.8	0.14, 0.7125	0.76, 0.3858
CURRENTLY EMPLOYED	63.8	65.0	65.6	0.64, 0.4241	0.08, 0.7800
FAMILY INCOME					
< $20,000	15.6	15.7	15.3	1.21, 0.3111	0.45, 0.7197
$20,000-$49,999	30.7	31.8	34.3		
$50,000-$74,999	18.3	17.5	17.3		
≥ $75,000	35.4	35.1	33.1		
PARTICIPATED IN GOVERNMENT PROGRAM[5]	17.3	19.0	22.7	10.39, 0.0017[c]	4.36, 0.0391[c]
RECEIVED INCOME					
Social Security	32.3	31.2	31.3	0.23, 0.6293	0.00, 0.9778
Wages	79.8	80.4	69.0	32.13, 0.0000[c]	33.14, 0.0000[c]
Supplemental Security Income	7.0	8.0	9.3	4.71, 0.0322[c]	1.39, 0.2404
Food Stamps	12.7	14.0	15.5	3.80, 0.0538	1.00, 0.3191
Welfare Payments	2.0	1.8	3.1	4.36, 0.0393[c]	5.90, 0.0168[c]
BETTER PROVIDER OF INFORMATION[4]	7.3	8.2	10.2	7.02, 0.0093[c]	2.79, 0.0976
USED PROXY	4.8	4.9	6.7	5.74, 0.0183[c]	4.82, 0.0304[c]

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Respondents with unknown data were excluded.
[5] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-10 Demographic and Geographic Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and *P* Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

	2011 Comparison[1]			2012 Comparison[1,2]			2012 QFT[1,3]			QFT vs. 2011 Chi-Square Statistic, *P* Value Wtd	QFT vs. 2012 Chi-Square Statistic, *P* Value Wtd	QFT vs. 2011 Chi-Square Statistic, *P* Value Unwtd	QFT vs. 2012 Chi-Square Statistic, *P* Value Unwtd
Characteristic	**Unwtd *n***	**Unwtd Percent**	**Wtd Percent**	**Unwtd *n***	**Unwtd Percent**	**Wtd Percent**	**Unwtd *n***	**Unwtd Percent**	**Wtd Percent**				
Education[4]													
< High School	5,922	13.6	11.6	2,483	12.0	11.5	187	12.4	12.4				
High School Graduate	14,119	32.5	30.3	6,859	33.1	30.1	426	28.3	26.6	5.38, 0.0018[c]	4.45, 0.0055[c]	5.54, 0.0014[c]	6.27, 0.0006[c]
Some College	13,434	30.9	27.4	6,466	31.2	27.7	531	35.3	32.1				
College Graduate	10,034	23.1	30.6	4,940	23.8	30.7	359	23.9	29.0				
Employment[4]													
Full-Time	20,420	46.9	49.7	10,345	49.9	51.3	798	53.1	52.0	0.64, 0.5933	0.10, 0.9589	6.60, 0.0004[c]	2.80, 0.0437[c]
Part-Time	8,615	19.8	14.1	3,934	19.0	13.9	245	16.3	14.2				
Unemployed	3,899	9.0	5.8	1,701	8.2	5.5	111	7.4	5.5				
Other[5]	10,575	24.3	30.4	4,768	23.0	29.3	349	23.2	28.3				
Region													
Northeast	12,701	19.3	18.6	6,480	20.8	18.6	375	18.3	18.7	0.19, 0.9008	0.15, 0.9308	5.89, 0.0009[c]	11.07, 0.0000[c]
Midwest	19,008	28.8	22.6	9,099	29.2	22.6	458	22.4	23.0				
South	22,158	33.6	37.4	9,724	31.2	37.4	824	40.3	38.0				
West	12,061	18.3	21.4	5,910	18.9	21.4	387	18.9	20.2				
County Type													
Large Metro	28,475	43.2	52.6	13,865	44.4	52.6	1,045	51.1	51.8	0.86, 0.4244	0.71, 0.4931	3.02, 0.0529	2.15, 0.1218
Small Metro	23,627	35.8	31.3	10,789	34.6	31.1	612	29.9	28.4				
Nonmetro	13,826	21.0	16.1	6,559	21.0	16.3	387	18.9	19.8				

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test; unwtd = unweighted; wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Education and employment estimates are based only on respondents aged 18 or older. Sample sizes for respondents 18 or older are *n* = 43,509 for 2011 comparison, *n* = 1,503 for QFT, and *n* = 20,748 for 2012 comparison.
[5] The Other Employment category includes student, persons keeping house or caring for children full time, retired or disabled person, or other persons not in the labor force.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-11 Geographic Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and *P* Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison[1]			2012 Comparison[1,2]			2012 QFT[1,3]			QFT vs. 2011 Chi-Square Statistic, *P* Value Wtd	QFT vs. 2012 Chi-Square Statistic, *P* Value Wtd	QFT vs. 2011 Chi-Square Statistic, *P* Value Unwtd	QFT vs. 2012 Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
Region													
Northeast	4,321	19.3	17.4	2,077	19.8	16.9	78	14.4	13.2	2.61, 0.0553	1.79, 0.1535	6.12, 0.0007[c]	9.02, 0.0000[c]
Midwest	6,337	28.3	22.4	3,099	29.6	22.6	117	21.6	22.1				
South	7,708	34.4	37.5	3,238	30.9	38.2	245	45.3	44.6				
West	4,053	18.1	22.7	2,051	19.6	22.3	101	18.7	20.1				
County Type													
Large Metro	9,744	43.5	53.3	4,695	44.9	54.5	272	50.3	51.6	0.10, 0.9084	0.24, 0.7853	1.51, 0.2260	0.94, 0.3925
Small Metro	7,926	35.4	31.2	3,568	34.1	30.4	171	31.6	31.8				
Nonmetro	4,749	21.2	15.5	2,202	21.0	15.1	98	18.1	16.5				

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test; unwtd = unweighted; wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-12 Demographic and Geographic Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and *P* Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison[1]			2012 Comparison[1,2]			2012 QFT[1,3]			QFT vs. 2011 Chi-Square Statistic, *P* Value Wtd	QFT vs. 2012 Chi-Square Statistic, *P* Value Wtd	QFT vs. 2011 Chi-Square Statistic, *P* Value Unwtd	QFT vs. 2012 Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
Education													
< High School	3,509	16.2	15.6	1,316	12.7	12.0	68	13.5	13.8				
High School Graduate	7,609	35.1	34.0	3,816	36.9	35.7	183	36.3	34.9	0.36, 0.7811	0.57, 0.6356	1.79, 0.1544	1.64, 0.1843
Some College	7,531	34.8	35.7	3,666	35.5	36.4	196	38.9	37.6				
College Graduate	3,013	13.9	14.7	1,538	14.9	15.9	57	11.3	13.7				
Employment													
Full-Time	8,064	37.2	36.0	4,312	41.7	40.1	219	43.5	45.5	3.90, 0.0110[c]	1.35, 0.2637	1.95, 0.1255	0.30, 0.8266
Part-Time	5,908	27.3	27.8	2,685	26.0	26.4	121	24.0	24.4				
Unemployed	2,800	12.9	13.2	1,212	11.7	11.8	63	12.5	11.9				
Other[4]	4,890	22.6	23.0	2,127	20.6	21.7	101	20.0	18.2				
Region													
Northeast	4,148	19.1	18.2	2,203	21.3	18.8	100	19.8	20.8	0.41, 0.7453	0.34, 0.7955	1.39, 0.2512	1.83, 0.1459
Midwest	6,236	28.8	22.0	2,909	28.1	20.7	118	23.4	22.7				
South	7,253	33.5	37.1	3,340	32.3	38.7	193	38.3	37.5				
West	4,025	18.6	22.7	1,884	18.2	21.8	93	18.5	19.0				
County Type													
Large Metro	9,409	43.4	53.5	4,640	44.9	54.8	259	51.4	54.2	0.84, 0.4362	0.82, 0.4421	2.05, 0.1335	1.37, 0.2583
Small Metro	7,989	36.9	32.4	3,672	35.5	31.5	150	29.8	28.3				
Nonmetro	4,264	19.7	14.0	2,024	19.6	13.7	95	18.8	17.5				

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test; unwtd = unweighted; wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The Other Employment category includes student, persons keeping house or caring for children full time, retired or disabled person, or other persons not in the labor force.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-13 Demographic and Geographic Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and *P* Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Characteristic	2011 Comparison[1]			2012 Comparison[1,2]			2012 QFT[1,3]			QFT vs. 2011 Chi-Square Statistic, *P* Value Wtd	QFT vs. 2012 Chi-Square Statistic, *P* Value Wtd	QFT vs. 2011 Chi-Square Statistic, *P* Value Unwtd	QFT vs. 2012 Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
Education													
< High School	2,413	11.0	10.9	1,167	11.2	11.4	119	11.9	12.1				
High School Graduate	6,510	29.8	29.7	3,043	29.2	29.1	243	24.3	25.1	4.99, 0.0028[c]	3.87, 0.0113[c]	8.57, 0.0000[c]	9.06, 0.0000[c]
Some College	5,903	27.0	26.0	2,800	26.9	26.2	335	33.5	31.1				
College Graduate	7,021	32.1	33.4	3,402	32.7	33.3	302	30.2	31.7				
Employment													
Full-Time	12,356	56.6	52.1	6,033	57.9	53.3	579	58.0	53.2	0.24, 0.8691	0.09, 0.9664	0.25, 0.8628	0.07, 0.9754
Part-Time	2,707	12.4	11.7	1,249	12.0	11.7	124	12.4	12.4				
Unemployed	1,099	5.0	4.5	489	4.7	4.4	48	4.8	4.3				
Other[4]	5,685	26.0	31.7	2,641	25.4	30.7	248	24.8	30.1				
Region													
Northeast	4,232	19.4	18.8	2,200	21.1	18.8	197	19.7	19.1	0.04, 0.9908	0.05, 0.9859	4.38, 0.0060[c]	7.07, 0.0002[c]
Midwest	6,435	29.5	22.7	3,091	29.7	22.9	223	22.3	23.2				
South	7,197	32.9	37.5	3,146	30.2	37.1	386	38.6	37.3				
West	3,983	18.2	21.0	1,975	19.0	21.2	193	19.3	20.4				
County Type													
Large Metro	9,322	42.7	52.3	4,530	43.5	51.9	514	51.5	51.5	0.87, 0.4218	0.68, 0.5080	2.97, 0.0556	2.48, 0.0883
Small Metro	7,712	35.3	31.2	3,549	34.1	31.1	291	29.1	28.0				
Nonmetro	4,813	22.0	16.5	2,333	22.4	17.0	194	19.4	20.6				

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test; unwtd = unweighted; wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] The Other Employment category includes student, persons keeping house or caring for children full time, retired or disabled person, or other persons not in the labor force.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-14 Perceived Great Risk of Harm Associated with Substance Use among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Perception of Great Risk[1]	2011 Comparison (n = 65,928)[2]	2012 Comparison (n = 31,213)[2,3]	2012 QFT (n = 2,044)[2,4]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
PERCEPTIONS OF GREAT RISK - CIGARETTES					
Smoke one or more packs per day	70.7	70.4	69.2	1.5 (1.48)	1.2 (1.49)
PERCEPTIONS OF GREAT RISK - MARIJUANA					
Smoke once a month	30.3	28.6	30.2	0.0 (1.56)	-1.6 (1.59)
Smoke once or twice a week	40.7	38.5	38.8	2.0 (1.63)	-0.2 (1.70)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Response categories for the Perceptions of Risk questions include "No risk," "Slight risk," "Moderate risk," and "Great risk." The estimates in this table correspond to persons reporting "Great risk." Respondents with unknown Perceptions of Risk data were excluded.
[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[4] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-15 Number of Years Since Last Use for Selected Substances among Lifetime Users Aged 12 to 49: Averages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance	2011 Comparison (*n* = 58,401)[1]	2012 Comparison (*n* = 27,652)[1,2]	2012 QFT (*n* = 1,725)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Cigarettes	10.4	10.2	10.6	-0.2 (0.59)	-0.4 (0.60)
Alcohol	2.7	2.3	3.0	-0.3 (0.36)	-0.7 (0.37)
Marijuana	9.9	9.7	9.3	0.6 (0.58)	0.4 (0.61)
Cocaine	10.8	10.2	9.7	1.1 (0.75)	0.5 (0.77)
Hallucinogens	11.3[a]	10.9	9.6	1.7 (0.72)	1.2 (0.74)
Inhalants	13.4	13.5	13.3	0.0 (0.91)	0.2 (0.96)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

NOTE: If respondents reported last using a substance more than 30 days ago but within the past 12 months, the number of years since last use was assumed to be zero, regardless of whether they reported last use more than a year ago based on the age, year, or month when they last used. In addition, the number of years since last use was set to zero for past month substance users, but they were not asked the questions pertaining to prior substance use.

NOTE: Within each set of data, sample sizes will vary by substance because nonusers of the substance were excluded from the analysis.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-16 Received Substance Use Treatment in Lifetime and Past Year and Types of Past Year Substance Use Treatment among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Substance Use Treatment	2011 Comparison (*n* = 65,928)[1]	2012 Comparison (*n* = 31,213)[1,2]	2012 QFT (*n* = 2,044)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
LIFETIME TREATMENT	5.9	6.2	6.6	-0.7 (0.78)	-0.4 (0.84)
PAST YEAR TREATMENT	1.4	1.4	1.5	-0.1 (0.32)	-0.0 (0.32)
Alcohol use only	0.6	0.6	0.5	0.1 (0.15)	0.1 (0.15)
Drug use only	0.4	0.5	0.4	-0.0 (0.15)	0.1 (0.15)
Both alcohol and drug use	0.4	0.4	0.6	-0.2 (0.20)	-0.2 (0.21)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-17 Adult Mental Health Treatment in the Past Year and Type of Facility Where Received Treatment among Persons Aged 18 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Past Year Mental Health Treatment[1]	2011 Comparison (*n* = 43,509)[2]	2012 Comparison (*n* = 20,748)[2,3]	2012 QFT (*n* = 1,503)[2,4]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
STAYED OVERNIGHT IN HOSPITAL FOR MENTAL HEALTH TREATMENT	0.8	0.7	0.9	-0.1 (0.23)	-0.2 (0.23)
FACILITY TYPE – OVERNIGHT MENTAL HEALTH TREATMENT[5]					
Private or Public Psychiatric Hospital	0.2	0.2	0.1	0.1 (0.10)	0.0 (0.11)
Psychiatric Unit – General Hospital	0.2	0.2	0.3	-0.0 (0.12)	-0.1 (0.12)
Medical unit – General Hospital	0.2	0.2	0.3	-0.1 (0.08)	-0.1 (0.09)
Another Type of Hospital	0.1[a]	0.1[a]	0.0*	0.1 (0.02)	0.1 (0.03)
Residential Treatment Center	0.1	0.1	0.1	-0.0 (0.08)	-0.0 (0.09)
Other Facility	0.1	0.0	0.1	-0.1 (0.09)	-0.1 (0.09)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Respondents with unknown mental health treatment information were excluded.
[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[4] QFT data collected from September 1 through November 3, 2012.
[5] Respondents could indicate multiple locations for treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-18 Youth Mental Health Treatment in the Past Year and Number of Nights Received Treatment among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and *P* Value, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Past Year Mental Health Treatment[1]	2011 Comparison (*n* = 22,419)[2]	2012 Comparison (*n* = 10,465)[2,3]	2012 QFT (*n* = 541)[2,4]	2011 Comparison vs. QFT Chi-Square Statistic, *P* Value	2012 Comparison vs. QFT Chi-Square Statistic, *P* Value
STAYED OVERNIGHT IN HOSPITAL FOR MENTAL HEALTH TREATMENT					
Yes	1.8	2.0	2.3	0.41, 0.5220	0.09, 0.7617
No	98.2	98.0	97.7		
NUMBER OF NIGHTS IN HOSPITAL FOR MENTAL HEALTH TREATMENT					
1 Night	48.9	46.9	49.3*	0.31, 0.7322	0.03, 0.9701
2 to 6 Nights	23.8	33.1	34.6*		
7 or More Nights	27.3	20.0	16.1*		
STAYED OVERNIGHT IN RESIDENTIAL TREATMENT CENTER FOR MENTAL HEALTH TREATMENT					
Yes	1.0	0.9	2.0	3.29, 0.0725	4.72, 0.0320[c]
No	99.0	99.1	98.0		
NUMBER OF NIGHTS IN RESIDENTIAL TREATMENT CENTER FOR MENTAL HEALTH TREATMENT					
1 Night	35.1	26.0*	24.4*	0.60, 0.5481	0.33, 0.7180
2 to 6 Nights	26.2	30.5	45.7*		
7 or More Nights	38.8	43.4	29.9*		

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Respondents with unknown mental health treatment information were excluded.
[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[4] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-19 Selected Mental Health Measures among Persons Aged 18 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Mental Health Measure	2011 Comparison (*n* = 43,509)[1]	2012 Comparison (*n* = 20,748)[1,2]	2012 QFT (*n* = 1,503)[1,3]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Past Month SPD[4]	4.7[a]	5.3[a]	3.6	1.1 (0.51)	1.6 (0.57)
Past Year SPD[4]	10.4[a]	10.7[a]	8.5	1.9 (0.69)	2.1 (0.82)
Past Year Thoughts of Suicide[5]	3.8	3.9	3.0	0.8 (0.45)	0.9 (0.47)
Past Year Suicide Plans[5]	1.1	1.0	1.2	-0.1 (0.31)	-0.1 (0.31)
Past Year Attempted Suicide[5]	0.5	0.5	0.6	-0.1 (0.20)	-0.1 (0.20)
Several Days or Longer Felt Sad, Empty, or Depressed[6]	31.2	31.1	28.7	2.6 (1.41)	2.4 (1.57)
Several Days When Most of the Day Felt Very Discouraged[6]	12.5	12.0	11.3	1.2 (1.22)	0.7 (1.30)
Several Days or Longer Lost Interest in Things Usually Enjoyable[6]	4.2	4.3	4.7	-0.5 (1.07)	-0.5 (1.14)
Average Past Month Total K6 Score[7]	3.8	3.9[a]	3.5	0.2 (0.13)	0.3 (0.14)
Average Past Year Worst K6 Total Score[7]	4.9	5.0	4.6	0.3 (0.16)	0.3 (0.18)
Average WHODAS Score (0 to 24)	3.5	3.7[a]	3.3	0.3 (0.15)	0.4 (0.16)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
K6 = Kessler 6; QFT = Questionnaire Field Test; SPD = serious psychological distress; WHODAS = World Health Organization Disability Assessment Schedule.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] SPD is defined as having a score of 13 or higher on the K6 scale.
[5] Respondents with unknown suicide information were excluded.
[6] Respondents with unknown depression information were excluded.
[7] The K6 score is derived from 12 questions asking the frequency that a respondent experienced symptoms of psychological distress. Six new questions were asked for the first time in 2008 to all respondents aged 18 or older about their past 30-day symptoms. Responses to these six questions are combined to produce the past month score ranging from 0 to 24. The original six questions are then only asked respondents who reported that there was a month in the past year when they felt more symptoms than they felt in the past 30 days, and a score ranging from 0 to 24 is produced. The maximum of these two scores is taken to create the past year K6 score.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-20 Adolescent Depression Characteristics among Persons Aged 12 to 17: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Depression Characteristic[1]	2011 Comparison (*n* = 22,419)[2]	2012 Comparison (*n* = 10,465)[2,3]	2012 QFT (*n* = 541)[2,4]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
Several Days or Longer Felt Sad, Empty or Depressed	43.2	43.0	43.4	-0.2 (2.38)	-0.4 (2.39)
Several Days When Most of the Day Felt Very Discouraged	8.4	8.0	7.7	0.7 (1.88)	0.2 (1.98)
Several Days or Longer Lost Interest in Things Usually Enjoyable	14.6	15.0	14.3	0.3 (2.22)	0.7 (2.31)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Respondents with unknown depression information were excluded.
[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[4] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Table K-21 Arrested and Booked in Lifetime and Past Year for Breaking the Law among Persons Aged 12 or Older: Percentages, Differences, and Standard Error of Differences, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Arrested and Booked[1]	2011 Comparison (*n* = 65,928)[2]	2012 Comparison (*n* = 31,213)[2,3]	2012 QFT (*n* = 2,044)[2,4]	2011 Comparison vs. QFT, Difference (SE)	2012 Comparison vs. QFT, Difference (SE)
TIME PERIOD					
Lifetime	16.6	17.3	16.9	-0.3 (1.16)	0.4 (1.22)
Past Year	3.1	3.1	3.2	-0.0 (0.43)	-0.1 (0.47)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test.

[a] Difference between estimate and 2012 QFT estimate is statistically significant at the 0.05 level.

[1] Respondents with unknown arrested and booked information were excluded.
[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[4] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

Appendix L: Detailed Tables for Prescription Drug Use and Misuse in the 2012 Questionnaire Field Test and Data from Sources Other than NSDUH

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Table L-1 Comparison of Data for Pain Relievers from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Percent (SE) Any Past Year Use[2]	NSDUH QFT,[1] Percent (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Percent (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Any Prescription Pain Reliever[5]/Any Narcotic Analgesic[6]	38.9 (1.61)	32.9 (1.35)	6.0 (0.75)	77,194 (6,493)	8,744 (1,161)
Vicodin®, Lortab®, Lorcet®, or Hydrocodone[7]	25.4 (1.48)	21.5 (1.27)	3.8 (0.53)	35,868 (3,520)	2,890 (378)
Vicodin®	12.9 (1.18)	10.5 (1.02)	2.4 (0.44)	15,684 (1,650)	1,475 (259)
Lortab®	5.5 (0.70)	4.5 (0.62)	1.0 (0.26)	9,671 (1,996)	690 (160)
Lorcet®	1.1 (0.25)	0.8 (0.22)	0.3 (0.11)	1,529* (941)	28* (14)
Hydrocodone[7]	14.4 (1.17)	12.4 (1.06)	1.9 (0.35)	8,984 (1,393)	697 (139)
OxyContin®, Percocet®, Percodan®, Tylox®, or Oxycodone[8,9]	12.6 (1.10)	10.5 (0.99)	2.1 (0.34)	13,517 (1,543)	1,957 (284)
OxyContin®[9]	2.4 (0.35)	1.6 (0.29)	0.8 (0.20)	1,708 (345)	146 (37)
Percocet®	6.5 (0.83)	5.4 (0.75)	1.0 (0.23)	7,125 (965)	1,206 (196)
Percodan®	0.4 (0.15)	0.2 (0.12)	0.2 (0.08)	51* (51)	1* (1)
Tylox®	0.3 (0.13)	0.3 (0.12)	0.0 (0.03)	151* (101)	18* (18)
Oxycodone[8]	6.8 (0.92)	5.6 (0.87)	1.2 (0.27)	4,481 (630)	586 (105)
Darvocet®, Darvon®, or Propoxyphene[7]	2.1 (0.44)	2.0 (0.43)	0.1 (0.07)	7,944 (1,158)	600 (142)
Darvocet®	1.6 (0.41)	1.5 (0.39)	0.1 (0.07)	6,932 (996)	537 (132)
Darvon®	0.5 (0.29)	0.5 (0.29)	0.0* (0.00)	316* (203)	23* (13)
Propoxyphene[7]	0.2 (0.11)	0.2 (0.11)	0.0* (0.00)	696* (219)	40* (22)
Ultram®, Ultram® ER, Ultracet®, Ryzolt®, or Tramadol[7]	6.4 (0.78)	5.3 (0.68)	1.0 (0.26)	11,690 (1,563)	1,548 (198)
Ultram®	2.1 (0.55)	1.7 (0.42)	0.5 (0.18)	4,175 (877)	456 (97)
Ultram® ER	0.4 (0.23)	0.4 (0.23)	0.0* (0.00)	173* (103)	0* (0)
Ultracet®	0.3 (0.15)	0.2 (0.12)	0.1 (0.10)	427* (181)	33* (21)
Ryzolt®	0.0 (0.02)	0.0 (0.02)	0.0* (0.00)	39* (33)	0* (0)
Tramadol[7]	4.5 (0.56)	3.9 (0.54)	0.5 (0.16)	6,876 (1,057)	1,059 (142)

(continued)

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

[2] Persons with unknown data are excluded.

[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

[5] NSDUH QFT measure.

[6] NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.

[7] For NAMCS/NHAMCS: generic or generic with acetaminophen.

[8] For NAMCS/NHAMCS: generic, generic with acetaminophen, or generic with aspirin.

[9] For NSDUH: The past year OxyContin® misuse estimate in these tables may differ from the estimate in the "Detailed Tables for Methamphetamine and Prescription Drug Estimates" due to the availability of edited and imputed data.

(Source information is included on the last page of the table.)

Table L-1 Comparison of Data for Pain Relievers from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Percent (SE) Any Past Year Use[2]	NSDUH QFT,[1] Percent (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Percent (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Tylenol® with Codeine 3 or 4, or Codeine Pills[7]	11.5 (0.99)	9.8 (0.93)	1.7 (0.29)	3,185 (476)	444 (86)
Tylenol® with Codeine 3 or 4	10.9 (0.98)	9.3 (0.93)	1.5 (0.27)	2,395 (391)	324 (67)
Codeine Pills[7]	1.6 (0.30)	1.3 (0.28)	0.3 (0.11)	790* (262)	120* (37)
Avinza®, Kadian®, MS Contin®, Oramorph® SR, or Morphine	4.0 (0.59)	3.6 (0.57)	0.4 (0.15)	1,408 (272)	405 (120)
Avinza®	0.1 (0.11)	0.1 (0.11)	0.0* (0.00)	35* (26)	0* (0)
Kadian®	0.1 (0.05)	0.0 (0.04)	0.0 (0.03)	124* (82)	55* (42)
MS Contin®	0.1 (0.06)	0.1 (0.06)	0.0* (0.00)	463* (156)	121* (50)
Oramorph® SR	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	26* (26)	0* (0)
Morphine	3.7 (0.54)	3.3 (0.52)	0.4 (0.14)	760 (155)	229 (65)
Actiq®, Duragesic®, Fentora®, or Fentanyl	0.9 (0.27)	0.8 (0.27)	0.1 (0.05)	1,848 (325)	1,026* (372)
Actiq®	0.1 (0.11)	0.1 (0.11)	0.0* (0.00)	0* (0)	4* (4)
Duragesic®	0.1 (0.05)	0.1 (0.05)	0.0* (0.00)	572* (174)	65* (30)
Fentora®	0.0 (0.04)	0.0 (0.04)	0.0* (0.00)	13* (13)	0* (0)
Fentanyl	0.7 (0.23)	0.6 (0.24)	0.1 (0.05)	1,263 (280)	957* (369)
Suboxone®, Subutex®, or Buprenorphine	1.0 (0.25)	0.6 (0.22)	0.4 (0.13)	1,535* (650)	88* (32)
Suboxone®	0.7 (0.23)	0.5 (0.21)	0.2 (0.10)	1,287* (471)	87* (32)
Subutex®	0.3 (0.11)	0.2 (0.08)	0.1 (0.07)	8* (8)	1* (1)
Buprenorphine	0.0 (0.04)	0.0* (0.00)	0.0 (0.04)	239* (211)	0* (0)
Demerol®	0.7 (0.15)	0.6 (0.15)	0.0 (0.04)	310* (154)	343* (251)
Dilaudid®	0.9 (0.23)	0.6 (0.21)	0.3 (0.08)	858 (218)	106* (36)
Methadone	0.6 (0.17)	0.3 (0.13)	0.3 (0.11)	1,518 (341)	146 (38)
Opana® or Opana® ER	0.3 (0.09)	0.1 (0.05)	0.2 (0.07)	39* (25)	5* (4)
Opana®	0.1 (0.06)	0.0 (0.04)	0.1 (0.05)	19* (14)	5* (4)
Opana® ER	0.2 (0.08)	0.1 (0.06)	0.1 (0.05)	21* (21)	0* (0)

(continued)

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

[2] Persons with unknown data are excluded.

[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

[7] For NAMCS/NHAMCS: generic or generic with acetaminophen.

(Source information is included on the last page of the table.)

Table L-1 Comparison of Data for Pain Relievers from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Percent (SE) Any Past Year Use[2]	NSDUH QFT,[1] Percent (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Percent (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Talacen®, Talwin®, or Talwin® NX	0.1 (0.04)	0.0 (0.03)	0.0 (0.02)	117* (93)	0* (0)
Talacen®	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	91* (91)	0* (0)
Talwin®	0.0 (0.03)	0.0* (0.00)	0.0 (0.02)	27* (27)	0* (0)
Talwin® NX	0.0 (0.03)	0.0 (0.03)	0.0* (0.00)	0* (0)	0* (0)
Any Other Prescription Pain Reliever	8.7 (0.81)	8.5 (0.80)	0.2 (0.09)	N/A	N/A

*Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

N/A: Not applicable (NSDUH) or not available (NAMCS/NHAMCS).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

[2] Persons with unknown data are excluded.

[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Ambulatory Medical Care Survey (NAMCS), 2010, National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

Table L-2 Comparison of Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Percent (SE) Any Past Year Use[2]	NSDUH QFT,[1] Percent (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Percent (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Any Tranquilizer[5]	15.2 (1.23)	12.9 (1.10)	2.4 (0.38)	N/A	N/A
Any Sedative[5]	7.3 (0.78)	6.5 (0.70)	0.8 (0.22)	N/A	N/A
Any Tranquilizer or Any Sedative[6]/Any Anxiolytic, Sedative, Hypnotic, or Muscle Relaxant[7]	19.3 (1.32)	16.9 (1.16)	2.8 (0.41)	114,180 (8,913)	13,078 (1,745)
Any Benzodiazepine	11.5 (1.12)	9.5 (1.00)	2.1 (0.37)	54,334 (4,534)	6,906 (1,139)
Xanax®, Xanax® XR, Alprazolam, or Extended-Release Alprazolam[7]	6.3 (0.81)	4.7 (0.70)	1.5 (0.28)	18,498 (1,808)	1,711 (289)
Xanax®	4.7 (0.67)	3.4 (0.58)	1.4 (0.27)	12,532 (1,300)	1,159 (223)
Xanax® XR	0.4 (0.15)	0.2 (0.10)	0.2 (0.11)	80* (61)	4* (4)
Alprazolam	1.5 (0.34)	1.2 (0.32)	0.3 (0.11)	5,887 (935)	548 (108)
Extended-Release Alprazolam	0.4 (0.24)	0.4 (0.24)	0.0 (0.02)	N/A	N/A
Ativan® or Lorazepam[8]	2.7 (0.41)	2.2 (0.36)	0.5 (0.15)	13,022 (1,447)	1,716 (368)
Ativan®	1.2 (0.31)	1.0 (0.30)	0.2 (0.07)	5,699 (884)	881 (191)
Lorazepam	2.0 (0.32)	1.5 (0.28)	0.4 (0.14)	7,323 (1,050)	835 (209)
Klonopin® or Clonazepam[8]	2.7 (0.47)	2.2 (0.41)	0.5 (0.18)	11,814 (1,578)	1,455 (241)
Klonopin®	1.1 (0.26)	0.7 (0.19)	0.5 (0.16)	6,819 (1,228)	720 (139)
Clonazepam	2.0 (0.40)	1.9 (0.39)	0.2 (0.07)	4,994 (658)	735 (135)
Valium® or Diazepam[8]	2.6 (0.50)	2.0 (0.44)	0.6 (0.17)	6,096 (841)	461 (100)
Valium®	1.9 (0.41)	1.3 (0.36)	0.5 (0.16)	3,638 (520)	239 (54)
Diazepam	1.0 (0.27)	0.8 (0.25)	0.1 (0.07)	2,458 (555)	222 (58)
Librium®[8]	0.1 (0.07)	0.1 (0.06)	0.0 (0.02)	430* (212)	18* (12)
Tranxene®[8]	0.0 (0.03)	0.0 (0.03)	0.0* (0.00)	201* (99)	5* (5)
Oxazepam (also known as Serax®)[8]	0.1 (0.05)	0.1 (0.05)	0.0* (0.00)	164* (61)	17* (17)

(continued)

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.
NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.
N/A: Not applicable (NSDUH) or not available (NAMCS/NHAMCS).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

[2] Persons with unknown data are excluded.

[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

[5] NSDUH QFT measure.

[6] Created from NSDUH QFT summary measures for any tranquilizer and any sedative use or misuse.

[7] NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.

[8] Benzodiazepine that is included in the NSDUH tranquilizers module.

(Source information is included on the last page of the table.)

Table L-2 Comparison of Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Percent (SE) Any Past Year Use[2]	NSDUH QFT,[1] Percent (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Percent (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Dalmane® or Flurazepam[9]	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	12* (12)	32* (26)
Dalmane	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0* (0)	6* (6)
Flurazepam	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	12* (12)	26* (25)
Halcion® or Triazolam[9]	0.4 (0.21)	0.4 (0.21)	0.0* (0.00)	97* (60)	9* (5)
Halcion®	0.2 (0.18)	0.2 (0.18)	0.0* (0.00)	44* (29)	3* (1)
Triazolam	0.2 (0.11)	0.2 (0.11)	0.0* (0.00)	53* (53)	6* (5)
Restoril® or Temazepam[9]	0.7 (0.26)	0.6 (0.25)	0.1 (0.07)	2,333 (368)	313* (97)
Restoril®	0.1 (0.07)	0.0* (0.00)	0.1 (0.07)	1,298 (273)	124* (48)
Temazepam	0.6 (0.25)	0.6 (0.25)	0.0* (0.00)	1,035 (214)	189* (58)
Flexeril® or Soma®	5.4 (0.69)	4.7 (0.65)	0.6 (0.16)	11,442 (1,373)	1,318 (188)
Flexeril®	4.2 (0.59)	3.8 (0.54)	0.4 (0.13)	8,438 (1,087)	1,103 (164)
Soma®	1.4 (0.33)	1.0 (0.30)	0.4 (0.11)	3,004 (688)	215* (68)
Buspirone (also known as BuSpar®)	0.4 (0.20)	0.4 (0.20)	0.0 (0.02)	2,330 (365)	312 (64)
Hydroxyzine (also known as Atarax® or Vistaril®)	0.6 (0.24)	0.6 (0.24)	0.0 (0.03)	3,649 (700)	676 (123)
Meprobamate (also known as Equanil® or Miltown®)	0.0 (0.02)	0.0* (0.00)	0.0 (0.02)	114* (61)	0* (0)
Ambien®, Ambien® CR, Zolpidem, or Extended-Release Zolpidem	5.8 (0.77)	5.1 (0.68)	0.7 (0.21)	17,051 (1,757)	1,312 (192)
Ambien®	4.5 (0.63)	4.1 (0.57)	0.4 (0.15)	11,870 (1,377)	1,090 (167)
Ambien® CR	0.7 (0.22)	0.6 (0.22)	0.0 (0.02)	462* (154)	72* (29)
Zolpidem	1.6 (0.46)	1.2 (0.40)	0.4 (0.18)	4,719 (738)	150 (40)
Extended-Release Zolpidem	0.1 (0.07)	0.1 (0.07)	0.0* (0.00)	N/A	N/A
Lunesta®	1.1 (0.30)	0.9 (0.29)	0.1 (0.09)	2,365 (519)	119* (47)
Sonata® or Zaleplon	0.5 (0.24)	0.4 (0.24)	0.1 (0.06)	125* (53)	42* (20)
Sonata®	0.5 (0.24)	0.4 (0.24)	0.1 (0.06)	125* (53)	22* (10)
Zaleplon	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0* (0)	21* (16)

(continued)

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

[2] Persons with unknown data are excluded.

[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

[9] Benzodiazepine that is included in the NSDUH sedatives module.

(Source information is included on the last page of the table.)

Table L-2 Comparison of Data for Tranquilizers and Sedatives from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Percent (SE) Any Past Year Use[2]	NSDUH QFT,[1] Percent (SE) Past Year Use But Note Misuse[3]	NSDUH QFT,[1] Percent (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Butisol®, Seconal®, or Phenobarbital/ Barbiturates[10]	0.3 (0.17)	0.2 (0.16)	0.0 (0.03)	673 (177)	72 (16)
Butisol®	0.0 (0.03)	0.0* (0.00)	0.0 (0.03)	0* (0)	0* (0)
Seconal®	0.1 (0.07)	0.1 (0.07)	0.0* (0.00)	N/A	N/A
Phenobarbital	0.2 (0.15)	0.2 (0.15)	0.0 (0.02)	527 (154)	64 (15)
Any Other Prescription Tranquilizer	1.7 (0.35)	1.7 (0.35)	0.0* (0.00)	N/A	N/A
Any Other Prescription Sedative	1.2 (0.27)	1.2 (0.27)	0.0 (0.02)	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

N/A: Not applicable (NSDUH) or not available (NAMCS/NHAMCS).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

[2] Persons with unknown data are excluded.

[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

[10] NSDUH asks specifically about Butisol®, Seconal®, and phenobarbital. NAMCS and NHAMCS include a category for any barbiturates.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Ambulatory Medical Care Survey (NAMCS), 2010, National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

Table L-3 Comparison of Data for Stimulants from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Percent (SE) Any Past Year Use[2]	NSDUH QFT,[1] Percent (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Percent (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Any Prescription Stimulant[5]/Any Central Nervous System Stimulant[6]	6.0 (0.64)	3.9 (0.48)	2.1 (0.39)	17,054 (2,731)	1,437 (240)
Adderall®, Adderall® XR, Dexedrine®, Dextroamphetamine, or Amphetamine-Dextroamphetamine Combinations	3.3 (0.49)	1.7 (0.32)	1.6 (0.32)	4,860 (762)	351 (60)
Adderall®	2.2 (0.37)	1.0 (0.21)	1.3 (0.28)	3,464 (630)	241 (49)
Adderall® XR	1.2 (0.23)	0.6 (0.16)	0.6 (0.15)	1,153 (314)	101 (28)
Dexedrine®	0.3 (0.11)	0.1 (0.08)	0.1 (0.08)	193* (78)	2* (2)
Dextroamphetamine	0.2 (0.10)	0.1 (0.05)	0.1 (0.09)	13* (12)	7* (5)
Amphetamine-Dextroamphetamine Combinations[7]	0.8 (0.27)	0.5 (0.22)	0.3 (0.12)	38* (28)	0* (0)
Ritalin®, Ritalin® SR, Ritalin® LA, Concerta®, Daytrana®, Metadate® CD, Metadate® ER, Focalin®, Focalin® XR, Methylphenidate, or Dexmethylphenidate	1.5 (0.27)	0.9 (0.21)	0.6 (0.15)	3,637 (664)	521 (120)
Ritalin®	0.5 (0.14)	0.3 (0.10)	0.2 (0.10)	799 (209)	160 (46)
Ritalin® SR or Ritalin® LA	0.3 (0.10)	0.1 (0.05)	0.2 (0.08)	80* (75)	0* (0)
Concerta®	0.6 (0.15)	0.4 (0.12)	0.2 (0.08)	1,470 (327)	225 (57)
Daytrana®	0.0 (0.02)	0.0* (0.00)	0.0 (0.02)	112* (85)	4* (3)
Metadate® CD	0.0 (0.02)	0.0 (0.02)	0.0* (0.00)	6* (6)	10* (9)
Metadate® ER	0.1 (0.06)	0.1 (0.06)	0.0* (0.00)	114* (94)	0* (0)
Focalin®	0.2 (0.10)	0.1 (0.09)	0.1 (0.05)	292* (124)	38* (17)
Focalin® XR	0.3 (0.13)	0.2 (0.10)	0.1 (0.05)	294* (123)	39* (37)
Methylphenidate	0.4 (0.13)	0.3 (0.12)	0.1 (0.09)	456* (153)	41* (16)
Dexmethylphenidate	0.2 (0.10)	0.1 (0.08)	0.1 (0.05)	14* (11)	4* (3)

(continued)

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

[2] Persons with unknown data are excluded.

[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

[5] NSDUH QFT measure.

[6] NAMCS/NHAMCS measure. NAMCS/NHAMCS mentions for specific drugs are limited to those that correspond to the drugs mentioned in the NSDUH screener questions.

[7] For NAMCS/NHAMCS, mentions of the generic equivalent drug, excluding mentions of Adderall® or Adderall® XR.

(Source information is included on the last page of the table.)

Table L-3 Comparison of Data for Stimulants from the 2012 NSDUH Questionnaire Field Test and the 2010 National Ambulatory Medical Survey and 2010 National Hospital Ambulatory Medical Survey (continued)

Reported Use (NSDUH) or Mention in Ambulatory Medical Visits (NAMCS/NHAMCS)	NSDUH QFT,[1] Percent (SE) Any Past Year Use[2]	NSDUH QFT,[1] Percent (SE) Past Year Use But Not Misuse[3]	NSDUH QFT,[1] Percent (SE) Past Year Misuse[2]	NAMCS, Number of Mentions in Thousands (SE)[4]	NHAMCS Hospital Outpatient, Number of Mentions in Thousands (SE)[4]
Didrex® or Benzphetamine	0.1 (0.04)	0.1 (0.04)	0.0* (0.00)	3* (3)	6* (5)
Didrex®	0.0 (0.03)	0.0 (0.03)	0.0* (0.00)	0* (0)	6* (5)
Benzphetamine	0.0 (0.03)	0.0 (0.03)	0.0* (0.00)	3* (3)	0* (0)
Diethylpropion	0.0 (0.02)	0.0* (0.00)	0.0 (0.02)	0* (0)	0* (0)
Phendimetrazine	0.2 (0.15)	0.2 (0.15)	0.0* (0.00)	48* (48)	6* (6)
Phentermine	0.8 (0.23)	0.7 (0.22)	0.0 (0.03)	1,157* (515)	111* (36)
Provigil®	0.1 (0.06)	0.1 (0.06)	0.0* (0.00)	792 (209)	73* (24)
Tenuate®	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	389* (279)	19* (13)
Vyvanse®	0.7 (0.23)	0.5 (0.21)	0.2 (0.09)	1,142 (279)	130* (41)
Any Other Prescription Stimulant	1.1 (0.25)	1.0 (0.24)	0.1 (0.07)	N/A	N/A

* Low precision; estimate would be suppressed under NSDUH suppression rules or would not meet NAMCS and NHAMCS standards for reliability.

NAMCS = National Ambulatory Medical Survey; NHAMCS = National Hospital Ambulatory Medical Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

N/A: Not applicable (NSDUH) or not available (NAMCS/NHAMCS).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Data collected from September 1 through November 3, 2012. NSDUH estimates are for the civilian, noninstitutionalized population aged 12 or older in the United States.

[2] Persons with unknown data are excluded.

[3] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[4] Estimates are for the universe of annual outpatient office visits (NAMCS) or hospital outpatient department visits (NHAMCS) in the United States for persons aged 12 or older.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Ambulatory Medical Care Survey (NAMCS), 2010, National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010.

Table L-4 NSDUH Questionnaire Field Test and Monitoring the Future Comparisons for Past Year Misuse among Adolescents

Past Year Misuse[1]	8th, 10th, 12th Graders Aged 12 to 20 Years Old, NSDUH QFT, Percent (SE)[2]	8th, 10th, 12th Graders, 2011 MTF, Percent[2]
Vicodin®, Lortab®, Lorcet®, or Hydrocodone	3.0 (1.20)	N/A
Vicodin®[3]	1.5 (0.93)	5.1
OxyContin®, Percocet®, Percodan®, Tylox®, or Oxycodone	1.4 (0.69)	N/A
OxyContin®[3]	0.8 (0.54)	3.4
Prescription Tranquilizers	2.8 (1.12)	3.9
Prescription Stimulants[4]/Amphetamines[5]	0.7 (0.55)	5.9
Adderall®[3]	0.5* (0.51*)	4.1
Ritalin®[3]	0.0* (0.00*)	2.1

* NSDUH QFT low precision; estimate would be suppressed under NSDUH suppression rules.

MTF = Monitoring the Future; NSDUH QFT = NSDUH Questionnaire Field Test.

N/A: Not applicable.

[1] Defined in NSDUH as use "not directed for you by a doctor," including use without a prescription, in greater amounts, more often or longer than told to take a drug, or in some other way not directed by a doctor. Defined in MTF as use "not under a doctor's orders."

[2] NSDUH QFT data does not include Alaska or Hawaii and does not include Spanish-language interviews and were collected from September through November 3, 2012. MTF data were collected in spring 2011. Published standard errors are not available for MTF data for combined 8th to 12th graders.

[3] NSDUH QFT respondents in in grades 8, 10, or 12 and aged 12 to 20 with unknown data were excluded.

[4] NSDUH question wording.

[5] MTF question wording.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 - November 3, 2012; University of Michigan, Monitoring the Future, 2011.

Table L-5 NSDUH Questionnaire Field Test and Monitoring the Future Comparisons for Past Year Misuse among Young Adults Aged 19 to 24

Past Year Misuse[1]	NSDUH QFT, Aged 19 to 20, Percent (SE)[2]	2011 MTF, Aged 19 to 20, Percent[2]	NSDUH QFT, Aged 21 to 22, Percent (SE)[2]	2011 MTF, Aged 21 to 22, Percent[2]	NSDUH QFT, Aged 23 to 24, Percent (SE)[2]	2011 MTF, Aged 23 to 24, Percent[2]
Prescription Pain Relievers[3]/Narcotics Other than Heroin[4]	15.9 (3.51)	7.7	12.1 (3.03)	7.7	15.8* (4.63*)	7.8
Vicodin®, Lortab®, Lorcet®, or Hydrocodone	8.9 (2.91)	N/A	7.4 (2.30)	N/A	11.6* (4.04*)	N/A
Vicodin®[5]	4.2 (2.18)	6.8	2.9 (1.51)	7.1	7.6* (3.95*)	7.7
OxyContin®, Percocet®, Percodan®, Tylox®, or Oxycodone	8.2 (2.44)	N/A	5.3 (2.02)	N/A	7.6 (2.55)	N/A
OxyContin®[5]	3.6 (1.70)	3.3	2.4 (1.41)	2.8	3.2* (2.06*)	3.6
Prescription Tranquilizers	6.6 (2.28)	5.3	9.4 (2.75)	5.2	9.7 (2.68)	6.6
Prescription Stimulants[3]/Amphetamines[4]	8.1 (2.51)	8.7	11.0 (3.05)	8.8	6.0 (2.44)	8.8
Adderall®[5]	5.1 (2.15)	8.2	7.6 (2.50)	9.4	4.6 (2.14)	6.3
Ritalin®[5]	0.0* (0.00*)	2.0	1.1 (0.85)	2.3	1.0 (0.70)	2.0
Provigil®[5]	0.0* (0.00*)	0.4	0.0* (0.00*)	0.3	0.0* (0.00*)	0.1
Prescription Sedatives[3]/Sedatives (Barbiturates)[4]	0.7* 0.74*)	2.9	0.7* 0.66*)	2.8	3.7 (2.12)	3.5

* NSDUH QFT low precision; estimate would be suppressed under NSDUH suppression rules.

MTF = Monitoring the Future; NSDUH QFT = NSDUH Questionnaire Field Test.

N/A: Not applicable.

[1] Defined in NSDUH as use "not directed for you by a doctor," including use without a prescription, in greater amounts, more often or longer than told to take a drug, or in some other way not directed by a doctor. Defined in MTF as use "not under a doctor's orders."

[2] NSDUH QFT data does not include Alaska or Hawaii and does not include Spanish-language interviews and were collected September 1 through November 3, 2012. MTF follow-up data were collected in spring 2011. Published standard errors are not available for MTF data for young adults.

[3] NSDUH question wording.

[4] MTF question wording.

[5] NSDUH QFT young adults aged 19 to 24 with unknown misuse data were excluded.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 - November 3, 2012; University of Michigan, Monitoring the Future, 2011.

Table L-6 Selected Characteristics among Persons Aged 12 or Older: Percentages and Standard Errors, 2012 Questionnaire Field Test and 2011 National Health Interview Survey

Characteristic	2012 Questionnaire Field Test (n = 2,044)[1,2] Percent (SE)	NHIS, 2011 (n = 74,836)[3] Percent (SE)
HOUSEHOLD TELEPHONE SERVICE[4,5]		
At least one telephone at address is not a cellular telephone	64.1 (1.68)	68.1 (.046)
Anyone at address has a working cellular telephone	92.3 (0.82)	90.4 (0.25)
Cellular service only or no telephone service	35.9 (1.68)	31.5 (0.45)
Cellular telephone service only	34.4 (1.63)	30.3 (0.45)
No telephone service	1.4 (0.33)	1.2 (0.7)
NUMBER OF VISITS TO DOCTOR OR OTHER HEALTH CARE PROFESSIONAL IN THE PAST YEAR[4,6]		
None	15.5 (0.92)	17.2 (0.24)
1	21.0 (1.07)	18.0 (0.23)
2 to 3	30.2 (1.22)	27.4 (0.28)
4 to 9	22.7 (1.18)	24.3 (0.25)
10 or more	10.6 (0.93)	13.1 (0.19)
HOSPITAL OVERNIGHT IN PAST YEAR[4,5]	9.7 (1.01)	8.3 (0.13)
EMERGENCY ROOM VISIT IN PAST YEAR[4,6]	26.5 (1.23)	20.3 (0.23)
CONDITIONS TOLD TO RESPONDENT BY DOCTOR OR OTHER HEALTH CARE PROFESSIONAL		
Any kind of heart condition or heart disease	10.4 (1.04)	10.8 (0.21)
Diabetes or sugar diabetes	9.0 (0.98)	8.1 (0.17)
Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD	3.3 (0.58)	5.7 (0.17)
Cirrhosis of the liver	0.2 (0.13)	1.3 (0.07)
Hepatitis	2.1 (0.51)	3.0 (0.12)
Kidney disease, not including bladder infection or incontinence	1.3 (0.36)	1.8 (0.09)
Asthma	11.1 (0.79)	13.6 (0.24)
Cancer or a malignancy of any kind	6.1 (0.85)	8.6 (0.19)
Hypertension, also called high blood pressure	17.8 (1.16)	30.3 (0.39)

See notes at end of table. (continued)

Table L-6 Selected Characteristics among Persons Aged 12 or Older: Percentages and Standard Errors, 2012 Questionnaire Field Test and 2011 National Health Interview Survey (continued)

Characteristic	2012 Questionnaire Field Test (n = 2,044)[1,2] Percent (SE)	NHIS, 2011 (n = 74,836)[3] Percent (SE)
DISABILITIES OR PHYSICAL LIMITATIONS		
Deaf or serious hearing difficulty	5.4 (0.61)	4.9 (0.21)
Blind or serious difficulty seeing	3.4 (0.58)	3.6 (0.18)
Serious difficulty concentrating, remembering, or making decisions	6.6 (0.68)	6.2 (0.25)
Serious difficulty walking or climbing stairs	6.4 (0.89)	9.0 (0.28)
Difficulty dressing or bathing	1.6 (0.36)	2.7 (0.15)
Difficulty doing errands alone, such as visiting a doctors' office or shopping	4.1 (0.68)	5.6 (0.21)
FAMILY INCOME[4,5]		
≤ \$49,999	52.7 (2.05)	46.5 (0.54)
\$50,000-\$74,999	16.3 (1.22)	18.2 (0.33)
≥ \$75,000	31.0 (1.97)	35.3 (0.55)
EDUCATION[4,5,7]		
< High School	12.4 (1.26)	12.0 (0.20)
High School Graduate	26.6 (1.92)	27.8 (0.29)
Some College	32.1 (1.42)	31.3 (0.26)
College Graduate	29.0 (2.48)	28.9 (0.38)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Sample includes Alaska and Hawaii and does not include Spanish-language interviews.

[4] Respondents with unknown information were excluded.

[5] NHIS weighted using person-level weights.

[6] NHIS weighted using adult- and child-level weights, n = 33,961.

[7] QFT and NHIS estimates are for persons aged 18 or older.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey, 2011.

Table L-7 2011 NHIS and 2009-2010 NHANES Height Statistics among Persons Aged 16 or Older for Comparison with the 2012 Questionnaire Field Test

Statistic	2012 QFT		2011 NHIS[2]	2009-2010 NHANES	
	Unbounded	NHIS Bounds[1]		Self-Reported	Measured
Sample Size	1,678	1,669	31,999	5,261	5,845
Mean	66.8	66.4	66.8	67.1	66.5
Standard Error	0.27	0.21	0.03	0.06	0.07
Minimum	0.8	2.0	50.0	41.0	48.5
Maximum	158.0	76.0	76.0	80.0	79.8
Median	67	67	66.2	66.5	66.4

NHANES = National Health and Nutrition Examination Survey; NHIS = National Health Interview Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

[1] Includes values up to 76 inches for men aged 18 or older and 70 inches for women aged 18 or older. For children, the weighted 1½ and 98½ percentiles for height were computed by age/gender. Respondents with values outside of these bounds were excluded from the estimates.

[2] For adults, these include values of 76 inches for men aged 18 or older and 70 inches for women aged 18 or older. For children, the gender-specific height-for-age values of the highest 1½ percent of records and the lowest 1½ percent of records were changed to "96" or "996" ("Not available"). In cases where extreme values were reported for either current height or current weight, the data for both variables were changed to "96" or "996" ("Not available") on the public use data file.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey (NHANES), 2009-2010; National Health Interview Survey (NHIS), 2011.

Table L-8 2011 NHIS and 2009-2010 NHANES Weight Statistics among Persons Aged 16 or Older for Comparison with the 2012 Questionnaire Field Test

	2012 QFT[1]			2009-2010 NHANES	
Statistic	**Unbounded**	**NHIS Bounds[2]**	**2011 NHIS[3]**	**Self-Reported[4]**	**Measured**
Sample Size	1,670	1,660	31,312	5,213	5,848
Mean	179.0	178.1	171.4	179.2	177.8
Standard Error	1.50	1.38	0.29	0.88	0.83
Minimum	50	100	62	76.0	55.3
Maximum	500	306	299	445.0	527.8
Median	172	172	167.4	174.0	171.0

NHANES = National Health and Nutrition Examination Survey; NHIS = National Health Interview Survey; NSDUH QFT = NSDUH Questionnaire Field Test.

[1] Pregnant women were asked to report their pre-pregnancy weight. Pregnancy status available for women aged 12 to 44.

[2] For persons aged 18 or older, these include values between 126 and 299 pounds for men and 100 and 274 pounds for women. For children, the weighted 1½ and 98½ percentiles for weight were computed by age. Respondents with values outside of these bounds were excluded from the estimates.

[3] For persons aged 18 or older, includes values between 126 and 299 pounds for men and 100 and 274 pounds for women. For children, the gender-specific weight-for-age values of the highest 1½ percent of records and the lowest 1½ percent of records were changed to "96" or "996" ("Not available"). In cases where extreme values were reported for either current height or current weight, the data for both variables were changed to "96" or "996" ("Not available") on the public use data file.

[4] Pregnant women were asked to report their pre-pregnancy weight. Pregnancy status available for women aged 20 to 44.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey (NHANES), 2009-2010; National Health Interview Survey (NHIS), 2011.

Table L-9 Received Income and Program Participation among Persons Aged 12 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

	PERCENTAGES					TOTALS (in Thousands)				
Received Income	2011 Comp.[1] (SE)	2012 Comp.[1,3] (SE)	QFT[1,2] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)	2011 Comp.[1] (SE)	2012 Comp.[1,3] (SE)	QFT[1,2] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)
Social Security	27.2 (0.42)	26.2 (0.53)	26.4 (1.70)	27.0 (0.05)	26.7 (0.35)	66,200 (1,316)	63,780 (1,727)	64,275 (5,216)	65,639 (123)	63,859 (994)
Wages	82.4 (0.38)	82.8 (0.48)	68.6 (1.77)	81.0 (0.04)	79.0 (0.32)	200,312 (2,158)	201,203 (3,028)	166,799 (8,293)	197,164 (111)	188,364 (2,197)
Supplemental Security Income	7.0 (0.20)	7.6 (0.30)	9.4 (0.97)	6.0 (0.03)	5.0 (0.17)	16,957 (472)	18,588 (726)	22,964 (2,558)	14,576 (79)	11,845 (418)
Food Stamps	14.6 (0.32)	15.6 (0.46)	17.6 (1.49)	13.8 (0.05)	13.0 (0.32)	35,408 (755)	37,843 (1,141)	42,815 (3,786)	33,602 (110)	31,058 (824)
Welfare Payments	2.5 (0.11)	2.3 (0.16)	3.6 (0.56)	3.3 (0.03)	3.2 (0.14)	6,126 (278)	5,533 (373)	8,763 (1,434)	7,934 (65)	7,757 (338)

ACS = American Community Survey; Comp. = comparison; NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-10 Received Income and Program Participation among Persons Aged 12 to 17: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

Received Income	PERCENTAGES					TOTALS (in Thousands)				
	2011 Comp.[1] (SE)	2012 Comp.[1,3] (SE)	QFT[1,2] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)	2011 Comp.[1] (SE)	2012 Comp.[1,3] (SE)	QFT[1,2] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)
Social Security	12.2 (0.39)	11.1 (0.42)	12.7 (1.74)	10.6 (0.10)	12.3 (0.66)	2,949 (96)	2,698 (112)	3,071 (501)	2,598 (25)	2,737 (158)
Wages	89.4 (0.36)	89.6 (0.41)	65.6 (2.67)	90.7 (0.11)	87.9 (0.64)	21,653 (297)	21,697 (435)	15,876 (1,178)	22,265 (46)	19,433 (451)
Supplemental Security Income	7.6 (0.29)	7.8 (0.36)	9.9 (1.64)	6.0 (0.07)	6.0 (0.48)	1,846 (70)	1,877 (91)	2,389 (429)	1,464 (18)	1,329 (111)
Food Stamps	20.9 (0.44)	21.4 (0.64)	27.7 (2.54)	20.9 (0.13)	19.4 (0.85)	5,061 (126)	5,174 (178)	6,707 (729)	5,132 (33)	4,309 (213)
Welfare Payments	4.2 (0.23)	4.0 (0.31)	5.6 (1.15)	4.9 (0.07)	4.7 (0.47)	1,024 (59)	959 (77)	1,364 (296)	1,207 (17)	1,034 (106)

ACS = American Community Survey; Comp. = comparison; NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-11 Received Income and Program Participation among Persons Aged 18 to 25: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

	PERCENTAGES					TOTALS (in Thousands)				
Received Income	2011 Comp.[1] (SE)	2012 Comp.[1,3] (SE)	QFT[1,2] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)	2011 Comp.[1] (SE)	2012 Comp.[1,3] (SE)	QFT[1,2] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)
Social Security	9.4	9.2	9.2	9.9	10.3	3,108	3,025	3,036	3,314	3,251
	(0.29)	(0.41)	(1.44)	(0.10)	(0.82)	(104)	(127)	(496)	(31)	(268)
Wages	91.6	91.0	68.8	91.7	89.6	30,200	30,015	22,698	30,658	28,138
	(0.31)	(0.74)	(2.55)	(0.08)	(0.70)	(513)	(65)	(2,067)	(54)	(795)
Supplemental Security Income	6.2	5.7	9.8	5.7	4.9	2,047	1,888	3,219	1,910	1,550
	(0.24)	(0.29)	(1.66)	(0.06)	(0.49)	(88)	(91)	(593)	(21)	(157)
Food Stamps	20.1	20.2	21.9	18.2	19.7	6,644	6,674	7,215	6,089	6,230
	(0.46)	(0.64)	(2.47)	(0.09)	(0.86)	(160)	(215)	(881)	(31)	(305)
Welfare Payments	4.3	3.8	5.1	4.0	6.2	1,429	1,246	1,697	1,334	1,942
	(0.20)	(0.27)	(1.04)	(0.06)	(0.54)	(70)	(91)	(343)	(20)	(180)

ACS = American Community Survey; Comp. = comparison; NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-12 Received Income and Program Participation among Persons Aged 26 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

	PERCENTAGES					TOTALS (in Thousands)				
Received Income	2011 Comp.[1] (SE)	2012 Comp.[1,3] (SE)	QFT[1,2] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)	2011 Comp.[1] (SE)	2012 Comp.[1,3] (SE)	QFT[1,2] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)
Social Security	32.3 (0.53)	31.2 (0.65)	31.3 (2.10)	32.2 (0.04)	31.2 (0.39)	60,143 (1,285)	58,058 (1,689)	58,168 (5,116)	59,727 (93)	57,872 (928)
Wages	79.8 (0.48)	80.4 (0.59)	69.0 (2.10)	77.8 (0.04)	76.1 (0.35)	148,459 (1,967)	149,492 (2,594)	128,225 (7,326)	144,242 (97)	140,793 (1,642)
Supplemental Security Income	7.0 (0.24)	8.0 (0.38)	9.3 (1.14)	6.0 (0.03)	4.8 (0.17)	13,064 (439)	14,822 (698)	17,355 (2,275)	11,202 (58)	8,967 (329)
Food Stamps	12.7 (0.37)	14.0 (0.51)	15.5 (1.56)	12.1 (0.04)	11.1 (0.28)	23,703 (679)	25,995 (992)	28,893 (2,959)	22,381 (75)	20,519 (539)
Welfare Payments	2.0 (0.13)	1.8 (0.17)	3.1 (0.61)	2.9 (0.02)	2.6 (0.12)	3,673 (250)	3,327 (315)	5,702 (1,157)	5,393 (44)	4,781 (217)

ACS = American Community Survey; Comp. = comparison; NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-13 Health Insurance Coverage among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,3] Percent (SE)	2012 QFT[1,2] Percent (SE)	2011 ACS[4] Percent (SE)	2011 NHIS[5] Percent (SE)
Medicare (QHI01)	18.1 (0.38)	18.0 (0.53)	18.3 (1.58)	17.8 (0.02)	17.7 (0.25)
Medicaid (QHI02 and QHI02a)	11.6 (0.24)	11.5 (0.35)	13.4 (1.16)	12.9 (0.04)	10.6 (0.21)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	4.7 (0.18)	4.6 (0.24)	5.0 (0.77)	4.8 (0.02)	3.5 (0.12)
Private Health Insurance (QHI06)	67.1[a] (0.42)	67.5[a] (0.59)	62.1 (1.86)	67.5 (0.07)	68.7 (0.36)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense heath care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-14 Health Insurance Coverage among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,3] Percent (SE)	2012 QFT[1,2] Percent (SE)	2011 ACS[4] Percent (SE)	2011 NHIS[5] Percent (SE)
Medicare (QHI01)	0.4[a] (0.07)	0.4[a] (0.08)	1.8 (0.49)	0.6 (0.02)	0.2 (0.08)
Medicaid (QHI02 and QHI02a)	31.8 (0.55)	32.8 (0.80)	36.2 (2.69)	30.7 (0.13)	27.9 (0.80)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	3.1 (0.21)	2.9 (0.24)	2.6 (0.71)	2.3 (0.04)	2.3 (0.24)
Private Health Insurance (QHI06)	61.3[a] (0.60)	60.6 (0.79)	54.9 (3.00)	62.0 (0.17)	67.9 (0.84)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense heath care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-15 Health Insurance Coverage among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,3] Percent (SE)	2012 QFT[1,2] Percent (SE)	2011 ACS[4] Percent (SE)	2011 NHIS[5] Percent (SE)
Medicare (QHI01)	0.6 (0.07)	0.8 (0.11)	1.6 (0.63)	0.7 (0.02)	0.5 (0.08)
Medicaid (QHI02 and QHI02a)	15.7 (0.42)	15.5 (0.57)	15.9 (2.15)	13.7 (0.08)	14.3 (0.52)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	2.6 (0.17)	2.7 (0.24)	2.9 (1.01)	2.4 (0.04)	2.1 (0.19)
Private Health Insurance (QHI06)	56.5 (0.56)	58.7 (0.78)	52.3 (3.31)	61.0 (0.12)	62.3 (0.79)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense heath care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-16 Health Insurance Coverage among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,3] Percent (SE)	2012 QFT[1,2] Percent (SE)	2011 ACS[4] Percent (SE)	2011 NHIS[5] Percent (SE)
Medicare (QHI01)	23.5 (0.49)	23.3 (0.67)	23.4 (1.94)	23.2 (0.02)	22.7 (0.30)
Medicaid (QHI02 and QHI02a)	8.3 (0.25)	8.1 (0.38)	10.0 (1.21)	10.4 (0.04)	7.9 (0.17)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	5.3 (0.23)	5.2 (0.30)	5.6 (0.92)	5.6 (0.02)	3.9 (0.13)
Private Health Insurance (QHI06)	69.8[a] (0.50)	69.9[a] (0.68)	64.8 (2.16)	69.3 (0.07)	69.9 (0.35)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense heath care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table L-17 Income among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS

Income Level	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
<$49,999	49.2 (0.49)	50.2 (0.63)	52.7 (2.05)	46.5 (0.54)
$50,000 - $74,999	17.5 (0.28)	16.8 (0.42)	16.3 (1.22)	18.2 (0.33)
$75,000 or More	33.3 (0.53)	33.0 (0.63)	31.0 (1.97)	35.3 (0.55)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-18 Income among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS

Income Level	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
<$49,999	47.8[a] (0.63)	47.6[a] (0.98)	54.9 (3.15)	41.1 (1.11)
$50,000 - $74,999	16.8[a] (0.38)	16.7[a] (0.52)	12.3 (1.60)	17.2 (0.91)
$75,000 or More	35.4 (0.57)	35.7 (0.82)	32.9 (3.01)	41.7 (1.10)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Sample only includes interviews done in English.
Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-19 Income among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS Data

Income Level	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
<$49,999	66.8 (0.65)	67.2 (0.98)	68.7 (3.01)	61.2 (1.31)
$50,000 - $74,999	13.2 (0.39)	13.3 (0.59)	13.6 (2.19)	15.8 (0.85)
$75,000 or More	20.0 (0.52)	19.5 (0.64)	17.7 (2.18)	23.0 (1.16)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-20 Income among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and NHIS Data

Income Level	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	NHIS[4] Percent (SE)
<$49,999	46.3 (0.57)	47.5 (0.72)	49.6 (2.36)	44.6 (0.52)
$50,000 - $74,999	18.3 (0.36)	17.5 (0.55)	17.3 (1.46)	18.7 (0.33)
$75,000 or More	35.4 (0.60)	35.1 (0.74)	33.1 (2.42)	36.7 (0.54)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-21 Levels of Current Employment among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	CPS Q3 & Q4[4] Percent (SE)
Full-Time	49.7 (0.49)	51.3 (0.63)	52.0 (1.65)	49.2 (0.07)
Part-Time	14.1 (0.26)	13.9 (0.39)	14.2 (1.15)	11.2 (0.05)
Unemployed	5.8 (0.14)	5.5 (0.20)	5.5 (0.65)	4.9 (0.03)
Other[5]	30.4 (0.43)	29.3 (0.65)	28.3 (1.70)	34.7 (0.07)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include Alaska or Hawaii.

[5] The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table L-22 Levels of Current Employment among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	CPS Q3 & Q4[4] Percent (SE)
Full-Time	36.0[a] (0.56)	40.1 (0.86)	45.5 (2.98)	35.0 (0.19)
Part-Time	27.8 (0.42)	26.4 (0.67)	24.4 (2.29)	22.4 (0.17)
Unemployed	13.2 (0.33)	11.8 (0.41)	11.9 (1.58)	9.4 (0.12)
Other[5]	23.0[a] (0.43)	21.7 (0.91)	18.2 (1.83)	33.2 (0.19)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include Alaska or Hawaii.

[5] The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table L-23 Levels of Current Employment among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	CPS Q3 & Q4[4] Percent (SE)
Full-Time	52.1 (0.55)	53.3 (0.72)	53.2 (1.90)	51.5 (0.08)
Part-Time	11.7 (0.30)	11.7 (0.43)	12.4 (1.34)	9.3 (0.04)
Unemployed	4.5 (0.16)	4.4 (0.23)	4.3 (0.70)	4.2 (0.03)
Other[5]	31.7 (0.51)	30.7 (0.75)	30.1 (2.01)	35.0 (0.08)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Sample does not include Alaska or Hawaii.
[5] The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table L-24 Unemployment Rates among Persons Aged 18 or Older, by Age Group: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Age/Unemployment Rate	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	CPS Q3 & Q4[4] Percent (SE)
18 or Older				
Unemployment Rate	8.4 (0.21)	7.8 (0.29)	7.6 (0.91)	7.6 (0.05)
18 to 25				
Unemployment Rate	17.2 (0.21)	15.0 (0.48)	14.6 (1.93)	14.0 (0.18)
26 or Older				
Unemployment Rate	6.6 (0.23)	6.3 (0.34)	6.2 (1.00)	6.5 (0.05)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include Alaska or Hawaii.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table L-25 Levels of Education among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
< High School	11.6 (0.24)	11.5 (0.35)	12.4 (1.26)	12.0 (0.20)
High School Graduate	30.3 (0.38)	30.1 (0.61)	26.6 (1.92)	27.8 (0.29)
Some College	27.4[a] (0.37)	27.7[a] (0.48)	32.1 (1.42)	31.3 (0.26)
College Graduate	30.6 (0.41)	30.7 (0.67)	29.0 (2.48)	28.9 (0.38)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-26 Levels of Education among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
< High School	15.6 (0.40)	12.0 (0.42)	13.8 (1.92)	14.0 (0.49)
High School Graduate	34.0 (0.55)	35.7 (1.04)	34.9 (2.56)	29.6 (0.65)
Some College	35.7 (0.59)	36.4 (0.90)	37.6 (3.40)	43.0 (0.83)
College Graduate	14.7 (0.46)	15.9 (0.60)	13.7 (2.30)	13.5 (0.54)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table L-27 Levels of Education among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
< High School	10.9 (0.28)	11.4 (0.41)	12.1 (1.39)	11.6 (0.21)
High School Graduate	29.7[a] (0.43)	29.1 (0.69)	25.1 (2.16)	27.5 (0.31)
Some College	26.0[a] (0.41)	26.2[a] (0.57)	31.1 (1.76)	29.3 (0.25)
College Graduate	33.4 (0.47)	33.3 (0.77)	31.7 (2.77)	31.6 (0.40)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Appendix M: Estimates for New Items in the 2012 Questionnaire Field Test That Were Included in the 2013 NSDUH Main Study Questionnaire

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Table M-1 Estimates and Standard Errors for New Items in the 2012 Questionnaire Field Test That Were Included in the 2013 NSDUH Main Study Questionnaire among Persons Aged 12 or Older

Instrument Item	2012 QFT Estimate (*n* = 2,044)[1,2]	Standard Error	Unweighted Total
Race[3,4] (QD05)			
White (QD051)	78.0	(1.93)	1,479
Black or African American (QD052)	13.5	(1.63)	353
American Indian or Alaska Native (American Indian includes North American, Central American, and South American Indians) (QD053)	1.8	(0.42)	82
Native Hawaiian (QD054)	0.1	(0.06)	3
Guamanian or Chamorro (QD055)	0.0*	(0.00)	0
Samoan (QD056)	0.1	(0.09)	2
Other Pacific Islander (QD057)	0.3	(0.11)	19
Asian (Including: Asian, Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese (QD058)	5.3	(0.89)	107
Other (Specify) (QD059)	2.7	(0.49)	81
Member of a Reserve Component Currently Serving Full-Time in an Active-Duty Status (V2a)	0.0*	(0.00)	0
Serving Full-Time in a Reserve Component (V2b)	0.0*	(0.00)	0
Ever Served on Active Duty in the United States Armed Forces or Reserve Components (QD10a)	7.5	(0.86)	83
Time Served[4,5] (QD10b)			
September 2001 or Later (QD10b11)	10.8*	(2.88)	16
August 1990 to August 2001 (Including Persian Gulf War) (QD10b12)	18.1*	(4.77)	15
May 1975 to July 1990 (QD10b13)	20.9*	(5.32)	17
Vietnam Era (August 1964 to April 1975) (QD10b14)	45.4*	(5.96)	30
February 1955 to July 1964 (QD10b15)	8.9*	(3.28)	7
Korean War (July 1950 to January 1955) (QD10b16)	8.4*	(3.21)	6
January 1947 to June 1950 (QD10b17)	0.9*	(0.94)	1
World War II (December 1941 to December 1946) (QD10b18)	5.4*	(2.71)	4
November 1941 or Earlier (QD10b19)	0.0*	(0.00)	0
Drew Imminent Danger Pay or Hostile Fire Pay[5] (QD10c)	36.8*	(6.71)	38
Any Marijuana Use in the Past 12 Months Recommended by Doctor (MJMM)	0.5	(0.16)	15
All Marijuana Use in the Past 12 Months Recommended by Doctor[6] (MJMM01)	41.5*	(15.49)	5

See notes at end of table. (continued)

Table M-1 Estimates and Standard Errors for New Items in the 2012 Questionnaire Field Test That Were Also Included in the 2013 NSDUH Main Study Questionnaire among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate (*n* = 2,044)[1,2]	Standard Error	Unweighted Total
Average Weight[3,8] (HLTH10-14)	176.0	(1.44)	N/A
Average Number of Times Treated in an Emergency Room[3] (HLTH16)	0.5	(0.04)	N/A
Stayed Overnight or Longer as an Inpatient in a Hospital[3] (HLTH17)	9.7	(1.01)	173
Average Number of Nights Inpatient in a Hospital[3,9] (HLTH18)	4.6	(0.75)	N/A
Average Number Times Visited a Doctor about Own Health at a Doctor's Office[3] (HLTH19)	3.9	(0.18)	N/A
Doctor Asked, Either in Person or on a Form, about Use[3,10] (HLTH20)			
Smoke Cigarettes or Use Any Other Tobacco Products (HLTH20a)	71.2	(1.37)	1,137
Drink Alcohol (HLTH20b)	67.9	(1.50)	1,067
Use Illegal Drugs (HLTH20c)	51.0	(1.55)	865
TRICARE, or CHAMPUS, CHAMPVA, the VA, or Military Health Care[3] (QHI03)	5.0	(0.77)	77
Social Security or Railroad Retirement Payment[3] (QI01n)	26.5	(1.69)	351

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = Questionnaire Field Test.

NOTE: All estimates are based on the raw data, with no edits applied.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] QFT data collected from September 1 through November 3, 2012.
[3] Respondents with unknown or missing data were excluded from the analysis.
[4] Respondents could report multiple responses to these items.
[5] Estimates are among only respondents who reported serving on active duty in the United States Armed Forces or Reserve components.
[6] Estimates are among only respondents who reported some of their marijuana use in the past year was recommended by a doctor.
[7] Average is reported in inches.
[8] Average is reported in pounds and includes pre-pregnancy weight of pregnant females as reported in HLTH13 and HLTH14.
[9] Estimates are among only respondents who reported staying overnight or longer in a hospital in the past 12 months.
[10] Estimates are among only respondents who reported being treated at an emergency room at least once, stayed overnight or longer in a hospital, or visited a doctor, nurse, physician assistant or nurse practitioner about your own health at a doctor's office, a clinic, or some other place in the past 12 months.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Appendix N: Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data

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Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)
Are you now married, widowed, divorced or separated, or have you never married? (QD07)[4,5]			
Married	49.8 (0.46)	49.7 (0.59)	51.0 (2.03)
Widowed	5.6 (0.21)	5.5 (0.30)	4.9 (0.81)
Divorced or Separated	13.7 (0.28)	14.1 (0.44)	13.8 (1.19)
Have Never Married	30.9 (0.36)	30.6 (0.48)	30.2 (1.54)
How many times have you been married? (QD08)[4,5,6]	1.4 (0.01)	1.3 (0.01)	1.4 (0.03)
How many times in the past 12 months have you moved? (QD13)[6,7]	0.3 (0.01)	0.3 (0.01)	0.4 (0.03)
Were you born in the United States? (QD14)[4]	88.8 (0.30)	88.9 (0.39)	87.9 (1.29)
How many years have you lived in the United States? (QD16b)[5,6]	22.5 (0.40)	22.3 (0.59)	23.7 (1.56)
Are you now attending or are you currently enrolled in school? (QD17)[4,5]	21.1 (0.26)	20.7 (0.32)	18.9 (1.07)
What grade or year of school are you now attending? (QD18)[4,5]			
1st Grade	0.0* (0.00*)	0.0* (0.00*)	0.3 (0.23)
2nd Grade	0.0* (0.00*)	0.0* (0.00*)	0.2 (0.15)
3rd Grade	0.0* (0.00*)	0.0 (0.01)	0.0* (0.00*)
4th Grade	0.0[a] (0.00)	0.0* (0.00*)	0.0* (0.00*)
5th Grade	0.2[a] (0.02)	0.1[a] (0.02)	0.0* (0.00*)
6th Grade	2.7[a] (0.11)	1.3 (0.09)	1.2 (0.43)
7th Grade	7.1 (0.18)	7.4 (0.23)	7.7 (0.92)
8th Grade	7.9 (0.18)	8.0 (0.25)	9.8 (1.17)
9th Grade	7.9 (0.16)	8.3 (0.26)	9.7 (1.19)
10th Grade	8.5 (0.21)	8.4 (0.24)	8.3 (0.91)
11th Grade	8.1 (0.20)	8.3 (0.28)	8.2 (0.98)
12th Grade	8.8 (0.24)	8.9 (0.31)	9.1 (0.99)
College or University/1st Year	10.7 (0.34)	12.1 (0.76)	12.2 (1.54)
College or University/2nd Year	11.0 (0.38)	10.0 (0.43)	8.8 (1.34)
College or University/3rd Year	9.7 (0.37)	9.8 (0.47)	8.5 (1.44)
College or University/4th Year	6.2 (0.30)	6.1 (0.38)	5.1 (1.24)

See notes at end of table. (continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)
Are you a full-time student or a part-time student? (QD19)[4,5]			
Full-Time	81.8 (0.53)	83.1 (0.65)	80.7 (2.14)
Part-Time	18.2 (0.53)	16.9 (0.65)	19.3 (2.14)
During the past 30 days how many whole days of school did you miss because you were sick or injured? (QD20)[5,6,7]	0.8 (0.02)	0.7 (0.03)	0.8 (0.16)
During the past 30 days how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)[5,6,7]	0.4 (0.01)	0.3 (0.02)	0.4 (0.07)
Did you work at a job or business at any time last week? (QD26)[4,5]	57.4 (0.42)	57.7 (0.62)	60.0 (1.72)
Even though you did not work at any time last week, did you have a job or business? (QD27)[4,5]	10.5 (0.32)	13.7 (0.63)	12.1 (1.68)
How many hours did you work last week at all jobs or businesses? (QD28)[5,6,7]	38.6 (0.14)	39.0 (0.22)	38.5 (0.51)
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)[4,5]	76.5 (0.41)	77.2 (0.54)	77.0 (1.53)
Which one of these reasons best describes why you did not work last week? (QD30)[4,5]			
Vacation/Sick/Furlough/Strike/ Other Temporary Absence/ Maternity Leave	54.6[a] (1.71)	55.9[a] (2.47)	33.0* (5.79*)
Layoff, Not Looking for Work	3.1 (0.44)	2.9 (0.52)	3.6* (2.19*)
Layoff, Looking for Work	4.6 (0.58)	3.2 (0.56)	9.8* (4.37*)
Waiting to Report to New Job	5.3 (0.62)	6.0 (1.02)	4.3 (1.88)
Self-Employed, No Business Last Week	14.5 (1.33)	13.2 (1.65)	15.4* (5.46*)
Going to School/Training	7.2 (0.48)	6.1 (0.58)	11.7 (3.42)
Some Other Reason	10.8 (1.21)	12.9 (1.80)	22.1* (5.73*)
Which one of these reasons best describes why you did not have a job or business last week? (QD31)[4,5]			
Looking for Work	15.7 (0.33)	15.6 (0.55)	16.3 (1.90)
On Layoff, Not Looking for Work	1.7 (0.15)	1.5 (0.19)	1.5 (0.46)

See notes at end of table. (continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)
Keeping House/Caring for Children Full Time	10.1 (0.33)	11.0 (0.56)	11.8 (1.89)
Going to School/Training	13.9[a] (0.31)	13.0[a] (0.50)	9.9 (1.08)
Retired	39.3 (0.73)	38.0 (0.97)	38.0 (2.90)
Disabled	13.8 (0.47)	15.4 (0.78)	14.7 (1.99)
Didn't Want A Job	3.9[a] (0.20)	4.2[a] (0.28)	2.3 (0.55)
Some Other Reason	1.7[a] (0.15)	1.3[a] (0.17)	5.5 (0.98)
During the past 30 days, did you make specific efforts to find work? (QD32)[4,5]	87.7 (0.79)	88.6 (0.97)	82.1 (3.68)
Did you work at a job or business at any time during the past 12 months? (QD33)[4,5]	19.8 (0.44)	19.8 (0.66)	18.9 (2.04)
How many different employers have you had in the past 12 months? (QD35 and QD36)[5,6]	1.3 (0.01)	1.3 (0.01)	1.4 (0.05)
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)[4,5]	12.4[a] (0.30)	12.3[a] (0.33)	15.6 (1.35)
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)[5,6]	17.1[a] (0.29)	17.9[a] (0.44)	13.8 (0.99)
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)[5,6,7]	0.6 (0.02)	0.7 (0.04)	0.7 (0.12)
During the past 30 days, how many whole days of work did you miss because you just didn’t want to be there? (QD41)[5,6,7]	0.2 (0.01)	0.2 (0.02)	0.2 (0.03)
How many people work for your employer out of this office, store, etc.? (QD42)[4,5]			
Fewer Than 10 People	29.3 (0.45)	28.3 (0.55)	30.3 (1.93)
10 to 24 People	16.7 (0.32)	18.2 (0.53)	18.3 (1.36)
25 to 99 People	22.3[a] (0.38)	21.4[a] (0.41)	18.6 (1.28)
100 to 499 People	17.8 (0.41)	18.2 (0.48)	18.4 (1.59)
500 People or More	14.0 (0.35)	13.9 (0.52)	14.4 (1.66)

See notes at end of table. (continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)[4,5]	77.1 (0.41)	77.9 (0.49)	80.1 (1.63)
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)[4,5]			
Only Alcohol	0.7 (0.09)	0.6 (0.08)	1.1 (0.49)
Only Drugs	3.0 (0.18)	3.5[a] (0.21)	2.3 (0.52)
Both Alcohol and Drugs	96.3 (0.20)	95.9 (0.22)	96.5 (0.73)
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)[4,5]	53.6 (0.56)	53.6 (0.68)	53.5 (1.98)
Does your workplace ever test its employees for alcohol use? (QD47)[4,5]	33.2 (0.51)	33.3 (0.62)	31.5 (1.71)
Does your workplace ever test its employees for drug use? (QD48)[4,5]	48.9 (0.52)	50.4 (0.71)	48.1 (2.05)
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)[4,5]	86.7 (0.45)	87.5 (0.63)	87.6 (1.71)
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)[4,5]	62.2 (0.64)	62.4 (0.92)	59.8 (3.18)
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)[4,5]			
Handled on Individual Basis/Policy Does Not Specify What Happens	20.9 (0.64)	18.6[a] (0.74)	24.3 (2.51)
Employee Is Fired	50.3 (0.75)	52.1 (1.12)	47.1 (2.65)
Employee Referred for Treatment/Counseling	26.2 (0.74)	26.2 (0.70)	23.6 (2.17)
Nothing Happens	0.2 (0.04)	0.4 (0.11)	1.6 (0.85)
Something Else Happens	2.3 (0.19)	2.7 (0.29)	3.4 (1.00)

See notes at end of table. (continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)[4,5]			
More Likely	44.0[a] (0.44)	44.4 (0.64)	48.3 (1.85)
Less Likely	4.2[a] (0.23)	4.3[a] (0.25)	7.2 (0.82)
Would Make No Difference	51.8[a] (0.46)	51.3[a] (0.63)	44.6 (1.57)
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)[4,5]			
More Likely	36.6[a] (0.47)	37.1[a] (0.59)	43.1 (1.77)
Less Likely	8.5[a] (0.30)	8.3[a] (0.32)	11.5 (1.24)
Would Make No Difference	54.9[a] (0.48)	54.6[a] (0.60)	45.4 (1.66)
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)[4,5]	87.0 (0.37)	87.2 (0.51)	88.6 (1.47)
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)[4,5]	83.7[a] (0.45)	84.0[a] (0.67)	74.2 (1.99)
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)[4,5]	82.9[a] (0.44)	83.3[a] (0.68)	73.2 (2.04)
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)[4,5]	91.1[a] (0.28)	91.7[a] (0.45)	85.0 (1.62)
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)[4]	10.3[a] (0.42)	12.7[a] (0.75)	21.9 (2.71)
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)[8]	27.2 (0.42)	26.2 (0.53)	26.4 (1.70)
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12AN and QI12BN)[6,8]	8.1[a] (0.14)	8.4[a] (0.18)	6.0 (0.51)

See notes at end of table. (continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21B)[5]			
Less Than $1,000	16.6 (0.22)	16.7[a] (0.35)	14.9 (0.84)
$1,000-$1,999	2.2 (0.08)	2.5 (0.13)	2.9 (0.38)
$2,000-$2,999	1.8[a] (0.09)	1.6 (0.09)	1.2 (0.23)
$3,000-$3,999	1.5 (0.07)	1.7 (0.12)	1.4 (0.30)
$4,000-$4,999	1.3 (0.06)	1.2 (0.09)	1.1 (0.27)
$5,000-$5,999	1.6[a] (0.08)	1.4 (0.10)	0.9 (0.23)
$6,000-$6,999	1.5[a] (0.09)	1.5 (0.12)	0.9 (0.27)
$7,000-$7,999	1.7[a] (0.09)	1.7[a] (0.14)	0.4 (0.19)
$8,000-$8,999	1.9 (0.10)	2.0 (0.15)	1.3 (0.32)
$9,000-$9,999	1.9 (0.09)	1.9 (0.14)	2.6 (0.51)
$10,000-$10,999	2.1 (0.10)	2.2 (0.14)	2.3 (0.44)
$11,000-$11,999	1.5 (0.07)	1.7 (0.13)	1.4 (0.36)
$12,000-$12,999	2.2[a] (0.12)	2.5[a] (0.20)	1.4 (0.35)
$13,000-$13,999	1.6 (0.10)	1.3 (0.11)	1.3 (0.37)
$14,000-$14,999	1.5 (0.09)	1.5 (0.12)	1.3 (0.31)
$15,000-$15,999	1.8 (0.09)	1.5 (0.10)	1.8 (0.39)
$16,000-$16,999	1.2 (0.08)	1.3 (0.11)	1.5 (0.32)
$17,000-$17,999	1.4 (0.07)	1.1 (0.09)	1.8 (0.41)
$18,000-$18,999	1.7 (0.10)	1.5 (0.12)	1.7 (0.38)
$19,000-$19,999	1.8 (0.11)	1.6 (0.15)	1.8 (0.38)
$20,000-$24,999	6.4[a] (0.20)	6.3[a] (0.27)	8.7 (0.85)
$25,000-$29,999	6.1 (0.23)	5.7 (0.25)	5.5 (0.68)
$30,000-$34,999	5.3 (0.19)	5.4 (0.22)	4.8 (0.72)
$35,000-$39,999	4.4 (0.17)	4.4 (0.24)	5.6 (0.78)
$40,000-$44,999	4.0 (0.16)	4.2 (0.23)	4.8 (0.79)
$45,000-$49,999	3.7 (0.14)	4.2 (0.23)	4.9 (0.77)
$50,000-$74,999	10.4 (0.25)	10.5 (0.37)	10.8 (1.08)
$75,000-$99,999	4.8 (0.18)	4.9 (0.28)	4.4 (0.74)
$100,000 or More	6.1 (0.26)	6.0 (0.37)	6.6 (1.21)

See notes at end of table. (continued)

Table N-1 Moved Demographic and Household Items in the 2012 Questionnaire Field Test: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)[8]			
$20,000 or More	82.0 (0.34)	81.6 (0.51)	79.5 (1.53)
Less Than $20,000	18.0 (0.34)	18.4 (0.51)	20.5 (1.53)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test; SE = standard error.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self- administered.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

[5] Estimate is based on an edited version of the variable.

[6] Estimate is an average based on valid responses to the relevant question(s). Respondents with unknown or missing data were excluded.

[7] The estimated mean includes zeroes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012.

Appendix O: Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older

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Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Race (QD05)	R	Added response categories for Guamanian or Chamorro and Samoan.				
White (QD051)			78.0	(1.93)	1,479	2,040
Black or African American (QD052)			13.5	(1.63)	353	2,040
American Indian or Alaska Native (American Indian Includes North American, Central American, and South American Indians) (QD053)			1.8	(0.42)	82	2,040
Native Hawaiian (QD054)			0.1	(0.06)	3	2,040
Guamanian or Chamorro (QD055)			0.0*	(0.00)	0	2,040
Samoan (QD056)			0.1	(0.09)	2	2,040
Other Pacific Islander (QD057)			0.3	(0.11)	19	2,040
Asian (Including: Asian, Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese (QD058)			5.3	(0.89)	107	2,040
Other (Specify) (QD059)			2.7	(0.49)	81	2,040
Are you currently serving full-time in a Reserve component? (V2b)	N	Added two questions about serving in reserve components.	0.0*	(0.00)	0	2,044
Have you ever served on active duty in the United States Armed Forces or Reserve components? (QD10a)	N	Added three questions about active-duty U.S. military service.	7.5	(0.86)	83	2,044
When did you serve on active duty in the United States Armed Forces or Reserve components? (QD10b1)[4]	N	Added three questions about active-duty U.S. military service.				
September 2001 or Later (QD10b11)			10.8*	(2.88)	16	83
August 1990 to August 2001 (Including Persian Gulf War) (QD10b12)			18.1*	(4.77)	15	83
May 1975 to July 1990 (QD10b13)			20.9*	(5.32)	17	83
Vietnam Era (August 1964 to April 1975) (QD10b14)			45.4*	(5.96)	30	83
February 1955 to July 1964 (QD10b15)			8.9*	(3.28)	7	83
Korean War (July 1950 to January 1955) (QD10b16)			8.4*	(3.21)	6	83
January 1947 to June 1950 (QD10b17)			0.9*	(0.94)	1	83
World War II (December 1941 to December 1946) (QD10b18)			5.4*	(2.71)	4	83
November 1941 or Earlier (QD10b19)			0.0*	(0.00)	0	83

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Did you ever serve on active duty in the U.S. Armed Forces or Reserve components in a military combat zone or an area where you drew imminent danger pay or hostile fire pay? (QD10c)[4]	N	Added three questions about active-duty U.S. military service.	36.8*	(6.71)	38	83
What is the highest grade or year of school you have completed? (QD11)	R	Changed response categories.				
No Schooling			0.1	(0.04)	2	2,044
1st Grade			0.0*	(0.00)	0	2,044
2nd Grade			0.0	(0.03)	1	2,044
3rd Grade			0.0	(0.03)	1	2,044
4th Grade			0.4	(0.23)	3	2,044
5th Grade			0.4	(0.16)	14	2,044
6th Grade			1.9	(0.28)	84	2,044
7th Grade			2.9	(0.41)	113	2,044
8th Grade			3.4	(0.43)	113	2,044
9th Grade			2.9	(0.38)	105	2,044
10th Grade			3.3	(0.42)	119	2,044
11th Grade			3.9	(0.49)	132	2,044
Regular High School Diploma			20.0	(1.53)	351	2,044
12th Grade, No Diploma			1.9	(0.42)	36	2,044
GED Certificate			4.0	(0.58)	80	2,044
Some College, No Degree			19.5	(1.18)	382	2,044
Associate's Degree			9.4	(0.86)	149	2,044
Bachelor's Degree			16.5	(1.61)	235	2,044
Master's Degree			7.1	(0.87)	93	2,044
Doctorate Degree (e.g., PhD)			1.1	(0.32)	14	2,044
Professional Degree Beyond Bachelor's Degree (e.g., MD)			1.4	(0.36)	17	2,044
Previously served as a proxy for another respondent? (PREVCOM)	N	Added two questions to determine if R had previously served as a proxy.				
Yes			10.5	(1.69)	73	766
No			57.5	(1.87)	1,276	1,969
I am not sure			0.1	(0.09)	2	695
Previously completed any part of this interview yourself, including answering questions on behalf of a member of your household? (PREVCOM2)[4]	N	Added two questions to determine if R had previously served as a proxy.	0.0*	(0.00)	0	2

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." (CG25)	R	Edited to include all forms of smokeless tobacco.	17.4	(1.06)	332	2,043
How old were you the first time you used "smokeless" tobacco? (CG26)[5]	R	Edited to include all forms of smokeless tobacco.	18.3	(0.68)	N/A	332
How long has it been since you last used, have you used "smokeless" tobacco? (CG27and CG28)	R	Edited to include all forms of smokeless tobacco.				
Within the past 30 days			5.2	(0.57)	99	2,042
More than 30 days ago but within the past 12 months			1.6	(0.31)	41	2,042
More than 12 months ago			1.5	(0.28)	45	2,042
More than 3 years ago			9.1	(0.82)	146	2,042
During the past 30 days, did you have [Insert #] or more drinks on the same occasion? (AL08)[6]	R	Changed question wording for women to "4 or more drinks."	24.0	(1.19)	503	2,024
Ever used Ketamine (LS01i)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and *Salvia divinorum* use.	1.4	(0.30)	29	2,042
Ever used DMT, AMT, or Foxy (LS01j)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and *Salvia divinorum* use.	0.6	(0.18)	16	2,041
Ever used Salvia divinorum (LS01k)	M	Added 3 questions to measure Ketamine, DMT/AMT/Foxy, and *Salvia divinorum* use.	2.4	(0.45)	68	2,041
How long has it been since you last used Ketamine? (LS33)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and *Salvia divinorum*.				
Within the past 30 days			0.0	(0.04)	2	2,041
More than 30 days ago but within the past 12 months			0.3	(0.14)	6	2,041
More than 12 months ago			1.0	(0.25)	20	2,041
How long has it been since you last used DMT, AMT, or Foxy? (LS34)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and *Salvia divinorum*.				
Within the past 30 days			0.1	(0.04)	3	2,040
More than 30 days ago but within the past 12 months			0.2	(0.10)	3	2,040
More than 12 months ago			0.3	(0.14)	9	2,040

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How long has it been since you last used Salvia divinorum? (LS35)	M	Added these items to measure time since last use of Ketamine, DMT/AMT/Foxy, and *Salvia divinorum*.				
Within the past 30 days			0.1	(0.08)	3	2,041
More than 30 days ago but within the past 12 months			0.3	(0.12)	10	2,041
More than 12 months ago			2.1	(0.36)	55	2,041
Have you ever, inhaled felt-tip pens, felt-tip markers, or magic markers for kicks or to get high? (IN01h1)	N	Added question to measure use of felt-tip pens, felt-tip markers, or magic markers.	3.3	(0.35)	105	2,041
Have you ever inhaled computer keyboard cleaner, also known as air duster, for kicks or to get high? (IN01ii)	N	Added question to measure use computer keyboard cleaner, also known as air duster.	1.2	(0.25)	33	2,042
Have you ever used methamphetamine? (ME01)	N	Added to measure use of methamphetamine.	6.5	(0.83)	112	2,043
How old were you the first time you used methamphetamine? (ME02)[5]	N	Added to measure use of methamphetamine.	20.7	(0.63)	N/A	112
How long has it been since you last used methamphetamine? (MELAST3)	N	Added to measure use of methamphetamine.				
Within the past 30 days			0.4	(0.16)	9	2,043
More than 30 days ago but within the past 12 months			0.1	(0.07)	3	2,043
More than 12 months ago			6.0	(0.79)	100	2,043
How many days you've used methamphetamine during the past 12 months. (MEFRAME3, MEYRAVE, MEMONAVE, MEWKAVE)[5]	N	Added to measure use of methamphetamine.	161.2	(45.87)	N/A	12
During the past 30 days, on how many days did you use methamphetamine? (ME06)[5]	N	Added to measure use of methamphetamine.	17.7*	(4.51)	N/A	8
In the past 12 months, which, if any, of these pain relievers have you used? (PR01)	N	Added questions to indicate use of prescription pain relievers.				
Vicodin®			12.9	(1.18)	242	2,029
Lortab®			5.5	(0.70)	103	2,029
Lorcet®			1.1	(0.25)	26	2,029
Hydrocodone			14.4	(1.17)	264	2,029

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, which, if any, of these pain relievers have you used? (PR02)	N	Added questions to indicate use of prescription pain relievers.				
OxyContin®			2.4	(0.35)	58	2,026
Percocet®			6.5	(0.83)	128	2,026
Percodan®			0.4	(0.15)	11	2,026
Tylox®			0.3	(0.13)	8	2,026
Oxycodone			6.8	(0.92)	128	2,026
In the past 12 months, which, if any, of these pain relievers have you used? (PR03)	N	Added questions to indicate use of prescription pain relievers.				
Darvocet®			1.6	(0.41)	24	2,027
Darvon®			0.5	(0.29)	5	2,027
Propoxyphene			0.2	(0.11)	7	2,027
In the past 12 months, which, if any, of these pain relievers have you used? (PR04)	N	Added questions to indicate use of prescription pain relievers.				
Ultram®			2.1	(0.55)	38	2,028
Ultram® ER			0.4	(0.23)	6	2,028
Ultracet®			0.3	(0.15)	5	2,028
Ryzolt®			0.0	(0.02)	1	2,028
Tramadol			4.5	(0.56)	90	2,028
In the past 12 months, which, if any, of these pain relievers have you used? (PR05)	N	Added questions to indicate use of prescription pain relievers.				
Tylenol® with Codeine 3 or 4			10.9	(0.98)	233	2,025
Codeine Pills			1.6	(0.30)	42	2,025
In the past 12 months, which, if any, of these pain relievers have you used? (PR06)	N	Added questions to indicate use of prescription pain relievers.				
Avinza®			0.1	(0.11)	2	2,030
Kadian®			0.1	(0.05)	2	2,030
MS Contin®			0.1	(0.06)	4	2,030
Oramorph® SR			0.0*	(0.00)	0	2,030
Morphine			3.7	(0.54)	73	2,030

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, which, if any, of these pain relievers have you used? (PR07)	N	Added questions to indicate use of prescription pain relievers.				
Actiq®			0.1	(0.11)	1	2,029
Duragesic®			0.1	(0.05)	2	2,029
Fentora®			0.0	(0.04)	1	2,029
Fentanyl			0.7	(0.23)	12	2,029
In the past 12 months, which, if any, of these pain relievers have you used? (PR08)	N	Added questions to indicate use of prescription pain relievers.				
Suboxone®			0.7	(0.23)	18	2,029
Subutex®			0.3	(0.11)	9	2,029
Buprenorphine			0.0	(0.04)	1	2,029
In the past 12 months, which, if any, of these pain relievers have you used? (PR09)	N	Added questions to indicate use of prescription pain relievers.				
Demerol®			0.7	(0.15)	14	2,028
Dilaudid®			0.9	(0.23)	21	2,028
Methadone			0.6	(0.17)	17	2,028
Opana®			0.1	(0.06)	6	2,028
Opana® ER			0.2	(0.08)	7	2,028
In the past 12 months, which, if any, of these pain relievers have you used? (PR10)	N	Added questions to indicate use of prescription pain relievers.				
Talacen®			0.0*	(0.00)	0	2,028
Talwin®			0.0	(0.03)	1	2,028
Talwin® NX			0.0	(0.03)	1	2,028
In the past 12 months, have you used any other prescription pain reliever? (PR11)	N	Added questions to indicate use of prescription pain relievers.	8.7	(0.81)	178	2,027
Have you ever used any prescription pain reliever? (PR12)	N	Added questions to indicate use of prescription pain relievers.	66.8	(1.61)	1,158	2,017
In the past 12 months, which, if any, of these tranquilizers have you used? (TR01)	N	Added questions to indicate use of prescription tranquilizers.				
Xanax®			4.7	(0.67)	100	2,037
Xanax® XR			0.4	(0.15)	10	2,037
Alprazolam			1.5	(0.34)	27	2,037
Extended-Release Alprazolam			0.4	(0.24)	7	2,037

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, which, if any, of these tranquilizers have you used? (TR02)	N	Added questions to indicate use of prescription tranquilizers.				
Ativan®			1.2	(0.31)	20	2,037
Klonopin®			1.1	(0.26)	29	2,037
Lorazepam			2.0	(0.32)	38	2,037
Clonazepam			2.0	(0.40)	39	2,037
In the past 12 months, which, if any, of these tranquilizers have you used? (TR03)	N	Added questions to indicate use of prescription tranquilizers.				
Valium®			1.9	(0.41)	41	2,037
Diazepam			1.0	(0.27)	18	2,037
Librium®			0.1	(0.07)	3	2,037
Tranxene®			0.0	(0.03)	2	2,037
Oxazepam (also known as Serax®)			0.1	(0.05)	3	2,037
In the past 12 months, which, if any, of these tranquilizers have you used? (TR04)	N	Added questions to indicate use of prescription tranquilizers.				
Flexeril®`			4.2	(0.59)	73	2,037
Soma®`			1.4	(0.33)	35	2,037
In the past 12 months, which, if any, of these tranquilizers have you used? (TR05)	N	Added questions to indicate use of prescription tranquilizers.				
Buspirone (also known as BuSpar®)			0.4	(0.20)	5	2,037
Hydroxyzine (also known as Atarax® or Vistaril®)			0.6	(0.24)	11	2,037
Meprobamate			0.0	(0.02)	1	2,037
In the past 12 months, have you used any other prescription tranquilizer? (TR06)	N	Added questions to indicate use of prescription tranquilizers.	1.7	(0.35)	33	2,037
Have you ever, even once, used any prescription tranquilizer? (TR07)	N	Added questions to indicate use of prescription tranquilizers.	25.7	(1.54)	413	2,033

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, which, if any, of these stimulants have you used? (ST01)	N	Added questions to indicate use of prescription stimulants.				
Adderall®			2.2	(0.37)	66	2,038
Adderall® XR			1.2	(0.23)	41	2,038
Dexedrine®			0.3	(0.11)	6	2,038
Dextroamphetamine			0.2	(0.10)	5	2,038
Amphetamine-Dextroamphetamine Combinations			0.8	(0.27)	16	2,038
In the past 12 months, which, if any, of these stimulants have you used? (ST02)	N	Added questions to indicate use of prescription stimulants.				
Ritalin®			0.5	(0.14)	17	2,038
Ritalin® SR or Ritalin® LA			0.3	(0.10)	12	2,038
Concerta®			0.6	(0.15)	22	2,038
Daytrana®			0.0	(0.02)	2	2,038
Methylphenidate			0.4	(0.13)	9	2,038
In the past 12 months, which, if any, of these stimulants have you used? (ST03)	N	Added questions to indicate use of prescription stimulants.				
Metadate® CD			0.0	(0.02)	1	2,038
Metadate® ER			0.1	(0.06)	1	2,038
Focalin®			0.2	(0.10)	8	2,038
Focalin® XR			0.3	(0.13)	8	2,038
Dexmethylphenidate			0.2	(0.10)	6	2,038
In the past 12 months, which, if any, of these stimulants have you used? (ST04)	N	Added questions to indicate use of prescription stimulants.				
Benzphetamine			0.0	(0.03)	1	2,038
Didrex®			0.0	(0.03)	1	2,038
Diethylpropion			0.0	(0.02)	1	2,038
Phendimetrazine			0.2	(0.15)	1	2,038
Phentermine			0.8	(0.23)	17	2,038
In the past 12 months, which, if any, of these stimulants have you used? (ST05)	N	Added questions to indicate use of prescription stimulants.				
Provigil®			0.1	(0.06)	2	2,038
Tenuate®			0.0*	(0.00)	0	2,038
Vyvanse®			0.7	(0.23)	21	2,038
In the past 12 months, have you used any other prescription stimulant? (ST06)	N	Added questions to indicate use of prescription stimulants.	1.1	(0.25)	26	2,037
Have you ever, even once, used any prescription stimulant? (ST07)	N	Added questions to indicate use of prescription stimulants.	11.5	(0.95)	249	2,035

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, which, if any, of these sedatives have you used? (SV01)	N	Added questions to indicate use of prescription sedatives.				
Ambien®			4.5	(0.63)	68	2,037
Ambien® CR			0.7	(0.22)	11	2,037
Zolpidem			1.6	(0.46)	21	2,037
Extended-Release Zolpidem			0.1	(0.07)	2	2,037
In the past 12 months, which, if any, of these sedatives have you used? (SV02)	N	Added questions to indicate use of prescription sedatives.				
Lunesta®			1.1	(0.30)	17	2,038
Sonata®			0.5	(0.24)	5	2,038
Zaleplon			0.0*	(0.00)	0	2,038
In the past 12 months, which, if any, of these sedatives have you used? (SV03)	N	Added questions to indicate use of prescription sedatives.				
Dalmane			0.0*	(0.00)	0	2,038
Halcion®			0.2	(0.18)	2	2,038
Flurazepam			0.0*	(0.00)	0	2,038
Triazolam			0.2	(0.11)	3	2,038
In the past 12 months, which, if any, of these sedatives have you used? (SV04)	N	Added questions to indicate use of prescription sedatives.				
Restoril®			0.1	(0.07)	2	2,038
Temazepam			0.6	(0.25)	8	2,038
In the past 12 months, which, if any, of these sedatives have you used? (SV05)	N	Added questions to indicate use of prescription sedatives.				
Butisol®			0.0	(0.03)	1	2,038
Seconal®			0.1	(0.07)	1	2,038
Phenobarbital			0.2	(0.15)	3	2,038
In the past 12 months, have you used any other prescription sedative? (SV06)	N	Added questions to indicate use of prescription sedatives.	1.2	(0.27)	29	2,038
Have you ever used any prescription sedative? (SV07)	N	Added questions to indicate use of prescription sedatives.	16.2	(1.30)	240	2,033
Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it? (PRL01 and PRL02)	N	Added questions to indicate misuse of prescription pain relievers.	11.8	(0.94)	259	2,013
In the past 12 months, did you use Vicodin in any way a doctor did not direct you to use it? (PRY01)	N	Added questions to indicate misuse of prescription pain relievers.	2.4	(0.44)	59	2,034
How old were you when you first used Vicodin in a way a doctor did not direct you to use it? (PRY01a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	23.9	(2.11)	N/A	58

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use Lortab in a way a doctor did not direct you to use it? (PRY02)	N	Added questions to indicate misuse of prescription pain relievers.	1.0	(0.26)	26	2,033
How old were you when you first used Lortab in a way a doctor did not direct you to use it? (PRY02a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	23.3	(2.53)	N/A	25
In the past 12 months, did you use Lorcet in any way a doctor did not direct you to use it? (PRY03)	N	Added questions to indicate misuse of prescription pain relievers.	0.3	(0.11)	7	2,034
How old were you when you first used Lorcet in a way a doctor did not direct you to use it? (PRY03a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	16.6*	(2.06)	N/A	7
In the past 12 months, did you use hydrocodone in any way a doctor did not direct you to use it? (PRY04)	N	Added questions to indicate misuse of prescription pain relievers.	1.9	(0.35)	48	2,033
How old were you when you first used hydrocodone in a way a doctor did not direct you to use it? (PRY04a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	25.1	(2.48)	N/A	44
In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it? (PRY05)	N	Added questions to indicate misuse of prescription pain relievers.	0.8	(0.20)	23	2,033
How old were you when you first used OxyContin in a way a doctor did not direct you to use it? (PRY05a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	20.8	(1.98)	N/A	23
In the past 12 months, did you use Percocet in any way a doctor did not direct you to use it? (PRY06)	N	Added questions to indicate misuse of prescription pain relievers.	1.0	(0.23)	29	2,032
How old were you when you first used Percocet in a way a doctor did not direct you to use it? (PRY06a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	23.2	(2.27)	N/A	29
In the past 12 months, did you use Percodan in any way a doctor did not direct you to use it? (PRY07)	N	Added questions to indicate misuse of prescription pain relievers.	0.2	(0.08)	5	2,033
How old were you when you first used Percodan in a way a doctor did not direct you to use it? (PRY07a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	19.6*	(2.46)	N/A	5
In the past 12 months, did you use Tylox in any way a doctor did not direct you to use it? (PRY08)	N	Added questions to indicate misuse of prescription pain relievers.	0.0	(0.03)	1	2,033

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used Tylox in a way a doctor did not direct you to use it? (PRY08a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	15.0*	(0.00)	N/A	1
In the past 12 months, did you use oxycodone in any way a doctor did not direct you to use it? (PRY09)	N	Added questions to indicate misuse of prescription pain relievers.	1.2	(0.27)	31	2,032
How old were you when you first used oxycodone in a way a doctor did not direct you to use it? (PRY09a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	23.4	(1.73)	N/A	31
In the past 12 months, did you use Darvocet in a way a doctor did not direct you to use it? (PRY10)[5]	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.07)	4	2,034
How old were you when you first used Darvocet in a way a doctor did not direct you to use it? (PRY10a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	16.2*	(0.67)	N/A	4
In the past 12 months, did you use Darvon in any way a doctor did not direct you to use it? (PRY11)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use propoxyphene in any way a doctor did not direct you to use it? (PRY12)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use Ultram in any way a doctor did not direct you to use it? (PRY13)	N	Added questions to indicate misuse of prescription pain relievers.	0.5	(0.18)	8	2,033
How old were you when you first used Ultram in a way a doctor did not direct you to use it? (PRY13a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	33.3*	(5.80)	N/A	8
In the past 12 months, did you use Ultram ER in any way a doctor did not direct you to use it? (PRY14)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use Ultracet in any way a doctor did not direct you to use it? (PRY15)	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.10)	2	2,034
How old were you when you first used Ultracet in a way a doctor did not direct you to use it? (PRY15a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	33.6*	(11.61)	N/A	2
In the past 12 months, did you use Ryzolt in any way a doctor did not direct you to use it? (PRY16)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use tramadol in any way a doctor did not direct you to use it? (PRY17)	N	Added questions to indicate misuse of prescription pain relievers.	0.5	(0.16)	14	2,034
How old were you when you first used tramadol in a way a doctor did not direct you to use it? (PRY17a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	26.4	(3.15)	N/A	14
In the past 12 months, did you use Tylenol with codeine 3 or 4 in any way a doctor did not direct you to use it? (PRY18)	N	Added questions to indicate misuse of prescription pain relievers.	1.5	(0.27)	42	2,030
How old were you when you first used Tylenol with codeine 3 or 4 in a way a doctor did not direct you to use it? (PRY18a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	26.0	(4.59)	N/A	41
In the past 12 months, did you use codeine pills in any way a doctor did not direct you to use them? (PRY19)	N	Added questions to indicate misuse of prescription pain relievers.	0.3	(0.11)	10	2,031
How old were you when you first used codeine pills in a way a doctor did not direct you to use them? (PRY19a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	17.2	(0.71)	N/A	10
In the past 12 months, did you use Avinza in any way a doctor did not direct you to use it? (PRY20)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use Kadian in any way a doctor did not direct you to use it? (PRY21)	N	Added questions to indicate misuse of prescription pain relievers.	0.0	(0.03)	1	2,034
How old were you when you first used Kadian in a way a doctor did not direct you to use it? (PRY21a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	17.0*	(0.00)	N/A	1
In the past 12 months, did you use MS Contin in any way a doctor did not direct you to use it? (PRY22)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use morphine in any way a doctor did not direct you to use it? (PRY24)	N	Added questions to indicate misuse of prescription pain relievers.	0.4	(0.14)	10	2,034
How old were you when you first used morphine in a way a doctor did not direct you to use it? (PRY24a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	17.5	(1.49)	N/A	10
In the past 12 months, did you use Actiq in any way a doctor did not direct you to use it? (PRY25)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use Duragesic in any way a doctor did not direct you to use it? (PRY26)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use Fentora in any way a doctor did not direct you to use it? (PRY27)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use fentanyl in any way a doctor did not direct you to use it? (PRY28)	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.05)	2	2,034
How old were you when you first used fentanyl in a way a doctor did not direct you to use it? (PRY28a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	22.1*	(2.83)	N/A	2
In the past 12 months, did you use Suboxone in any way a doctor did not direct you to use it? (PRY29)	N	Added questions to indicate misuse of prescription pain relievers.	0.2	(0.10)	9	2,034
How old were you when you first used Suboxone in a way a doctor did not direct you to use it? (PRY29a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	24.2*	(2.03)	N/A	9
In the past 12 months, did you use Subutex in any way a doctor did not direct you to use it? (PRY30)	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.07)	4	2,034
How old were you when you first used Subutex in a way a doctor did not direct you to use it? (PRY30a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	23.5*	(0.65)	N/A	4
In the past 12 months, did you use buprenorphine in any way a doctor did not direct you to use it? (PRY31)	N	Added questions to indicate misuse of prescription pain relievers.	0.0	(0.04)	1	2,034
How old were you when you first used buprenorphine in a way a doctor did not direct you to use it? (PRY31a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	17.0*	(0.00)	N/A	1
In the past 12 months, did you use Demerol in any way a doctor did not direct you to use it? (PRY32)	N	Added questions to indicate misuse of prescription pain relievers.	0.0	(0.04)	2	2,034
How old were you when you first used Demerol in a way a doctor did not direct you to use it? (PRY32a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	18.6*	(0.61)	N/A	2
In the past 12 months, did you use Dilaudid in any way a doctor did not direct you to use it? (PRY33)	N	Added questions to indicate misuse of prescription pain relievers.	0.3	(0.08)	8	2,034

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used Dilaudid in a way a doctor did not direct you to use it? (PRY33a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	21.5*	(2.42)	N/A	8
In the past 12 months, did you use methadone in any way a doctor did not direct you to use it? (PRY34)	N	Added questions to indicate misuse of prescription pain relievers.	0.3	(0.11)	8	2,034
How old were you when you first used methadone in a way a doctor did not direct you to use it? (PRY34a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	20.9*	(2.42)	N/A	8
In the past 12 months, did you use Opana in any way a doctor did not direct you to use it? (PRY35)	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.05)	5	2,034
How old were you when you first used Opana in a way a doctor did not direct you to use it? (PRY35a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	16.2*	(1.16)	N/A	5
In the past 12 months, did you use Opana ER in any way a doctor did not direct you to use it? (PRY36)	N	Added questions to indicate misuse of prescription pain relievers.	0.1	(0.05)	3	2,034
How old were you when you first used Opana ER in a way a doctor did not direct you to use it? (PRY36a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	17.7*	(0.24)	N/A	3
In the past 12 months, did you use Talwin in any way a doctor did not direct you to use it? (PRY38)	N	Added questions to indicate misuse of prescription pain relievers.	0.0	(0.02)	1	2,034
How old were you when you first used Talwin in a way a doctor did not direct you to use it? (PRY38a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	13.0*	(0.00)	N/A	1
In the past 12 months, did you use Talwin NX in any way a doctor Did not direct you to use it? (PRY39)	N	Added questions to indicate misuse of prescription pain relievers.	0.0*	(0.00)	0	2,034
In the past 12 months, did you use any other prescription pain reliever in a way a doctor did not direct you to use it? (PRY40)	N	Added questions to indicate misuse of prescription pain relievers.	0.2	(0.09)	8	2,030
How old were you when you first used any other prescription pain reliever in a way a doctor did not direct you to use it? (PRY40a)[5]	N	Added questions to indicate misuse of prescription pain relievers.	20.6*	(2.46)	N/A	9
In the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use it? (PRM01)	N	Added questions to indicate misuse of prescription pain relievers.	2.0	(0.36)	47	2,025

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 30 days, on how many days did you use [PRNAMEFILL] in any way a doctor did not direct you to use it? (PRM02)[5]	N	Added questions to indicate misuse of prescription pain relievers.	8.2	(1.35)	N/A	46
During the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (PRM03)	N	Added questions to indicate misuse of prescription pain relievers.	0.7	(0.21)	17	2,025
Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? (PRY41)[4]	N	Added questions to indicate misuse of prescription pain relievers.				
I used [PRNAMEFILL] without a prescription of my own.			67.4	(4.48)	99	149
I used [PRNAMEFILL] in greater amounts than it was/they were prescribed.			23.1	(4.43)	34	149
I used [PRNAMEFILL] more often than it was/they were prescribed.			20.2	(4.31)	27	149
I used [PRNAMEFILL] for longer than it was/they were prescribed.			12.5	(3.27)	18	149
I used [PRNAMEFILL] in some other way a doctor did not direct me to use it/them.			23.0	(4.18)	35	149
What were the reasons you used [PRLASTFILL2] that time? (PRYMOTIV)[4]	N	Added questions to indicate misuse of prescription pain relievers.				
To relieve physical pain			70.2	(4.36)	95	144
To relax or relieve tension			26.1	(4.52)	42	144
To experiment or to see what it's/they're like			8.1	(3.08)	12	144
To feel good or get high			22.3	(4.19)	34	144
To help with my sleep			14.5	(2.98)	26	144
To help me with my feelings or emotions			9.3	(3.24)	15	144
To increase or decrease the effect(s) of some other drug			2.0	(1.29)	3	144
Because I am "hooked" or I have to have it/them			1.6	(1.11)	3	144
I used it/them for some other reason			2.1*	(1.54)	2	144

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Which was the main reason you used [PRLASTFILL2] that time? (PRYMOT1)[4]	N	Added questions to indicate misuse of prescription pain relievers.				
To relieve physical pain			31.3*	(8.73)	17	44
To relax or relieve tension			20.2*	(7.47)	7	44
To experiment or to see what it's/ they're like			0.0*	(0.00)	0	44
To feel good or get high			17.6*	(6.90)	8	44
To help with my sleep			17.8*	(6.67)	7	44
To help me with my feelings or emotions			8.3*	(4.85)	3	44
To increase or decrease the effect(s) of some other drug			0.0*	(0.00)	0	44
Because I am "hooked" or I have to have it/them			4.8*	(3.88)	2	44
The other reason I reported			0.0*	(0.00)	0	44
Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [PRLASTFILL]? (PRY42B)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [PRLASTFILL] from just one doctor			27.1	(4.59)	38	149
I got prescriptions for the [PRLASTFILL] from more than one doctor			2.0*	(1.72)	3	149
I stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.2	(0.24)	1	149
I got the [PRLASTFILL] from a friend or relative for free			45.5	(4.66)	65	149
I bought the [PRLASTFILL] from a friend or relative			11.3	(2.77)	18	149
I took the [PRLASTFILL] from a friend or relative without asking			4.0	(1.65)	8	149
I bought the [PRLASTFILL] from a drug dealer or other stranger			5.5	(1.49)	11	149
I got the [PRLASTFILL] in some other way			4.3*	(2.59)	5	149

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How did your friend or relative get the [PRLASTFILL]? (PRY42C)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [PRLASTFILL] from just one doctor			90.1*	(4.61)	47	53
He or she got prescriptions for the [PRLASTFILL] from more than one doctor			0.0*	(0.00)	0	53
He or she stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	53
He or she got the [PRLASTFILL] from a friend or relative for free			2.4*	(1.76)	2	53
He or she bought the [PRLASTFILL] from a friend or relative			0.0*	(0.00)	0	53
He or she took the [PRLASTFILL] from a friend or relative without asking			1.1*	(1.08)	1	53
He or she bought the [PRLASTFILL] from a drug dealer or other stranger			1.4*	(1.36)	1	53
He or she got the [PRLASTFILL] in some other way			5.1*	(3.99)	2	53
Have you ever, even once, used any prescription tranquilizer in any way a doctor did not direct you to use it? (TRL01 and TRL02)	N	Added questions to indicate misuse of prescription tranquilizers.	5.6	(0.77)	112	2,033
In the past 12 months, did you use Xanax in any way a doctor did not direct you to use it? (TRY01)	N	Added questions to indicate misuse of prescription tranquilizers.	1.4	(0.27)	47	2,038
How old were you when you first used Xanax in a way a doctor did not direct you to use it? (TRY01a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	20.8	(1.47)	N/A	47
In the past 12 months, did you use Xanax XR in a way a doctor did not direct you to use it? (TRY02)	N	Added questions to indicate misuse of prescription tranquilizers.	0.2	(0.11)	5	2,038
How old were you when you first used Xanax XR in a way a doctor did not direct you to use it? (TRY02a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	24.9*	(6.18)	N/A	5
In the past 12 months, did you use alprazolam in any way a doctor did not direct you to use it? (TRY03)	N	Added questions to indicate misuse of prescription tranquilizers.	0.3	(0.11)	10	2,038

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used alprazolam in a way a doctor did not direct you to use it? (TRY03a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	20.9	(3.54)	N/A	10
In the past 12 months, did you use extended-release alprazolam in any way a doctor did not direct you to use it? (TRY04)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0	(0.02)	1	2,038
How old were you when you first used extended-release alprazolam in a way a doctor did not direct you to use it? (TRY04a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	13.0*	(0.00)	N/A	1
In the past 12 months, did you use Ativan in any way a doctor did not direct you to use it? (TRY05)	N	Added questions to indicate misuse of prescription tranquilizers.	0.2	(0.07)	8	2,038
How old were you when you first used Ativan in a way a doctor did not direct you to use it? (TRY05a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	24.8*	(4.08)	N/A	8
In the past 12 months, did you use Klonopin in any way a doctor did not direct you to use it? (TRY06)	N	Added questions to indicate misuse of prescription tranquilizers.	0.5	(0.16)	12	2,038
How old were you when you first used Klonopin in a way a doctor did not direct you to use it? (TRY06a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	18.7	(0.84)	N/A	12
In the past 12 months, did you use lorazepam in any way a doctor did not direct you to use it? (TRY07)	N	Added questions to indicate misuse of prescription tranquilizers.	0.4	(0.14)	12	2,038
How old were you when you first used lorazepam in a way a doctor did not direct you to use it? (TRY07a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	26.2	(4.11)	N/A	12
In the past 12 months, did you use clonazepam in any way a doctor did not direct you to use it? (TRY08)	N	Added questions to indicate misuse of prescription tranquilizers.	0.2	(0.07)	6	2,038
How old were you when you first used clonazepam in a way a doctor did not direct you to use it? (TRY08a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	17.6*	(1.69)	N/A	6
In the past 12 months, did you use Valium in any way a doctor did not direct you to use it? (TRY09)	N	Added questions to indicate misuse of prescription tranquilizers.	0.5	(0.16)	15	2,038
How old were you when you first used Valium in a way a doctor did not direct you to use it? (TRY09a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	20.4	(2.44)	N/A	15

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use Librium in any way a doctor did not direct you to use it? (TRY10)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0	(0.02)	1	2,038
How old were you when you first used Librium in a way a doctor did not direct you to use it? (TRY10a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	17.0*	(0.00)	N/A	1
In the past 12 months, did you use Tranxene in any way a doctor did not direct you to use it? (TRY11)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use diazepam in any way a doctor did not direct you to use it? (TRY12)	N	Added questions to indicate misuse of prescription tranquilizers.	0.1	(0.07)	5	2,038
How old were you when you first used diazepam in a way a doctor did not direct you to use it? (TRY12a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	20.9*	(2.58)	N/A	5
In the past 12 months, did you use oxazepam, also known as Serax, in any way a doctor did not direct you to use it? (TRY13)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Flexeril in any way a doctor did not direct you to use it? (TRY14)	N	Added questions to indicate misuse of prescription tranquilizers.	0.4	(0.13)	10	2,038
How old were you when you first used Flexeril in a way a doctor did not direct you to use it? (TRY14a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	29.6	(4.17)	N/A	10
In the past 12 months, did you use Soma in any way a doctor did not direct you to use it? (TRY15)	N	Added questions to indicate misuse of prescription tranquilizers.	0.4	(0.11)	14	2,038
How old were you when you first used Soma in a way a doctor did not direct you to use it? (TRY15a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	19.6	(1.11)	N/A	14
In the past 12 months, did you use buspirone, also known as BuSpar, in any way a doctor did not direct you to use it? (TRY16)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0	(0.02)	1	2,038
How old were you when you first used buspirone, also known as BuSpar, in a way a doctor did not direct you to use it? (TRY16a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	13.0*	(0.00)	N/A	1
In the past 12 months, did you use hydroxyzine, also known as Atarax or Vistaril, in any way a doctor did not direct you to use it? (TRY17)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0	(0.03)	1	2,038

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used hydroxyzine, also known as Atarax or Vistaril, in a way a doctor did not direct you to use it? (TRY17a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	16.0*	(0.00)	N/A	1
In the past 12 months, did you use meprobamate, also known as Equanil or Miltown, in any way a doctor did not direct you to use it? (TRY18)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0	(0.02)	1	2,038
How old were you when you first used meprobamate, also known as Equanil or Miltown, in a way a doctor did not direct you to use it? (TRY18a)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	13.0*	(0.00)	N/A	1
In the past 12 months, did you use any other prescription tranquilizer in a way a doctor did not direct you to use it? (TRY19)	N	Added questions to indicate misuse of prescription tranquilizers.	0.0*	(0.00)	0	2,038
In the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use it? (TRM01)	N	Added questions to indicate misuse of prescription tranquilizers.	0.9	(0.23)	23	2,038
During the past 30 days, on how many days did you use [TRNAMEFILL] in any way a doctor did not direct you to use it? (TRM02)[5]	N	Added questions to indicate misuse of prescription tranquilizers.	5.8	(1.49)	N/A	22
During the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (TRM03)	N	Added questions to indicate misuse of prescription tranquilizers.	0.3	(0.14)	8	2,037
Which of these statements describe your use of [TRNAMEFILL] at any time in the past 12 months? (TRY20)[4]	N	Added questions to indicate misuse of prescription tranquilizers.				
I used [TRNAMEFILL] without a prescription of my own.			78.7*	(5.47)	54	69
I used [TRNAMEFILL] in greater amounts than it was/they were prescribed.			18.7*	(5.18)	13	69
I used [TRNAMEFILL] more often than it was/they were prescribed.			6.9*	(2.97)	5	69
I used [TRNAMEFILL] for longer than it was/they were prescribed.			2.7*	(1.99)	2	69
I used [TRNAMEFILL] in some other way a doctor did not direct me to use it/them.			9.9*	(3.22)	9	69

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
What were the reasons you used [TRLASTFILL2] that time? (TRYMOTIV)[4]	N	Added questions to indicate misuse of prescription tranquilizers.				
To relax or relieve tension			65.7*	(6.54)	44	71
To experiment or to see what it's/ they're like			11.1*	(4.00)	10	71
To feel good or get high			22.5*	(5.63)	19	71
To help with my sleep			28.5*	(7.38)	17	71
To help me with my feelings or emotions			21.4*	(5.50)	18	71
To increase or decrease the effect(s) of some other drug			9.5*	(4.49)	6	71
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	71
I used it/them for some other reason			2.1*	(2.11)	1	71
Which was the main reason you used [TRLASTFILL2] that time? (TRYMOT1)[4]	N	Added questions to indicate misuse of prescription tranquilizers.				
To relax or relieve tension			49.5*	(10.81)	11	24
To experiment or to see what it's/ they're like			5.5*	(5.28)	2	24
To feel good or get high			8.5*	(4.87)	3	24
To help with my sleep			17.1*	(11.10)	2	24
To help me with my feelings or emotions			13.1*	(6.59)	4	24
To increase or decrease the effect(s) of some other drug			6.4*	(5.19)	2	24
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	24
The other reason I reported			0.0*	(0.00)	0	24
Now think about the last time you used [TRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [TRLASTFILL]? (TRY21B)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [TRLASTFILL] from just one doctor			16.5*	(6.70)	8	68
I got prescriptions for the [TRLASTFILL] from more than one doctor			0.0*	(0.00)	0	68
I stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	68
I got the [TRLASTFILL] from a friend or relative for free			53.7*	(6.74)	39	68
I bought the [TRLASTFILL] from a friend or relative			9.9*	(3.66)	8	68

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
I took the [TRLASTFILL] from a friend or relative without asking			12.5*	(5.42)	8	68
I bought the [TRLASTFILL] from a drug dealer or other stranger			5.7*	(3.19)	4	68
I got the [TRLASTFILL] in some other way			1.9*	(1.94)	1	68
How did your friend or relative get the [TRLASTFILL]? (TRY21C)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [TRLASTFILL] from just one doctor			90.0*	(4.99)	31	35
He or she got prescriptions for the[TRLASTFILL] from more than one doctor			2.7*	(2.72)	1	35
He or she stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	35
He or she got the [TRLASTFILL] from a friend or relative for free			2.1*	(2.06)	1	35
He or she bought the [TRLASTFILL] from a friend or relative			5.2*	(3.72)	2	35
He or she took the [TRLASTFILL] from a friend or relative without asking			0.0*	(0.00)	0	35
He or she bought the [TRLASTFILL] from a drug dealer or other stranger			0.0*	(0.00)	0	35
He or she got the [TRLASTFILL] in some other way			0.0*	(0.00)	0	35
Have you ever, even once, used any prescription stimulant in any way a doctor did not direct you to use it? (STL01 and STL02)	N	Added questions to indicate misuse of prescription stimulants.	3.9	(0.58)	98	2,034
In the past 12 months, did you use Adderall in any way a doctor did not direct you to use it? (STY01)	N	Added questions to indicate misuse of prescription stimulants.	1.3	(0.28)	41	2,038
How old were you when you first used Adderall in a way a doctor did not direct you to use it? (STY01a)[5]	N	Added questions to indicate misuse of prescription stimulants.	19.1	(0.57)	N/A	41
In the past 12 months, did you use Adderall XR in any way a doctor did not direct you to use it? (STY02)	N	Added questions to indicate misuse of prescription stimulants.	0.6	(0.15)	21	2,037

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used Adderall XR in a way a doctor did not direct you to use it? (STY02a)[5]	N	Added questions to indicate misuse of prescription stimulants.	18.6	(0.79)	N/A	21
In the past 12 months, did you use Dexedrine in any way a doctor did not direct you to use it? (STY03)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.08)	3	2,038
How old were you when you first used Dexedrine in a way a doctor did not direct you to use it? (STY03a)[5]	N	Added questions to indicate misuse of prescription stimulants.	17.6*	(0.44)	N/A	3
In the past 12 months, did you use dextroamphetamine in any way a doctor did not direct you to use it? (STY04)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.09)	3	2,038
How old were you when you first used dextroamphetamine in a way a doctor did not direct you to use it? (STY04a)[5]	N	Added questions to indicate misuse of prescription stimulants.	18.3*	(0.26)	N/A	3
In the past 12 months, did you use mixed amphetamine dextroamphetamine pills other than Adderall in any way a doctor did not direct you to use them? (STY05)	N	Added questions to indicate misuse of prescription stimulants.	0.3	(0.12)	6	2,038
How old were you when you first used mixed amphetamine dextroamphetamine pills other than Adderall in a way a doctor did not direct you to use them? (STY05a)[5]	N	Added questions to indicate misuse of prescription stimulants.	20.2*	(1.26)	N/A	6
In the past 12 months, did you use Ritalin in any way a doctor did not direct you to use it? (STY06)	N	Added questions to indicate misuse of prescription stimulants.	0.2	(0.10)	9	2,038
How old were you when you first used Ritalin in a way a doctor did not direct you to use it? (STY06a)[5]	N	Added questions to indicate misuse of prescription stimulants.	26.3*	(6.68)	N/A	9
In the past 12 months, did you use Ritalin SR or Ritalin LA in any way a doctor did not direct you to use it? (STY07)	N	Added questions to indicate misuse of prescription stimulants.	0.2	(0.08)	6	2,038
How old were you when you first used Ritalin SR or Ritalin LA in a way a doctor did not direct you to use it? (STY07a)[5]	N	Added questions to indicate misuse of prescription stimulants.	18.2*	(0.63)	N/A	6
In the past 12 months, did you use Concerta in any way a doctor did not direct you to use it? (STY08)	N	Added questions to indicate misuse of prescription stimulants.	0.2	(0.08)	9	2,038
How old were you when you first used Concerta in a way a doctor did not direct you to use it? (STY08a)[5]	N	Added questions to indicate misuse of prescription stimulants.	17.5*	(0.79)	N/A	9

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use Daytrana in any way a doctor did not direct you to use it? (STY09)	N	Added questions to indicate misuse of prescription stimulants.	0.0	(0.02)	2	2,038
How old were you when you first used Daytrana in a way a doctor did not direct you to use it? (STY09a)[5]	N	Added questions to indicate misuse of prescription stimulants.	19.6*	(2.47)	N/A	2
In the past 12 months, did you use methylphenidate in any way a doctor did not direct you to use it? (STY10)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.09)	3	2,038
How old were you when you first used methylphenidate in a way a doctor did not direct you to use it? (STY10a)[5]	N	Added questions to indicate misuse of prescription stimulants.	30.1*	(11.21)	N/A	3
In the past 12 months, did you use Metadate CD in any way a doctor did not direct you to use it? (STY11)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Metadate ER in any way a doctor did not direct you to use it? (STY12)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Focalin in any way a doctor did not direct you to use it? (STY13)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.05)	4	2,038
How old were you when you first used Focalin in a way a doctor did not direct you to use it? (STY13a)[5]	N	Added questions to indicate misuse of prescription stimulants.	17.7*	(1.05)	N/A	4
In the past 12 months, did you use Focalin XR in any way a doctor did not direct you to use it? (STY14)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.05)	4	2,038
How old were you when you first used Focalin XR in a way a doctor did not direct you to use it? (STY14a)[5]	N	Added questions to indicate misuse of prescription stimulants.	17.3*	(0.45)	N/A	4
In the past 12 months, did you use dexmethylphenidate in any way a doctor did not direct you to use it? (STY15)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.05)	3	2,038
How old were you when you first used dexmethylphenidate in a way a doctor did not direct you to use it? (STY15a)[5]	N	Added questions to indicate misuse of prescription stimulants.	17.4*	(0.92)	N/A	3
In the past 12 months, did you use benzphetamine in any way a doctor did not direct you to use it? (STY16)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Didrex in any way a doctor did not direct you to use it? (STY17)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use diethylpropion in any way a doctor did not direct you to use it? (STY18)	N	Added questions to indicate misuse of prescription stimulants.	0.0	(0.02)	1	2,038
How old were you when you first used diethylpropion in a way a doctor did not direct you to use it? (STY18a)[5]	N	Added questions to indicate misuse of prescription stimulants.	12.0*	(0.00)	N/A	1
In the past 12 months, did you use phendimetrazine in any way a doctor did not direct you to use it? (STY19)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use phentermine in any way a doctor did not direct you to use it? (STY20)	N	Added questions to indicate misuse of prescription stimulants.	0.0	(0.03)	2	2,038
How old were you when you first used phentermine in a way a doctor did not direct you to use it? (STY20a)[5]	N	Added questions to indicate misuse of prescription stimulants.	21.4*	(1.06)	N/A	2
In the past 12 months, did you use Provigil in any way a doctor did not direct you to use it? (STY21)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Tenuate in any way a doctor did not direct you to use it? (STY22)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,038
In the past 12 months, did you use Vyvanse in any way a doctor did not direct you to use it? (STY23)	N	Added questions to indicate misuse of prescription stimulants.	0.2	(0.09)	9	2,037
How old were you when you first used Vyvanse in a way a doctor did not direct you to use it? (STY23a)[5]	N	Added questions to indicate misuse of prescription stimulants.	17.9*	(0.64)	N/A	8
In the past 12 months, did you use any other prescription stimulant in a way a doctor did not direct you to use it? (STY24)	N	Added questions to indicate misuse of prescription stimulants.	0.1	(0.07)	1	2,038
How old were you when you first used any other prescription stimulant in a way a doctor did not direct you to use it? (STY24a)[5]	N	Added questions to indicate misuse of prescription stimulants.	20.8*	(1.17)	N/A	2
In the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use it? (STM01)	N	Added questions to indicate misuse of prescription stimulants.	0.5	(0.13)	17	2,037
During the past 30 days, on how many days did you use [STNAMEFILL'] in any way a doctor did not direct you to use it? (STM02)[5]			10.1	(3.53)	N/A	16

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (STM03)			0.2	(0.09)	7	2,037
Which of these statements describe your use of [STNAMEFILL] at any time in the past 12 months? (STY25)[4]	N	Added questions to indicate misuse of prescription stimulants.				
I used [STNAMEFILL] without a prescription of my own.			81.2*	(5.72)	45	57
I used [STNAMEFILL] in greater amounts than it was/they were prescribed.			22.1*	(6.70)	9	57
I used [STNAMEFILL] more often than it was/they were prescribed.			12.0*	(5.23)	5	57
I used [STNAMEFILL] for longer than it was/they were prescribed.			9.6*	(5.40)	3	57
I used [STNAMEFILL] in some other way a doctor did not direct me to use it/them.			14.0*	(4.52)	10	57
At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL]? (STY25a)	N	Added questions to indicate misuse of prescription stimulants.	0.0*	(0.00)	0	2,037
How long has it been since you last used a needle to inject [STNAMEFILL]? (STY25b)	N	Added questions to indicate misuse of prescription stimulants.				
Within the past 30 days			0.0*	(0.00)	0	2,037
More than 30 days ago but within the past 12 months			0.0*	(0.00)	0	2,037
What were the reasons you used [STLASTFILL2] that time? (STYMOTIV)[4]	N	Added questions to indicate misuse of prescription stimulants.				
To help me lose weight			8.1*	(3.68)	6	56
To help me concentrate			46.8*	(8.71)	26	56
To help me be alert or stay awake			52.1*	(6.20)	27	56
To help me study			39.0*	(9.40)	23	56
To experiment or to see what it's like			13.0*	(4.25)	10	56
To feel good or get high			19.5*	(6.19)	11	56
To increase or decrease the effect(s) of some other drug			0.0*	(0.00)	0	56
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	56
I used it/them for some other reason			5.1*	(3.02)	3	56

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Which was the main reason you used [STLASTFILL2] that time? (STYMOT1)[4]	N	Added questions to indicate misuse of prescription stimulants.				
To help me lose weight			6.4*	(4.60)	2	25
To help me concentrate			24.1*	(11.13)	5	25
To help me be alert or stay awake			14.2*	(8.29)	4	25
To help me study			45.8*	(14.35)	11	25
To experiment or to see what it's like			2.4*	(2.40)	1	25
To feel good or get high			7.2*	(5.57)	2	25
To increase or decrease the effect(s) of some other drug			0.0*	(0.00)	0	25
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	25
I used it/them for some other reason			0.0*	(0.00)	0	25
How did you get the [STLASTFILL]? (STY26b)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [STLASTFILL] from just one doctor			8.4*	(3.83)	5	56
I got prescriptions for the [STLASTFILL] from more than one doctor			3.3*	(3.17)	1	56
I stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	56
I got the [STLASTFILL] from a friend or relative for free			60.1*	(7.16)	33	56
I bought the [STLASTFILL] from a friend or relative			14.1*	(4.70)	10	56
I took the [STLASTFILL] from a friend or relative without asking			2.9*	(2.04)	2	56
I bought the [STLASTFILL] from a drug dealer or other stranger			5.9*	(3.92)	3	56
I got the [STLASTFILL] in some other way			5.2*	(4.14)	2	56
How did your friend or relative get the [STLASTFILL]? (STY26c)[4]						
He or she got a prescription for the [STLASTFILL] from just one doctor			79.9*	(7.41)	21	28
He or she got prescriptions for the [STLASTFILL] from more than one doctor			0.0*	(0.00)	0	28

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
He or she stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	28
He or she got the [STLASTFILL] from another friend or relative for free			0.0*	(0.00)	0	28
He or she bought the [STLASTFILL] from another friend or relative			6.0*	(3.45)	3	28
He or she took the [STLASTFILL] from another friend or relative without asking			2.7*	(2.76)	1	28
He or she bought the [STLASTFILL] from a drug dealer or other stranger			6.5*	(4.89)	2	28
He or she got the [STLASTFILL] in some other Way			4.8*	(4.60)	1	28
Have you ever, even once, used any prescription sedative in any way a doctor did not direct you to use it? (SVL01 and SVL02)	N	Added questions to indicate misuse of prescription sedatives.	3.4	(0.56)	55	2,033
In the past 12 months, did you use Ambien in any way a doctor did not direct you to use it? (SVY01)	N	Added questions to indicate misuse of prescription sedatives.	0.4	(0.15)	10	2,039
How old were you when you first used Ambien in a way a doctor did not direct you to use it? (SVY01a)[5]	N	Added questions to indicate misuse of prescription sedatives.	24.8	(2.55)	N/A	10
In the past 12 months, did you use Ambien CR in a way a doctor did not direct you to use it? (SVY02)	N	Added questions to indicate misuse of prescription sedatives.	0.0	(0.02)	2	2,039
How old were you when you first used Ambien CR in a way a doctor did not direct you to use it? (SVY02a)[5]	N	Added questions to indicate misuse of prescription sedatives.	18.9*	(2.12)	N/A	2
In the past 12 months, did you use zolpidem in any way a doctor did not direct you to use it? (SVY03)	N	Added questions to indicate misuse of prescription sedatives.	0.4	(0.18)	5	2,039
How old were you when you first used zolpidem in a way a doctor did not direct you to use it? (SVY03a)[5]	N	Added questions to indicate misuse of prescription sedatives.	45.4*	(7.55)	N/A	5
In the past 12 months, did you use extended-release zolpidem in any way a doctor did not direct you to use it? (SVY04)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use Lunesta in any way a doctor did not direct you to use it? (SVY05)	N	Added questions to indicate misuse of prescription sedatives.	0.1	(0.09)	2	2,039

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when you first used Lunesta in a way a doctor did not direct you to use it? (SVY05a)[5]	N	Added questions to indicate misuse of prescription sedatives.	57.0*	(12.65)	N/A	2
In the past 12 months, did you use Sonata in any way a doctor did not direct you to use it? (SVY06)	N	Added questions to indicate misuse of prescription sedatives.	0.1	(0.06)	1	2,039
How old were you when you first used Sonata in a way a doctor did not direct you to use it? (SVY06a)[5]	N	Added questions to indicate misuse of prescription sedatives.	16.0*	(0.00)	N/A	1
In the past 12 months, did you use zaleplon in any way a doctor did not direct you to use it? (SVY07)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use Dalmane in any way a doctor did Not direct you to use it? (SVY08)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use Halcion in any way a doctor did not direct you to use it? (SVY09)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use triazolam in any way a doctor did not direct you to use it? (SVY11)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use Restoril in any way a doctor did not direct you to use it? (SVY12)	N	Added questions to indicate misuse of prescription sedatives.	0.1	(0.07)	2	2,039
How old were you when you first used Restoril in a way a doctor did not direct you to use it? (SVY12a)[5]	N	Added questions to indicate misuse of prescription sedatives.	16.2*	(0.22)	N/A	2
In the past 12 months, did you use temazepam in any way a doctor did not direct you to use it? (SVY13)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use Butisol in any way a doctor did not direct you to use it? (SVY14)	N	Added questions to indicate misuse of prescription sedatives.	0.0	(0.03)	1	2,039
How old were you when you first used Butisol in a way a doctor did not direct you to use it? (SVY14a)[5]	N	Added questions to indicate misuse of prescription sedatives.	17.0*	(0.00)	N/A	1
In the past 12 months, did you use Seconal in any way a doctor did Not direct you to use it? (SVY15)	N	Added questions to indicate misuse of prescription sedatives.	0.0*	(0.00)	0	2,039
In the past 12 months, did you use phenobarbital in any way a doctor did not direct you to use it? (SVY16)	N	Added questions to indicate misuse of prescription sedatives.	0.0	(0.02)	1	2,039
How old were you when you first used phenobarbital in a way a doctor did not direct you to use it? (SVY16a)[5]	N	Added questions to indicate misuse of prescription sedatives.	20.0*	(0.00)	N/A	1

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
In the past 12 months, did you use any other prescription sedative in a way a doctor did not direct you to use it? (SVY17)	N	Added questions to indicate misuse of prescription sedatives.	0.0	(0.02)	1	2,038
How old were you when you first used any other prescription sedative in a way a doctor did not direct you to use it? (SVY17a)[5]	N	Added questions to indicate misuse of prescription sedatives.	16.0*	(0.00)	N/A	1
In the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use it? (SVM01)	N	Added questions to indicate misuse of prescription sedatives.	0.3	(0.15)	5	2,038
During the past 30 days, on how Many days did you use [SVNAMEFILL] in any way a doctor did not direct you to use it? (SVM02)[5]	N	Added questions to indicate misuse of prescription sedatives.	11.2*	(5.80)	N/A	5
During the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (SVM03)	N	Added questions to indicate misuse of prescription sedatives.	0.1	(0.10)	3	2,038
Which of these statements describe your use of [SVNAMEFILL] at any time in the past 12 months? (SVY18)[4]	N	Added questions to indicate misuse of prescription sedatives.				
I used [SVNAMEFILL] without a prescription of my own.			53.6*	(14.03)	12	18
I used [SVNAMEFILL] in greater amounts than it was/they were prescribed.			22.7*	(12.04)	4	18
I used [SVNAMEFILL] more often than it was/they were prescribed			16.4*	(11.68)	2	18
I used [SVNAMEFILL] for longer than it was/they were prescribed.			0.0*	(0.00)	0	18
I used [SVNAMEFILL] in some other way a doctor did not direct me to use it/them.			24.2*	(13.23)	3	18
What were the reasons you used [SVLASTFILL2] that time? (SVYMOTIV)[4]	N	Added questions to indicate misuse of prescription sedatives.				
To relax or relieve tension			29.0*	(13.13)	5	17
To experiment or to see what it's/ they're like			5.6*	(4.08)	2	17
To feel good or get high			9.3*	(4.82)	4	17
To help with my sleep			75.0*	(10.38)	10	17
To help me with my feelings or emotions			2.0*	(1.88)	1	17
To increase or decrease the effect(s) of some other drug			3.8*	(2.64)	2	17

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	17
The other reason I reported			0.0*	(0.00)	0	17
Which was the main reason you used [SVLASTFILL] that time? (SVYMOT1)[4]	N	Added questions to indicate misuse of prescription sedatives.				
To relax or relieve tension			0.0*	(0.00)	0	3
To experiment or to see what it's/ they're like			0.0*	(0.00)	0	3
To feel good or get high			23.8*	(22.23)	2	3
To help with my sleep			76.2*	(22.23)	1	3
To help me with my feelings or emotions			0.0*	(0.00)	0	3
To increase or decrease the effect(s) of some other drug			0.0*	(0.00)	0	3
Because I am "hooked" or I have to have it/them			0.0*	(0.00)	0	3
The other reason I reported			0.0*	(0.00)	0	3
How did you get the [SVLASTFILL]? (SVY19B)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [SVLASTFILL] from just one doctor			45.2*	(14.38)	5	17
I got prescriptions for the [SVLASTFILL] from more than one doctor			0.0*	(0.00)	0	17
I stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	17
I got the [SVLASTFILL] from a friend or relative for free			38.8*	(13.62)	8	17
I bought the [SVLASTFILL] from a friend or relative			5.5*	(4.03)	2	17
I took the [SVLASTFILL] from a friend or relative without asking			0.0*	(0.00)	0	17
I bought the [SVLASTFILL] from a drug dealer or other stranger			8.5*	(8.13)	1	17
I got the [SVLASTFILL] in some other way			1.9*	(1.88)	1	17
How did your friend or relative get the [SVLASTFILL]? (SVY19C)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [SVLASTFILL] from just one doctor			79.6*	(13.03)	4	7
He or she got prescriptions for the [SVLASTFILL] from more than one doctor			5.0*	(5.18)	1	7

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
He or she stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	(0.00)	0	7
He or she got the [SVLASTFILL] from another friend or relative for free			15.4*	(11.58)	2	7
He or she bought the [SVLASTFILL] from another friend or relative			0.0*	(0.00)	0	7
He or she took the [SVLASTFILL] from another friend or relative without asking			0.0*	(0.00)	0	7
He or she bought the [SVLASTFILL] from a drug dealer or other stranger			0.0*	(0.00)	0	7
He or she got the [SVLASTFILL] in some other way			0.0*	(0.00)	0	7
Have you ever, even once, used a needle to inject any drug that was not prescribed for you? (SD15)	M	QFT SD15 is similar to 2012 SD10c, with edits to the wording to ask about any other drug and to remove "only for the experience or feeling that it caused."	0.8	(0.26)	16	2,044
Was any of your marijuana use in the past 12 months recommended by a doctor? (MJMM)	N	New medical marijuana questions in blunts module	0.5	(0.16)	15	2,044
Was all of your marijuana use in the past 12 months recommended by a doctor? (MJMM01)[4]	N	New medical marijuana questions in blunts module	41.5*	(15.49)	5	15
During the past 12 months, was there a month or more when you spent a lot of your time getting or using methamphetamine? (DRME01)	N	New questions about dependence and abuse of methamphetamine	0.1	(0.07)	5	2,043
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the methamphetamine you used? (DRME02)	N	New questions about dependence and abuse of methamphetamine	0.0*	(0.00)	0	2,043
During the past 12 months, did you try to set limits on how often or how much methamphetamine you would use? (DRME04)	N	New questions about dependence and abuse of methamphetamine	0.1	(0.04)	4	2,043
Were you able to keep to the limits you set, or did you often use methamphetamine more than you intended to? (DRME05)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.02)	1	2,043

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 12 months, did you need to use more methamphetamine than you used in order to get the effect you wanted? (DRME06)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	4	2,043
During the past 12 months, did you notice that using the same amount of methamphetamine had less effect on you than it used to? (DRME07)	N	New questions about dependence and abuse of methamphetamine	0.1	(0.06)	1	2,043
During the past 12 months, did you want to or try to cut down or stop using methamphetamine? (DRME08)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	5	2,043
During the past 12 months, were you able to cut down or stop using methamphetamine every time you wanted to or tried to? (DRME09)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	4	2,043
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10)	N	New questions about dependence and abuse of methamphetamine	0.1	(0.05)	2	2,043
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10a)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	5	2,043
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using methamphetamine? (DRME11)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	5	2,043
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 using methamphetamine? (DRME12)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.12)	5	2,043
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 methamphetamine? (DRME13)	N	New questions about dependence and abuse of methamphetamine	0.2	(0.11)	4	2,043
Did you continue to use methamphetamine even though you thought it was causing you to have problems with your emotions, nerves, or mental health? (DRME14)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.03)	3	2,043

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of methamphetamine? (DRME15)	N	New questions about dependence and abuse of methamphetamine	0.0*	(0.00)	0	2,043
Did you continue to use methamphetamine even though this was causing you to have physical problems? (DRME16)	N	New questions about dependence and abuse of methamphetamine	0.0*	(0.00)	0	2,043
During the past 12 months, did using methamphetamine cause you to give up or spend less time doing these types of important activities? (DRME17)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.02)	2	2,043
During the past 12 months, did using methamphetamine cause you to have serious problems either at home, work, or school? (DRME18)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.02)	2	2,043
During the past 12 months, did you regularly use methamphetamine and then do something where using methamphetamine might have put you in physical danger? (DRME19)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.03)	3	2,043
During the past 12 months, did using methamphetamine cause you to do things that repeatedly got you in trouble with the law? (DRME20)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.02)	1	2,043
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of methamphetamine? (DRME21)	N	New questions about dependence and abuse of methamphetamine	0.1	(0.06)	4	2,043
Did you continue to use methamphetamine even though you thought it caused problems with family or friends? (DRME22)	N	New questions about dependence and abuse of methamphetamine	0.0	(0.02)	2	2,043
During the past 12 months, was there a month or more when you spent a lot of your time getting or using prescription stimulants? (DRST01)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.1	(0.06)	6	2,034
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the prescription stimulants you used? (DRST02)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034
During the past 12 months, did you try to set limits on how often or how much prescription stimulants you would use? (DRST04)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.5	(0.15)	17	2,034

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Were you able to keep to the limits you set, or did you often use prescription stimulants more than you intended to? (DRST05)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.4	(0.15)	14	2,034
During the past 12 months, did you need to use more prescription stimulants than you used to in order to get the effect you wanted? (DRST06)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.3	(0.12)	11	2,034
During the past 12 months, did you notice that using the same amount of prescription stimulants had less effect on you than it used to? (DRST07)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.1	(0.07)	4	2,034
During the past 12 months, did you want to or try to cut down or stop using prescription stimulants? (DRST08)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.5	(0.16)	17	2,034
During the past 12 months, were you able to cut down or stop Using prescription stimulants every time you wanted to or tried to? (DRST09)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.4	(0.15)	14	2,034
During the past 12 months, did you cut down or stop using Prescription stimulants at least one time? (DRST10)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.3	(0.09)	10	2,034
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using prescription stimulants? (DRST10a)	N	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.3	(0.11)	9	2,034
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using prescription stimulants? (DRST11)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.3	(0.11)	8	2,034
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 using prescription stimulants? (DRST12)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.2	(0.08)	7	2,034
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 prescription stimulants? (DRST13)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.2	(0.09)	6	2,034

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Did you continue to use prescription stimulants even though you thought this was causing you to have problems with your emotions, nerves, or mental health? (DRST14)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.1	(0.08)	2	2,034
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of prescription stimulants? (DRST15)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0	(0.04)	1	2,034
Did you continue to use prescription stimulants even though this was causing you to have physical problems? (DRST16)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0	(0.04)	1	2,034
During the past 12 months, did using prescription stimulants cause you to give up or spend less time doing these types of important activities? (DRST17)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034
During the past 12 months, did using prescription stimulants cause you to have serious problems either at home, work, or school? (DRST18)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0	(0.02)	1	2,034
During the past 12 months, did you regularly use prescription stimulants and then do something where using prescription stimulants might have put you in physical danger? (DRST19)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034
During the past 12 months, did using prescription stimulants cause you to do things that repeatedly got you in trouble with the law? (DRST20)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of prescription stimulants? (DRST21)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034
Did you continue to use prescription stimulants even though you thought this caused problems with family or friends? (DRST22)	R	Question text the same. Universe edited to remove meth users from these stimulant questions.	0.0*	(0.00)	0	2,034

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you the last time you used any methamphetamine for kicks or to get high? (LU17)[5]	R	In the 2012 interview, this was about pain relievers. In the QFT, it is about meth. The prescription drug questions were deleted from this module.	24.5	(0.81)	N/A	101
Height in inches (HLTH05-HLTH08)[5]	N	New questions about height and weight.	66.6	(0.26)	N/A	2,007
Weight in pounds (HLTH10-14)[5,7]	N	New questions about height and weight.	176.0	(1.44)	N/A	2,001
During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or nurse practitioner about your own health at a doctor's office, a clinic, or some other place? (HLTH19)[5,8]	N	New questions about health.	3.9	(0.18)	N/A	1,971
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you smoke cigarettes or use any other tobacco products? (HLTH20a)[4]	N	New questions about health.	71.2	(1.37)	1,137	1,677
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you drink alcohol? (HLTH20b)[4]	N	New questions about health.	67.9	(1.50)	1,067	1,675
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you use illegal drugs? (HLTH20c)[4]	N	New questions about health.	51.0	(1.55)	865	1,675
During the past 12 months, did any doctor or other health care professional advise you to quit smoking cigarettes or quit using any other tobacco products? (HLTH21)[4]	N	New questions about health.	28.8	(2.01)	310	994
Choose the statement or statements below that describe any discussions you may have had in person with a doctor or other health professional about your alcohol use. (HLTH22)[4]	N	New questions about health.				
The doctor asked how much I drink.			33.5	(1.97)	329	1,031
The doctor asked how often I drink.			32.8	(1.97)	325	1,031
The doctor asked if I have any problems because of my drinking.			5.9	(0.89)	65	1,031

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
The doctor advised me to cut down on my drinking.			2.3	(0.55)	26	1,031
The doctor offered to give me more information about alcohol use and treatment for problems with alcohol use.			0.9	(0.27)	15	1,031
The doctor didn't discuss my alcohol use with me in the past 12 months.			54.0	(1.95)	561	1,031
During the past 12 months, did any doctor or other health care professional talk to you about your use of marijuana, cocaine, crack, heroin, inhalants, hallucinogens, or methamphetamine? (HLTH23)[4]	N	New questions about health.	17.2	(2.74)	53	297
During the past 12 months, did you have a sexually transmitted disease such as chlamydia, gonorrhea, herpes or syphilis? (HLTH24)	N	New questions about health.	1.6	(0.30)	44	2,038
Conditions that a doctor or other health care professional has ever told you that you had (HLTH25)	N	New questions about health.				
Any kind of heart condition or heart disease			10.4	(1.04)	124	2,027
Diabetes or sugar diabetes			9.0	(0.98)	109	2,027
Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD			3.3	(0.58)	52	2,027
Cirrhosis of the liver			0.2	(0.13)	2	2,027
Hepatitis			2.1	(0.51)	25	2,027
Kidney disease, not including bladder infection or incontinence			1.3	(0.36)	20	2,027
Asthma			11.1	(0.79)	256	2,027
HIV or AIDS			0.0*	(0.00)	0	2,027
Cancer or a malignancy of any Kind			6.1	(0.85)	65	2,027
Hypertension, also called high blood pressure			17.8	(1.16)	199	2,027
None of the above – I have never had any of these conditions			57.3	(1.62)	1,381	2,027
What kind of cancer was it? (HLTH26)[4]	N	New questions about health.				
Bladder			0.0*	(0.00)	0	65
Blood			2.0*	(1.67)	2	65
Bone			0.3*	(0.27)	1	65
Brain			1.9*	(1.86)	1	65
Breast			24.8*	(6.34)	13	65

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Cervix (Females Only)			13.7*	(4.47)	10	65
Colon			5.2*	(2.40)	5	65
Esophagus			3.5*	(2.23)	3	65
Gallbladder			0.0*	(0.00)	0	65
Kidney			3.0*	(2.08)	2	65
Larynx/Windpipe			0.0*	(0.00)	0	65
Leukemia			2.3*	(1.69)	3	65
Liver			0.0*	(0.00)	0	65
Lung			3.2*	(2.35)	2	65
Lymphoma			9.2*	(4.70)	4	65
Melanoma			11.2*	(4.86)	7	65
Mouth/Tongue/Lip			0.0*	(0.00)	0	65
Ovary (Females Only)			2.0*	(1.85)	2	65
Pancreas			3.5*	(3.46)	1	65
Prostate (Males Only)			5.4*	(3.10)	3	65
Rectum			0.0*	(0.00)	0	65
Skin (Not Melanoma)			16.9*	(5.22)	8	65
Skin (Don't Know Which Kind)			4.5*	(4.25)	1	65
Soft Tissue (Muscle or Fat)			0.0*	(0.00)	0	65
Stomach			0.0*	(0.00)	0	65
Testis (Males Only)			0.0*	(0.00)	0	65
Throat/Pharynx			0.0*	(0.00)	0	65
Thyroid			2.7*	(2.03)	3	65
Uterus (Females Only)			3.5*	(3.41)	1	65
Other			3.4*	(2.35)	2	65
How old were you when your blood cancer was first diagnosed? (HLTH28a)[5]	N	New questions about health.	4.0*	(0.00)	N/A	1
How old were you when your bone cancer was first diagnosed? (HLTH28b)[5]	N	New questions about health.	5.0*	(0.00)	N/A	1
How old were you when your brain cancer was first diagnosed? (HLTH28c)[5]	N	New questions about health.	50.0*	(0.00)	N/A	1
How old were you when your breast cancer was first diagnosed? (HLTH28d)[5]	N	New questions about health.	50.8	(3.16)	N/A	13
How old were you when your cervical cancer was first diagnosed? (HLTH28e)[5]	N	New questions about health.	34.5	(3.97)	N/A	10
How old were you when your colon cancer was first diagnosed? (HLTH28f)[5]	N	New questions about health.	51.1*	(5.49)	N/A	5

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when your esophageal cancer was first diagnosed? (HLTH28g)[5]	N	New questions about health.	63.4*	(9.11)	N/A	3
How old were you when your kidney cancer was first diagnosed? (HLTH28i)[5]	N	New questions about health.	44.8*	(6.58)	N/A	2
How old were you when your leukemia was first diagnosed? (HLTH28k)[5]	N	New questions about health.	26.5*	(7.52)	N/A	3
How old were you when your lung cancer was first diagnosed? (HLTH28m)[5]	N	New questions about health.	58.7*	(10.48)	N/A	2
How old were you when your lymphoma was first diagnosed? (HLTH28n)[5]	N	New questions about health.	56.0*	(5.42)	N/A	4
How old were you when your melanoma was first diagnosed? (HLTH28o)[5]	N	New questions about health.	37.8*	(3.81)	N/A	7
How old were you when your ovarian cancer was first diagnosed? (HLTH28q)[5]	N	New questions about health.	56.7*	(2.94)	N/A	2
How old were you when your pancreatic cancer was first diagnosed? (HLTH28r)[5]	N	New questions about health.	64.0*	(0.00)	N/A	1
How old were you when your prostate cancer was first diagnosed? (HLTH28s)[5]	N	New questions about health.	66.0*	(1.42)	N/A	3
How old were you when your skin [not melanoma] cancer was first diagnosed? (HLTH28u)[5]	N	New questions about health.	54.5*	(2.99)	N/A	8
How old were you when your skin cancer was first diagnosed? (HLTH28v)[5]	N	New questions about health.	46.0*	(0.00)	N/A	1
How old were you when your thyroid cancer was first diagnosed? (HLTH28aa)[5]	N	New questions about health.	35.6*	(2.48)	N/A	3
How old were you when your uterine cancer was first diagnosed? (HLTH28bb)[5]	N	New questions about health.	40.0*	(0.00)	N/A	1
How old were you when the type of cancer listed below was first diagnosed? (HLTH28cc)[5]	N	New questions about health.	47.7*	(10.47)	N/A	2
Did you have cancer during the past 12 months? (HLTH29)[4]	N	New questions about health.	34.9*	(7.47)	23	65
How old were you when your heart condition or heart disease was first diagnosed? (HLTH30)[5,8]	N	New questions about health.	43.4	(1.94)	N/A	122
Did you have any kind of heart condition or heart disease in the past 12 months? (HLTH31)[4]	N	New questions about health.	42.5	(5.70)	51	116
How old were you when your diabetes or sugar diabetes was first diagnosed? (HLTH32)[5,8]	N	New questions about health.	43.2	(1.60)	N/A	107

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How old were you when your chronic bronchitis, emphysema, or chronic obstructive pulmonary disease, also called COPD were first diagnosed? (HLTH33)[5]	N	New questions about health.	35.0	(3.27)	N/A	51
How old were you when your cirrhosis of the liver was first diagnosed? (HLTH34)[5]	N	New questions about health.	47.6*	(4.41)	N/A	2
How old were you when your hepatitis was first diagnosed? (HLTH35)[5]	N	New questions about health.	27.0	(3.96)	N/A	24
How old were you when your kidney disease was first diagnosed? (HLTH36)[5]	N	New questions about health.	41.0	(4.47)	N/A	20
How old were you when your asthma was first diagnosed? (HLTH37)[5]	N	New questions about health.	18.5	(1.77)	N/A	232
Do you still have asthma? (HLTH38)[4]	N	New questions about health.	64.3	(4.06)	169	249
Are you currently taking prescription medicine for your high blood pressure? (HLTH40)[4]	N	New questions about health.	86.7	(2.35)	153	199
How old were you when your high blood pressure was first diagnosed? (HLTH41)[5]	N	New questions about health.	45.1	(1.04)	N/A	147
How many times in the past 12 months have you moved? (QD13)[5,8]	M	Administered in ACASI instead of CAPI.	0.4	(0.03)	N/A	2,014
Were you born in the United States? (QD14)	M	Administered in ACASI instead of CAPI.	87.9	(1.29)	1,803	2,042
Have you lived in the United States for at least one year? (QD16a)[4]	M	Administered in ACASI instead of CAPI.	95.9	(1.52)	227	238
For how many years have you lived in the United States? (QD16b)[5]	M	Administered in ACASI instead of CAPI.	23.7	(1.56)	N/A	227
For how many months have you lived in the United States? (QD16c)[5]	M	Administered in ACASI instead of CAPI.	6.7*	(2.28)	N/A	9
Are you now attending or are you currently enrolled in school? (QD17)	M	Administered in ACASI instead of CAPI.	18.9	(1.07)	804	2,040
What grade or year of school are you now attending? (QD18)[4]	M	Administered in ACASI instead of CAPI.				
1st Grade			0.3	(0.23)	2	802
2nd Grade			0.2	(0.15)	1	802
3rd Grade			0.0*	(0.00)	0	802
4th Grade			0.0*	(0.00)	0	802
5th Grade			0.0*	(0.00)	0	802
6th Grade			1.2	(0.43)	10	802
7th Grade			7.7	(0.92)	79	802
8th Grade			9.8	(1.17)	97	802

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
9th Grade			9.7	(1.19)	93	802
10th Grade			8.3	(0.91)	84	802
11th Grade			8.2	(0.98)	84	802
12th Grade			9.1	(0.99)	85	802
College or University/1st Year			12.2	(1.54)	83	802
College or University/2nd Year			8.8	(1.34)	57	802
College or University/3rd Year			8.5	(1.44)	54	802
College or University/4th Year			5.1	(1.24)	30	802
College or University/5th Year or Higher			10.9	(2.09)	43	802
Are you a full-time student or a part time student? (QD19)[4]	M	Administered in ACASI instead of CAPI.				
Full-Time			80.7	(2.14)	690	792
Part-Time			19.3	(2.14)	102	792
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)[5,8]	M	Administered in ACASI instead of CAPI.	0.8	(0.16)	N/A	584
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)[5,8]	M	Administered in ACASI instead of CAPI.	0.4	(0.07)	N/A	587
Are you now married, widowed, divorced or separated, or have you never married? (QD07)[4]	M	Administered in ACASI instead of CAPI.				
Married			51.0	(2.03)	639	1,771
Widowed			4.9	(0.81)	46	1,771
Divorced or Separated			13.8	(1.19)	174	1,771
Have Never Married			30.2	(1.54)	912	1,771
How many times have you been married? (QD08)[5]	M	Administered in ACASI instead of CAPI.	1.4	(0.03)	N/A	857
Is anyone in your immediate family currently serving in the United States military? (QD10d)	N	New question on immediate family serving in the military.	6.2	(0.70)	143	2,021
Which member or members of your immediate family are currently in the United States military? (QD10e)[4]	N	New question on immediate family serving in the military.				
My spouse			7.6	(3.20)	13	123
Unmarried partner			3.4	(1.74)	4	123
My mother			1.5	(0.75)	5	123
My father			5.1	(1.55)	14	123
My son or sons			33.4*	(6.40)	19	123
My daughter or daughters			3.6*	(2.66)	2	123
My brother or brothers			47.2*	(6.19)	69	123
My sister or sisters			1.2	(0.61)	4	123

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Did you work at a job or business at any time last week? (QD26)[4]	M	Administered in ACASI instead of CAPI.	60.0	(1.72)	1,025	1,773
Even though you did not work at any time last week, did you have a job or business? (QD27)[4]	M	Administered in ACASI instead of CAPI.	12.1	(1.68)	104	744
How many hours did you work last week at all jobs or businesses? (QD28)[5]	M	Administered in ACASI instead of CAPI.	38.5	(0.51)	N/A	1,020
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)[4]	M	Administered in ACASI instead of CAPI.	77.0	(1.53)	812	1,126
Which one of these reasons best describes why you did not work last week? (QD30)[4]	M	Administered in ACASI instead of CAPI.				
Vacation/Sick/Furlough/Strike/ Other Temporary Absence/Maternity Leave			33.0*	(5.79)	27	104
Layoff, Not Looking for Work			3.6*	(2.19)	4	104
Layoff, Looking for Work			9.8*	(4.37)	9	104
Waiting to Report to New Job			4.3	(1.88)	7	104
Self-Employed, No Business Last Week			15.4*	(5.46)	11	104
Going to School/Training			11.7	(3.42)	23	104
Some Other Reason			22.1*	(5.73)	23	104
Which one of these reasons best describes why you did not have a job or business last week? (QD31)[4]	M	Administered in ACASI instead of CAPI.				
Looking for Work			16.3	(1.90)	156	636
On Layoff, Not Looking for Work			1.5	(0.46)	14	636
Keeping House/Caring for Children Full Time			11.8	(1.89)	66	636
Going to School/Training			9.9	(1.08)	151	636
Retired			38.0	(2.90)	104	636
Disabled			14.7	(1.99)	59	636
Didn't Want a Job			2.3	(0.55)	29	636
Some Other Reason			5.5	(0.98)	57	636
During the past 30 days, did you make specific efforts to find work? (QD32)[4]			82.1	(3.68)	119	156
Did you work at a job or business at any time during the past 12 months? (QD33)[4]	M	Administered in ACASI instead of CAPI.	18.9	(2.04)	158	642
How many different employers have you had in the past 12 months? (QD35 and QD36)[5]	M	Administered in ACASI instead of CAPI.	1.4	(0.05)	N/A	1,272

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)[4]	M	Administered in ACASI instead of CAPI.	15.6	(1.35)	249	1,126
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)[5]	M	Administered in ACASI instead of CAPI.	13.8	(0.99)	N/A	234
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)[5,8]	M	Administered in ACASI instead of CAPI.	0.7	(0.12)	N/A	1,116
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)[5,8]	M	Administered in ACASI instead of CAPI.	0.2	(0.03)	N/A	1,116
Thinking about the location where you work, how many people work for your employer out of this office, store, etc.? (QD42)[4]	M	Administered in ACASI instead of CAPI.				
Less Than 10 People	M	Administered in ACASI instead of CAPI.	30.3	(1.93)	326	1,110
10 to 24 People			18.3	(1.36)	229	1,110
25 to 99 People			18.6	(1.28)	230	1,110
100 to 499 People			18.4	(1.59)	190	1,110
500 People or More			14.4	(1.66)	135	1,110
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)[4]			80.1	(1.63)	858	1,092
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)[4]	M	Administered in ACASI instead of CAPI.				
Only Alcohol	M	Administered in ACASI instead of CAPI.	1.1	(0.49)	8	853
Only Drugs			2.3	(0.52)	26	853
Both Alcohol and Drugs			96.5	(0.73)	819	853
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)[4]	M	Administered in ACASI instead of CAPI.				
Yes			33.2	(2.03)	343	1,121
No			49.0	(2.11)	568	1,121
Don't Remember			17.9	(1.43)	210	1,121
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)[4]	M	Administered in ACASI instead of CAPI.	53.5	(1.98)	488	1,040

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Does your workplace ever test its employees for alcohol use? (QD47)[4]	M	Administered in ACASI instead of CAPI.	31.5	(1.71)	337	1,083
Does your workplace ever test its employees for drug use? (QD48)[4]	M	Administered in ACASI instead of CAPI.	48.1	(2.05)	524	1,094
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)[4]	M	Administered in ACASI instead of CAPI.	87.6	(1.71)	450	525
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)[4]	M	Administered in ACASI instead of CAPI.	59.8	(3.18)	315	511
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)[4]	M	Administered in ACASI instead of CAPI.				
Handled on Individual Basis/Policy Does Not Specify What Happens			24.3	(2.51)	122	472
Employee Is Fired			47.1	(2.65)	238	472
Employee Referred for Treatment/Counseling			23.6	(2.17)	93	472
Nothing Happens			1.6	(0.85)	4	472
Something Else Happens			3.4	(1.00)	15	472
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)[4]	M	Administered in ACASI instead of CAPI.				
More Likely			48.3	(1.85)	516	1,121
Less Likely			7.2	(0.82)	96	1,121
Would Make No Difference			44.6	(1.57)	509	1,121
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)[4]	M	Administered in ACASI instead of CAPI.				
More Likely			43.1	(1.77)	458	1,122
Less Likely			11.5	(1.24)	146	1,122
Would Make No Difference			45.4	(1.66)	518	1,122
How well do you speak English? (QD55)	N	New questions.				
Very well			90.9	(0.92)	1,874	2,042
Well			8.6	(0.92)	151	2,042
Not well			0.5	(0.14)	16	2,042
Not at all			0.0	(0.03)	1	2,042

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Are you deaf or do you have serious difficulty hearing? (QD56)	N	New questions.	5.4	(0.61)	79	2,040
Are you blind or do you have serious difficulty seeing, even when wearing glasses? (QD57)	N	New questions.	3.4	(0.58)	73	2,038
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (QD58)	N	New questions.	6.6	(0.68)	161	2,036
Do you have serious difficulty walking or climbing stairs? (QD59)	N	New questions.	6.4	(0.89)	85	2,040
Do you have difficulty dressing or bathing? (QD60)	N	New questions.	1.6	(0.36)	27	2,042
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping? (QD61)[4]	N	New questions.	4.1	(0.68)	60	1,773
Covered by Medicare? (QHI01)	M	Administered in ACASI instead of CAPI.	18.3	(1.58)	181	2,025
Covered by Medicaid/[CHIPFILL] (QHI02 and QHI02a)	M	Administered in ACASI instead of CAPI.	13.4	(1.16)	390	2,015
Covered by TRICARE, CHAMPUS CHAMPVA, VA, Military Health Care (QHI03)	M	Administered in ACASI instead of CAPI.	5.0	(0.77)	77	2,027
Covered by Private Health Insurance (QHI06)	M	Administered in ACASI instead of CAPI.	62.1	(1.86)	1,148	2,012
Was [MEMBER] private health insurance obtained through work, such as through an employer, union, or professional association? (QHI07)[4]	M	Administered in ACASI instead of CAPI.	88.6	(1.47)	1,053	1,144
Does [MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)[4]	M	Administered in ACASI instead of CAPI.	74.2	(1.99)	594	826
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)[4]	M	Administered in ACASI instead of CAPI.	73.2	(2.04)	582	818
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)[4]	M	Administered in ACASI instead of CAPI.	85.0	(1.62)	795	939
[MEMBER] currently covered by any kind of health insurance, including Indian Health Insurance? (QHI11)[4]	M	Administered in ACASI instead of CAPI.	21.9	(2.71)	87	412
Any Health Insurance Coverage (Recode)			86.1	(1.03)	1,685	2,010

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
During the past 12 months, was there any time when [MEMBER] did not have any kind of health insurance or coverage? (QHI13)[4]	M	Administered in ACASI instead of CAPI.	7.3	(0.75)	155	1,677
During the past 12 months, about How many months without any kind of health insurance or coverage? (QHI14)[5]	M	Administered in ACASI instead of CAPI.	4.2	(0.41)	N/A	153
About how long has it been since [MEMBER] last had any kind of health care coverage? (QHI15)[4]	M	Administered in ACASI instead of CAPI.				
Within the Past 6 Months			15.6	(2.42)	52	319
More Than 6 Months Ago but Within the Past Year			7.8	(1.62)	29	319
More Than 1 Year Ago but Within the Past 3 Years			21.9	(3.14)	68	319
More Than 3 Years Ago			35.6	(3.18)	103	319
Never Had Coverage			19.0	(2.63)	67	319
Which of these reasons is the main reason why [MEMBER] stopped being covered by health insurance? (QHI17)[4]	M	Administered in ACASI instead of CAPI.				
Person in Family with Health Insurance Lost Job/Changed Employer			28.4	(4.19)	53	250
Lost Medicaid Coverage Because of New Job/Increase in Income			7.1	(1.49)	26	250
Lost Medicaid Coverage for Some Other Reason			4.6	(1.38)	17	250
Cost Is Too High/Can't Afford Premiums			26.7	(3.74)	57	250
Became Ineligible Because of Age/Leaving School			9.9	(2.09)	31	250
Employer Does Not Offer Coverage or Not Eligible for Coverage			3.8	(1.13)	10	250
Divorced/Separated from Person With Insurance			1.2	(0.69)	4	250
Death of Spouse/Parent			0.2	(0.21)	1	250
Insurance Company Refused Coverage			1.1*	(0.92)	2	250
Don't Need It			3.5	(1.53)	7	250
Received Medicaid/Insurance Only While Pregnant			2.8	(1.01)	9	250
Some Other Reason			10.8	(2.38)	33	250

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18)[4]	M	Administered in ACASI instead of CAPI.				
Cost Too High/ Can't Afford Premiums			44.0*	(6.55)	28	66
Employer Does Not Offer Coverage or Not Eligible for Coverage			5.1*	(2.63)	4	66
Insurance Company Refused Coverage			1.0*	(0.96)	1	66
Don't Need It			11.8*	(4.11)	11	66
Some Other Reason			38.1*	(8.53)	22	66
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	M	Administered in ACASI instead of CAPI.	26.5	(1.69)	351	2,011
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	M	Administered in ACASI instead of CAPI.	9.5	(0.98)	177	1,990
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	M	Administered in ACASI instead of CAPI.	68.6	(1.78)	1,379	2,006
In [YEAR], did you receive food stamps? (QI07N)	M	Administered in ACASI instead of CAPI.	17.6	(1.49)	454	2,020
At any time during [YEAR], did you receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)	M	Administered in ACASI instead of CAPI.	3.4	(0.54)	90	2,007
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	M	Administered in ACASI instead of CAPI.	3.4	(0.52)	95	2,016
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12AN and QI12BN)[5]	M	Administered in ACASI instead of CAPI.	6.1	(0.55)	N/A	147
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	M	Administered in ACASI instead of CAPI.				
$20,000 or More			55.7	(1.60)	769	1,970
Less Than $20,000			44.3	(1.60)	1,201	1,970
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B)	M	Administered in ACASI instead of CAPI.				
Less Than $1,000			14.9	(0.84)	555	1,895

See notes at end of table.

(continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
$1,000-$1,999			2.9	(0.38)	84	1,895
$2,000-$2,999			1.2	(0.23)	41	1,895
$3,000-$3,999			1.4	(0.30)	34	1,895
$4,000-$4,999			1.1	(0.27)	27	1,895
$5,000-$5,999			0.9	(0.23)	24	1,895
$6,000-$6,999			0.9	(0.27)	20	1,895
$7,000-$7,999			0.4	(0.19)	9	1,895
$8,000-$8,999			1.3	(0.32)	25	1,895
$9,000-$9,999			2.6	(0.51)	47	1,895
$10,000-$10,999			2.3	(0.44)	43	1,895
$11,000-$11,999			1.4	(0.36)	22	1,895
$12,000-$12,999			1.4	(0.35)	24	1,895
$13,000-$13,999			1.3	(0.37)	21	1,895
$14,000-$14,999			1.3	(0.31)	21	1,895
$15,000-$15,999			1.8	(0.39)	35	1,895
$16,000-$16,999			1.5	(0.32)	27	1,895
$17,000-$17,999			1.8	(0.41)	28	1,895
$18,000-$18,999			1.7	(0.38)	29	1,895
$19,000-$19,999			1.8	(0.38)	34	1,895
$20,000-$24,999			8.7	(0.85)	146	1,895
$25,000-$29,999			5.5	(0.68)	88	1,895
$30,000-$34,999			4.8	(0.72)	78	1,895
$35,000-$39,999			5.6	(0.78)	65	1,895
$40,000-$44,999			4.8	(0.79)	63	1,895
$45,000-$49,999			4.9	(0.77)	54	1,895
$50,000-$74,999			10.8	(1.08)	128	1,895
$75,000-$99,999			4.4	(0.74)	56	1,895
$100,000-$149,999			3.9	(0.85)	47	1,895
$150,000 or More			2.7	(0.88)	20	1,895
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)	M	Administered in ACASI instead of CAPI.				
$20,000 or More			79.7	(1.55)	1,449	1,949
Less Than $20,000			20.3	(1.55)	500	1,949
Of these income groups, which category best represents your total combined family income during [YEAR]. (QI23A and QI23B)	M	Administered in ACASI instead of CAPI.				
Less Than $1,000			2.3	(0.42)	71	1,797
$1,000-$1,999			1.0	(0.30)	25	1,797
$2,000-$2,999			0.6	(0.18)	21	1,797
$3,000-$3,999			0.9	(0.25)	20	1,797
$4,000-$4,999			0.4	(0.16)	13	1,797
$5,000-$5,999			0.4	(0.17)	11	1,797

See notes at end of table. (continued)

Table O-1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older (continued)

QFT Instrument Item	Type of Change[1]	Description of Change	2012 QFT Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
$6,000-$6,999			0.5	(0.19)	12	1,797
$7,000-$7,999			0.2	(0.10)	8	1,797
$8,000-$8,999			0.6	(0.25)	13	1,797
$9,000-$9,999			0.8	(0.19)	27	1,797
$10,000-$10,999			1.2	(0.29)	26	1,797
$11,000-$11,999			0.6	(0.20)	13	1,797
$12,000-$12,999			0.8	(0.18)	15	1,797
$13,000-$13,999			1.1	(0.40)	15	1,797
$14,000-$14,999			1.2	(0.30)	21	1,797
$15,000-$15,999			0.9	(0.24)	25	1,797
$16,000-$16,999			0.7	(0.19)	18	1,797
$17,000-$17,999			1.6	(0.40)	27	1,797
$18,000-$18,999			0.9	(0.25)	19	1,797
$19,000-$19,999			2.0	(0.47)	44	1,797
$20,000-$24,999			7.7	(0.93)	138	1,797
$25,000-$29,999			4.2	(0.51)	83	1,797
$30,000-$34,999			5.2	(0.69)	101	1,797
$35,000-$39,999			5.2	(0.77)	90	1,797
$40,000-$44,999			6.3	(1.11)	102	1,797
$45,000-$49,999			5.0	(0.64)	87	1,797
$50,000-$74,999			15.9	(1.25)	249	1,797
$75,000-$99,999			11.6	(0.98)	195	1,797
$100,000-$149,999			12.1	(1.41)	194	1,797
$150,000 or More			7.8	(1.17)	114	1,797
Is there at least one telephone at this address that is not a cell phone? (CELL1)	N	New item.	64.1	(1.68)	1,143	2,032
Do you or anyone at this address have a working cell phone? (CELL2)	N	New item.	92.3	(0.82)	1,913	2,037

*Low precision; estimate would be suppressed due to not meeting the NSDUH suppression rule.

ACASI = audio computer-assisted self-interviewing; CAPI = computer-assisted personal interviewing; N/A = not applicable; QFT = Questionnaire Field Test; R = respondent.

[1] Changes to questionnaire items fall under three categories: N = new item, R= revised item, and M= no changes to item but moved to another place in the questionnaire or moved from being interviewer-administered to self- administered.

[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. QFT data were collected from September 1 through November 3, 2012.

[3] Estimates are percentages of all persons aged 12 or older, except where noted.

[4] Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

[5] Estimate is an average based on valid responses to the relevant question(s). Respondents with unknown or missing data were excluded.

[6] Data in the source question are continuous. The estimate is expressed as a percentage for persons reporting valid nonzero values.

[7] Includes pre-pregnancy weight of pregnant females as reported in HLTH13 and HLTH14.

[8] The estimated mean includes zeroes.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

Appendix P: Proxy Reports from the QFT and the Comparison Samples

Table P-1 Distribution of Respondent Relationship with Proxy among Persons Aged 12 or Older Who Obtained a Proxy, by Age Group: Percentages, and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Proxy Relationship	2011 Comparison[1] 12-17, Percent (SE)	2012 Comparison[1,2] 12-17, Percent (SE)	2012 QFT[1,3] 12-17, Percent (SE)	2011 Comparison[1] 18 or Older, Percent (SE)	2012 Comparison[1,2] 18 or Older, Percent (SE)	2012 QFT[1,3] 18 or Older, Percent (SE)
Father	23.7 (0.42)	23.7 (0.63)	25.1 (2.62)	6.2 (0.44)	6.4 (0.60)	4.6 (1.49)
Mother	69.7 (0.45)	69.3 (0.70)	67.8 (2.76)	22.6 (0.86)	22.9 (1.28)	23.2 (3.39)
Son / Daughter	0.0* (0.00)	0.0 (0.02)	0.2 (0.16)	6.1[a] (1.09)	5.1[a] (1.22)	0.0* (0.00)
Brother / Sister	1.7 (0.15)	1.8 (0.17)	1.9 (0.72)	1.1 (0.25)	1.1 (0.34)	2.2 (1.31)
Husband / Wife	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	58.2 (1.18)	57.4 (1.85)	62.0 (4.04)
Live-in Boyfriend / Girlfriend	0.0 (0.01)	0.0 (0.02)	0.2 (0.19)	2.8 (0.47)	4.0 (0.77)	6.7 (2.60)
Son-in-law / Daughter-in-law	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.4 (0.38)	0.0* (0.00)
Grandson / Granddaughter	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.3 (0.19)	0.3 (0.30)	0.0* (0.00)
Father-in-law / Mother-in-law	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.4 (0.22)	0.5 (0.36)	0.0* (0.00)
Grandfather / Grandmother	3.0 (0.17)	3.2 (0.24)	2.3 (0.62)	0.9 (0.17)	0.9 (0.18)	1.1 (0.62)
Other Adult Relative	1.9 (0.15)	2.0 (0.22)	2.6 (0.98)	1.5[a] (0.37)	1.0 (0.38)	0.2 (0.23)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = NSDUH Questionnaire Field Test.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis. Edited variables PRXYANS2 for HASJOIN and PRXRELAT for QP02 were used in this analysis.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison proxy compared with 2012 QFT proxy).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table P-2 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,3] Proxy Percent (SE)	2012 QFT[1,2] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,3] No Proxy Percent (SE)	2012 QFT[1,2] No Proxy Percent (SE)
Covered by Private Health Insurance? (QHI06)[4,5]	64.6 (0.79)	65.3 (0.96)	59.5 (3.04)	69.6[a] (0.49)	69.4 (0.67)	64.9 (2.19)
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108)[4,5]	84.7[a] (0.88)	85.1[a] (1.05)	73.7 (5.07)	84.9[a] (0.52)	84.7[a] (0.82)	76.8 (2.13)
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)[4,5]	84.7[a] (0.89)	84.6[a] (1.04)	76.3 (3.65)	84.0[a] (0.53)	84.3[a] (0.85)	74.8 (2.26)
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)[4,5]	91.7[a] (0.54)	91.3[a] (0.74)	83.3 (3.24)	91.9[a] (0.32)	92.4[a] (0.55)	85.7 (1.80)
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N)[4,5]	21.1 (0.73)	19.7 (1.18)	22.2 (2.86)	27.6 (0.53)	26.3 (0.60)	26.4 (2.06)
In [YEAR], did [FILL] receive supplemental Security Income or SSI? (QI03N)[4,5]	8.6 (0.44)	8.8 (0.53)	10.0 (1.84)	6.5[a] (0.23)	7.6 (0.39)	9.4 (1.18)
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N)[4,5]	84.9[a] (0.60)	86.3[a] (0.79)	63.8 (2.66)	87.2[a] (0.42)	87.5[a] (0.50)	71.6 (1.90)
In [YEAR], did [FILL] receive food stamps? (QI07N)[4,5]	18.2[a] (0.62)	18.0[a] (0.74)	23.9 (2.50)	13.3 (0.36)	14.6 (0.47)	15.2 (1.67)
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)[4,5]	3.4 (0.24)	3.1 (0.26)	3.9 (0.92)	2.3 (0.13)	2.0 (0.16)	2.7 (0.59)
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N)[4,5]	3.9 (0.25)	4.2 (0.34)	4.9 (1.21)	3.0 (0.15)	2.7 (0.16)	2.9 (0.58)
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)[4,5]						
$20,000 or More	14.1 (0.80)	15.0 (0.99)	19.2 (2.64)	58.4[a] (0.46)	58.4[a] (0.62)	64.9 (1.74)
Less Than $20,000	85.9 (0.80)	85.0 (0.99)	80.8 (2.64)	41.6[a] (0.46)	41.6[a] (0.62)	35.1 (1.74)

See notes at end of table. (continued)

Table P-2 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,3] Proxy Percent (SE)	2012 QFT[1,2] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,3] No Proxy Percent (SE)	2012 QFT[1,2] No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B)[4,5]						
Less Than $1,000	60.2[a] (0.84)	60.1[a] (1.10)	53.7 (2.84)	10.5[a] (0.23)	10.4[a] (0.34)	7.6 (0.80)
$1,000-$1,999	4.1 (0.17)	4.3 (0.31)	4.5 (0.86)	1.9 (0.10)	2.0 (0.14)	2.4 (0.42)
$2,000-$2,999	3.0 (0.22)	2.7 (0.24)	1.9 (0.87)	1.6[a] (0.09)	1.4 (0.11)	1.0 (0.22)
$3,000-$3,999	1.9 (0.16)	2.1 (0.24)	2.1 (0.65)	1.4 (0.09)	1.5 (0.15)	1.1 (0.31)
$4,000-$4,999	1.4 (0.12)	1.4 (0.15)	2.9 (1.25)	1.3[a] (0.08)	1.1 (0.11)	0.7 (0.20)
$5,000-$5,999	2.0[a] (0.26)	1.2 (0.21)	0.9 (0.37)	1.6[a] (0.10)	1.4 (0.11)	0.9 (0.30)
$6,000-$6,999	1.9 (0.37)	1.1 (0.14)	0.9 (0.40)	1.4 (0.11)	1.6 (0.17)	1.0 (0.34)
$7,000-$7,999	1.4 (0.16)	1.1 (0.18)	0.5 (0.43)	1.6[a] (0.11)	1.6[a] (0.18)	0.4 (0.25)
$8,000-$8,999	1.2 (0.14)	1.5 (0.26)	1.1 (0.50)	1.8 (0.11)	1.8 (0.17)	1.3 (0.40)
$9,000-$9,999	1.6 (0.27)	1.7 (0.47)	2.1 (1.21)	1.8 (0.11)	1.8 (0.16)	2.7 (0.66)
$10,000-$10,999	1.2 (0.18)	1.4 (0.22)	3.1 (1.30)	2.2 (0.15)	2.1 (0.17)	2.2 (0.53)
$11,000-$11,999	0.7 (0.13)	1.0 (0.20)	0.5 (0.33)	1.5 (0.10)	1.8 (0.18)	1.7 (0.50)
$12,000-$12,999	1.0 (0.24)	1.4 (0.34)	0.7 (0.58)	2.2[a] (0.13)	2.6[a] (0.24)	1.3 (0.38)
$13,000-$13,999	0.8[a] (0.20)	1.0[a] (0.27)	0.2 (0.19)	1.5 (0.11)	1.3 (0.12)	1.2 (0.35)
$14,000-$14,999	0.6 (0.16)	0.5 (0.14)	0.9 (0.65)	1.5[a] (0.11)	1.7[a] (0.15)	0.9 (0.30)
$15,000-$15,999	0.5 (0.10)	0.6 (0.17)	0.3 (0.25)	1.8 (0.11)	1.6 (0.14)	2.1 (0.50)
$16,000-$16,999	0.2 (0.09)	0.4 (0.17)	1.4 (0.95)	1.2 (0.10)	1.3 (0.12)	1.6 (0.39)
$17,000-$17,999	0.8 (0.29)	0.2 (0.08)	1.3 (0.95)	1.4 (0.09)	1.2 (0.12)	1.2 (0.40)
$18,000-$18,999	0.9[a] (0.21)	0.8 (0.21)	0.3 (0.22)	1.8 (0.11)	1.7 (0.16)	1.9 (0.49)
$19,000-$19,999	0.8 (0.17)	0.7 (0.25)	1.5 (0.84)	1.8 (0.12)	1.7 (0.16)	2.0 (0.50)
$20,000-$24,999	2.4 (0.32)	2.6 (0.42)	4.1 (1.28)	6.8 (0.24)	6.8 (0.33)	8.5 (1.06)
$25,000-$29,999	2.3 (0.35)	1.7 (0.32)	2.7 (1.19)	6.6 (0.31)	6.2 (0.32)	6.2 (0.92)
$30,000-$34,999	1.7 (0.32)	1.8 (0.36)	2.4 (1.25)	5.9 (0.26)	5.7 (0.26)	5.3 (0.93)
$35,000-$39,999	1.2 (0.22)	1.4 (0.40)	1.0 (0.71)	5.0 (0.23)	5.0 (0.33)	7.0 (1.08)
$40,000-$44,999	1.3 (0.24)	1.7 (0.50)	1.2 (0.77)	4.4 (0.20)	4.4 (0.27)	5.3 (0.90)
$45,000-$49,999	1.1 (0.22)	1.3 (0.29)	2.3 (1.19)	4.2 (0.18)	4.8 (0.29)	6.0 (1.04)
$50,000-$74,999	2.4 (0.31)	2.4 (0.37)	2.7 (1.26)	12.0 (0.34)	12.2 (0.45)	12.2 (1.47)
$75,000-$99,999	0.8 (0.19)	0.6 (0.17)	1.9 (1.10)	5.7 (0.23)	5.5 (0.36)	5.7 (1.00)
$100,000 or More	0.4 (0.13)	1.2 (0.36)	1.0 (0.62)	7.8 (0.35)	7.5 (0.49)	8.9 (1.64)
$100,000-$149,999	-- (--)	-- (--)	1.0 (0.62)	-- (--)	-- (--)	5.1 (1.15)
$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	3.8 (1.26)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = NSDUH Questionnaire Field Test.
-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] QFT data collected from September 1 through November 3, 2012.
[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[4] Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.
[5] Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table P-3 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,3] Proxy Percent (SE)	2012 QFT[1,2] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,3] No Proxy Percent (SE)	2012 QFT[1,2] No Proxy Percent (SE)
Covered by Private Health Insurance? (QHI06)[4,5]	63.0 (0.58)	62.5 (0.78)	58.9 (3.06)	51.7[a] (1.37)	49.2[a] (2.04)	31.5[*] (5.84[*])
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108)[4,5]	86.8[a] (0.54)	87.6[a] (0.78)	78.0 (3.52)	64.6 (2.29)	60.4 (3.50)	43.3[*] (16.72[*])
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)[4,5]	86.7[a] (0.56)	86.8[a] (0.81)	78.1 (3.16)	64.6 (2.34)	59.3 (3.52)	44.6[*] (17.16[*])
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)[4,5]	92.9 (0.36)	92.8 (0.45)	88.6 (2.69)	82.7 (1.57)	81.1 (2.74)	57.9[*] (16.19[*])
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N)[4,5]	11.9 (0.41)	10.7 (0.43)	12.1 (1.88)	14.3 (0.97)	13.4 (1.12)	16.4[*] (4.18[*])
In [YEAR], did [FILL] receive supplemental Security Income or SSI? (QI03N)[4,5]	7.5 (0.31)	8.0 (0.39)	9.4 (1.81)	8.2 (0.73)	6.2 (0.81)	14.5[*] (5.42[*])
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N)[4,5]	89.4[a] (0.36)	89.4[a] (0.47)	64.0 (2.73)	91.8[a] (0.73)	92.5[a] (0.91)	74.8[*] (7.17[*])
In [YEAR], did [FILL] receive food stamps? (QI07N)[4,5]	20.2[a] (0.45)	20.4[a] (0.65)	26.7 (2.64)	25.0 (1.15)	26.9 (1.56)	37.9[*] (7.59[*])
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)[4,5]	4.1 (0.23)	3.9 (0.33)	5.5 (1.20)	5.1 (0.63)	4.3 (0.62)	5.7[*] (3.25[*])
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N)[4,5]	4.2 (0.21)	4.2 (0.29)	6.3 (1.33)	5.9[a] (0.60)	5.5[a] (0.80)	0.0[*] (0.00[*])
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)[4,5]						
$20,000 or More	0.4[a] (0.07)	0.4[a] (0.10)	6.5 (1.42)	0.5[a] (0.13)	0.9 (0.30)	10.1[*] (4.73[*])
Less Than $20,000	99.6[a] (0.07)	99.6[a] (0.10)	93.5 (1.42)	99.5[a] (0.13)	99.1 (0.30)	89.9[*] (4.73[*])

See notes at end of table. (continued)

Table P-3 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,3] Proxy Percent (SE)	2012 QFT[1,2] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,3] No Proxy Percent (SE)	2012 QFT[1,2] No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B)[4,5]						
Less Than $1,000	85.3 (0.35)	85.8 (0.46)	82.2 (2.18)	78.6[a] (0.98)	78.8[a] (1.30)	63.6* (7.10*)
$1,000-$1,999	4.4 (0.16)	4.3 (0.29)	4.1 (1.14)	7.5 (0.64)	9.3 (0.95)	11.7* (4.46*)
$2,000-$2,999	2.4[a] (0.17)	2.2[a] (0.19)	0.8 (0.48)	4.2 (0.44)	3.5 (0.54)	2.7* (2.73*)
$3,000-$3,999	1.6 (0.13)	1.6 (0.16)	1.4 (0.65)	2.5 (0.35)	2.5 (0.48)	2.3* (2.25*)
$4,000-$4,999	1.2 (0.10)	1.1 (0.13)	1.0 (0.50)	1.4 (0.26)	1.1 (0.25)	1.3* (1.29*)
$5,000-$5,999	0.9 (0.09)	0.6 (0.10)	0.4 (0.30)	1.2[a] (0.28)	0.6[a] (0.19)	0.0* (0.00*)
$6,000-$6,999	0.8 (0.09)	0.6 (0.09)	0.8 (0.50)	1.1 (0.27)	0.9 (0.33)	1.7* (1.73*)
$7,000-$7,999	0.7[a] (0.08)	0.8[a] (0.10)	0.2 (0.18)	0.3[a] (0.10)	0.7[a] (0.22)	0.0* (0.00*)
$8,000-$8,999	0.6 (0.10)	0.7 (0.10)	0.4 (0.30)	0.4[a] (0.12)	0.4[a] (0.17)	0.0* (0.00*)
$9,000-$9,999	0.4[a] (0.07)	0.4[a] (0.09)	0.0* (0.00*)	0.3[a] (0.11)	0.0 (0.05)	0.0* (0.00*)
$10,000-$10,999	0.3 (0.05)	0.5 (0.08)	0.3 (0.27)	0.7 (0.16)	0.6 (0.27)	1.3* (1.36*)
$11,000-$11,999	0.2 (0.04)	0.2 (0.06)	0.2 (0.23)	0.1 (0.08)	0.3 (0.17)	0.0* (0.00*)
$12,000-$12,999	0.3 (0.09)	0.3 (0.07)	0.2 (0.20)	0.1 (0.06)	0.1 (0.06)	2.0* (1.97*)
$13,000-$13,999	0.1 (0.04)	0.1 (0.04)	0.1 (0.10)	0.1 (0.05)	0.1 (0.12)	1.5* (1.46*)
$14,000-$14,999	0.1[a] (0.04)	0.1[a] (0.05)	0.0* (0.00*)	0.1 (0.09)	0.0 (0.02)	0.0* (0.00*)
$15,000-$15,999	0.1 (0.04)	0.1 (0.05)	0.5* (0.48*)	0.5 (0.17)	0.1 (0.05)	1.4* (1.42*)
$16,000-$16,999	0.0 (0.02)	0.1 (0.04)	0.3 (0.24)	0.0 (0.03)	0.0 (0.04)	1.5* (1.53*)
$17,000-$17,999	0.0[a] (0.01)	0.1 (0.03)	0.0* (0.00*)	0.4[a] (0.17)	0.0* (0.00*)	0.0* (0.00*)
$18,000-$18,999	0.1 (0.03)	0.1 (0.04)	0.1 (0.09)	0.0 (0.04)	0.1 (0.15)	0.0* (0.00*)
$19,000-$19,999	0.1 (0.04)	0.1 (0.04)	0.5 (0.39)	0.0 (0.03)	0.0* (0.00*)	0.0* (0.00*)
$20,000-$24,999	0.1[a] (0.02)	0.2[a] (0.05)	4.2 (1.06)	0.1 (0.06)	0.3 (0.22)	2.4* (2.20*)
$25,000-$29,999	0.1 (0.03)	0.1 (0.05)	0.8 (0.45)	0.0 (0.02)	0.0* (0.00*)	0.0* (0.00*)
$30,000-$34,999	0.0 (0.02)	0.1 (0.03)	0.4* (0.44*)	0.0* (0.00*)	0.3 (0.17)	4.3* (3.07*)
$35,000-$39,999	0.0 (0.01)	0.0* (0.00*)	0.0* (0.00*)	0.0 (0.03)	0.1 (0.07)	0.0* (0.00*)
$40,000-$44,999	0.0* (0.00*)	0.0 (0.02)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)
$45,000-$49,999	0.0* (0.00*)	0.0* (0.00*)	0.2 (0.23)	0.0* (0.00*)	0.1 (0.07)	0.0* (0.00*)
$50,000-$74,999	0.1 (0.03)	0.0* (0.00*)	0.4 (0.26)	0.0 (0.03)	0.0* (0.00*)	2.1* (1.93*)
$75,000-$99,999	0.0 (0.02)	0.0* (0.00*)	0.2 (0.24)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)
$100,000 or More	0.0[a] (0.02)	0.1[a] (0.04)	0.0* (0.00*)	0.0 (0.03)	0.2 (0.10)	0.0* (0.00*)
$100,000-$149,999	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	0.0* (0.00*)
$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	0.0* (0.00*)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOINhe or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[4] Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

[5] Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table P-4 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,3] Proxy Percent (SE)	2012 QFT[1,2] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,3] No Proxy Percent (SE)	2012 QFT[1,2] No Proxy Percent (SE)
Covered by Private Health Insurance? (QHI06)[4,5]	66.9 (1.75)	69.6 (1.84)	60.1 (5.55)	70.0 (0.50)	69.8 (0.67)	65.5 (2.24)
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108)[4,5]	81.7 (1.82)	81.5 (2.27)	69.2[*] (8.71[*])	85.1[a] (0.53)	85.0[a] (0.82)	77.0 (2.14)
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)[4,5]	81.8 (1.88)	81.3 (2.28)	74.4[*] (6.19[*])	84.2[a] (0.54)	84.6[a] (0.85)	75.0 (2.26)
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)[4,5]	89.8[a] (1.28)	89.2 (1.68)	77.6[*] (5.92[*])	92.0[a] (0.33)	92.5[a] (0.55)	85.9 (1.78)
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N)[4,5]	35.4 (1.61)	33.3 (2.60)	33.7 (5.20)	27.9 (0.54)	26.6 (0.61)	26.6 (2.09)
In [YEAR], did [FILL] receive supplemental Security Income or SSI? (QI03N)[4,5]	10.2 (0.97)	10.0 (1.12)	10.7 (3.20)	6.5[a] (0.23)	7.6 (0.40)	9.3 (1.18)
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N)[4,5]	78.0[a] (1.38)	81.4[a] (1.78)	63.5 (4.30)	87.0[a] (0.43)	87.4[a] (0.51)	71.5 (1.93)
In [YEAR], did [FILL] receive food stamps? (QI07N)[4,5]	15.2 (1.25)	14.4 (1.31)	20.7 (3.99)	13.0 (0.36)	14.3 (0.47)	14.8 (1.66)
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)[4,5]	2.3 (0.38)	2.0 (0.41)	2.1 (1.30)	2.2 (0.13)	2.0 (0.16)	2.6 (0.60)
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N)[4,5]	3.5 (0.52)	4.1 (0.70)	3.3 (1.77)	3.0 (0.15)	2.6 (0.16)	2.9 (0.59)
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)[4,5]						
$20,000 or More	35.5 (1.81)	37.6 (2.01)	33.7 (5.05)	59.8[a] (0.46)	59.7[a] (0.62)	65.8 (1.76)
Less Than $20,000	64.5 (1.81)	62.4 (2.01)	66.3 (5.05)	40.2[a] (0.46)	40.3[a] (0.62)	34.2 (1.76)

See notes at end of table. (continued)

Table P-4 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 18 or Older, Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,3] Proxy Percent (SE)	2012 QFT[1,2] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,3] No Proxy Percent (SE)	2012 QFT[1,2] No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B)[4,5]						
Less Than $1,000	20.4 (1.24)	19.3 (1.14)	21.6 (4.06)	8.9[a] (0.22)	8.8[a] (0.34)	6.7 (0.81)
$1,000-$1,999	3.6 (0.39)	4.3 (0.62)	4.9 (1.27)	1.7 (0.10)	1.8 (0.15)	2.3 (0.42)
$2,000-$2,999	3.8 (0.50)	3.4 (0.55)	3.1 (1.83)	1.5[a] (0.09)	1.4 (0.12)	1.0 (0.22)
$3,000-$3,999	2.4 (0.37)	2.8 (0.54)	2.8 (1.14)	1.3 (0.09)	1.5 (0.15)	1.1 (0.32)
$4,000-$4,999	1.9 (0.27)	1.8 (0.34)	4.9* (2.75*)	1.3[a] (0.08)	1.1 (0.12)	0.6 (0.20)
$5,000-$5,999	3.7[a] (0.64)	2.1 (0.52)	1.4 (0.71)	1.6[a] (0.10)	1.4 (0.11)	0.9 (0.30)
$6,000-$6,999	3.7[a] (0.91)	1.8 (0.37)	1.1 (0.65)	1.4 (0.11)	1.7 (0.17)	0.9 (0.34)
$7,000-$7,999	2.6 (0.39)	1.7 (0.43)	0.9* (0.89*)	1.6[a] (0.11)	1.6[a] (0.18)	0.4 (0.25)
$8,000-$8,999	2.0 (0.30)	2.7 (0.66)	1.9 (1.03)	1.8 (0.11)	1.8 (0.18)	1.3 (0.41)
$9,000-$9,999	3.5 (0.67)	3.8 (1.18)	4.4* (2.58*)	1.8 (0.11)	1.8 (0.16)	2.8 (0.67)
$10,000-$10,999	2.7 (0.46)	3.0 (0.58)	6.3 (2.58)	2.3 (0.15)	2.2 (0.17)	2.2 (0.54)
$11,000-$11,999	1.5 (0.34)	2.1 (0.50)	0.9 (0.65)	1.6 (0.10)	1.8 (0.18)	1.7 (0.51)
$12,000-$12,999	2.2 (0.61)	3.3 (0.87)	1.2* (1.22*)	2.2[a] (0.13)	2.7[a] (0.25)	1.2 (0.38)
$13,000-$13,999	1.8[a] (0.50)	2.4[a] (0.70)	0.4* (0.40*)	1.6 (0.12)	1.3 (0.13)	1.1 (0.35)
$14,000-$14,999	1.5 (0.42)	1.0 (0.37)	1.9* (1.37*)	1.6[a] (0.11)	1.8[a] (0.16)	0.9 (0.30)
$15,000-$15,999	1.2[a] (0.25)	1.4[a] (0.42)	0.0* (0.00*)	1.8 (0.11)	1.7 (0.14)	2.1 (0.50)
$16,000-$16,999	0.6 (0.23)	1.0 (0.42)	2.7* (1.96*)	1.3 (0.10)	1.3 (0.12)	1.6 (0.40)
$17,000-$17,999	1.9 (0.76)	0.5 (0.21)	2.7* (1.99*)	1.4 (0.09)	1.2 (0.12)	1.2 (0.40)
$18,000-$18,999	2.2[a] (0.54)	1.9[a] (0.54)	0.5* (0.46*)	1.8 (0.11)	1.7 (0.17)	1.9 (0.50)
$19,000-$19,999	2.0 (0.44)	1.7 (0.64)	2.5* (1.72*)	1.8 (0.12)	1.8 (0.17)	2.0 (0.51)
$20,000-$24,999	6.1 (0.80)	6.6 (1.06)	4.0* (2.42*)	6.9 (0.24)	6.9 (0.34)	8.6 (1.08)
$25,000-$29,999	5.9 (0.89)	4.3 (0.81)	4.8 (2.50)	6.8 (0.32)	6.4 (0.33)	6.3 (0.94)
$30,000-$34,999	4.3 (0.83)	4.6 (0.94)	4.5* (2.56*)	6.1 (0.27)	5.9 (0.27)	5.3 (0.94)
$35,000-$39,999	3.0 (0.56)	3.7 (1.01)	2.2* (1.50*)	5.1 (0.23)	5.2 (0.33)	7.1 (1.09)
$40,000-$44,999	3.4 (0.63)	4.4 (1.25)	2.6 (1.61)	4.5 (0.21)	4.5 (0.28)	5.4 (0.91)
$45,000-$49,999	2.9 (0.56)	3.4 (0.76)	4.7* (2.52*)	4.3 (0.19)	4.9 (0.30)	6.1 (1.06)
$50,000-$74,999	6.1 (0.77)	6.3 (0.96)	5.2 (2.64)	12.3 (0.35)	12.5 (0.46)	12.4 (1.49)
$75,000-$99,999	2.2 (0.50)	1.5 (0.46)	3.8* (2.30*)	5.8 (0.24)	5.7 (0.37)	5.8 (1.02)
$100,000 or More	1.1 (0.33)	3.1 (0.92)	2.2 (1.33)	8.0 (0.36)	7.7 (0.51)	9.0 (1.67)
$100,000-$149,999	-- (--)	-- (--)	2.2 (1.33)	-- (--)	-- (--)	5.2 (1.17)
$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	3.8 (1.28)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] QFT data collected from September 1 through November 3, 2012.

[3] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[4] Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

[5] Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Appendix Q: Protocol Changes Considered for the Dress Rehearsal and Whether the Changes Will Be Implemented for the Dress Rehearsal

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
1	Screening	N/A	Program a Spanish-language version of the screening program for the DR.	LeBaron	Change for DR.	Yes		Yes
2	Screening	N/A	In the screening, if a R indicates "Other" or "Don't Know/Refused" on the Race or Hispanic questions, remove the "Other" and "Unspecified" designation that FIs read to the R when verifying the roster information. There will be no automatic fill for the race or ethnicity of the roster member in cases where the response is "Don't Know," "Refused," or "Other." Fills will only be provided for items where the R has chosen one of the offered response categories.	LeBaron	Change for DR.	Yes	Changes mirror updates made to the screening program for the 2013 NSDUH.	Yes
3	Screening	N/A	Make edits to the screening program to exit when the SR is younger than 17.	LeBaron	Change for DR.	Yes	Changes mirror updates made to the screening program for the 2013 NSDUH.	Yes
4	Debriefing questions	Section 5.3	For QFTDBF17a, "Which of the following describes the problems with the **proxy's** use of ACASI in answering the income and health insurance questions?" 72% answered "Other." Consider adding an "OTHER, Specify" question.	LeBaron	Change for DR.	Yes	There was no follow-up question in the QFT to clarify the "other" category. SAMHSA approved the addition of this item.	Yes
5	Debriefing questions	Section 5.5.4.2	During focus groups, FIs suggested adding a field to the debriefing questions to record comments about the case.	LeBaron	Change for DR.	Yes	Main study debriefing does have an open-ended question for comments. SAMHSA approved the addition of this item.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
6	Debriefing questions	N/A	Edit debriefing items to reflect analytic goals of the DR and to measure functionality of items that have the potential to change.	LeBaron	Change for DR.	Yes	SAMHSA approved the FI Debriefing items on 4/17/13.	Yes
7	Screening	N/A	Delete the physical characteristics screen of the screener, as it is not used in analysis.	LeBaron	Change for DR.	Yes	RTI and SAMHSA confirmed the deletion of this screen on 4/23/13.	Yes
8	Screening	N/A	Delete the controlled access screen of the screener, as it is not used in analysis.	LeBaron	Change for DR.	Yes	RTI and SAMHSA confirmed the deletion of this screen on 4/23/13.	Yes
9	Screening	N/A	Correct bug in the screening program that causes the instrument to freeze.	LeBaron	Change for DR.	Yes	This bug was corrected so that the DR instrument performed as intended, and was not a change from the QFT per se.	Yes

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test; R = respondent; RTI = Research Triangle Institute; SR = screening respondent; SAMHSA = Substance Abuse and Mental Health Services Administration.

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
1	CAI	N/A	Develop Spanish-language version of questionnaire for DR.	LeBaron	Change for DR.	Yes		
2	CAI	N/A	Investigate the limits for the hard error after QD11 using QFT data.	LeBaron	No change for DR.	Yes	Limits were investigated and a decision was reached with SAMHSA not to add a hard error.	N/A
3	CAI	N/A	Add PENTER1 before ENDAUDIO to lock the ACASI portion of the interview.	LeBaron	Change for DR.	Yes	Edit should match change in 2013 questionnaire.	Yes
4	CAI	N/A	Add adult family members to the list of available proxies (QP02) when the adult family members ages=DK or REF. Add language in the specifications to note that this edit was made.	LeBaron	Change for DR.	Yes	Edit matches change in 2013 questionnaire; added a note in the specs to make clear that this change was made.	Yes
5	CAI	N/A	Change logic in MJMM so that anyone reporting past year blunt use in BL02 is routed to MJMM.	LeBaron	Change for DR.	Yes	Edit should match change in 2013 questionnaire.	Yes
6	CAI	N/A	Remove PREVCOM when R is 12 to 17 because R could not have been a proxy on a previous interview.	LeBaron	Change for DR.	Yes	Approved for revision during QFT training, but reserved for DR update.	Yes
7	CAI	N/A	Change the data structure on TX10 to allow R to choose all 12 possible options.	LeBaron	Change for DR.	Yes		Yes
8	CAI	N/A	Remove "…including Indian Health Insurance" from QHI11.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
9	CAI	N/A	Fix skip pattern for "source of prescription drug" questions so they no longer skip 12 to 17 year olds per Larry Kroutil's email on 9/27/12 (PRY42C, TRY21C, STY26C, SVY19C).	LeBaron	Change for DR.	Yes		Yes
10	CAI	N/A	Add "headphones" back to IntroACASI1 "…you will do an important part of this interview on your own, using the computer and headphones."	LeBaron	Change for DR.	Yes	Gather feedback from DR FIs.	Yes
11	CAI	N/A	In ANYQUES, add "please" back to the question and re-record.	LeBaron	Change for DR.	Yes		Yes
12	CAI	N/A	On CG39, RCG39, and RRCG39, Macanudo should be singular.	LeBaron	Change for DR.	Yes		Yes
13	CAI	N/A	For PRINTROYR2 and similar questions, add "and" before the last drug in the list.	LeBaron	Change for DR.	Yes		Yes
14	CAI	N/A	For PRYMOTIV, the upward inflection after "...that time?" sounds strange and should be re-recorded.	LeBaron	Change for DR.	Yes		Yes
15	CAI	N/A	Bold "feet," "inches," "meters," "centimeters," "pounds," and "kilograms" in the specifications (HLTH05-HLTH14). No update needed for the DR instrument because the QFT instrument included this bolding.	LeBaron	Change for DR (specs only).	Yes	The instrument was correct; only the specs need to be updated.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
16	CAI	N/A	Change logic on HLTH29 so that if a respondent reports age at first cancer diagnosis as current age, HLTH29 is skipped (per an email sent to SAMHSA on 10/2/12).	LeBaron	Change for DR.	Yes	Correct in QFT specs; Blaise changes only for DR	Yes
17	CAI	N/A	Reword BACKUP/BACKUPB to be less confusing. The revised question will read: "If you want to change or see your answer to a previous question, you can back up using the [F9] key. Each time you press the [F9] key, the computer will go back one question. You can tell the computer to repeat a question by pressing [F10]. Try this now. When you are finished, press [ENTER] to continue."	LeBaron	Change for DR.	Yes		Yes
18	CAI	N/A	Remove F7 functionality (mute) from the entire interview. Remove the introduction to this functionality from IntroACASI1 and IntrAcasi1b.	LeBaron	Change for DR.	Yes		Yes
19	CAI	N/A	Change TOALLR3 to "As you can see, this is kept separate from the answers that were entered, so they will still be completely private."	LeBaron	Change for DR.	Yes	Wording change only.	Yes
20	CAI	N/A	Revise DR with 2013 Medicaid and CHIP program names in MEDIFILL, CHIPFILL, and TANFFILL.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
21	CAI	N/A	Some fills sound awkward due to inconsistent inflection. Vicodin and Provigil are two examples. Need to determine if fills should be re-recorded. Assess quality of existing wav files and reach determination about re-recording.	LeBaron	No change for DR.	Yes	Defer assessment of quality due to TTS investigation.	N/A
22	CAI	N/A	Added questions about sexual orientation using NCHS as a model.	LeBaron	Change for DR.	Yes		Yes
23	CAI	N/A	There is a concern that the ACASI voice does not pronounce the drug names until the response options are read. Respondents often do not wait to hear all response options before entering their answer. Once a response is entered, the audio pauses.	LeBaron	No change for DR.	Yes	Investigate rates for these first drugs after the first few weeks, and again at the end of data collection.	N/A
24	CAI	N/A	Change INTROINC to make audio transitions less choppy, and use passive voice to list the family members. For example, "…kinds and amounts of income received by your son and his family, that is, your son, you, his father and sister living here."	LeBaron	Change for DR.	Yes		Yes
25	CAI	N/A	Revise the response for reporting no use of prescription drugs in the prescription drug screeners (PR01, etc.), perhaps by changing it from 95 to 0.	LeBaron	No change for DR.	Yes		N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
26	CAI	N/A	Skip the lead xxM01 question for prescription drugs (e.g., PRM01) if the respondent is a past month initiate (e.g., PR30ANYINIT=1).	LeBaron	Change for DR.	Yes	Correct in QFT specs; Blaise changes only for DR.	Yes
27	CAI	N/A	Delete QD42 from the instrument.	LeBaron	Change for DR.	Yes		Yes
28	CAI	N/A	Add "or other health professional" to the medical marijuana (MJMM, MJMM01) questions.	LeBaron	Change for DR.	Yes	Edit should match change in 2013 questionnaire.	Yes
29	CAI	N/A	Change the allowable range of the 30-day frequency questions for prescription drugs (e.g., PRM02) from 0 to 30 to 1 to 30.	LeBaron	Change for DR.	Yes		Yes
30	CAI	N/A	Add language that references reports of methamphetamine use in the special drug module (SD14) into logic for creating MET12MON in the substance dependence and abuse module.	LeBaron	Change for DR.	Yes		Yes
31	CAI	N/A	Add a question to the prescription drug modules that measures initiation of misuse of prescription drugs. This issue was first communicated to SAMHSA on 10/31/12 and 11/1/12. On 11/16/12, Jonaki Bose sent a proposed follow-up question if Rs report only past year initiation. A proposed revision to the question was sent to SAMHSA on 11/27/12. The question is XXL03.	LeBaron	Change for DR.	Yes	DR testing will focus on this question to ensure that the specs are working correctly.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
32	CAI	N/A	Edit the logic for the motivation questions (XXYMOTIV) so that it no longer skips Rs out of these questions if the only drug they misused in the past year is "any other drug" in the category. This issue was noted to the Instrument Development team on 11/29/12.	LeBaron	Change for DR.	Yes		Yes
33	CAI	N/A	Edit QD10 to match the war era categories to those of the VA. Vietnam era should start 3/1961 for those who served in Vietnam in that period.	LeBaron	Change for DR.	Yes		Yes
34	CAI	Chapter 5	Based on results in debriefing question QFTDBF12, edit the wording to PLAYINFO so as to explain the steps the R must take more clearly. In some cases, it was not clear what to do after entering F2, with some respondents perhaps not realizing that they must enter a response after seeing the pop-up instruction box.	LeBaron	Change for DR.	Yes	Also add reminder to training to tell FIs what to do if a R asks about F2.	Yes
35	CAI	Section 5.5.4.3	In a focus group, an FI suggested a darker color to highlight dates because the current colors are difficult to see in sunlight.	LeBaron	No change for DR.	Yes	There are no plans to change the color for CAI dates. Gather feedback from DR FIs on visibility of new laptop screen in different environments.	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
36	CAI	Section 5.5.4.3	In the focus groups, FIs suggested the tutorial be clearly labeled as a practice session, or the introduction be emphasized. They reported that Rs struggled with providing accurate answers to questions and were confused by the lack of concordance with the question topics and the NSDUH study description. To address this issue, label the tutorial items as Practice Question #1, Practice Question #2, etc.	LeBaron	Change for DR.	Yes		Yes
37	CAI	Section 5.5.4.6	In the focus groups, FIs provided general feedback that they would like to do away with the showcards and move the demographic questions to be self-administered.	Zelko/ LeBaron	No change for DR.	Yes	SAMHSA reviewed electronic showcards and the text was too small on the screen. There are no plans to move demographics to ACASI.	N/A
38	CAI		Add an "OTHER, Specify" question to the prescription drug reasons for misuse decomposition question.	LeBaron	No change for DR.	Yes		N/A
39	CAI	Chapter 9	Add "OTHER, Specify" questions for the prescription drug screeners.	LeBaron	No change for DR.	Yes		N/A
40	CAI	N/A	Due to respondent complaints and confusion that the type of music they listen to is not listed on ALLAPPLY in the tutorial questions, delete "9 Techno" and replace it with "9 Something Else" to limit respondent issues.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
41	CAI	N/A	Change the wording of TOALLR3I to remind FIs that, in an interview with a minor R, a parent or guardian should sign the QC form if possible. Specifically, change the first interviewer note to "[GIVE QUALITY CONTROL FORM AND ENVELOPE TO RESPONDENT (OR PARENT/GUARDIAN OF YOUTH RESPONDENT, IF AVAILABLE]."	LeBaron	Change for DR.	Yes		Yes
42	CAI	N/A	Edit the ranges to the height questions (HLTH05 - HLTH08). This change was also made to the 2013 (Q2-Q4) and 2014 instrument.	LeBaron	Change for DR.	Yes	Edit should match change in 2013 questionnaire.	Yes
43	CAI	N/A	Edit the language to the military family questions (QD10d-QD10f). QD10f will only be included for the DR and will be deleted for the 2015 instrument.	LeBaron	Change for DR.	Yes		Yes
44	CAI	N/A	Edited response options for QD10b1 to reflect correct eras for military service.	LeBaron	Change for DR.	Yes		Yes
45	CAI	N/A	Edited INTRO2 to instruct R that he or she can turn down the volume of the voice.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
46	CAI	N/A	Added logic to define new variables PRYRDKRE1, TRYDKRE1, STYDKRE1, and SVYDKRE1. These variables will be used in routing Rs with unknown recent initiation to the new questions, PRL03, TRL03, STL03, and SVL03.	LeBaron	Change for DR.	Yes		Yes
47	CAI	N/A	Added logic to define Rs with unknown recent initiation of prescription drug use in all prescription drug modules.	LeBaron	Change for DR.	Yes		Yes
48	CAI	N/A	Corrected question wording of PRY02 to be consistent with the wording of other questions in the module.	LeBaron	Change for DR.	Yes		Yes
49	CAI	N/A	Added new questions, PRL03, TRL03, STL03, and SVL03 (and appropriate routing), which ask about initiation of misuse of prescription drugs more than 12 months ago if the only definite reports of initiation occurred in the past 12 months, or all initiation data were missing. These questions were added to produce accurate estimates of recent initiation.	LeBaron	Change for DR.	Yes		Yes
50	CAI	N/A	Removed unnecessary routing logic from PRYMOTIV, TRYMOTIV, STYMOTIV, and SVYMOTIV for accuracy.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
51	CAI	N/A	Edited PRYMOT1 response options for clarity. Reversed the order of response options 5 and 6 to match the order of response options in the tranquilizers and sedatives main modules. Revised the wording of the new response option 5 so that it is parallel to similar response options.	LeBaron	Change for DR.	Yes		Yes
52	CAI	N/A	Deleted extraneous routing of PRY42BSP, PRY42C, TRY21BSP, TRY21C, STY26BSP, STY26C, SVY19BSP, and SVY19C for accuracy.	LeBaron	Change for DR.	Yes		Yes
53	CAI	N/A	Renumbered TRY21B to be consecutive.	LeBaron	Change for DR.	Yes		Yes
54	CAI	N/A	Edited routing of MJMM01 to include Rs who used blunts in the past year but didn't report past year marijuana use in the core module.	LeBaron	Change for DR.	Yes		Yes
55	CAI	N/A	Renamed medical marijuana questions to MJMM01 and MJMM02 for consistency with the 2013 NSDUH questions.	LeBaron	Change for DR.	Yes		Yes
56	CAI	N/A	Added "B or C" to "Hepatitis" in HLTH25 for more precise description of condition.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
57	CAI	N/A	Switched the order of response options 12 and 13 for QD18CC04 to match QD11. Corrected the response option numbers for doctorate and professional degrees to be consecutive.	LeBaron	Change for DR.	Yes		Yes
58	CAI	N/A	Added a new variable, PENTER1B, which instructs respondents to lock the ACASI portion of the instrument before returning the computer to the interviewer.	LeBaron	Change for DR.	Yes		Yes
59	CAI	N/A	Discussed adding DAUTYPE and SONTYPE back into instrument from 2013 main study, but with modified logic. This decision was ultimately reversed, and the variable will not be added.	LeBaron	No change for DR.	Yes		N/A
60	CAI	N/A	Edited the ranges for the weight items (HTH10-HLTH14) to be more inclusive of extreme values	LeBaron	Change for DR.	Yes		Yes
61	CAI	N/A	Skip the xxM03 30-day prescription drug with alcohol questions (e.g., PRM03) if ALCUSE30 NE 1.	LeBaron	Change for DR.	Yes	This was specified correctly, but was not programmed correctly in the QFT instrument.	Yes
62	CAI	N/A	Edited routing of MJMM01 to include Rs who used blunts in the past 30 days but didn't report past year marijuana use in the core module.	LeBaron	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
63	CAI	N/A	PR07: Can we make the Duragesic picture large enough to read the largest type?	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
64	CAI	N/A	New audio needs to be recorded for QHI07, QHI08, QHI13, and PRY01 and parallel questions.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
65	CAI	N/A	Audio edited in LS01i and HALINTRO to fix tone and pronunciation issues.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
66	CAI	N/A	Change to MJMM01 logic to include BL04 = 2	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
67	CAI	N/A	Edit the specs to base logic in QP02 on the presence of an "Adult Family Member," as opposed to an "Other Person" in the household. No changes to the CAI are required.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
68	CAI	N/A	In IntrAcasi1b, an optional transition will be added to this interviewer-administered question. This intro will say, "Your [daughter, etc.] has said you are better able to answer the questions about [her] health insurance and the family income."	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
69	CAI	N/A	In Anyques, add the word "Please" to the screen. It was missing during testing.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
70	CAI	N/A	In calendr3, add a statement that says, "Press F1 again to close the calendar."	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
71	CAI	N/A	Delete reminders about the F2 function in the prescription drug main modules in all questions other than the Age at First Use questions.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
72	CAI	N/A	Edit TRY13a, TRY16a, TRY17a, and TRY18a to remove the "also known as" phrase. This phrase will also be dropped from month and year of last use questions, consistency check questions, and the TRFILL2 and TRNAMEFILL fills.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
73	CAI	N/A	Edit QD26 and QD27 to change the text about the F2 note. The instruction should say, "Press F2 for information about unpaid work."	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
74	CAI	N/A	Re-record audio files for zolpidem and meprobamate to correct pronunciation.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
75	CAI	N/A	Edit QHI06. The new text should read, "Private health insurance can be obtained through work, such as through an employer, union, or professional association, or by paying premiums directly to a health insurance company. It includes coverage by a health maintenance organization (HMO), fee for service plans, and single service plans. [Are you/Is SP] covered by private health insurance?"	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
76	CAI	N/A	Edit QI03N. The new wording is, "Supplemental Security Income or SSI is a program administered by a government agency that makes assistance payments to low income, aged, blind, and disabled persons. This is not the same as Social Security. In [CURRENT YEAR - 1], did you receive Supplemental Security Income or SSI?"	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
77	CAI	N/A	Delete QI05N, the question about receiving wages from a job or business.	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
78	CAI	N/A	Edit the list of income sources used in INTRTINN, as well as the introductory text. The new wording is, "Below is a list of some possible sources of income. When you answer the next questions, please consider these income sources as well as those asked about in earlier questions." Income earned at a job or business Retirement , disability, or survivor pension Unemployment or worker's compensation Veteran's Administration payments Child support Alimony Interest income Dividends from stocks or mutual funds Income from rental properties, royalties, estates or trusts	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes
79	CAI	N/A	Edit the wording to QI07N. The new wording will be, "The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, provides assistance for buying food. A special card is issued which can be used to buy food in grocery stores. In [year], did [you/family member fill] receive food stamp benefits?"	LeBaron	Change for DR.	Yes	Requested by Peggy Barker during testing.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
80	CAI	N/A	Create a fill for QI07N to customize State-specific names of food stamp programs.	LeBaron	No change for DR.	Yes.	Due to time constraints, reserve this item for 2015 specifications.	N/A
81	CAI	N/A	Added language to the specs describing the hard error in HLTH27 through HLTH28cc that is triggered if an age at first diagnosis is older than current age. This change was made to the specs only because the hard error was already present in the program.	LeBaron	Change for DR (specs only).	Yes		Yes
82	CAI	N/A	Edit the specs and program so that IntrAcasi1B, IntrAcasi3b, and IntrAcasi4b in the back-end proxy tutorial are "Press 1 and Enter to continue," as opposed to just requiring that "Enter" is pressed. This will allow bilingual interviewers to toggle between languages in the event that a proxy wishes to complete the back-end ACASI in a different language than the respondent.	LeBaron	New for DR, given inclusion of Spanish.	Yes		Yes
83	CAI	N/A	Correct bug in one of the testing versions, where audio was dropped for four tranquilizers in TRY21a in the main module.	LeBaron	Update DR test program.	Yes	This edit was made so that the instrument performed as intended and was not a change from the QFT per se.	Yes
84	CAI	N/A	Edit INTRTNN, because the word "earned" was spelled wrong.	LeBaron	Update DR test program.	Yes	This edit refined the change requested in item 78.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
85	CAI	N/A	Update a few items in the Spanish instrument to reflect current wording and translations. Corresponding edits were not needed in the English instrument.	LeBaron	Edit Spanish-language DR specs and program.	Yes		Yes

ACASI = audio computer-assisted self-interviewing; CAI = computer-assisted interviewing; CHIP = Children's Health Insurance Program; DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; N/A = not applicable; NCHS = National Center for Health Statistics; QC = quality control; QFT = Questionnaire Field Test; R = respondent; RTI = Research Triangle Institute; SAMHSA = Substance Abuse and Mental Health Services Administration; specs = specifications; TTS = text to speech; VA = Department of Veterans Affairs.

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
1	Materials	N/A	Add the OMB number to the study description.	McKamey	Change for DR.	Yes	Spanish will be on the reverse side of the SD.	Yes
2	Materials	N/A	Add the burden statement to the study description.	McKamey	Change for DR.	Yes	Spanish will be on the reverse side of the SD.	Yes
3	Training/ handbook	Section 5.2	During field observations, two FIs had issues troubleshooting unexpected events with the tablet, such as an alarm going off during a screening. These troubleshooting issues will be handled for the DR by addressing these specific items during training and adding documentation to the FI handbook on how to resolve these occurrences.	McKamey	Change for DR.	Yes	This topic was included in the DR FI training agenda approved by SAMHSA on 3/6/12.	Yes
4	Materials	Section 5.5.4.1	During focus groups, when discussing the lead letter, some FIs mentioned that they appreciated that the letter was addressed to "[NAME County/Parish/District] Resident at:" and did not just say "Resident." During training, one New York City FI indicated that listing county/parish/district would not resonate with Rs in his region.	McKamey	No change for DR.	Yes	Because the New York City FI comment was made at training before the FI entered the field and no similar comments were made after data collection, no changes are recommended for DR.	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
5	FI handbook	Section 5.4.4	In the QFT equipment survey, FIs mentioned that they did not recognize the view letters function on the tablet. This feature is available and will be clarified in the DR FI handbook and training sessions.	McKamey	Change for DR.	Yes	FIs can view letters once the FS has sent them.	Yes
6	Materials	Section 5.5.4.1	In the focus groups, one FI noted that a respondent is pictured using a paper reference date calendar in a graphic in the redesigned Q&A brochure.	McKamey	Change for DR.	Yes	Picture has been removed and replaced on the brochure.	Yes
7	FI portfolio	Section 5.5.4.2	In the focus groups, FIs pointed out pros and cons of the new portfolio that was provided at training. Some said they disliked the portfolio enough to revert to using the old one, which is sturdy and professional. The new one is slippery and hard to hold. The tablet, when placed on it, falls off and materials fall out of it. The closure is flimsy. FIs would have preferred a zip closure similar to the main study portfolio. It also is difficult to write on top of it, such as when filling out the quality control letters. FIs do, however, like the number of slots in the portfolio and the clear pockets for easier access to materials. For the DR, investigate other portfolio options and associated costs.	Cohen/Payne	Change for DR.	Yes	Two local FIs reviewed the selected portfolio options. RTI sent the FI feedback and the RTI-recommended portfolio to SAMHSA on 6/4/13 for review and approval. Received SAMHSA approval of recommended portfolio on 6/10/13 and placed the final portfolio order on 6/13/13.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
8	Training	Section 5.5.4.2	In the focus groups, some FIs reported getting into programs or onto screens early in their fieldwork that they had not seen in training and did not know how to return to the screening program. Although they felt comfortable conducting the screening with the tablet, they would have preferred more hands-on training on how to deal with these unexpected navigational errors. Additional training on correcting navigational issues and potential errors will be incorporated into the DR training.	McKamey	Change for DR.	Yes	It is not possible to remove the multiple home screens and unused features of the tablet, so more practice on how to move off these screens will be provided in training. This topic was included in the DR FI training agenda approved by SAMHSA on 3/6/13.	Yes
9	Training	Section 5.5.4.5	In focus groups, FIs mentioned challenges associated with making sure that the parent does not leave the household or become unavailable before the child reaches the back end of the instrument. DR training will be amended to remind FIs to do their best to confirm the parent will be in the house for the entirety of the interview.	McKamey	Change for DR.	Yes	This will be addressed in DR training, but further discussion with SAMHSA is needed to determine if this should be done in a more formal, standardized manner in the future. This topic was included in the DR FI training agenda approved by SAMHSA on 3/6/13.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
10	Materials	Section 5.5.4.5	In focus groups, the moderator asked FIs how they would feel about having an additional tool available to help with doorstep screenings. This tool would consist of a 20- to 30-second video clip of the NSDUH press conference, would be available on the tablet, and could help with gaining cooperation. FIs were enthusiastic about this idea, if the video was optional and not a required part of the screening. One FI suggested having multiple videos designed to address common respondent concerns, such as confidentiality, or targeted to specific populations, such as parents or elderly persons. They said respondents would think that if it is on television, it is true. It would also help with legitimacy and would be short enough to use at the doorstep.	Payne/Zelko	No change for DR.	Yes	Good idea, but consider for use in the 2015 NSDUH due to OMB schedules. Functionality issues within the tablet also need to be investigated.	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
11	Materials	N/A	Make a change to the Intro and Informed Consent for 12 to 17 year olds. Consider removing the option to skip giving the respondent a study description at this point if they have already received one. Youths are not to serve as screening respondents, so would not have had the opportunity to receive the SD. The only time youths may have already received it would be for youths living independently without a parent/guardian in the home if no residents 18 or older who was SR and then selected. In that rare case, the youth would receive two study descriptions.	LeBaron/ McKamey	No change for DR	Yes		N/A
12	Materials	N/A	Change the intro and informed consent text for both youths and adults to match the wording used at the end of the interview during the QC process. Change "mailing" address to "current" address.	LeBaron/ McKamey	Change for DR.	Yes		Yes
13	Materials	N/A	Change wording of Showcard 4 to match QD10 (Vietnam era should start 3/1961 for those who served in Vietnam in that period.)	LeBaron/ McKamey	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
14	Materials	N/A	Add the words "Open/Close" to the F1 keyboard label that says "Calendar."	McKamey	Change for DR.	Yes	This phrase will be added on the label for F1.	Yes
15	Materials	N/A	Minor updates to the DR summary of the questionnaire, including revisions to make all text in the third person voice.	McKamey	Change for DR.	Yes	Received SAMHSA approval of revised DR summary on 6/19/13.	Yes

DR = Dress Rehearsal; FI = field interviewer; FS = field supervisor; NSDUH = National Survey on Drug Use and Health; N/A = not applicable; OMB = Office of Management and Budget; Q&A = question and answer; QC = quality control; QFT = Questionnaire Field Test; R = respondent; RTI = Research Triangle Institute; SAMHSA = Substance Abuse and Mental Health Services Administration; SD = study description.

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
1	Laptop	N/A	New laptop (and case) for interviewing. Incorporate into handbook and training for DR.	Meyer/ McKamey	Change for DR.	Yes	SAMHSA selected the Samsung Ultrabook, and 200 units have arrived at RTI. Two local FIs reviewed the two laptop bag options. After reviewing the FI feedback and the RTI-recommended laptop bag, SAMHSA approved the bag for purchase 6/10/13. Computer bags have been ordered.	Yes
2	Laptop	N/A	The laptops that will be purchased include Ethernet adaptors for FIs who do not have wi-fi. However, there are some areas of the country where FIs can only transmit via dial-up when on travel status. RTI would like to purchase a small supply (10) of USB modems for FIs in remote areas who cannot transmit via the Internet. In these rare situations, tech support will FedEx the USB modem to the FI and provide instructions for transmission over the phone.	Meyer/ McKamey	Change for DR.	Yes	RTI received SAMHSA approval to purchase the 10 USB modems for the DR laptops on 5/6/13. The USB modems were ordered on 6/3/13.	Yes
3	Email	N/A	Provide a two-way RTI email account for FIs to use on the Samsung tablet. Add training on new tablet email function to handbook and training.	Meyer/ McKamey	Change for DR.	Yes		Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
4	Transmission	N/A	Provide optional wireless tablet transmission capability that will allow FIs to transmit the from the tablet data wirelessly and independently of laptop.	Meyer/ McKamey	Change for DR.	Yes	This option will supplement the traditional tethered tablet/laptop transmission method that they currently and can continue to use.	Yes
5	Tablet view	Section 5.4.4	In the tablet equipment survey, two FIs suggested that finalized cases should be removed from the select case screen. The view/sort function on the tablet already allows FIs to select whether they want to view pending or final cases on the select case screen.	Zelko	No change for DR.	Yes	Modifying the tablet to hide finalized cases automatically could introduce errors.	N/A
6	Tablet features	Section 5.4.4	In the tablet equipment survey, two FIs noted it would be useful to have the call distribution feature available on the tablet so that they could review the different days and times they had visited households. This feature will be implemented as part of the DR version of the tablet and included in training.	Zelko/ McKamey	Change for DR.	Yes	Because of time constraints in the development of the QFT screening program, the call distribution feature that is currently on the iPAQ was not implemented.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
7	Tablet features	Section 5.5.4	In focus groups, FIs mentioned that they would like to have a larger calendar for appointments, which is not possible. The calendar is a default app on the tablet that cannot be modified or reformatted (to be "larger"). However, since the QFT was fielded, a mechanism has been built into the screening program for FIs to schedule appointments for specific cases, integrated with the default calendar app. DR training will cover using this tool with the FIs.	Zelko/ McKamey	Change for DR.	Yes		Yes
8	Tablet accessories	Section 5.4.4	In the tablet equipment survey, several FIs indicated that the carrying case could be improved by adding a pen holder in addition to the stylus holder so that they could have easy access to a pen for writing on appointment cards. Although a couple of FIs indicated that the neck strap was too wide on the case and that the snap was hard to use, a number of FIs commented that they were happy the Velcro closure had been removed.	Zelko	No change for DR.	Yes	Design changes for carrying case will be considered prior to the 2015 redesign.	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
9	Tablet accessories	Section 5.5.4.2	In focus groups, FIs liked the case that was designed for the tablet. It was easy to flip the cover open to charge. Many FIs reported disliking the strap for the tablet, felt it was too bulky and thick, and indicated that it interfered with badges and necklaces. Some reported they would like a pen holder on the side of the case opposite the stylus. Several FIs preferred the magnetic snap closure to the Velcro closure on the current iPAQ case.	Zelko	No change for DR.	Yes	Design changes for carrying case will be considered prior to the 2015 redesign.	N/A
10	Tablet functions	Section 5.5.4.2	In focus groups, FIs reported they could delete a code, but did not have the capability to change it. The difference in the QFT from the main study was that the FIs could not "Edit" the numeric code in the ROC from the dropdown list (but they can do that on the iPAQ before the case is transmitted). This was essentially a bug in the program, and thus it should be fixed.	Zelko	Change for DR.	Yes	The DR screening program has been modified so that FIs have the ability to "Edit" a ROC code (not just comments) in the same way as in the iPAQ. Note that after ROCS are transmitted, they are frozen, and no edits to the codes or comments can be made.	Yes

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
11	Tablet functions	Section 5.5.4.2	In focus groups, FIs stated that it was tricky to navigate back to the verification screen for the "vacants," but it is possible. Additional training will be given to DR FIs on tablet navigation.	McKamey	Change for DR.	Yes	To view verification information on a case coded 10 for vacant , the FI simply taps and holds the case on select case screen and selects "View Verification Information." The FI is then taken directly to the verification screen where he or she can see information that has been entered and edit if needed.	Yes
12	Tablet functions	Section 5.5.4.2	In a focus group, it was reported that reentering cases in the tablet created a time discrepancy in the case. One FI reported that pressing "Commit" and pressing "Done" created two different time stamps.	Zelko	No change for DR.	Yes	During the QFT, there was a data processing issue with the ROC time discrepancy report that was incorrectly showing the modify times (every time the FI made an edit to comments) rather than the create date times, which caused some confusion for the field and led to some FIs showing up on that report who should not have been. During the QFT, the data processing error was fixed so the ROC time discrepancy report was showing the correct information.	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
13	Tablet functions	Section 5.5.4.2	In focus groups, FIs provided feedback on the keyboard. FIs would like to have apostrophe and quotation marks available and be able to remove unnecessary symbols from the keyboard. They also indicated that the question mark was hard to find and requested that the period be placed on the same keyboard as the letters and be available if a user inserts two spaces after a sentence. Based on tablet keyboard evaluation, make Samsung and hacker keyboards available to FIs for DR and provide training on both versions.	Zelko/ McKamey	Change for DR.	Yes	The layout/design of the Samsung keyboard cannot be altered, but the hacker keyboard will be available for the DR. Gather FI feedback after data collection. Regarding apostrophes and quotations, those are not allowed because they could cause problems with the coding and data transmission.	Yes
14	Tablet functions	Section 5.5.4.2	A mixed stylus review was received from the focus groups; some FIs did not use the stylus, saying it was slippery and hard to insert into the holder on the case, which caused the holder on the case to tear.	Zelko	No change for DR.	Yes	Investigate stylus options for the 2015 redesign.	N/A

Item No.	Activity	QFT Report Section	QFT Issue/Potential DR Change	Responsible Person(s)	DR Action	SAMHSA Approved DR Action	RTI Comments	Revision Complete
15	Tablet accessories	Section 5.5.4.2	In focus groups, several FIs mentioned that a car charger would be appreciated because the battery did not last all day. A travel kit with a car charger is provided for the iPAQ on the main study. The iPAQ car charger can be used to charge the tablet. However, if a tablet charger is used on the iPAQ, it could damage the iPAQ.	Zelko	Change for DR.	Yes	RTI received SAMHSA approval to purchase tablet car chargers on 5/6/13. The car chargers were ordered on 6/3/13.	Yes
16	Tablet functions	Section 5.5.4.2	In focus groups, FIs reported that they would like several of the iPAQ features to be transferred to the tablet, specifically for the CaseID to remain at the top of the screen on the selections and ROC screen and a selected line remain highlighted on the select case screen. Although it is not possible to have a selected case remain highlighted, the highlighting will remain for a longer time for the DR. RTI will display the entire Case ID rather than the last 3 digits on the selections and ROC screens as it is on the iPAQ.	Zelko	Change for DR.	Yes		Yes

DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; N/A = not applicable; QFT = Questionnaire Field Test; ROC = record of call; RTI = Research Triangle Institute; SAMHSA = Substance Abuse and Mental Health Services Administration; USB = universal serial bus; wi-fi = wireless connection.

Appendix R: 2012 Questionnaire Field Test—Investigation of Data Quality Issues for Items Moved from CAPI to ACASI

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R.1 Background and Introduction

R.1.1 Background on the 2012 QFT and Items Moved to ACASI

R.1.1.1 Overview of the 2012 QFT Data Collection Protocol and Outcomes

This appendix describes data collection results and analysis conducted for questionnaire items moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) administration in the 2012 Questionnaire Field Test (QFT) instrument for the National Survey on Drug Use and Health (NSDUH). The findings for these questionnaire items include comparisons with current and comparable NSDUH main study data and other comparable sources of survey data. Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH is a national survey of the U.S. civilian, noninstitutionalized population aged 12 or older. The annual conduct of NSDUH is paramount in meeting a critical objective of SAMHSA's mission to maintain current data on the prevalence of substance use in the United States. In order to continue producing data that accurately reflect current conditions, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must update NSDUH periodically to reflect changing substance use and mental health issues.

The NSDUH questionnaire used in the 2012 QFT was revised to improve some of the questions that cause known or suspected problems with data from the current questionnaire. New content that addresses current data needs was also added. Revisions designed to reduce errors associated with usability problems in the design and layout of the computer-assisted interviewing (CAI) instrument were added. These changes included revising the prescription drug modules, the front-end demographics, the binge drinking definition for women, the special drugs module, and the back-end demographics section, as well as including a new methamphetamine module.

Similar to the NSDUH main study, the respondent universe for the QFT was the civilian, noninstitutionalized population aged 12 or older. In order to control costs, persons residing in Alaska and Hawaii, as well as persons who were not able to complete the interview in English, were excluded from the QFT sample. Therefore, the sample was representative of members of the noninstitutionalized population aged 12 or older in the contiguous United States who are able to complete the interview in English. NSDUH main study comparison data from 2011 and 2102 quarters 3 and 4, as well as other survey data used for comparison with the QFT, were adjusted to account for the lack of Alaska and Hawaii residents and those who did not complete the interview in English.

To make the QFT sample representative of the target population, a probability proportional to size (PPS) sample of 213 State sampling (SS) regions was selected from all 876 SS regions. From these 213 SS regions, 5,358 dwelling units were sampled, 3,837 dwelling units were screened as eligible, and 2,823 people were selected from within these eligible dwelling units. Among persons selected for the QFT interview, a total of 2,044 completed interviews were yielded during the field period of September 1, 2012, through November 3, 2012. The weighted overall response rate (combining the screening and interview response rates) for the 2012 QFT sample was 57.71 percent compared with 61.30 percent for the 2011 main study comparison sample and 60.98 percent for the 2012 quarters 3 and 4 main study comparison

sample. The overall lower response rate for the QFT could have introduced some unique nonresponse bias for specific QFT estimates most likely to be affected by this difference in response rate levels. Direct analysis was not undertaken of the impact of the approximately 4 percent lower response rate in potentially adding nonresponse bias for specific QFT estimates. The focus of this appendix is examining multiple data quality indicators for items moved from CAPI to ACASI administration in the 2012 QFT instrument.

R.1.1.2 Items Moved from CAPI to ACASI Administration

In the 2012 QFT questionnaire, the following back-end demographics items were moved from the CAPI administration part of the NSDUH interview to the ACASI administration part of the interview:

- marital status and number of times married;[46]
- moves in the past year and State of residence 1 year ago;
- born in the United States or, if not, length of time residing in the United States;
- education, including current enrollment in school, grade in school, and full- or part-time student status for postsecondary students, and related items;[47]
- employment, including current job or business, hours worked at current job or business, number of employers in the past year, employee assistance programs, employer alcohol and drug use policies, and related items;
- health insurance, including type or source of health insurance coverage, lack of health insurance coverage, and whether health insurance covers substance abuse or mental health problems; and
- income, including receipt of five types of income from the government or participation in government assistance programs and overall income level for the prior calendar year.

As in the main study, the QFT protocol allowed the primary respondent to identify a proxy to answer the questions in the last two sections (i.e., health insurance and income). (See ***Section R.3.4*** for comparisons of the distribution of relationships of proxy reporters to the primary respondent and comparisons of estimates based on proxy report status.) All other items were answered by the primary respondent, when logically applicable to the respondent, based on responses to prior questions, the respondent's age, and other logical criteria.

To accommodate the transition from an interviewer-administered CAPI mode to ACASI mode, the text and format of some of these questions required revisions. For example, questions

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[46] The items on current marital status and number of times married were actually moved from the front-end demographic section of the CAPI-administered part of the interview to the back-end demographic section in ACASI in the QFT instrument.

[47] New questions on respondent disability, ability to speak English, whether any family members were currently serving in the military, and cellular phone and land line telephone service in the household were added to the ACASI portion of the QFT interview protocol in these sections. Because these items were new to the NSDUH instrument, data quality indicators for these items could not be compared with the 2011 and 2012 quarters 3 and 4 data.

throughout the health insurance and income modules had contained notes for field interviewer (FI) use in CAPI. These FI notes provided additional information about terms or constructs in the questions. FIs are trained to read these notes to respondents when they feel that this additional information would help the respondent to provide an accurate answer. Respondents who exhibit confusion, ask for clarification, or hesitate to provide a response are likely to hear the information contained within the interviewer note.

During instrumentation development for the QFT, this information was either moved to the question text itself, deleted, or added as a note that respondents could view using the F2 function key on the laptop. In this way, F2 notes functioned similarly to the interviewer notes in CAPI mode. QFT respondents were instructed to press F2 for more information about terms in the question. In ACASI mode, the burden was on the QFT respondents to access this information, as opposed to FIs in CAPI mode determining when to provide the information. Relevant research shows that respondents using self-administered modes are less likely to consult definitions when they have to request them, as opposed to when they appear on the screen along with the question (Peytchev, Conrad, Couper, & Tourangeau, 2010). As a result, providing notes via the F2 function key may have inadvertently created a barrier to QFT respondents accessing this information in ACASI.

Despite these changes to QFT items moved to ACASI administration, data quality indicators for these items could still be directly compared with the parallel items administered via CAPI in the current NSDUH main study interviews.

R.1.2 Indicators Used to Evaluate the Effect of ACASI on Data Quality

As part of the QFT analysis and reporting, the following three data quality indicators were used to examine the potential impact of moving items from CAPI to ACASI in the NSDUH questionnaire:

1. comparing item missingness rates for the QFT items with item missingness rates for the same items in the 2011 and 2012 quarters 3 and 4 main study comparison datasets;
2. comparing QFT estimates for items moved to ACASI with (1) estimates for the same items in the 2011 and 2012 quarters 3 and 4 main study comparison datasets and (2) other national survey estimates with the same target population and comparable survey items; and
3. for health insurance and income items, comparing QFT estimates with 2011 and 2012 quarters 3 and 4 main study comparison estimates for proxy versus self-reported data.

In addition to examining these three indicators of data quality for items moved to ACASI administration, a literature review, communications with other Federal agencies, input from RTI methodologists, and other steps were taken to understand the implications of the QFT results, as described in ***Section R.3.1***. For moved items with observed data quality issues, ***Section R.3.2*** provides a summary of item missingness rates, ***Section R.3.3*** summarizes benchmarking of estimates to other surveys, and ***Section R.3.4*** summarizes the impact of proxy reporting on estimates for health insurance and income items.

R.1.3 Items Examined and Indication of Data Quality Issues

Table R-1 lists the items moved from CAPI to ACASI in the QFT instruments that were examined for this appendix and indicates the nature of the data quality issues for those items.

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed

QFT Questionnaire Item[1,2]	Item Missingness Rate Was Significantly Higher than Comparison Data[3,4]	Estimate Was Significantly Different from Comparison Data[5,6]
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	Yes	No
How many times have you been married? (QD08)	No	No
How many times in the past 12 months have you moved? (QD13)	Yes	No
In what State did you live one year ago today? (QD13a)	Yes	N/A
How many years have you lived in the United States? (QD16b)	No	No
Are you now attending or are you currently enrolled in school? (QD17)	No	No
What grade or year of school are you now attending? (QD18)	No	Yes
Are you a full-time student or a part-time student? (QD19)	Yes	No
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	Yes	No
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	Yes	No
Did you work at a job or business at any time last week? (QD26)	Yes	No
Even though you did not work at any time last week, did you have a job or business? (QD27)	No	No
How many hours did you work last week at all jobs or businesses? (QD28)	No	No

See notes at end of table.

(continued)

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed (continued)

QFT Questionnaire Item[1,2]	Item Missingness Rate Was Significantly Higher than Comparison Data[3,4]	Estimate Was Significantly Different from Comparison Data[5,6]
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	No	No
Which one of these reasons best describes why you did not work last week? (QD30)	No	Yes
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	No	Yes
During the past 30 days, did you make specific efforts to find work? (QD32)	No	No
Did you work at a job or business at any time during the past 12 months? (QD33)	Yes	No
How many different employers have you had in the past 12 months? (QD36)	Yes	No
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	No	Yes
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	Yes	Yes
In what year did you last work at a job or business? (QD39a)	Yes	N/A
In what month in did you last work at a job or business? (QD39b)	No	N/A
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	Yes	No
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	Yes	No
How many people work for your employer out of this office, store, etc.? (QD42)	Yes	Yes
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	No	No

See notes at end of table. (continued)

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed (continued)

QFT Questionnaire Item[1,2]	Item Missingness Rate Was Significantly Higher than Comparison Data[3,4]	Estimate Was Significantly Different from Comparison Data[5,6]
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	No	No
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	No	No
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	No	No
Does your workplace ever test its employees for alcohol use? (QD47)	No	No
Does your workplace ever test its employees for drug use? (QD48)	No	No
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	No	No
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	No	No
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	No	Yes
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	No	yes
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	No	yes
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	No	Yes
You have indicated that [SAMPLE MEMBER B] covered by Medicare. Is this correct? (QHI01v)	No	Yes
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	No	No

See notes at end of table. (continued)

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed (continued)

QFT Questionnaire Item[1,2]	Item Missingness Rate Was Significantly Higher than Comparison Data[3,4]	Estimate Was Significantly Different from Comparison Data[5,6]
You have indicated that [SAMPLE MEMBER B] covered by Medicaid. Is this correct? (QHI02v)	No	No
[SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02A)	No	No
[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	No	No
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	Yes	Yes
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)	No	No
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	No	Yes
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	No	yes
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	No	Yes
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)	No	Yes
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	No	No
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	Yes	Yes
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	Yes	Yes
In [YEAR], did you receive food stamps? (QI07N)	No	Yes
At any time during [YEAR], even for 1 month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	Yes	No

See notes at end of table. (continued)

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed (continued)

QFT Questionnaire Item[1,2]	Item Missingness Rate Was Significantly Higher than Comparison Data[3,4]	Estimate Was Significantly Different from Comparison Data[5,6]
In [YEAR], because of low income, did you receive any other kind of nonmonetary welfare or public assistance? (QI10N)	Yes	No
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (QI12AN)	No	Yes
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12BN)	No	Yes
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than $20,000? (QI20N)[7]	Yes	Yes
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (QI21A)	Yes	Yes
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21B)	No	Yes
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22) [7]	No	No
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23A)	No	Yes

See notes at end of table. (continued)

Table R-1 Items Moved from CAPI to ACASI in the QFT Instruments and Data Quality Issues Observed (continued)

QFT Questionnaire Item[1,2]	Item Missingness Rate Was Significantly Higher than Comparison Data[3,4]	Estimate Was Significantly Different from Comparison Data[5,6]
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23B)	No	Yes

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veteran's Affairs; DR = Dress Rehearsal; N/A = not applicable; Q = question; QFT = Questionnaire Field Test; VA = Department of Veteran's Affairs.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] QFT data collected from September 1 through November 3, 2012.
[3] Missing data include selection of responses of either "don't know" or "refused" for the question.
[4] Item missingness rates for QFT questionnaire items were compared only with the 2011 main study data and the 2012 quarters 3 and 4 main study comparison data.
[5] QFT estimates were compared with estimates from other survey data sources based on the comparability of the survey design and questions. As detailed in ***Section R.3***, the other data sources used for comparing estimates included the 2011 National Survey on Drug Use and Health (NSDUH) main study, the 2012 quarters 3 and 4 NSDUH main study, the 2011 National Health Interview Survey (NHIS), the 2009-2010 National Health and Nutrition Examination Survey (NHANES), the 2011 American Community Survey (ACS), and the Current Population Survey (CPS).
[6] Items marked N/A in this column indicate those for which the estimate from the item was not compared with any of the other data sources listed in footnote 5. Given the units of analysis reported for these items, indicators were not developed to compare QFT estimates with any of these other data sources.
[7] Analysis variables for items QI20N and QI22 were edited to include the results of edited nonresponse follow-up questions for respondents who initially entered a "refused" response to these questions. Both missingness rates and estimates for these two items incorporated any further responses to the nonresponse follow-up-items.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

R.2 Items with No Observed Data Quality Issues

Missingness rates for many of the items moved to (ACASI in the QFT instrument were similar to the missingness rates for these items when they were administered by CAPI in the 2011 and 2012 quarters 3 and 4 comparison interviews. However, some moved items had lower missingness rates in the QFT data, and several items had higher missingness rates in the QFT data. This section provides details for selected moved items that did not have any observed data quality issues, especially those that had significantly lower missingness rates than either the 2011 or 2012 quarters 3 and 4 comparison data. ***Section R.3*** presents and discusses moved items that did have observed data quality issues, including having higher missingness rates and producing significantly different estimates from National Survey on Drug Use and Health comparison data and comparison data from other surveys.

Table R-2 provides two sets of items administered in ACASI for the QFT that had significantly lower missingness rates than in the 2011 and 2012 quarters 3 and 4 comparison data, including the following:

- Items QD43, QD44, QD46, QD47, and QD48 on workplace alcohol and drug use policies had lower item missingness rates in the QFT data compared with the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but were proportionately lower in the QFT data.
- Items asking about health insurance coverage for treatment of alcohol abuse (QHI08), drug abuse (QHI09), and mental health issues (QHI10) had lower item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for QHI08 and QHI09 were about 44 or 45 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but only about 27 or 28 percent in the QFT data. Similarly, the missingness rate for QHI10 was about 27 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but only about 18 percent in the QFT data.

For the other items in ***Table R-2***, no significant differences in missingness rates were found between the QFT data and the 2011 and 2012 quarters 3 and 4 comparison datasets. As denoted by an asterisk in ***Table R-2***, estimates of missingness rates for the QFT data, the 2011 comparison data, or the 2012 quarters 3 and 4 comparison data had low precision. As with the items where no differences in missingness rates were observed between the QFT data and the 2011 and 2012 quarters 3 and 4 comparison datasets, items with low precision rates were treated as those with no observed data quality issues even when missingness rates appeared to differ between the datasets. In addition, some QFT missingness rates in ***Table R-2*** differed significantly from either the 2011 comparison data or the 2012 quarters 3 and 4 comparison data, but not both. Because these QFT items had relatively low missingness rates, these items were also treated as those with no observed data quality issues. Items in ***Section R.3*** treated as items with observed data quality issues include those with significantly higher missingness rates and/or significantly different estimates from multiple sources of comparison data.

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
How many times have you been married? (QD08)	20,247	4	0.0	9,659	2	0.0	859	2	0.2
Were you born in the United States? (QD14)	65,914	6	0.0	31,212	3	0.0*	2,043	1	0.0
Have you lived in the United States for at least one year? (QD16a)	5,101	1	0.0*	2,437	0	0.0*	239	1	0.3
How many years have you lived in the United States? (QD16b)	4,872	8	0.1[a]	2,337	3	0.1	227	0	0.0*
How many months have you lived in the United States? (QD16c)	228	0	0.0*	100	0	0.0*	11	2	19.7*
Are you now attending or are you currently enrolled in school? (QD17)	65,914	4	0.0	31,212	1	0.0*	2,043	4	0.1
What grade or year of school are you now attending? (QD18)	34,297	8	0.0	15,915	10	0.2	804	2	0.5
Even though you did not work at any time last week, did you have a job or business? (QD27)	25,795	2	0.0	11,746	2	0.0	747	4	0.5
How many hours did you work last week at all jobs or businesses? (QD28)	29,144	35	0.1	14,288	20	0.1	1,025	5	0.3

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	32,036	15	0.0	15,921	14	0.1	1,129	3	0.2
Which one of these reasons best describes why you did not work last week? (QD30)	2,892	1	0.0	1,633	1	0.1	104	0	0.0[*]
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	22,903	7	0.1	10,113	2	0.0[a]	643	7	0.8
During the past 30 days, did you make specific efforts to find work? (QD32)	5,851	2	0.1	2,607	0	0.0[*]	156	0	0.0[*]
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	32,036	5	0.0	15,921	4	0.0	1,129	3	0.3
In what month in did you last work at a job or business? (QD39b)	7,413	30	0.4	3,335	21	0.5	175	1	0.7[*]
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	32,036	1,656	4.4[a]	15,921	872	4.7[a]	1,129	37	3.0
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	23,221	404	2.0[a]	11,463	198	1.8[a]	858	5	0.4

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	32,036	190	0.7	15,921	107	0.7	1,129	8	0.4
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	32,036	4,428	11.8[a]	15,921	2,231	11.9[a]	1,129	89	7.7
Does your workplace ever test its employees for alcohol use? (QD47)	32,036	1,805	5.4[a]	15,921	907	5.3[a]	1,129	46	3.2
Does your workplace ever test its employees for drug use? (QD48)	32,036	1,441	4.3	15,921	741	4.4[a]	1,129	35	3.0
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	14,351	230	2.0	7,214	112	1.8	530	5	1.2
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	14,351	806	5.5	7,214	418	5.3	530	19	3.7
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	14,351	1,865	14.0	7,214	937	13.0	530	58	11.3

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	32,036	45	0.2	15,921	24	0.2	1,129	8	0.5
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	32,036	49	0.2	15,921	26	0.2	1,129	7	0.3
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	65,914	360	0.3	31,211	235	0.4	2,042	25	0.8
You have indicated that [SAMPLE MEMBER B] covered by Medicaid. Is this correct? (QHI02v)	220	1	0.4*	102	0	0.0*	7	0	0.0*
[SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02A)	28,126	567	1.9	13,131	312	2.5	663	20	3.8
[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	65,914	194	0.2	31,211	142	0.2	2,042	15	0.6
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)	40,366	149	0.2	19,247	69	0.2	1,148	4	0.1
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	40,366	18,327	43.8[a]	19,247	8,785	44.5[a]	1,148	322	26.4

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	40,366	18,195	43.8[a]	19,247	8,748	44.8[a]	1,148	330	27.6
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	40,366	10,900	26.9[a]	19,247	5,187	26.4[a]	1,148	209	18.2
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)	10,940	30	0.2[a]	5,061	13	0.3	412	0	0.0[*]
During the past 12 months, was there any time when [SAMPLE MEMBER] did not have any kind of health insurance or coverage? (QHI13)	55,956	143	0.2	26,605	68	0.1	1,685	8	0.2
During the past 12 months, about how many months without any kind of health insurance or coverage? (QHI14)	4,873	23	0.6	2,046	13	0.4	155	2	1.1
About how long has it been since [SAMPLE MEMBER] last had any kind of health care coverage? (QHI15)	9,498	77	0.5	4,297	23	0.2	325	6	0.8

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Which of these reasons is the main reason why [SAMPLE MEMBER] stopped being covered by health insurance? (QHI17)	8,524	52	0.4	3,857	20	0.4	258	7	1.6
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18[7])	974	9	0.6	440	5	0.7	67	1	0.6*
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	65,913	616	0.6	31,211	341	0.6	2,042	31	1.0
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (QI12AN)	1,181	38	3.0	492	20	5.3	40	3	3.6*
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12BN)	3,583	123	3.0	1,645	80	5.0	114	4	5.1*

See notes at end of table.

(continued)

Table R-2 Item Missingness Rates for Moved Items with No Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)	43,440	2,582	7.8	20,458	1,293	8.1	1,131	91	9.5

* Low precision.

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyltryptamine; QFT = Questionnaire Field Test, VA = Department of Veterans Affairs.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Missing data include selection of responses of either "don't' know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.
[5] "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

R.3 Items with Observed Data Quality Issues

R.3.1 Review of the Literature and Other Steps Taken to Understand Findings for Items with Observed Data Quality Issues

R.3.1.1 Summary of Relevant Literature

In an effort to shed light on observed differences in missingness rates and estimates for Questionnaire Field Test (QFT) items with observed data quality issues, an extensive literature review was conducted. The literature search was based mainly on publication databases, such as the Web of Science (http://thomsonreuters.com/web-of-science/), to find relevant published journal articles and was complemented by a Web search using Google Scholar (http://scholar.google.com/). The search was supplemented further by reviewing the proceedings of the Survey Research Methods Section of the American Statistical Association (ASA) and research presented at recent conferences of the American Association for Public Opinion Research (AAPOR).

The first step of the online literature search was to enter all of the combinations of the following key words:

- data quality,
- ACASI (i.e., audio computer-assisted self-interviewing),
- CAPI (i.e., computer-assisted personal interviewing),
- item nonresponse,
- income, and
- health insurance.

When no literature was found that met all of these specific criteria, the number of key words used in the search was limited to fewer words. Despite this expanded effort, the search results produced research that was only partially related to the topic. For this reason, the final phase of the search went beyond the original key words and touched on all research related to ACASI and CAPI data quality, regardless of the topic.

The literature review was not able to identify research studies that specifically compared missingness rates for items such as income, employment, or health insurance coverage between ACASI and CAPI. However, several articles were found that more generally compared data quality between self-administered and interviewer-administered surveys for other types of survey questions. For example, van den Brakel, Vis-Visschers, and Schmeets (2013) reported an increased rate of "don't know" responses in the data collected via computer-assisted self-interviewing (CASI) than CAPI for 14 attitudinal questions.

Another set of research findings compiled by Langhaug, Sherr, and Cowan (2010) examined the effect of questionnaire delivery modes on item nonresponse rates. By searching Medline, Embase, PyschINFO, and International Society for Sexually Transmitted Diseases

Research (ISSTDR) conference proceedings, these authors identified surveys using different questionnaire delivery modes to collect data about sexual behavior in developing countries. Overall, the existing research found lower item nonresponse rates in interviewer-administered interviews than in self-administered interviews. Some of these findings for questions on sexual behavior included the following:

- Langhaug et al. (2007) reported the highest item nonresponse rates in self-administered questionnaires using paper-and-pencil (SAQ) and audio-SAQ[48] than in interviewer-administered surveys.
- Jaspan et al. (2007) reported approximately 7 times more item nonresponse in computer self-administered interview than interviewer-administered personal digital assistant (PDA) interviews.
- Plummer et al. (2004a, 2004b) reported a higher proportion of "don't know" responses in a derivative of self-completion questionnaires where the questions were read aloud in a group setting than face-to-face interviewing.
- Lara, Strickler, Olavarrieta, and Ellertson (2004) reported that paper-and-pencil SAQ produced the highest level of item nonresponse compared with face-to-face interviewing, ACASI, and the random response technique.

Although the authors could not fully explain these findings, the primary explanation offered is that interviewer presence makes it more difficult for respondents to avoid providing a response to questions. Given that interviewer training typically instructs interviewers to probe further when a respondent fails to respond or provides a "don't know" response, respondents likely feel pressure to provide an answer rather than skip the question. In self-administration, this pressure from interviewers is absent and, therefore, can make it easier for respondents to feel comfortable when declining to answer questions. The findings on SAQs might not apply directly to the comparison of ACASI with CAPI missingness rates. Only the Lara et al. (2004) study directly compared paper-and-pencil SAQ and ACASI, with the item nonresponse rate being higher for paper-and-pencil SAQ. This finding could have resulted from greater difficulty of SAQ respondents following the protocol than ACASI respondents.

Even if the assumption is correct that higher missingness rates in ACASI compared with CAPI result from the lack of interviewer presence, the finding of higher missingness rates does not necessarily indicate lower overall data quality in ACASI reports. Item nonresponse is only one indicator of data quality. For other aspects of data quality, reports in self-administered surveys, such as ACASI or CASI, may be superior to interviewer-administered surveys. For example, Chang and Krosnick (2010) reported on the results of a laboratory study in which respondents were randomly assigned to answer questions on a computer or by an interviewer over an intercom. For a number of attitudinal questions on political candidates, issues, and ideology, respondents in the self-administered (computer) mode provided responses with higher concurrent validity, less survey "satisficing" (i.e., putting forth minimal cognitive effort to answer questions, as explained by Krosnick [1991]), and less socially desirable reporting than

[48] SAQ = self-administered questionnaire, where questions, instructions, and responses are heard through headphones.

those in the interviewer-administered mode. The differences were more pronounced among those with more limited cognitive skills.

For questions where respondents might view their responses as sensitive, there is considerable research that focuses on higher levels of reporting of such items in self-administered versus interviewer-administered modes. Beginning with the Tourangeau and Smith (1996) study on sexual behaviors, ACASI has become known as a valuable method for collecting accurate responses on sensitive questions, such as sexual behavior or substance use (de Leeuw, Hox, & Kef, 2003; Tourangeau & Yan, 2007; Turner et al., 1998).

Income could be considered a sensitive question, and item nonresponse rates for these questions tend to be high for any survey mode. It is feasible that the ACASI responses to the income level questions provided were generally more accurate than those provided in CAPI, which could counter reductions in data quality because of the higher missingness rates. Determining the full impact of higher missingness rates on the quality of income estimates requires comparing the QFT results with the results of other surveys that can be considered highly accurate.

Questions on health insurance coverage would not seem to fall clearly under the category of sensitive reporting in surveys. One possible explanation for the higher missingness rates for these items could be respondent confusion about the various types of health insurance coverage, which could not be resolved via self-administration with ACASI as it could with interviewer administration with CAPI. Potdar and Koenig (2005) argued that respondents' unfamiliarity with certain terms, which could be easily clarified by interviewers, explained inconsistencies observed between ACASI and face-to-face interviews. These authors concluded that respondents were more likely to encounter difficulty in comprehending questions in ACASI, leading to "don't know" or "refuse" responses. These findings suggest that the absence of interviewer assistance in ACASI could be one possible explanation for the increased missingness rates for the health insurance items, especially for the "private health insurance" question.

R.3.1.2 Communications with the Survey Research Community and Other Federal Agencies

To solicit input from the community of survey researchers and those working on other Federal agency surveys on possible explanations for the higher QFT missingness rates and differences in estimates for several ACASI items, the following outreach efforts were undertaken in June 2013.

R.3.1.2.1 SRMSnet and AAPORnet Email Inquiries

A request for input was submitted to the Survey Research Methods Section (SRMS) of the ASA and the AAPOR email lists (or "listservs"). The message provided a summary of missingness rates and differences in estimates for several QFT items moved to ACASI and asked whether recipients were aware of any research looking at the impact of moving from CAPI to ACASI on data quality for these specific kinds of questions. This request also asked for recommendations on sources of data for benchmarking estimates of participation in food stamp programs at the family level.

A total of nine email responses were received in response to the SRMS message. Although well-intentioned, respondents were unable to provide responses focused on the kinds of demographic and household items that exhibited high missingness rates in the QFT. The recent research identified focused mainly on "sensitive items," such as sexual orientation, sexual behavior, and substance use. A few emails identified data sources for benchmarking estimates of food stamp program participation at the family level, but these sources were either already identified or incompatible with the QFT data.

R.3.1.2.2 Communication with Staff Working on the NHIS, NHANES, and NSFG

SAMHSA and RTI also reached out to researchers working on three other Federal surveys that could have data to inform the QFT results on demographic and household items moved to ACASI. These surveys included the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), and the National Survey of Family Growth (NSFG). Like the responses to the SRMSnet and AAPORnet email inquiries, the primary use of ACASI for the NHIS and NSFG was for asking questions on sensitive topics, such as sexual orientation (NHIS) and sexual behavior and substance use (NSFG). None of the three surveys had tested and compiled results from asking the same demographic and household items in ACASI compared with results from CAPI.

R.3.1.3 Input from a Discussion with RTI Survey Methodologists

On June 12, 2013, RTI held a meeting with a panel of survey methodologist to solicit their input on possible explanations for the higher QFT missingness rates and differences in estimates for several ACASI items. The panel of RTI survey methodologists consisted of Paul P. Biemer, Rachel A. Caspar, Joseph J. Murphy, and Andy Peytchev. Several members of RTI's National Survey on Drug Use and Health (NSDUH) management team and QFT report team also participated in this hour-long discussion. In advance of this meeting, the RTI NSDUH team provided participants with an overview of the QFT design features and key outcomes, such as response rates from the draft QFT report. For efficiency, the QFT results presented to participants focused on the following three items: (1) current coverage by private health insurance (QHI06), (2) receipt of income from wages or pay earned while working at a job or business in the prior year (QI05N), and (3) receipt of food stamps in the past year (QI07N). The participants offered several comments and thoughts on the nature of the higher missingness rates and differences in estimates for these three QFT items and, possibly, other items, as summarized below:

- The magnitude of some differences was surprising, especially for items that would not seem to elicit strong socially desirable reporting, such as income from wages. The recent status of the economy could have increased the sensitivity of this item to QFT respondents, although a similar impact would be expected in the main study data.
- Additional subgroup analysis or predictive validity with correlates could be useful for estimating measurement error for each of the affected items. Subgroup analysis could focus on which sets of respondents are reporting differently for each item. Such an analysis could be informed by consulting with experts in these areas for characteristics of respondents that may be related to differences in reporting.

- For some items, it is possible that NSDUH CAPI estimates are underestimates. Benchmarking NSDUH CAPI estimates to other sources of CAPI survey data should answer this question.
- Interviewer variance would be higher for CAPI mode, but CAPI administration could also include standard probes for clarification of questions. In ACASI mode, interviewing notes were available via the F2 key.
- Further debriefing with main study and QFT field interviewers (FIs) could provide some insights on any observed differences in how respondents reacted to these questions in ACASI mode in the QFT versus CAPI mode in the main study.
- If appropriate data are available, behavior coding could also help understand differences in the ACASI versus CAPI experiences of QFT versus main study respondents.
- Similar health insurance questions created a lot of confusion on at least one recent RTI survey. Improvements to these items might be needed for ACASI administration.
- Overall, it is difficult to determine which ACASI estimates might have higher or lower data quality than comparison estimates, given the multiple sources of error that cannot be fully assessed. Some of these items might be better in one mode versus the other.
- Given that sources of differences between the QFT results and comparison results cannot be definitively tested, the default position could be to keep the affected items in CAPI.
- One further step is to complete an analysis of the distribution of demographic and geographic characteristics of the QFT and NSDUH comparison samples in order to ensure that these results are not the result of some anomalous distribution of the QFT sample.

Overall, the RTI panel was similarly uncertain about the likely explanations for the higher missingness rates and differences in estimates for these QFT items. As noted in multiple comments, panel members acknowledged that the explanations could differ for specific items.

R.3.2 Item Missingness Rates for Items with Observed Data Quality Issues

As shown in ***Table R-3***, several types of items that were moved to ACASI for the QFT had significantly higher missingness rates than the CAPI items from the 2011 and 2012 quarters 3 and 4 comparison samples:

- Item QD07 on marital status, item QD13 on moving home in the past year, and item QD13a on State of residence 1 year ago all had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for these three items were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but ranged from 0.4 to 0.8 percent in the QFT data.

Table R-3 Item Missingness Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	54,954	11	0.0[a]	26,036	1	0.0[a*]	1,778	7	0.4
How many times in the past 12 months have you moved? (QD13)	65,914	48	0.1[a]	31,212	28	0.0[a]	2,043	29	0.8
In what State did you live in one year ago today? (QD13a)	20,017	6	0.0[a]	9,585	5	0.0[a]	618	5	0.7
Are you a full-time student or a part-time student? (QD19)	34,297	20	0.0[a]	15,915	10	0.0[a]	804	12	1.0
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	31,249	86	0.3[a]	14,472	34	0.2[a]	690	13	1.4
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	26,816	27	0.1[a]	10,528	9	0.1[a]	597	10	1.5
Did you work at a job or business at any time last week? (QD26)	54,944	5	0.0[a]	26,035	1	0.0[a*]	1,778	6	0.2
Did you work at a job or business at any time during the past 12 months? (QD33)	22,908	11	0.1[a]	10,114	3	0.0[a]	649	7	0.6

See notes at end of table. (continued)

Table R-3 Item Missingness Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
How many different employers have you had in the past 12 months? (QD36)	32,855	17	0.0[a]	15,906	14	0.1[a]	1,066	11	0.8
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	7,023	56	0.7[a]	3,615	35	0.9[a]	249	14	4.3
In what month in did you last work at a job or business? (QD39b)	7,413	30	0.4	3,335	21	0.5	175	1	0.7[*]
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	32,036	22	0.0[a]	15,921	13	0.1[a]	1,129	12	0.6
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	32,036	1,656	4.4[a]	15,921	872	4.7[a]	1,129	37	3.0
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	23,221	404	2.0[a]	11,463	198	1.8[a]	858	5	0.4
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	65,914	193	0.2	31,211	130	0.3	2,042	17	0.6
You have indicated that [SAMPLE MEMBER B] covered by Medicare. Is this correct? (QHI01v)	1,208	1	0.0	620	5	0.1	86	1	1.1[*]
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	65,914	382	0.3[a]	31,211	261	0.4	2,042	30	0.7

See notes at end of table.

(continued)

Table R-3 Item Missingness Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	65,913	883	0.8[a]	31,211	459	0.8[a]	2,042	52	1.5
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	65,913	162	0.2[a]	31,211	103	0.3[a]	2,042	36	1.1
In [YEAR], did you receive food stamps? (QI07N)	65,912	236	0.3	31,211	165	0.3	2,042	22	0.5
At any time during [YEAR], even for one month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	65,912	462	0.4[a]	31,211	239	0.4[a]	2,042	35	1.0
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	65,912	349	0.3[a]	31,211	191	0.3[a]	2,042	26	0.6
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	65,912	785	1.9[a]	31,211	393	1.9[a]	2,042	84	3.7

See notes at end of table. (continued)

Table R-3 Item Missingness Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for these Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]			2012 Comparison Data[1,2]			QFT[1,3]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Missing Data[4] (weighted)
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21A)	47,732	581	2.2[a]	22,448	258	2.2[a]	1,196	46	4.6
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23A)	9,445	605	6.1	4,572	298	6.9	365	27	9.7
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23B)	44,537	2,810	6.4	20,887	1,314	6.3	1,328	87	6.1

* Low precision.

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyltryptamine; QFT = Questionnaire Field Test, VA = Department of Veterans Affairs.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Missing data include selection of responses of either "don't' know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.
[5] "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

- Item QD19 on full-time or part-time student status, item QD20 on missing school due to illness or injury, and item QD21 skipping school days all had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for these three items were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but ranged from 1.0 to 1.5 percent in the QFT data.
- The item asking about work at a job or business at any time in the past week, QD26, had a significantly higher item missingness rate in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for this item were close to 0.0 percent in the 2011 or 2012 quarters 3 and 4 comparison data, but 0.2 percent in the QFT data.
- Several items that ask about recent employment history, missing workdays, size of employing organization, and related issues—QD33, QD36, QD38, QD39a, QD40, QD41, and QD42—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but proportionately higher in the QFT data.
- The item asking about private health insurance coverage, QHI06, had a significantly higher item missingness rate in the QFT data than in the 2011 comparison data. Missingness rates for this item were 0.3 percent in the 2011 comparison data and 0.4 percent in the 2012 quarters 3 and 4 comparison data, but 0.7 percent in the QFT data. Although the missingness rate was about twice as high in the QFT data as in the 2012 quarters 3 and 4 comparison data, this difference was not statistically significant.
- Most of the items asking about receipt of various sources of income or participation in government assistance programs—QI03N for receipt of Supplemental Security Income (SSI), QI05N for wages or pay from a job or business, QI07N for receipt of food stamps, QI08N for receipt of State or county welfare programs, and QI10N for receipt of any other kind of nonmonetary welfare or public assistance—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2011 and 2012 quarters 3 and 4 comparison data, but proportionately higher in the QFT data.
- Two items on personal income levels—QI20N and QI21A—had significantly higher item missingness rates in the QFT data than in the 2011 or 2012 quarters 3 and 4 comparison data. The missingness rates for both items were close to 2 percent in the 2011 and 2012 quarters 3 and 4 comparison data, but were 3.7 percent for QI20N and 4.6 percent for QI21A in the QFT data.

The higher missingness rates observed for these sets of items that were moved from CAPI to ACASI administration in the QFT instrument were not anticipated. All else being equal, higher item missingness rates could potentially reduce or limit the quality of the data collected in ACASI mode.

R.3.3 Distribution of "Don't Know" and "Refused" Item Response Rates for Items with Observed Data Quality Issues

Table R-4 presents the distribution of "don't know" and "refused" responses for the 22 items moved to ACASI for the QFT that had significantly higher missingness rates than the CAPI items from the 2011 and 2012 quarters 3 and 4 comparison samples. The distribution of "don't know" and "refused" responses varied, with some items having rather similar proportions and others having markedly different proportions. QD07 on marital status, QD13 on moving home in the past year, QD26 about work at a job or business at any time in the past week, QD33 on working at a job or business in the past year, QD36 on the number different employers in the past year, and QD40 on workdays missed due to sickness or injury appeared to have no meaningful differences in the proportions of "don't know" and "refused" responses.

For items where the proportions of "don't know" and "refused" responses appeared to differ meaningfully, the most common pattern among these items was a higher proportion of "don't know" responses. A total of 15 items followed this pattern of higher proportions of "don't know" than "refused" responses, including the following:

- QD13a on State of residence 1 year ago;
- QD19 on full-time or a part-time student status;
- QD20 on school days missed due to sickness or injury;
- QD21 on school days missed due to "skipping," "cutting," or not wanting to be there;
- QD38 on the number of weeks during the past 12 months without at least one job or business;
- QD39b on month of last work at a job or business;
- QD43 on whether workplace has a written policy about employee use of alcohol or drugs;
- QD44 on whether workplace policy covers only alcohol, only drugs, or both alcohol and drugs;
- QHI06 on private health insurance coverage;
- QI03N on receipt of SSI;
- QI05N on wages or pay from a job or business;
- QI07N on receipt of food stamps;
- QI08N on receipt of State or county welfare programs;
- QI010N on receipt of any other kind of nonmonetary welfare or public assistance; and
- QI21A on personal income level.

Only 1 of the 22 items—QI20N on personal income level—had a higher proportion of "refused" than "don't know" responses. These results suggest that QFT respondents answering these questions in ACASI were unsure of the most appropriate answers to provide.

Table R-4 Distribution of "Don't Know" and "Refused" Item Response Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for These Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample

	2011 Comparison Data[1]				2012 Comparison Data[1,2]				QFT[1,3]			
Instrument Item	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Don't Know[5] (weighted)	Refused[6] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Don't Know[5] (weighted)	Refused[6] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Don't Know[5] (weighted)	Refused[6] (weighted)
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	54,954	11	0.0*	0.0	26,036	1	0.0*	0.0*	1,778	7	0.2	0.2
How many times in the past 12 months have you moved? (QD13)	65,914	48	0.0[a]	0.0[a]	31,212	28	0.0[a]	0.0[a]	2,043	29	0.5	0.4
In what State did you live in one year ago today? (QD13a)	20,017	6	0.0*	0.0	9,585	5	0.0	0.0	618	5	0.5	0.2
Are you a full-time student or a part-time student? (QD19)	34,297	20	0.0[a]	0.0*	15,915	10	0.0[a]	0.0	804	12	1.0	0.0*
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	31,249	86	0.2[a]	0.0	14,472	34	0.2[a]	0.0*	690	13	1.3	0.1
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	26,816	27	0.1[a]	0.1	10,528	9	0.1[a]	0.0*	597	10	1.3	0.2
Did you work at a job or business at any time last week? (QD26)	54,944	5	0.0*	0.0	26,035	1	0.0*	0.0*	1,778	6	0.1	0.1
Did you work at a job or business at any time during the past 12 months? (QD33)	22,908	11	0.0*	0.1	10,114	3	0.0	0.0	649	7	0.3	0.4

See notes at end of table.

(continued)

Table R-4 Distribution of "Don't Know" and "Refused" Item Response Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for These Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]				2012 Comparison Data[1,2]				QFT[1,3]			
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Don't Know[5] (weighted)	Refused[6] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Don't Know[5] (weighted)	Refused[6] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Don't Know[5] (weighted)	Refused[6] (weighted)
How many different employers have you had in the past 12 months? (QD36)	32,855	17	0.0[a]	0.0	15,906	14	0.0	0.0	1,066	11	0.3	0.4
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	7,023	56	0.7[a]	0.0[*]	3,615	35	0.9[a]	0.0	249	14	3.4	0.9
In what month in did you last work at a job or business? (QD39b)	7,413	30	0.4	0.0	3,335	21	0.5	0.0[*]	175	1	0.7[*]	0.0[*]
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	32,036	22	0.0[a]	0.0[a]	15,921	13	0.1	0.0[a]	1,129	12	0.3	0.3
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	32,036	1,656	4.4[a]	0.0[*]	15,921	872	4.7[a]	0.0	1,129	37	2.9	0.1
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	23,221	404	2.0[a]	0.0	11,463	198	1.8[a]	0.0[*]	858	5	0.4	0.0[*]
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	65,914	382	0.2[a]	0.0	31,211	261	0.4	0.1	2,042	30	0.6	0.1

See notes at end of table. (continued)

Table R-4 Distribution of "Don't Know" and "Refused" Item Response Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for These Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

Instrument Item	2011 Comparison Data[1]				2012 Comparison Data[1,2]				QFT[1,3]			
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Don't Know[5] (weighted)	Refused[6] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Don't Know[5] (weighted)	Refused[6] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[4] (unweighted)	Don't Know[5] (weighted)	Refused[6] (weighted)
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	65,913	883	0.7	0.1	31,211	459	0.6[a]	0.1	2,042	52	1.1	0.5
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	65,913	162	0.1[a]	0.1	31,211	103	0.2[a]	0.1	2,042	36	0.9	0.3
In [YEAR], did you receive food stamps? (QI07N)	65,912	236	0.1[a]	0.1	31,211	165	0.2	0.1	2,042	22	0.4	0.1
At any time during [YEAR], even for one month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	65,912	462	0.3[a]	0.1	31,211	239	0.3[a]	0.1	2,042	35	0.9	0.1
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	65,912	349	0.2[a]	0.1	31,211	191	0.2[a]	0.1	2,042	26	0.5	0.1
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	65,912	785	0.5[a]	1.4	31,211	393	0.5[a]	1.4	2,042	84	1.3	2.4

See notes at end of table.

(continued)

Table R-4 Distribution of "Don't Know" and "Refused" Item Response Rates for Moved Items with Observed Data Quality Issues in the 2012 Questionnaire Field Test and Item Missingness Rates for These Items in the 2011 Comparison Sample and the 2012 Quarters 3 and 4 Comparison Sample (continued)

	2011 Comparison Data[1]				2012 Comparison Data[1,2]				QFT[1,3]			
Instrument Item	**Number of Cases Asked the Question (unweighted)**	**Number of Cases with Missing Data[4] (unweighted)**	**Don't Know[5] (weighted)**	**Refused[6] (weighted)**	**Number of Cases Asked the Question (unweighted)**	**Number of Cases with Missing Data[4] (unweighted)**	**Don't Know[5] (weighted)**	**Refused[6] (weighted)**	**Number of Cases Asked the Question (unweighted)**	**Number of Cases with Missing Data[4] (unweighted)**	**Don't Know[5] (weighted)**	**Refused[6] (weighted)**
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]?(QI21A)	47,732	581	1.5[a]	0.7	22,448	258	1.4[a]	0.7	1,196	46	3.3	1.3

* Low precision.

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyltryptamine; QFT = Questionnaire Field Test, VA = Department of Veterans Affairs.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self-administered.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Missing data include selection of responses of either "don't know" or "refused" for the question.
[5] "Don't Know (weighted)" denotes the weighted percentage of responses of "don't know" for the question. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.
[6] "Refused (weighted)" denotes the weighted percentage of responses of "refused" for the question. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

R.3.4 Benchmarking of Estimates to Other Surveys for Items with Observed Data Quality Issues

Estimates for most demographic and household items from the QFT data were similar to the 2011 and 2012 quarters 3 and 4 comparison estimates. The majority of differences observed indicated that the QFT sample members were associated with lower socioeconomic status. For example, the QFT estimates for participating in government programs, such as food stamps, were significantly higher than those for the 2011 and 2012 quarters 3 and 4 comparison data. Differences in missingness rates and estimates for items that were most highly correlated with socioeconomic status could have been affected by these observed differences in socioeconomic status between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples. Because the noncore demographic and household questions were administered via ACASI for QFT respondents and via CAPI for 2011 and 2012 quarters 3 and 4 respondents, the effects of this mode difference cannot be disentangled from the effects of differences in socioeconomic status.

As shown in ***Table R-3*** earlier, missingness rates for several QFT ACASI items were significantly higher than the missingness rates in the 2011 and 2012 quarters 3 and 4 comparison data for the parallel CAPI items. Although missingness rates for the first six items in ***Table R-3***—QD07 on marital status, QD13 on moving home in the past year, QD13a on State of residence 1 year ago, QD19 on full-time or a part-time student status, QD20 on school days missed due to sickness or injury, and QD21 on school days missed due to "skipping" or "cutting"—were generally higher than the missingness rates in the 2011 and 2012 quarters 3 and 4 comparison datasets, concern about the data quality of these items was limited. The same conclusion was reached for several other items asking about employment history and workplace policies—QD33 on working at a job or business in the past year, QD36 on the number of different employers in the past year, QD38 on the number of weeks during the past 12 months without at least one job or business, QD39b on the month of last work at a job or business, QD40 on workdays missed due to sickness or injury, QD43 on whether workplace has a written policy about employee use of alcohol or drugs, and QD44 on whether workplace policy covers only alcohol, only drugs, or both alcohol and drugs. For these two sets of items, no benchmarking analyses were conducted to understand the implications for overall data quality for these items.

For items where the findings on item missingness rates raised significant concerns about data quality, benchmarking comparisons to both the 2011 and 2012 quarters 3 and 4 datasets and to other national surveys was undertaken. This benchmarking was intended to determine whether and how the QFT estimates differed from other national survey estimates with the same target population and comparable survey items. The following sets of QFT items shown in ***Table R-3*** were benchmarked to other survey data:

- received income and participation in government assistance programs,
- health insurance coverage,
- income,
- employment status and unemployment rates, and
- education.

The following five sections present and discuss the results of benchmarking these sets of items to other survey data sources. In addition, given that health insurance and income items allow for proxy reports, ***Section R.3.4*** presents and discusses the potential impact of proxy reports on the missingness rates and estimates for these two sets of items.

R.3.4.1 Received Income and Participation in Government Assistance Programs

In ***Tables R-5*** through ***R-8***,[49] QFT estimates for five types of received income or participation in government assistance programs for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, the 2011 American Community Survey (ACS), and the 2011 National Health Interview Survey (NHIS). The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. Estimates for all data sources are provided in both percentages and thousands of persons, with standard errors in parentheses. Several notable comparisons can be observed from these tables:

- For all persons aged 12 or older (***Table R-5***), estimates for receipt of social security were very similar across all five survey data sources at about 27 percent. Estimates for social security were also similar across these data sources for the three separate age groups (***Tables R-6*** through ***R-8***).
- The QFT estimate for receipt of wages for all persons aged 12 or older (68.6 percent) was significantly lower than the estimates from the four other data sources, which were all close to 80 percent. This pattern held for receipt of wages across all three separate age groups.
- For SSI, the QFT estimate for all persons aged 12 or older (9.4 percent) was generally higher than the estimates from most of the other data sources. Estimates for SSI from the other surveys ranged from 5.0 percent in the 2011 NHIS to 7.6 percent in the 2012 quarters 3 and 4 comparison sample. This pattern for receipt of SSI was very similar across the three separate age groups.
- The QFT estimate for participation in food stamp[50] programs for all persons aged 12 or older (17.6 percent) was also generally higher than the estimates from the four other data sources. Estimates for food stamp receipt from the other surveys ranged from 13.0 percent in the 2011 NHIS to 15.6 percent in the 2012 quarters 3 and 4 comparison sample. This pattern for receipt of food stamps was very similar across the three separate age groups.
- For receipt of welfare payments, such as those from Temporary Assistance for Needy Families (TANF), the QFT estimate for all persons aged 12 or older (3.6 percent) was higher than the estimates from the 2011 comparison sample (2.5 percent) and the 2012 quarters 3 and 4 comparison sample (2.3 percent), but it was similar to the 2011 ACS estimate (3.3 percent) and the 2011 NHIS estimate (3.2 percent). The pattern for

[49] To aid in their readability, ***Table R-5*** through ***Table R-23*** appear together at the end of their discussion in this ***Section R.3.4***.

[50] Food stamp programs are now more commonly known as the Supplemental Nutrition Assistance Program (SNAP).

receipt of welfare payments generally held across the three separate age groups, with the QFT estimates being somewhat higher than the 2011 and 2012 quarters 3 and 4 comparison estimates, but similar to the 2011 ACS and 2011 NHIS estimates.

Benchmarking QFT estimates for five types of received income or participation in government assistance programs to both recent NSDUH data and other national survey data revealed mixed results. Estimates for receipt of social security payments were quite similar across all five surveys. The QFT estimate for receipt of wages was substantially lower than the estimates from the other four survey sources. For receipt of welfare payments, QFT estimates were generally similar to the 2011 ACS and 2011 NHIS estimates, but higher than the 2011 and 2012 quarters 3 and 4 comparison estimates. Estimates of participation in two programs—SSI and food stamps—appeared to be clearly greater for the QFT sample than in the other four surveys. These findings suggest that QFT respondents had a somewhat lower socioeconomic status than the 2011 and 2012 quarters 3 and 4 comparisons samples. This difference could have accounted for some of the observed differences between the QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates for those items that were the most highly correlated with socioeconomic status (SES).

In principle, the weighting adjustments for nonresponse and undercoverage applied to the QFT data would have eliminated differences in SES to the extent that the measures used in the weighting adjustments were themselves correlated with SES. However, the correlations between the variables used in weighting adjustments, such as combined median rent and housing value, at the segment-level and individual-level SES have not been examined. In addition, it is unknown whether the same correlations in the main survey samples would be similar to those in the QFT sample. Given these considerations, weighting more explicitly by SES might not eliminate differences in estimates, such as program participation between the QFT and main survey comparison samples.

R.3.4.2 Health Insurance Coverage

In ***Tables R-9*** through ***R-12***, QFT estimates for four types of health insurance coverage for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, the 2011 ACS, and the 2011 NHIS. The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 12 or older (***Table R-9***), estimates for the first three types of health insurance coverage—Medicare, Medicaid, and TRICARE, CHAMPUS, or other military health care sources—were generally similar across all five survey data sources. This pattern generally held for these three types of health insurance coverage across the three separate age groups (***Tables R-10*** through ***R-12***).
- Two exceptions to the general pattern noted above were observed. First, the QFT estimate for Medicaid coverage for all persons aged 12 or older (13.4 percent) was slightly higher than the parallel estimates from the 2011 comparison sample (11.6 percent), the 2012 quarters 3 and 4 comparison sample (11.5 percent), and the 2011 NHIS (10.6 percent), but it was similar to the 2011 ACS estimate (12.9 percent). This difference appeared to be driven mostly by the estimate for persons aged 12 to

17 (***Table R-10***), where the QFT estimate was at least 5 percent higher than the estimates from the other four data sources.

- In addition, the 2011 NHIS estimate for health insurance coverage via TRICARE, CHAMPUS, or other military health care sources for all persons aged 12 or older (3.5 percent) was lower than the estimates from the other four data sources, which were all close to 5 percent. This difference appeared to be driven mostly by the estimate for persons aged 12 to 17 (***Table R-10***), where the 2011 NHIS estimate of 3.9 percent was higher than the estimates from the other four data sources, which ranged from 5.2 to 5.6 percent.
- For all persons aged 12 or older, the QFT estimate (62.1 percent) for private health insurance was lower than the estimates from the other four data sources, which ranged from 67.1 to 68.7 percent. Although this pattern generally held for private health insurance across the three separate age groups, differences in estimates between the QFT and the other four surveys were somewhat more pronounced for persons aged 12 to 17 (***Table R-10***) and persons aged 18 to 25 (***Table R-11***).

Benchmarking QFT estimates for four types of health insurance coverage to both recent NSDUH data and other national survey data revealed mixed results. Across all age groups, the largest and most consistent differences between QFT estimates and estimates from the other four data sources were observed for private health insurance. Differences between QFT estimates and estimates from the other four data sources for the other three types of health insurance coverage were generally smaller and less consistent across age groups.

R.3.4.3 Income

In ***Tables R-13*** through ***R-16***, QFT estimates for three income categories for all persons aged 12 or older and three separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. The three separate age groups are persons aged 12 to 17, 18 to 25, and 26 or older. Two notable comparisons can be observed from these tables:

- For all persons aged 12 or older (***Table R-13***), the QFT estimate for family income of $49,999 or less (52.1 percent) was only slightly higher than the 2011 and 2012 quarters 3 and 4 comparison estimate, but it was significantly higher than the 2011 NHIS estimate (46.5 percent). Correspondingly, the QFT estimates for a family income of $50,000 to $74,999 and a family income of $75,000 or greater were lower than estimates for the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. QFT estimates for these two income categories were somewhat closer to the 2011 and 2012 quarters 3 and 4 comparison estimates than to the 2011 NHIS estimates.
- This pattern generally held for the three separate age groups (***Tables R-14*** through ***R-16***), although the differences between the QFT estimates and the other three sources were most pronounced for persons aged 12 to 17 (***Table R-14***). This finding suggests that proxy and self-reports of income from QFT respondents aged 12 to 17 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.

Overall, the QFT estimates resulted in higher proportions of persons at lower income levels and lower proportions at higher income levels compared with three other sources of survey data. This difference could have accounted for some of the observed differences between QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates for those items that were the most highly correlated with income level.

R.3.4.4 Employment Status and Unemployment Rates

In ***Tables R-17*** through ***R-19***, QFT estimates for four employment categories for all persons aged 18 or older and two separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2012 quarters 3 and 4 Current Population Survey (CPS). The two separate age groups are persons aged 18 to 25 and those aged 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 18 or older (***Table R-17***), the QFT estimate of persons employed full time (52.0 percent) was slightly higher than the 2011 comparison estimate (49.7 percent) and the 2012 quarters 3 and 4 CPS estimate (49.2 percent), but it was similar to the 2012 quarters 3 and 4 comparison estimate (51.3 percent). A similar pattern was observed for adults aged 26 or older (***Table R-19***), but the differences between the QFT and three other survey estimates of full-time employment were more pronounced for adults aged 18 to 25 (***Table R-18***). This finding suggest that reports of full-time employment from QFT respondents aged 18 to 25 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.
- For all persons aged 18 or older, the QFT estimate of persons employed part time (14.2 percent) was slightly higher than the 2012 quarters 3 and 4 CPS estimate (11.2 percent), but it was similar to the 2011 comparison estimate (14.1 percent) and the 2012 quarters 3 and 4 comparison estimate (13.9 percent). A similar pattern was observed for both adults aged 18 to 25 and for adults aged 26 or older.
- The QFT estimate for being unemployed for all persons aged 18 or older (5.5 percent) was slightly higher than the 2012 quarters 3 and 4 CPS estimate (4.9 percent), but it was similar to the 2011 comparison estimate (5.8 percent) and the 2012 quarters 3 and 4 comparison estimate (5.5 percent). A similar pattern was observed for both adults aged 18 to 25 and for adults aged 26 or older, although the difference between the QFT and the 2012 quarters 3 and 4 CPS estimate for being unemployed among adults aged 18 to 25 was larger than the difference among adults aged 26 or older.
- For all persons aged 18 or older, the QFT estimate of persons with an employment status of other (28.3 percent), such as being retired or otherwise not in the labor force, was lower than the 2012 quarters 3 and 4 CPS estimate (34.7 percent), but it was similar to the 2011 comparison estimate (30.4 percent) and the 2012 quarters 3 and 4 comparison estimate (29.3 percent). A similar pattern was observed for adults aged 26 or older, but the differences between the QFT and three other survey estimates for persons with an employment status of other were more pronounced for adults aged 18 to 25. This finding suggest that reports of an employment status of "other" from QFT

respondents aged 18 to 25 contributed the most to the observed differences in estimates for all persons compared with the other three surveys.

In addition, ***Table R-20*** provides calculated unemployment rate estimates among persons aged 18 or older for three age groups for the QFT, the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2012 quarters 3 and 4 CPS. QFT unemployment rate estimates were similar to the 2012 quarters 3 and 4 comparison sample and the 2012 quarters 3 and 4 CPS for all persons aged 18 or older and for persons aged 18 to 25. Unemployment rate estimates for the 2011 comparison sample were higher than the other three surveys for all persons aged 18 or older and for persons aged 18 to 25. These differences in estimates from the lone 2011 source and the three 2012 sources could simply reflect a trend of declining unemployment rates for adults aged 18 to 25. For adults aged 26 or older, unemployment rate estimates were similar across all four surveys.

Overall, comparisons between the QFT and three other sources of survey data on employment status and unemployment rates showed significant differences mostly for adults aged 18 to 25. Observed differences for all adults and adults aged 26 or older were relatively small. These results could be attributable to either differences in reporting employment status among respondents aged 18 to 25 in the QFT sample or the impact of actual trends in employment for adults aged 18 to 25 from 2011 to 2012.

R.3.4.5 Education

In ***Tables R-21*** through ***R-23***, QFT estimates for four education categories for all persons aged 18 or older and two separate age groups are presented with parallel estimates from the 2011 comparison sample, the 2012 quarters 3 and 4 comparison sample, and the 2011 NHIS. The two separate age groups are persons aged 18 to 25 and those aged 26 or older. A few notable comparisons can be observed from these tables:

- For all persons aged 18 or older (***Table R-21***), estimates for less than a high school education and having a college degree were similar across the four surveys.
- QFT estimates differed from the three other survey data sources for the two education categories—high school graduate and some college. The QFT estimate for persons aged 18 or older being high school graduates (26.6 percent) was lower than the estimates for the 2011 comparison sample (30.3 percent) and the 2012 quarters 3 and 4 comparison sample (30.1 percent), but it was similar to the 2011 NHIS estimate (27.8 percent). Similarly, the QFT estimate for persons aged 18 or older having some college (32.1 percent) was higher than the estimates for the 2011 comparison sample (27.4 percent) and the 2012 quarters 3 and 4 comparison sample (27.7 percent), but it was similar to the 2011 NHIS estimate (31.3 percent).
- Differences in estimates between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples for the high school graduate and some college categories were more pronounced among adults aged 26 or older (***Table R-23***). Among adults aged 18 to 25, QFT estimates for the high school graduate and some college categories were actually very similar to the 2011 and 2012 quarters 3 and 4 comparison estimates.

- In contrast, differences in estimates between the QFT sample and the 2011 NHIS for the high school graduate and some college categories were more pronounced among adults aged 18 to 25 (***Table R-22***). Among adults aged 26 or older, QFT estimates for the high school graduate and some college categories were similar the 2011 NHIS estimates.

Overall, comparisons between the QFT and three other data sources of survey data on education level differed for two categories—high school graduate and some college. Although for all adults aged 18 or older the QFT estimates were more similar to the 2011 NHIS estimates than to the 2011 and 2012 quarters 3 and 4 comparison samples, differences among the four data sources for the high school graduate and some college categories varied across the two age groups of adults aged 18 to 25 and adults aged 26 or older. These mixed results suggest that differences in the education level of QFT respondents versus the 2011 and 2012 quarters 3 and 4 comparison samples likely had a minimal impact, if any, on observed differences between estimates for items correlated with education.

Table R-5 Received Income and Program Participation among Persons Aged 12 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

	PERCENTAGES					TOTALS (in Thousands)				
Received Income	2011 Comp.[1] (SE)	2012 Comp.[1,2] (SE)	QFT[1,3] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)	2011 Comp.[1] (SE)	2012 Comp.[1,2] (SE)	QFT[1,3] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)
Social Security	27.2	26.2	26.4	27.0	26.7	66,200	63,780	64,275	65,639	63,859
	(0.42)	(0.53)	(1.70)	(0.05)	(0.35)	(1,316)	(1,727)	(5,216)	(123)	(994)
Wages	82.4	82.8	68.6	81.0	79.0	200,312	201,203	166,799	197,164	188,364
	(0.38)	(0.48)	(1.77)	(0.04)	(0.32)	(2,158)	(3,028)	(8,293)	(111)	(2,197)
Supplemental Security Income	7.0	7.6	9.4	6.0	5.0	16,957	18,588	22,964	14,576	11,845
	(0.20)	(0.30)	(0.97)	(0.03)	(0.17)	(472)	(726)	(2,558)	(79)	(418)
Food Stamps	14.6	15.6	17.6	13.8	13.0	35,408	37,843	42,815	33,602	31,058
	(0.32)	(0.46)	(1.49)	(0.05)	(0.32)	(755)	(1,141)	(3,786)	(110)	(824)
Welfare Payments	2.5	2.3	3.6	3.3	3.2	6,126	5,533	8,763	7,934	7,757
	(0.11)	(0.16)	(0.56)	(0.03)	(0.14)	(278)	(373)	(1,434)	(65)	(338)

ACS = American Community Survey; Comp. = comparison; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-6 Received Income and Program Participation among Persons Aged 12 to 17: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

Received Income	PERCENTAGES					TOTALS (in Thousands)				
	2011 Comp.[1] (SE)	2012 Comp.[1,2] (SE)	QFT[1,3] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)	2011 Comp.[1] (SE)	2012 Comp.[1,2] (SE)	QFT[1,3] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)
Social Security	12.2 (0.39)	11.1 (0.42)	12.7 (1.74)	10.6 (0.10)	12.3 (0.66)	2,949 (96)	2,698 (112)	3,071 (501)	2,598 (25)	2,737 (158)
Wages	89.4 (0.36)	89.6 (0.41)	65.6 (2.67)	90.7 (0.11)	87.9 (0.64)	21,653 (297)	21,697 (435)	15,876 (1,178)	22,265 (46)	19,433 (451)
Supplemental Security Income	7.6 (0.29)	7.8 (0.36)	9.9 (1.64)	6.0 (0.07)	6.0 (0.48)	1,846 (70)	1,877 (91)	2,389 (429)	1,464 (18)	1,329 (111)
Food Stamps	20.9 (0.44)	21.4 (0.64)	27.7 (2.54)	20.9 (0.13)	19.4 (0.85)	5,061 (126)	5,174 (178)	6,707 (729)	5,132 (33)	4,309 (213)
Welfare Payments	4.2 (0.23)	4.0 (0.31)	5.6 (1.15)	4.9 (0.07)	4.7 (0.47)	1,024 (59)	959 (77)	1,364 (296)	1,207 (17)	1,034 (106)

ACS = American Community Survey; Comp. = comparison; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-7 Received Income and Program Participation among Persons Aged 18 to 25: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

	PERCENTAGES					TOTALS (in Thousands)				
Received Income	2011 Comp.[1] (SE)	2012 Comp.[1,2] (SE)	QFT[1,3] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)	2011 Comp.[1] (SE)	2012 Comp.[1,2] (SE)	QFT[1,3] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)
Social Security	9.4	9.2	9.2	9.9	10.3	3,108	3,025	3,036	3,314	3,251
	(0.29)	(0.41)	(1.44)	(0.10)	(0.82)	(104)	(127)	(496)	(31)	(268)
Wages	91.6	91.0	68.8	91.7	89.6	30,200	30,015	22,698	30,658	28,138
	(0.31)	(0.74)	(2.55)	(0.08)	(0.70)	(513)	(65)	(2,067)	(54)	(795)
Supplemental Security Income	6.2	5.7	9.8	5.7	4.9	2,047	1,888	3,219	1,910	1,550
	(0.24)	(0.29)	(1.66)	(0.06)	(0.49)	(88)	(91)	(593)	(21)	(157)
Food Stamps	20.1	20.2	21.9	18.2	19.7	6,644	6,674	7,215	6,089	6,230
	(0.46)	(0.64)	(2.47)	(0.09)	(0.86)	(160)	(215)	(881)	(31)	(305)
Welfare Payments	4.3	3.8	5.1	4.0	6.2	1,429	1,246	1,697	1,334	1,942
	(0.20)	(0.27)	(1.04)	(0.06)	(0.54)	(70)	(91)	(343)	(20)	(180)

ACS = American Community Survey; Comp. = comparison; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-8 Received Income and Program Participation among Persons Aged 26 or Older: Percentages and Totals for 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and Other Surveys

	PERCENTAGES					TOTALS (in Thousands)				
Received Income	2011 Comp.[1] (SE)	2012 Comp.[1,2] (SE)	QFT[1,3] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)	2011 Comp.[1] (SE)	2012 Comp.[1,2] (SE)	QFT[1,3] (SE)	2011 ACS[4] (SE)	2011 NHIS[5] (SE)
Social Security	32.3	31.2	31.3	32.2	31.2	60,143	58,058	58,168	59,727	57,872
	(0.53)	(0.65)	(2.10)	(0.04)	(0.39)	(1,285)	(1,689)	(5,116)	(93)	(928)
Wages	79.8	80.4	69.0	77.8	76.1	148,459	149,492	128,225	144,242	140,793
	(0.48)	(0.59)	(2.10)	(0.04)	(0.35)	(1,967)	(2,594)	(7,326)	(97)	(1,642)
Supplemental Security Income	7.0	8.0	9.3	6.0	4.8	13,064	14,822	17,355	11,202	8,967
	(0.24)	(0.38)	(1.14)	(0.03)	(0.17)	(439)	(698)	(2,275)	(58)	(329)
Food Stamps	12.7	14.0	15.5	12.1	11.1	23,703	25,995	28,893	22,381	20,519
	(0.37)	(0.51)	(1.56)	(0.04)	(0.28)	(679)	(992)	(2,959)	(75)	(539)
Welfare Payments	2.0	1.8	3.1	2.9	2.6	3,673	3,327	5,702	5,393	4,781
	(0.13)	(0.17)	(0.61)	(0.02)	(0.12)	(250)	(315)	(1,157)	(44)	(217)

ACS = American Community Survey; Comp. = comparison; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

NOTE: Unknown or invalid data were excluded from the analysis.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-9 Health Insurance Coverage among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 ACS[4] Percent (SE)	2011 NHIS[5] Percent (SE)
Medicare (QHI01)	18.1 (0.38)	18.0 (0.53)	18.3 (1.58)	17.8 (0.02)	17.7 (0.25)
Medicaid (QHI02 and QHI02a)	11.6 (0.24)	11.5 (0.35)	13.4 (1.16)	12.9 (0.04)	10.6 (0.21)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	4.7 (0.18)	4.6 (0.24)	5.0 (0.77)	4.8 (0.02)	3.5 (0.12)
Private Health Insurance (QHI06)	67.1[a] (0.42)	67.5[a] (0.59)	62.1 (1.86)	67.5 (0.07)	68.7 (0.36)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense heath care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-10 Health Insurance Coverage among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 ACS[4] Percent (SE)	2011 NHIS[5] Percent (SE)
Medicare (QHI01)	0.4[a] (0.07)	0.4[a] (0.08)	1.8 (0.49)	0.6 (0.02)	0.2 (0.08)
Medicaid (QHI02 and QHI02a)	31.8 (0.55)	32.8 (0.80)	36.2 (2.69)	30.7 (0.13)	27.9 (0.80)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	3.1 (0.21)	2.9 (0.24)	2.6 (0.71)	2.3 (0.04)	2.3 (0.24)
Private Health Insurance (QHI06)	61.3[a] (0.60)	60.6 (0.79)	54.9 (3.00)	62.0 (0.17)	67.9 (0.84)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense heath care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011;
U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-11 Health Insurance Coverage among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 ACS[4] Percent (SE)	2011 NHIS[5] Percent (SE)
Medicare (QHI01)	0.6 (0.07)	0.8 (0.11)	1.6 (0.63)	0.7 (0.02)	0.5 (0.08)
Medicaid (QHI02 and QHI02a)	15.7 (0.42)	15.5 (0.57)	15.9 (2.15)	13.7 (0.08)	14.3 (0.52)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	2.6 (0.17)	2.7 (0.24)	2.9 (1.01)	2.4 (0.04)	2.1 (0.19)
Private Health Insurance (QHI06)	56.5 (0.56)	58.7 (0.78)	52.3 (3.31)	61.0 (0.12)	62.3 (0.79)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense heath care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-12 Health Insurance Coverage among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, Questionnaire Field Test, 2011 ACS, and 2011 NHIS Data

Instrument Item	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 ACS[4] Percent (SE)	2011 NHIS[5] Percent (SE)
Medicare (QHI01)	23.5 (0.49)	23.3 (0.67)	23.4 (1.94)	23.2 (0.02)	22.7 (0.30)
Medicaid (QHI02 and QHI02a)	8.3 (0.25)	8.1 (0.38)	10.0 (1.21)	10.4 (0.04)	7.9 (0.17)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care (QHI03)	5.3 (0.23)	5.2 (0.30)	5.6 (0.92)	5.6 (0.02)	3.9 (0.13)
Private Health Insurance (QHI06)	69.8[a] (0.50)	69.9[a] (0.68)	64.8 (2.16)	69.3 (0.07)	69.9 (0.35)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veterans Affairs; QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error; TRICARE = Department of Defense heath care program with three levels of coverage, prime, standard, and extra; VA = Department of Veterans Affairs.

NOTE: Unknown or invalid data were excluded from the analysis.

[a] Difference between estimate and QFT estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, persons in institutional group quarters, and those who spoke English "not well" or "not at all."

[5] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011; U.S. Census Bureau, American Community Survey (ACS), 2011.

Table R-13 Income among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS

Income Level	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
<$49,999	49.2 (0.49)	50.2 (0.63)	52.7 (2.05)	46.5 (0.54)
$50,000 - $74,999	17.5 (0.28)	16.8 (0.42)	16.3 (1.22)	18.2 (0.33)
$75,000 or More	33.3 (0.53)	33.0 (0.63)	31.0 (1.97)	35.3 (0.55)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-14 Income among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS

Income Level	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
<$49,999	47.8[a] (0.63)	47.6[a] (0.98)	54.9 (3.15)	41.1 (1.11)
$50,000 - $74,999	16.8[a] (0.38)	16.7[a] (0.52)	12.3 (1.60)	17.2 (0.91)
$75,000 or More	35.4 (0.57)	35.7 (0.82)	32.9 (3.01)	41.7 (1.10)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Sample only includes interviews done in English.
Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-15 Income among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and 2011 NHIS Data

Income Level	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
<$49,999	66.8 (0.65)	67.2 (0.98)	68.7 (3.01)	61.2 (1.31)
$50,000 - $74,999	13.2 (0.39)	13.3 (0.59)	13.6 (2.19)	15.8 (0.85)
$75,000 or More	20.0 (0.52)	19.5 (0.64)	17.7 (2.18)	23.0 (1.16)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-16 Income among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison Data, 2012 Comparison Data, 2012 Questionnaire Field Test, and NHIS Data

Income Level	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	NHIS[4] Percent (SE)
<$49,999	46.3 (0.57)	47.5 (0.72)	49.6 (2.36)	44.6 (0.52)
$50,000 - $74,999	18.3 (0.36)	17.5 (0.55)	17.3 (1.46)	18.7 (0.33)
$75,000 or More	35.4 (0.60)	35.1 (0.74)	33.1 (2.42)	36.7 (0.54)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test; NHIS = National Health Interview Survey; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-17 Levels of Current Employment among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	CPS Q3 & Q4[4] Percent (SE)
Full-Time	49.7 (0.49)	51.3 (0.63)	52.0 (1.65)	49.2 (0.07)
Part-Time	14.1 (0.26)	13.9 (0.39)	14.2 (1.15)	11.2 (0.05)
Unemployed	5.8 (0.14)	5.5 (0.20)	5.5 (0.65)	4.9 (0.03)
Other[5]	30.4 (0.43)	29.3 (0.65)	28.3 (1.70)	34.7 (0.07)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include Alaska or Hawaii.

[5] The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table R-18 Levels of Current Employment among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	CPS Q3 & Q4[4] Percent (SE)
Full-Time	36.0[a] (0.56)	40.1 (0.86)	45.5 (2.98)	35.0 (0.19)
Part-Time	27.8 (0.42)	26.4 (0.67)	24.4 (2.29)	22.4 (0.17)
Unemployed	13.2 (0.33)	11.8 (0.41)	11.9 (1.58)	9.4 (0.12)
Other[5]	23.0[a] (0.43)	21.7 (0.91)	18.2 (1.83)	33.2 (0.19)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include Alaska or Hawaii.

[5] The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table R-19 Levels of Current Employment among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Current Employment	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	CPS Q3 & Q4[4] Percent (SE)
Full-Time	52.1 (0.55)	53.3 (0.72)	53.2 (1.90)	51.5 (0.08)
Part-Time	11.7 (0.30)	11.7 (0.43)	12.4 (1.34)	9.3 (0.04)
Unemployed	4.5 (0.16)	4.4 (0.23)	4.3 (0.70)	4.2 (0.03)
Other[5]	31.7 (0.51)	30.7 (0.75)	30.1 (2.01)	35.0 (0.08)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.
[4] Sample does not include Alaska or Hawaii.
[5] The Other Employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table R-20 Unemployment Rates among Persons Aged 18 or Older, by Age Group: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and CPS Data

Age/Unemployment Rate	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	CPS Q3 & Q4[4] Percent (SE)
18 or Older				
Unemployment Rate	8.4 (0.21)	7.8 (0.29)	7.6 (0.91)	7.6 (0.05)
18 to 25				
Unemployment Rate	17.2 (0.21)	15.0 (0.48)	14.6 (1.93)	14.0 (0.18)
26 or Older				
Unemployment Rate	6.6 (0.23)	6.3 (0.34)	6.2 (1.00)	6.5 (0.05)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; Q = quarter; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample does not include Alaska or Hawaii.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
U.S. Census Bureau and U.S. Bureau of Labor Statistics (BLS), Current Population Survey (CPS).

Table R-21 Levels of Education among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
< High School	11.6 (0.24)	11.5 (0.35)	12.4 (1.26)	12.0 (0.20)
High School Graduate	30.3 (0.38)	30.1 (0.61)	26.6 (1.92)	27.8 (0.29)
Some College	27.4[a] (0.37)	27.7[a] (0.48)	32.1 (1.42)	31.3 (0.26)
College Graduate	30.6 (0.41)	30.7 (0.67)	29.0 (2.48)	28.9 (0.38)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012; CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-22 Levels of Education among Persons Aged 18 to 25: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
< High School	15.6 (0.40)	12.0 (0.42)	13.8 (1.92)	14.0 (0.49)
High School Graduate	34.0 (0.55)	35.7 (1.04)	34.9 (2.56)	29.6 (0.65)
Some College	35.7 (0.59)	36.4 (0.90)	37.6 (3.40)	43.0 (0.83)
College Graduate	14.7 (0.46)	15.9 (0.60)	13.7 (2.30)	13.5 (0.54)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

Table R-23 Levels of Education among Persons Aged 26 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, 2012 Questionnaire Field Test, and 2011 NHIS

Level of Education	2011 Comparison[1] Percent (SE)	2012 Comparison[1,2] Percent (SE)	2012 QFT[1,3] Percent (SE)	2011 NHIS[4] Percent (SE)
< High School	10.9 (0.28)	11.4 (0.41)	12.1 (1.39)	11.6 (0.21)
High School Graduate	29.7[a] (0.43)	29.1 (0.69)	25.1 (2.16)	27.5 (0.31)
Some College	26.0[a] (0.41)	26.2[a] (0.57)	31.1 (1.76)	29.3 (0.25)
College Graduate	33.4 (0.47)	33.3 (0.77)	31.7 (2.77)	31.6 (0.40)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

NHIS = National Health Interview Survey; QFT = NSDUH Questionnaire Field Test; SE = standard error.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison compared with 2012 QFT).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Sample only includes interviews done in English.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, September 1 through November 3, 2012;
CDC, National Center for Health Statistics, National Health Interview Survey (NHIS), 2011.

R.3.5 Potential Impact of Proxy Reporting for Items with Observed Data Quality Issues

Two sets of questionnaire items that were moved from CAPI to ACASI administration in the QFT questionnaire—health insurance and income—allowed for a proxy respondent to answer these questions in lieu of the primary respondent. For example, about 75 percent of youth respondents aged 12 to 17 nominate a parent or other adult in their household to answer these questions instead of them. QFT respondents were significantly more likely to use a proxy reporter for these questions than 2011 and 2012 quarters 3 and 4 comparison respondents. One further difference for all persons aged 12 or older was that QFT respondents were more likely than 2011 and 2012 quarters 3 and 4 respondents to use a proxy reporter for the health insurance and income items. Among QFT respondents, 15.7 percent reported using a proxy compared with 13.7 percent among 2011 comparison sample respondents and 13.9 percent among 2012 quarters 3 and 4 comparison sample respondents.

Given this difference, reporting patterns among proxies could be one possible source of observed differences between QFT estimates and 2011 and 2012 quarters 3 and 4 comparison estimates for these items. This section presents and discusses two types of data on proxy reports in the QFT data compared with the 2011 and 2012 quarters 3 and 4 comparison data:

- the distribution of proxy relationships to the primary respondent and
- estimates for proxy reports versus respondent reports for these items.

These analyses will provide some insight on whether the greater use of proxy reporters in the QFT appeared to have any impact on differences observed between the QFT estimates and the 2011 and 2012 quarters 3 and 4 comparison estimates for these items.

Table R-24 shows the distribution of respondents' relationships with their proxy reporters for youths aged 12 to 17 and adults aged 18 or older for the QFT sample, the 2011 comparison sample, and the 2012 quarters 3 and 4 comparison sample.[51] Overall, the distributions of proxy relationships across 11 types of relationships were very similar across all three datasets for both youths and adults. For youths aged 12 to 17 in all three samples, a little over two thirds of proxies were mothers of the primary respondents, and about one quarter were fathers. For adults aged 18 or older in all three samples, about 60 percent of proxies were spouses, and about 23 percent were mothers. Proportions for other relationship categories for both youths and adults were relatively small. Only one difference among all relationship categories was statistically significant. For adult respondents, the QFT sample proportion (0.2 percent) for using another adult relative as a proxy was significantly lower than the 2011 comparison sample proportion (1.5 percent). This proportion was 1.0 percent for the 2012 quarters 3 and 4 comparison sample, but the difference between the QFT and the 2012 quarters 3 and 4 proportions was not statistically significant. The lack of significant differences in the distribution of respondents' relationships with their proxy reporters across the three datasets indicates that proxy relationships to those respondents who used proxies were not a factor in explaining differences in estimates between the samples for items where proxy reporting was allowed.

[51] To aid in their readability, ***Table R-24*** through ***Table R-27*** appear together at the end of their discussion in this ***Section R.3.5***.

Although the relationship of proxy reporters to primary respondents was not a factor in observed differences in relevant estimates among the three datasets, the higher overall use of proxy reporters could have been a contributor to these observed differences. To explore this possibility, ***Tables R-25*** through ***R-27*** compare estimates from proxy reports versus primary respondent reports for three age group categories: (1) all respondents aged 12 or older, (2) youth respondents aged 12 to 17, and (3) adult respondents aged 18 or older. If the greater use of proxy reporters in the QFT was at least partly responsible for differences in estimates between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples, significant differences in the relevant estimates would be expected among the proxy reports and small or no differences would be expected among the primary respondent reports. These results revealed two important patterns among estimates that differed significantly between the QFT sample and the 2011 and 2012 quarters 3 and 4 comparison samples.

One pattern observed for several estimates was differences between the QFT and the 2011 and 2012 quarters 3 and 4 comparison samples being of similar magnitude for both proxy and nonproxy reports. For example, the QFT estimate among all respondents aged 12 or older (***Table R-25***) for having private health insurance that includes coverage for treatment of alcohol abuse or alcoholism (item QHI08) was 73.7 percent for data reported by proxies. The QFT proportion was significantly lower than the proxy-reported estimates for the 2011 comparison sample (84.7 percent) and the 2012 quarters 3 and 4 comparison sample (85.1 percent). Looking at the same estimates for data reported by the primary respondents, the QFT estimate (76.8 percent) was similarly lower than the 2011 comparison sample (84.0 percent) and the 2012 quarters 3 and 4 comparison sample (84.2 percent). The greater use of proxies among QFT respondents was clearly not a significant factor in explaining differences between the three datasets for items where this pattern of results was observed.

A second pattern observed for some items was QFT proxy and nonproxy estimates being different from each other, but still significantly different from the parallel 2011 comparison and 2012 quarters 3 and 4 comparison estimates. For example, ***Table R-25*** shows that the QFT proportion for receiving income from wages or pay earned from working at a job or business (item QI05N) was 63.8 percent for data reported by proxies. The QFT proportion was significantly lower than the proxy-reported estimates for the 2011 comparison sample (84.9 percent) and 2012 quarters 3 and 4 comparison sample (86.3 percent). For the same estimates for data reported by the primary respondents, the QFT estimate (71.6 percent) was significantly higher than the QFT proxy estimates, but still significantly lower than the 2011 comparison sample (87.2 percent) and the 2012 quarters 3 and 4 comparison sample (87.5 percent). A similar pattern was observed for receipt of food stamps (item QI07N), where the difference between QFT estimates for proxy reports compared with the 2011 and 2012 quarters 3 and 4 comparison estimates was significantly greater than the difference in estimates for nonproxy reports, but still significantly different. The greater use of proxies among QFT respondents appeared to be a factor in explaining differences between the three datasets for items where this pattern of results was observed. For these items, proxy reports exacerbated differences between QFT estimates versus 2011 and 2012 quarters 3 and 4 comparison estimates, but did not fully account for these differences.

Another important conclusion from ***Tables R-25*** through ***R-27*** is that the two patterns identified above appeared to hold for both youth respondents aged 12 to 17 than among adult

respondents. Estimates for nonproxy reports for several of these items for respondents aged 12 to 17 were of low precision because of the low numbers of respondents in this category (***Table R-25***). These low precision estimates prohibited conclusions to be reached on the statistical significance of observed differences for youth respondents, but the proportions for both proxy and nonproxy reports appeared to fit the two main patterns.

Table R-24 Distribution of Respondent Relationship with Proxy among Persons Aged 12 or Older Who Obtained a Proxy, by Age Group: Percentages, and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Proxy Relationship	2011 Comparison[1] 12-17, Percent (SE)	2012 Comparison[1,2] 12-17, Percent (SE)	2012 QFT[1,3] 12-17, Percent (SE)	2011 Comparison[1] 18 or Older, Percent (SE)	2012 Comparison[1,2] 18 or Older, Percent (SE)	2012 QFT[1,3] 18 or Older, Percent (SE)
Father	23.7 (0.42)	23.7 (0.63)	25.1 (2.62)	6.2 (0.44)	6.4 (0.60)	4.6 (1.49)
Mother	69.7 (0.45)	69.3 (0.70)	67.8 (2.76)	22.6 (0.86)	22.9 (1.28)	23.2 (3.39)
Son / Daughter	0.0* (0.00)	0.0 (0.02)	0.2 (0.16)	6.1[a] (1.09)	5.1[a] (1.22)	0.0* (0.00)
Brother / Sister	1.7 (0.15)	1.8 (0.17)	1.9 (0.72)	1.1 (0.25)	1.1 (0.34)	2.2 (1.31)
Husband / Wife	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	58.2 (1.18)	57.4 (1.85)	62.0 (4.04)
Live-in Boyfriend / Girlfriend	0.0 (0.01)	0.0 (0.02)	0.2 (0.19)	2.8 (0.47)	4.0 (0.77)	6.7 (2.60)
Son-in-law / Daughter-in-law	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.4 (0.38)	0.0* (0.00)
Grandson / Granddaughter	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.3 (0.19)	0.3 (0.30)	0.0* (0.00)
Father-in-law / Mother-in-law	0.0* (0.00)	0.0* (0.00)	0.0* (0.00)	0.4 (0.22)	0.5 (0.36)	0.0* (0.00)
Grandfather / Grandmother	3.0 (0.17)	3.2 (0.24)	2.3 (0.62)	0.9 (0.17)	0.9 (0.18)	1.1 (0.62)
Other Adult Relative	1.9 (0.15)	2.0 (0.22)	2.6 (0.98)	1.5[a] (0.37)	1.0 (0.38)	0.2 (0.23)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis. Edited variables PRXYANS2 for HASJOIN and PRXRELAT for QP02 were used in this analysis.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (e.g., 2011 comparison proxy compared with 2012 QFT proxy).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.
[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.
[3] QFT data collected from September 1 through November 3, 2012.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table R-25 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,2] Proxy Percent (SE)	2012 QFT[1,3] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,2] No Proxy Percent (SE)	2012 QFT[1,3] No Proxy Percent (SE)
Covered by private health Insurance? (QHI06)[4,5]	64.6 (0.79)	65.3 (0.96)	59.5 (3.04)	69.6[a] (0.49)	69.4 (0.67)	64.9 (2.19)
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108)[4,5]	84.7[a] (0.88)	85.1[a] (1.05)	73.7 (5.07)	84.9[a] (0.52)	84.7[a] (0.82)	76.8 (2.13)
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)[4,5]	84.7[a] (0.89)	84.6[a] (1.04)	76.3 (3.65)	84.0[a] (0.53)	84.3[a] (0.85)	74.8 (2.26)
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)[4,5]	91.7[a] (0.54)	91.3[a] (0.74)	83.3 (3.24)	91.9[a] (0.32)	92.4[a] (0.55)	85.7 (1.80)
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N)[4,5]	21.1 (0.73)	19.7 (1.18)	22.2 (2.86)	27.6 (0.53)	26.3 (0.60)	26.4 (2.06)
In [YEAR], did [FILL] receive Supplemental Security Income or SSI? (QI03N)[4,5]	8.6 (0.44)	8.8 (0.53)	10.0 (1.84)	6.5[a] (0.23)	7.6 (0.39)	9.4 (1.18)
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N)[4,5]	84.9[a] (0.60)	86.3[a] (0.79)	63.8 (2.66)	87.2[a] (0.42)	87.5[a] (0.50)	71.6 (1.90)
In [YEAR], did [FILL] receive food stamps? (QI07N)[4,5]	18.2[a] (0.62)	18.0[a] (0.74)	23.9 (2.50)	13.3 (0.36)	14.6 (0.47)	15.2 (1.67)
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)[4,5]	3.4 (0.24)	3.1 (0.26)	3.9 (0.92)	2.3 (0.13)	2.0 (0.16)	2.7 (0.59)
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N)[4,5]	3.9 (0.25)	4.2 (0.34)	4.9 (1.21)	3.0 (0.15)	2.7 (0.16)	2.9 (0.58)
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)[4,5]						
$20,000 or More	14.1 (0.80)	15.0 (0.99)	19.2 (2.64)	58.4[a] (0.46)	58.4[a] (0.62)	64.9 (1.74)
Less Than $20,000	85.9 (0.80)	85.0 (0.99)	80.8 (2.64)	41.6[a] (0.46)	41.6[a] (0.62)	35.1 (1.74)

See notes at end of table. (continued)

Table R-25 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,2] Proxy Percent (SE)	2012 QFT[1,3] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,2] No Proxy Percent (SE)	2012 QFT[1,3] No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B)[4,5]						
Less Than $1,000	60.2[a] (0.84)	60.1[a] (1.10)	53.7 (2.84)	10.5[a] (0.23)	10.4[a] (0.34)	7.6 (0.80)
$1,000-$1,999	4.1 (0.17)	4.3 (0.31)	4.5 (0.86)	1.9 (0.10)	2.0 (0.14)	2.4 (0.42)
$2,000-$2,999	3.0 (0.22)	2.7 (0.24)	1.9 (0.87)	1.6[a] (0.09)	1.4 (0.11)	1.0 (0.22)
$3,000-$3,999	1.9 (0.16)	2.1 (0.24)	2.1 (0.65)	1.4 (0.09)	1.5 (0.15)	1.1 (0.31)
$4,000-$4,999	1.4 (0.12)	1.4 (0.15)	2.9 (1.25)	1.3[a] (0.08)	1.1 (0.11)	0.7 (0.20)
$5,000-$5,999	2.0[a] (0.26)	1.2 (0.21)	0.9 (0.37)	1.6[a] (0.10)	1.4 (0.11)	0.9 (0.30)
$6,000-$6,999	1.9 (0.37)	1.1 (0.14)	0.9 (0.40)	1.4 (0.11)	1.6 (0.17)	1.0 (0.34)
$7,000-$7,999	1.4 (0.16)	1.1 (0.18)	0.5 (0.43)	1.6[a] (0.11)	1.6[a] (0.18)	0.4 (0.25)
$8,000-$8,999	1.2 (0.14)	1.5 (0.26)	1.1 (0.50)	1.8 (0.11)	1.8 (0.17)	1.3 (0.40)
$9,000-$9,999	1.6 (0.27)	1.7 (0.47)	2.1 (1.21)	1.8 (0.11)	1.8 (0.16)	2.7 (0.66)
$10,000-$10,999	1.2 (0.18)	1.4 (0.22)	3.1 (1.30)	2.2 (0.15)	2.1 (0.17)	2.2 (0.53)
$11,000-$11,999	0.7 (0.13)	1.0 (0.20)	0.5 (0.33)	1.5 (0.10)	1.8 (0.18)	1.7 (0.50)
$12,000-$12,999	1.0 (0.24)	1.4 (0.34)	0.7 (0.58)	2.2[a] (0.13)	2.6[a] (0.24)	1.3 (0.38)
$13,000-$13,999	0.8[a] (0.20)	1.0[a] (0.27)	0.2 (0.19)	1.5 (0.11)	1.3 (0.12)	1.2 (0.35)
$14,000-$14,999	0.6 (0.16)	0.5 (0.14)	0.9 (0.65)	1.5[a] (0.11)	1.7[a] (0.15)	0.9 (0.30)
$15,000-$15,999	0.5 (0.10)	0.6 (0.17)	0.3 (0.25)	1.8 (0.11)	1.6 (0.14)	2.1 (0.50)
$16,000-$16,999	0.2 (0.09)	0.4 (0.17)	1.4 (0.95)	1.2 (0.10)	1.3 (0.12)	1.6 (0.39)
$17,000-$17,999	0.8 (0.29)	0.2 (0.08)	1.3 (0.95)	1.4 (0.09)	1.2 (0.12)	1.2 (0.40)
$18,000-$18,999	0.9[a] (0.21)	0.8 (0.21)	0.3 (0.22)	1.8 (0.11)	1.7 (0.16)	1.9 (0.49)
$19,000-$19,999	0.8 (0.17)	0.7 (0.25)	1.5 (0.84)	1.8 (0.12)	1.7 (0.16)	2.0 (0.50)
$20,000-$24,999	2.4 (0.32)	2.6 (0.42)	4.1 (1.28)	6.8 (0.24)	6.8 (0.33)	8.5 (1.06)
$25,000-$29,999	2.3 (0.35)	1.7 (0.32)	2.7 (1.19)	6.6 (0.31)	6.2 (0.32)	6.2 (0.92)
$30,000-$34,999	1.7 (0.32)	1.8 (0.36)	2.4 (1.25)	5.9 (0.26)	5.7 (0.26)	5.3 (0.93)
$35,000-$39,999	1.2 (0.22)	1.4 (0.40)	1.0 (0.71)	5.0 (0.23)	5.0 (0.33)	7.0 (1.08)
$40,000-$44,999	1.3 (0.24)	1.7 (0.50)	1.2 (0.77)	4.4 (0.20)	4.4 (0.27)	5.3 (0.90)
$45,000-$49,999	1.1 (0.22)	1.3 (0.29)	2.3 (1.19)	4.2 (0.18)	4.8 (0.29)	6.0 (1.04)
$50,000-$74,999	2.4 (0.31)	2.4 (0.37)	2.7 (1.26)	12.0 (0.34)	12.2 (0.45)	12.2 (1.47)
$75,000-$99,999	0.8 (0.19)	0.6 (0.17)	1.9 (1.10)	5.7 (0.23)	5.5 (0.36)	5.7 (1.00)
$100,000 or More	0.4 (0.13)	1.2 (0.36)	1.0 (0.62)	7.8 (0.35)	7.5 (0.49)	8.9 (1.64)
$100,000-$149,999	-- (--)	-- (--)	1.0 (0.62)	-- (--)	-- (--)	5.1 (1.15)
$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	3.8 (1.26)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self- administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

[5] Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table R-26 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,2] Proxy Percent (SE)	2012 QFT[1,3] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,2] No Proxy Percent (SE)	2012 QFT[1,3] No Proxy Percent (SE)
Covered by private health Insurance? (QHI06)[4,5]	63.0 (0.58)	62.5 (0.78)	58.9 (3.06)	51.7[a] (1.37)	49.2[a] (2.04)	31.5[*] (5.84[*])
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108)[4,5]	86.8[a] (0.54)	87.6[a] (0.78)	78.0 (3.52)	64.6 (2.29)	60.4 (3.50)	43.3[*] (16.72[*])
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)[4,5]	86.7[a] (0.56)	86.8[a] (0.81)	78.1 (3.16)	64.6 (2.34)	59.3 (3.52)	44.6[*] (17.16[*])
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)[4,5]	92.9 (0.36)	92.8 (0.45)	88.6 (2.69)	82.7 (1.57)	81.1 (2.74)	57.9[*] (16.19[*])
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N)[4,5]	11.9 (0.41)	10.7 (0.43)	12.1 (1.88)	14.3 (0.97)	13.4 (1.12)	16.4[*] (4.18[*])
In [YEAR], did [FILL] receive Supplemental Security Income or SSI? (QI03N)[4,5]	7.5 (0.31)	8.0 (0.39)	9.4 (1.81)	8.2 (0.73)	6.2 (0.81)	14.5[*] (5.42[*])
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N)[4,5]	89.4[a] (0.36)	89.4[a] (0.47)	64.0 (2.73)	91.8[a] (0.73)	92.5[a] (0.91)	74.8[*] (7.17[*])
In [YEAR], did [FILL] receive food stamps? (QI07N)[4,5]	20.2[a] (0.45)	20.4[a] (0.65)	26.7 (2.64)	25.0 (1.15)	26.9 (1.56)	37.9[*] (7.59[*])
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)[4,5]	4.1 (0.23)	3.9 (0.33)	5.5 (1.20)	5.1 (0.63)	4.3 (0.62)	5.7[*] (3.25[*])
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N)[4,5]	4.2 (0.21)	4.2 (0.29)	6.3 (1.33)	5.9[a] (0.60)	5.5[a] (0.80)	0.0[*] (0.00[*])
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)[4,5]						
$20,000 or More	0.4[a] (0.07)	0.4[a] (0.10)	6.5 (1.42)	0.5[a] (0.13)	0.9 (0.30)	10.1[*] (4.73[*])
Less Than $20,000	99.6[a] (0.07)	99.6[a] (0.10)	93.5 (1.42)	99.5[a] (0.13)	99.1 (0.30)	89.9[*] (4.73[*])

See notes at end of table.

(continued)

Table R-26 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 12 to 17: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,2] Proxy Percent (SE)	2012 QFT[1,3] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,2] No Proxy Percent (SE)	2012 QFT[1,3] No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B)[4,5]						
Less Than $1,000	85.3 (0.35)	85.8 (0.46)	82.2 (2.18)	78.6[a] (0.98)	78.8[a] (1.30)	63.6* (7.10*)
$1,000-$1,999	4.4 (0.16)	4.3 (0.29)	4.1 (1.14)	7.5 (0.64)	9.3 (0.95)	11.7* (4.46*)
$2,000-$2,999	2.4[a] (0.17)	2.2[a] (0.19)	0.8 (0.48)	4.2 (0.44)	3.5 (0.54)	2.7* (2.73*)
$3,000-$3,999	1.6 (0.13)	1.6 (0.16)	1.4 (0.65)	2.5 (0.35)	2.5 (0.48)	2.3* (2.25*)
$4,000-$4,999	1.2 (0.10)	1.1 (0.13)	1.0 (0.50)	1.4 (0.26)	1.1 (0.25)	1.3* (1.29*)
$5,000-$5,999	0.9 (0.09)	0.6 (0.10)	0.4 (0.30)	1.2[a] (0.28)	0.6[a] (0.19)	0.0* (0.00*)
$6,000-$6,999	0.8 (0.09)	0.6 (0.09)	0.8 (0.50)	1.1 (0.27)	0.9 (0.33)	1.7* (1.73*)
$7,000-$7,999	0.7[a] (0.08)	0.8[a] (0.10)	0.2 (0.18)	0.3[a] (0.10)	0.7[a] (0.22)	0.0* (0.00*)
$8,000-$8,999	0.6 (0.10)	0.7 (0.10)	0.4 (0.30)	0.4[a] (0.12)	0.4[a] (0.17)	0.0* (0.00*)
$9,000-$9,999	0.4[a] (0.07)	0.4[a] (0.09)	0.0* (0.00*)	0.3[a] (0.11)	0.0 (0.05)	0.0* (0.00*)
$10,000-$10,999	0.3 (0.05)	0.5 (0.08)	0.3 (0.27)	0.7 (0.16)	0.6 (0.27)	1.3* (1.36*)
$11,000-$11,999	0.2 (0.04)	0.2 (0.06)	0.2 (0.23)	0.1 (0.08)	0.3 (0.17)	0.0* (0.00*)
$12,000-$12,999	0.3 (0.09)	0.3 (0.07)	0.2 (0.20)	0.1 (0.06)	0.1 (0.06)	2.0* (1.97*)
$13,000-$13,999	0.1 (0.04)	0.1 (0.04)	0.1 (0.10)	0.1 (0.05)	0.1 (0.12)	1.5* (1.46*)
$14,000-$14,999	0.1[a] (0.04)	0.1[a] (0.05)	0.0* (0.00*)	0.1 (0.09)	0.0 (0.02)	0.0* (0.00*)
$15,000-$15,999	0.1 (0.04)	0.1 (0.05)	0.5* (0.48*)	0.5 (0.17)	0.1 (0.05)	1.4* (1.42*)
$16,000-$16,999	0.0 (0.02)	0.1 (0.04)	0.3 (0.24)	0.0 (0.03)	0.0 (0.04)	1.5* (1.53*)
$17,000-$17,999	0.0[a] (0.01)	0.1 (0.03)	0.0* (0.00*)	0.4[a] (0.17)	0.0* (0.00*)	0.0* (0.00*)
$18,000-$18,999	0.1 (0.03)	0.1 (0.04)	0.1 (0.09)	0.0 (0.04)	0.1 (0.15)	0.0* (0.00*)
$19,000-$19,999	0.1 (0.04)	0.1 (0.04)	0.5 (0.39)	0.0 (0.03)	0.0* (0.00*)	0.0* (0.00*)
$20,000-$24,999	0.1[a] (0.02)	0.2[a] (0.05)	4.2 (1.06)	0.1 (0.06)	0.3 (0.22)	2.4* (2.20*)
$25,000-$29,999	0.1 (0.03)	0.1 (0.05)	0.8 (0.45)	0.0 (0.02)	0.0* (0.00*)	0.0* (0.00*)
$30,000-$34,999	0.0 (0.02)	0.1 (0.03)	0.4* (0.44*)	0.0* (0.00*)	0.3 (0.17)	4.3* (3.07*)
$35,000-$39,999	0.0 (0.01)	0.0* (0.00*)	0.0* (0.00*)	0.0 (0.03)	0.1 (0.07)	0.0* (0.00*)
$40,000-$44,999	0.0* (0.00*)	0.0 (0.02)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)
$45,000-$49,999	0.0* (0.00*)	0.0* (0.00*)	0.2 (0.23)	0.0* (0.00*)	0.1 (0.07)	0.0* (0.00*)
$50,000-$74,999	0.1 (0.03)	0.0* (0.00*)	0.4 (0.26)	0.0 (0.03)	0.0* (0.00*)	2.1* (1.93*)
$75,000-$99,999	0.0 (0.02)	0.0* (0.00*)	0.2 (0.24)	0.0* (0.00*)	0.0* (0.00*)	0.0* (0.00*)
$100,000 or More	0.0[a] (0.02)	0.1[a] (0.04)	0.0* (0.00*)	0.0 (0.03)	0.2 (0.10)	0.0* (0.00*)
$100,000-$149,999	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	0.0* (0.00*)
$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	0.0* (0.00*)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self- administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

[5] Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

Table R-27 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 18 or Older: Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and 2012 Questionnaire Field Test

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,2] Proxy Percent (SE)	2012 QFT[1,3] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,2] No Proxy Percent (SE)	2012 QFT[1,3] No Proxy Percent (SE)
Covered by private health Insurance? (QHI06) [4,5]	66.9 (1.75)	69.6 (1.84)	60.1 (5.55)	70.0 (0.50)	69.8 (0.67)	65.5 (2.24)
Does [MEMBER] private health insurance include coverage for treatment of alcohol abuse or alcoholism? (QH108)[4,5]	81.7 (1.82)	81.5 (2.27)	69.2* (8.71*)	85.1[a] (0.53)	85.0[a] (0.82)	77.0 (2.14)
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)[4,5]	81.8 (1.88)	81.3 (2.28)	74.4* (6.19*)	84.2[a] (0.54)	84.6[a] (0.85)	75.0 (2.26)
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)[4,5]	89.8[a] (1.28)	89.2 (1.68)	77.6* (5.92*)	92.0[a] (0.33)	92.5[a] (0.55)	85.9 (1.78)
In [YEAR], did [FILL] receive Social Security or Railroad Retirement payments? (QI01N)[4,5]	35.4 (1.61)	33.3 (2.60)	33.7 (5.20)	27.9 (0.54)	26.6 (0.61)	26.6 (2.09)
In [YEAR], did [FILL] receive Supplemental Security Income or SSI? (QI03N)[4,5]	10.2 (0.97)	10.0 (1.12)	10.7 (3.20)	6.5[a] (0.23)	7.6 (0.40)	9.3 (1.18)
In [YEAR], did [FILL] receive income from wages or pay earned while working at a job or business? (QI05N) [4,5]	78.0[a] (1.38)	81.4[a] (1.78)	63.5 (4.30)	87.0[a] (0.43)	87.4[a] (0.51)	71.5 (1.93)
In [YEAR], did [FILL] receive food stamps? (QI07N)[4,5]	15.2 (1.25)	14.4 (1.31)	20.7 (3.99)	13.0 (0.36)	14.3 (0.47)	14.8 (1.66)
At any time during [YEAR], did [FILL] receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)[4,5]	2.3 (0.38)	2.0 (0.41)	2.1 (1.30)	2.2 (0.13)	2.0 (0.16)	2.6 (0.60)
In [YEAR], because of low income, did [FILL] receive any other kind of nonmonetary welfare or public assistance? (QI10N)[4,5]	3.5 (0.52)	4.1 (0.70)	3.3 (1.77)	3.0 (0.15)	2.6 (0.16)	2.9 (0.59)
Before taxes and other deductions, was [MEMBER] total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)[4,5]						
$20,000 or More	35.5 (1.81)	37.6 (2.01)	33.7 (5.05)	59.8[a] (0.46)	59.7[a] (0.62)	65.8 (1.76)
Less Than $20,000	64.5 (1.81)	62.4 (2.01)	66.3 (5.05)	40.2[a] (0.46)	40.3[a] (0.62)	34.2 (1.76)

See notes at end of table. (continued)

Table R-27 Use of Proxy in Moved Items in the 2012 Questionnaire Field Test among Persons Aged 18 or Older, Percentages and Standard Errors, 2011 Comparison, 2012 Comparison, and Questionnaire Field Test Data (continued)

Instrument Item	2011 Comparison[1] Proxy Percent (SE)	2012 Comparison[1,2] Proxy Percent (SE)	2012 QFT[1,3] Proxy Percent (SE)	2011 Comparison[1] No Proxy Percent (SE)	2012 Comparison[1,2] No Proxy Percent (SE)	2012 QFT[1,3] No Proxy Percent (SE)
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B)[4,5]						
Less Than $1,000	20.4 (1.24)	19.3 (1.14)	21.6 (4.06)	8.9[a] (0.22)	8.8[a] (0.34)	6.7 (0.81)
$1,000-$1,999	3.6 (0.39)	4.3 (0.62)	4.9 (1.27)	1.7 (0.10)	1.8 (0.15)	2.3 (0.42)
$2,000-$2,999	3.8 (0.50)	3.4 (0.55)	3.1 (1.83)	1.5[a] (0.09)	1.4 (0.12)	1.0 (0.22)
$3,000-$3,999	2.4 (0.37)	2.8 (0.54)	2.8 (1.14)	1.3 (0.09)	1.5 (0.15)	1.1 (0.32)
$4,000-$4,999	1.9 (0.27)	1.8 (0.34)	4.9* (2.75*)	1.3[a] (0.08)	1.1 (0.12)	0.6 (0.20)
$5,000-$5,999	3.7[a] (0.64)	2.1 (0.52)	1.4 (0.71)	1.6[a] (0.10)	1.4 (0.11)	0.9 (0.30)
$6,000-$6,999	3.7[a] (0.91)	1.8 (0.37)	1.1 (0.65)	1.4 (0.11)	1.7 (0.17)	0.9 (0.34)
$7,000-$7,999	2.6 (0.39)	1.7 (0.43)	0.9* (0.89*)	1.6[a] (0.11)	1.6[a] (0.18)	0.4 (0.25)
$8,000-$8,999	2.0 (0.30)	2.7 (0.66)	1.9 (1.03)	1.8 (0.11)	1.8 (0.18)	1.3 (0.41)
$9,000-$9,999	3.5 (0.67)	3.8 (1.18)	4.4* (2.58*)	1.8 (0.11)	1.8 (0.16)	2.8 (0.67)
$10,000-$10,999	2.7 (0.46)	3.0 (0.58)	6.3 (2.58)	2.3 (0.15)	2.2 (0.17)	2.2 (0.54)
$11,000-$11,999	1.5 (0.34)	2.1 (0.50)	0.9 (0.65)	1.6 (0.10)	1.8 (0.18)	1.7 (0.51)
$12,000-$12,999	2.2 (0.61)	3.3 (0.87)	1.2* (1.22*)	2.2[a] (0.13)	2.7[a] (0.25)	1.2 (0.38)
$13,000-$13,999	1.8[a] (0.50)	2.4[a] (0.70)	0.4* (0.40*)	1.6 (0.12)	1.3 (0.13)	1.1 (0.35)
$14,000-$14,999	1.5 (0.42)	1.0 (0.37)	1.9* (1.37*)	1.6[a] (0.11)	1.8[a] (0.16)	0.9 (0.30)
$15,000-$15,999	1.2[a] (0.25)	1.4[a] (0.42)	0.0* (0.00*)	1.8 (0.11)	1.7 (0.14)	2.1 (0.50)
$16,000-$16,999	0.6 (0.23)	1.0 (0.42)	2.7* (1.96*)	1.3 (0.10)	1.3 (0.12)	1.6 (0.40)
$17,000-$17,999	1.9 (0.76)	0.5 (0.21)	2.7* (1.99*)	1.4 (0.09)	1.2 (0.12)	1.2 (0.40)
$18,000-$18,999	2.2[a] (0.54)	1.9[a] (0.54)	0.5* (0.46*)	1.8 (0.11)	1.7 (0.17)	1.9 (0.50)
$19,000-$19,999	2.0 (0.44)	1.7 (0.64)	2.5* (1.72*)	1.8 (0.12)	1.8 (0.17)	2.0 (0.51)
$20,000-$24,999	6.1 (0.80)	6.6 (1.06)	4.0* (2.42*)	6.9 (0.24)	6.9 (0.34)	8.6 (1.08)
$25,000-$29,999	5.9 (0.89)	4.3 (0.81)	4.8 (2.50)	6.8 (0.32)	6.4 (0.33)	6.3 (0.94)
$30,000-$34,999	4.3 (0.83)	4.6 (0.94)	4.5* (2.56*)	6.1 (0.27)	5.9 (0.27)	5.3 (0.94)
$35,000-$39,999	3.0 (0.56)	3.7 (1.01)	2.2* (1.50*)	5.1 (0.23)	5.2 (0.33)	7.1 (1.09)
$40,000-$44,999	3.4 (0.63)	4.4 (1.25)	2.6 (1.61)	4.5 (0.21)	4.5 (0.28)	5.4 (0.91)
$45,000-$49,999	2.9 (0.56)	3.4 (0.76)	4.7* (2.52*)	4.3 (0.19)	4.9 (0.30)	6.1 (1.06)
$50,000-$74,999	6.1 (0.77)	6.3 (0.96)	5.2 (2.64)	12.3 (0.35)	12.5 (0.46)	12.4 (1.49)
$75,000-$99,999	2.2 (0.50)	1.5 (0.46)	3.8* (2.30*)	5.8 (0.24)	5.7 (0.37)	5.8 (1.02)
$100,000 or More	1.1 (0.33)	3.1 (0.92)	2.2 (1.33)	8.0 (0.36)	7.7 (0.51)	9.0 (1.67)
$100,000-$149,999	-- (--)	-- (--)	2.2 (1.33)	-- (--)	-- (--)	5.2 (1.17)
$150,000 or More	-- (--)	-- (--)	0.0* (0.00*)	-- (--)	-- (--)	3.8 (1.28)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

QFT = NSDUH Questionnaire Field Test.

-- Not available.

NOTE: Moved items had no changes but moved to another place in the questionnaire or moved from being interviewer-administered to self- administered.

NOTE: If a respondent said "yes" to HASJOIN, he or she is defined as using a proxy. If a respondent said "no" or did not answer HASJOIN, he or she is defined as not having used a proxy. Respondents who were legitimately skipped from answering question QP01 were excluded from this analysis.

[a] Difference between estimate and corresponding QFT estimate is statistically significant at the 0.05 level (i.e., 2011 comparison proxy compared with 2012 QFT proxy).

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews.

[2] Main survey data collected in quarter 3 and quarter 4, 2012, through December 2, 2012.

[3] QFT data collected from September 1 through November 3, 2012.

[4] Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

[5] Estimate is based on an edited version of the variable.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

R.4 Summary and Implications

R.4.1 Summary of the Investigation of Items with Data Quality Issues

This appendix describes the data collection results and the analysis that was conducted for sets of demographic and household questions moved from CAPI to ACASI administration in the QFT instrument. Overall, 22 of these items were determined to have data quality issues, either higher item missingness rates than the comparison data, significantly different estimates from the comparison data, or both. Analysis of item missingness rates and benchmarking to current main study data and other survey data were the two primary techniques used to examine data quality issues for these items. For two sets of items that allowed for a proxy respondent to answer these questions in lieu of the primary respondent—health insurance and income—the potential impact of proxy reports on the data quality for these items was also examined. In addition, a literature review, email requests for input via survey research listservs, direct communication to researchers working on other Federal surveys, and input from RTI survey methodologists were employed in the search of explanations for these findings.

The higher missingness rates for some of these items, such as receipt of food stamps and some income items, could be viewed as counterintuitive to literature results showing that more private modes are associated with greater willingness to report data that respondents would be considered sensitive or private. Moving these items to ACASI provided QFT respondents with greater privacy for responding to these questions than current National Survey on Drug Use and Health (NSDUH) respondents who are required to provide their answers to field interviewers (FIs). In the QFT, it is possible that some respondents provided more accurate responses than they would have in CAPI mode, but that other respondents simply chose not to answer without the presence of an FI. For some QFT items where missingness rates were higher than in the CAPI data from the current main study, it is possible that the lower proportion of complete responses provided in ACASI were more accurate overall than CAPI responses for the same items. ACASI also provides respondents more time to think about their responses without feeling pressure from an FI in CAPI mode to respond and move to the next question. Because these demographic and household items were all in ACASI mode for QFT respondents and all in CAPI mode for main study respondents, respondent reactions to answering these questions in one mode versus the other cannot be obtained. This factor places some limits on the methods that could be used to more clearly understand how QFT respondents might have reacted differently in ACASI to these questions than main study respondents answering the same questions in CAPI mode.

Despite the limitations of QFT protocol and sample size, the QFT results provide credible evidence on how missingness rates and estimates for these demographic and household items might look when the partially redesigned protocol is implemented in 2015. For this reason, changes were made to some of the items moved to ACASI for the 2013 Dress Rehearsal (DR). Analysis of the item missingness rates from the QFT revealed that outdated definitions or unclear terms could have contributed to respondent confusion on some items, so some changes involved updates to the questions to improve clarity. In addition, two items were dropped. Some of the key revisions to these items that were implemented for the DR included the following:

- edited references to the F2 help boxes,
- eliminated other F2 help boxes,

- deleted item QD42 about the number of people working for the respondent's employer,
- deleted items Q105N about earning pay while working at a job or business,
- revised the definition of SSI, and
- reordered the list of possible income sources.

Missingness rates and estimates for these demographic and household items will be part of the priority analyses for the DR analysis for this set of items. The following section discusses how the QFT and DR results could inform decisions on whether to move these demographic and household items to ACASI administration for 2015 as planned, or whether some or all of these items should remain in the CAPI portion of the interview for 2015.

R.4.2 Implications of Possible Protocol Options for the 2015 NSDUH

To determine whether any of the survey items moved from CAPI to ACASI administration mode in the QFT protocol should remain in ACASI portion of the interview or be moved back to the CAPI portion for the 2015 survey, a few methodological and logistical considerations need to be taken into account. Applying these considerations will vary based on the specific sets of items being considered for movement from the CAPI to the ACASI portion of the interview. Although item missingness rates and benchmarking results are not the only indicators of data quality, several recommendations can be considered based on the QFT findings presented in ***Sections R.2*** and ***R.3***. If additional analyses were undertaken, such as those suggested by RTI methodologists in ***Section R.3.1.3***, these analyses could also inform the recommendations, particularly with regard to the validity of reporting.

In the data gathered during the QFT, a few sets of items showed lower item missing data rates than in the 2011 and 2012 comparison data. These include items on workplace drug and alcohol policies, information access, and testing (QD43 and QD44 and QD46 to QD48) and items on private health insurance coverage for drug abuse, alcoholism, and mental health issues (QHI08 to QHI10). If lower item missing rates are viewed as indicating higher quality data, this viewpoint would argue for keeping these items in the ACASI portion of the instrument for the 2015 survey.

Conversely, several QFT items had higher item missing rates than in the 2011 and 2012 comparison data, and some like private health insurance and employment produced estimates that differed significantly from comparison data for at least one age group. These include the following:

- marital status (QD07),
- number of home moves in the past year (QD13) and State of residence 1 year ago QD13a),
- student status and school days missed (QD19 to QD21),
- recent employment history, workdays missed, size of employing organization, and related issues (QD26, QD33, QD36, QD38, QD39a, QD40 to QD42),
- private health insurance coverage (QHI06), and

- sources of income and personal income level (QI03N to QI10N, QI20N, and QI21A).

For these sets of items, three options could be considered for determining whether to assign these items to the CAPI or ACASI portion of the 2015 instrument.

Option 1: Adopt the 2014 Main Study Protocol

One option for assigning these sets of questions to CAPI or ACASI mode would be to adhere to the 2014 main study protocol. This approach would result in eliminating the moves from CAPI to ACASI mode included in the QFT protocol. This approach would arguably entail the lowest risk, in that historical data on missingness rates for these sets of items would provide accurate expectations for the 2015 survey year. The current main study CAPI missingness rates are lower than the QFT ACASI rates for 22 items of interest. This approach would also allow the CAI programmers to continue to use much of the current CAI programming, thereby minimizing the scope of the programming and testing required for the 2015 instrument.

This approach would also have implications for the audio files required for these sets of questions. If text-to-speech technology (TTS) were to be employed starting with the 2015 protocol, this approach would eliminate sets of questions for which audio files would need to be created. Creating audio files for some questions within the income module has proved to be difficult to program. Keeping these sets of questions in the CAPI portion of the interview would avoid the need to create new audio files for these items.

One outcome of this approach could be somewhat higher overall administration times for the interview, given that interviewer-administered questions generally take longer to administer compared with the ACASI questions. When questions are administered in ACASI, the interviewing environment is more private and the interview is more standardized, so the respondent experience is more consistent from question to question and from section to section. It is also more consistent across interviews. The potential for FIs to affect responses to items is virtually eliminated in ACASI, for better or worse. If the 2015 main study items were to be asked in the same modes as the 2014 main study, the time efficiencies observed in the QFT protocol would not be realized. Furthermore, this approach would affect approximately 90 questions, based on problematic missingness rates for only 22 items, or 24 percent of these items. Despite these concerns, the decision to adopt this approach could be justified by the observed increases in the missingness rates for specific QFT items or the simple numbers of QFT items with an increase in missingness rates.

Option 2: Adopt the QFT Protocol

A second approach for assigning these sets of questions to CAPI or ACASI mode would be to continue with the QFT instrument and protocol.[52] The decision on whether to adopt this approach could be driven by some observed lower missingness rates in the QFT or by declines in missingness rates for several ACASI items in the DR. In preparation for the DR, a number of these sets of items were edited in ways designed to improve item response rates. If these revisions are associated with decreases in the missingness rates for a number of these items, the

[52] With the exception of the item revisions listed at the end of ***Section R.4.1***, the 2012 QFT protocol was also followed for the 2013 DR.

DR results would provide support for this approach. Under this approach, the programming and logic used for the DR instrument could be carried over to the 2015 main study instrument.

If TTS were adopted to produce the audio files, TTS files would need to be created for these items. In addition, this approach would not address observed increases in missingness rates for 22 items in the QFT if the rates remain high for most of all of these items in the DR. As a result, the primary risk of this approach would be the need to wait for an analysis of the DR missingness rates to be completed and reviewed in order to make a decision.

Option 3: Adopt a Tailored Protocol Based on QFT and DR Results

A third approach would be to assign these sets of questions to either CAPI or ACASI mode, based on the data quality results for each individual item or sets of items. Under this approach, important considerations would include respondent burden, question order and flow, "gate" questions for skip patterns and logical fills, and the potential for context effects based on item placement. This approach would apply findings from both the QFT and DR to development of the 2015 instrument.

This option could potentially mitigate increases in interview administration time, while increasing the probability of gathering substantive responses to key items. Items that were moved from CAPI administration in the main survey protocol to ACASI administration in the QFT protocol would be assessed under this option. Items first introduced in either the QFT or the DR—disability, military families, sexual orientation[53]—would likely not be considered for placement in the CAPI portion of the interview.

A review of the questions that were affected by the move from CAPI to ACASI in the QFT instrument revealed that certain sets of items were affected more than others. The impact of ACASI administration on missingness rates for respondent and family income was inconsistent with, and in a different direction than, what would be expected from the literature cited in ***Section R.3.1***. The move from CAPI to ACASI in the QFT protocol did not affect the rates of those reporting respondent income or those reporting household income of more than $20,000. Only those reporting a household income of less than $20,000 had higher missingness rates. Research shows income questions typically suffer from relatively higher rates of missing data than most other survey items (Yan, Curtin, & Jans, 2010). In the QFT, higher item missingness rates were observed in the more private ACASI mode. This finding does not imply that overall data quality for income items was lower in the QFT than in the main study, but it does raise concerns about a greater amount of missing income data that would need to be addressed in the 2015 survey data.

Given the item missingness results for some questions on received income, government program participation, employment, health insurance, and income in ACASI mode in the QFT, this approach could lead to the following instrument structure for these sets of items:

- Questions about moves in the past year (residency) and marital status would be moved to the front-end CAPI section of the instrument.

[53] Questions on sexual attraction and identity are the only new items introduced in the DR questionnaire.

- Questions about birth country, sexual orientation, disability, and military families would be placed at the end of the ACASI section. To accommodate differential missingness rates, questions in the employment module would be split between the CAPI and ACASI portions of the interview. The first two employment questions—QD26 about work at a job or business at any time in the past week and QD27 about having a job or business last week but not working at any time—would be moved to ACASI. These questions ask about whether a respondent is employed and need to precede any questions about employment. Although missingness rates for question QD26 increased in ACASI mode in the QFT, this gate question must remain in ACASI mode for other employment questions to be included in the module. Employment items QD43 through QD53 on written workplace policies about employee use of alcohol or drugs and related issues would also be administered using ACASI. Missingness rates for these 11 questions either decreased or remained the same in the QFT, suggesting that this module should remain in ACASI.
- The remaining employment items—QD28 through QD41 on workdays missed, size of employing organization, and related issues—would be asked in a back-end CAPI module. These questions each had higher missingness rates in the QFT and therefore would be moved back to interviewer administration.
- The education module (items QD17 to QD21 on student status, school days missed due to sickness or injury, and school days missed due to "skipping" or "cutting") would follow the education questions. This module would be interviewer-administered to address the increase in missingness rates for items QD19 through QD21 observed in ACASI in the QFT. A showcard would be needed to display the response options for QD18. Previously, the education module has preceded the employment module. Given that the employment module would be separated across two portions of the questionnaire under option 3, the education module would follow the employment module.
- Following the education questions, the interview would resume with the modes in place for the 2014 main study. The household roster, proxy information, health insurance, and income modules would be administered in CAPI in order to avoid the higher item missingness rates observed in the QFT in ACASI mode.

If changes in the placement of any of these items are implemented for the 2015 data collection, item missingness rates should continue to be closely monitored to assess the consequences of these moves. Similar to the second option, the decision to implement this approach would need to wait for analysis of the DR missingness rates to be completed and reviewed. Based on higher, similar, or lower item missingness rates for items in the QFT and DR instrument, the mode recommendations above could be revised as needed and implemented for the 2015 partial redesign.

This approach will likely be associated with an increased effort to update the instrument specifications, program the instrument, and test these sections of the instrument. However, this effort would not result in a delay in the development of the 2015 instrument. The current 2015 instrument development schedule incorporates the level of effort that would be required to implement these specifications.

A tailored approach will be adopted for the 2015 partially redesigned instrument. Based on the QFT results showing high item missingness rates and estimates that differed significantly from comparison data for a number of items in the health and income modules, these two modules will both be administered via CAPI as in the current main study instrument. All other modules with demographic and household items that were moved from CAPI to ACASI administration will be administered via ACASI as in the QFT and DR.